

Finance and Performance Committee

Tue 21 April 2026, 13:30 - 16:00

MS TEAMS



Agenda

13:30 - 13:30 1. PRELIMINARY MATTERS

0 min

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence


Chair

1.3. Declarations of Interest

Chair

1.4. Draft Minutes of the last Meeting held on 23 February 2026

Chair

 FPC 20260421 1.4 FPC 20260223 Minutes.pdf (16 pages)

1.5. Committee Action Log

Chair

 FPC 20260421 1.5 Action Log.pdf (2 pages)

13:30 - 13:30 2. Items for APPROVAL/RATIFICATION/DECISION

0 min

There are no items for inclusion in this section


13:30 - 13:30 3. ITEMS FOR DISCUSSION

0 min

3.1. Performance Management and Escalation Update


Director of Strategy, Planning & Partnerships


 FPC 20260421 3.1 Performance Management and Escalation Update.pdf (7 pages)

 FPC 20260421 3.1 Performance Management and Escalation Update Appendix 1.pdf (18 pages)

3.2. Integrated Performance Report, including performance against Ministerial Priorities

Director of Strategy, Planning & Partnerships


 FPC 20260421 3.2 Finance and Performance Committee Performance Report Cover Paper .pdf (8 pages)


 FPC 20260421 3.2 Finance and Performance Committee Performance Report, Appendix 1.pdf (51 pages)

3.3. Monthly Finance Report and Monitoring Returns

Director of Finance and Procurement



 FPC 20260421 3.3 Monthly Finance Report and Monitoring Returns.pdf (26 pages)

 FPC 20260421 3.3 Monthly Finance Report and Monitoring Returns Appendix 1.pdf (39 pages)

 FPC 20260421 3.3. Monthly Finance Report and Monitoring Returns Appendix 2 F&PC Underlying analysis_25.04.10.pdf (13 pages)


3.4. Value and Sustainability Assurance Update

Director of Finance and Procurement

-  FPC 20260421 3.4 Value & Sustainability Board Assurance Report.pdf (16 pages)
-  FPC 20260421 3.4 Value & Sustainability Board Assurance Report appendix 1.pdf (3 pages)

3.4.1. Value Sustainability Board CHC report

Chief Operating Officer



-  FPC 20260421 3.4.1 Value and Sustainability CHC Update.pdf (6 pages)

3.5. Efficiency Opportunities and Update Report

Director of Finance and Procurement



3.6. Information Governance Report, including SIRO Update

Director of Digital

-  FPC 20260421 3.6 Information Governance Report, Including SIRO Update.pdf (9 pages)
-  FPC 20260421 3.6 Information Governance Report, including SIRO Update Appendix 1 .pdf (4 pages)

3.7. Corporate Information Performance

Director of Corporate Governance



-  FPC 20260421 3.7 Corporate Information Performance Report 2025-26.pdf (5 pages)
-  FPC 20260421 3.7 Corporate Information Performance Report 2025-26 Appendix 1.pdf (9 pages)

13:30 - 13:30
0 min

4. Items for INFORMATION



4.1. Committee Risk Report

Director of Corporate Governance

-  FPC 20260421 4.1_Finance and Performance Committee Risk Report. April 2026.pdf (6 pages)
-  FPC 20260421 4.1_Finance and Performance Committee Risk Report Appendix 1 Strategic Risk Dashboard and Assessments.pdf (13 pages)




4.2. Review of Committee Programme of Business 2026/27

Director of Corporate Governance

-  FPC 20260421 4.2 Committee Programme of Business 2026-27_.pdf (3 pages)
-  FPC 20260421 4.2 2026-27 Forward Work Plan Appendix 1.pdf (7 pages)


4.3. Decarbonisation programme annual report for 24/25

Director of Finance and Procurement

-  FPC 20260421 4.3 Decarbonisation programme annual report for 24-25.pdf (14 pages)
-  FPC 20260421 4.3 Decarbonisation programme annual report for 24-25 Appendix 1.pdf (16 pages)
-  FPC 20260421 4.3 Decarbonisation programme annual report for 24-25 Appendix 2.pdf (2 pages)

4.4. Committee Annual Report

Director of Corporate Governance

-  FPC 20260421 4.4 FPC 2025-26 Annual Report APPROVED.pdf (31 pages)

13:30 - 13:30

5. OTHER MATTERS

0 min

5.1. Items to be Brought to the Attention of the Board and Other Committees

Chair

5.2. Any Other Urgent Business

Chair

5.3. Date of the Next Meeting:

Chair

10 June 2026



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
MINUTES OF ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE

DATE OF MEETING	23 February 2026 09.30-12.30
VENUE	Microsoft Teams
PRESENT	<p>Neil Patrick, Chair</p> <p>Dafydd Vaughan, Independent Member</p> <p>Iwan Jones, Independent Member</p> <p>Akmal Hanuk, Independent Member</p>
IN ATTENDANCE	<p>Nicola Prygodzicz, Chief Executive</p> <p>Robert Holcombe, Director of Finance and Procurement</p> <p>Hannah Evans, Director of Strategy, Planning and Partnerships</p> <p>Paul Solloway, Director of Digital</p> <p>Leanne Watkins, Chief Operating Officer</p> <p>Greg Bowen, Assistant Finance Director</p> <p>Naomi Murtagh, Board Business Manager</p> <p>Jamie Marchant, Director of Estates and Facilities</p> <p>Gavin Thomas, Governance Support Officer</p>
APOLOGIES	Rani Dash, Director of Corporate Governance

Preliminary Items	
FPC/2602/01	<p>Welcome and Introductions</p> <p>Neil Patrick (NP), Chair, welcomed everyone to the meeting.</p>
FPC/2602/02	<p>Apologies for Absence</p> <p>Neil Patrick (NP), Chair, NOTED the apologies received.</p>
FPC/2602/03	<p>Declarations of Interest</p> <p>There were no Declarations of Interest to record.</p>
FPC/2602/04	<p>Draft Minutes of the last Meeting held on 15 December 2025</p>



	<p>The Committee received and reviewed the previous draft minutes, and these were AGREED as a true and accurate record of the meeting.</p>
<p>FPC/2602/05</p>	<p>Committee Action Log</p> <p>The Committee received the Committee action log and Neil Patrick (NP), Chair, NOTED that there were no outstanding actions.</p>
<p>ITEMS FOR APPROVAL/RATIFICATION/DECISION</p>	
	<p>There were no items for discussion during this section.</p>
<p>ITEMS FOR DISCUSSION</p>	
<p>FPC/2602/06</p>	<p>Ophthalmology Business Case Progress Update</p> <p>Leanne Watkins (LW), Chief Operating Officer, provided an update on progress against the previously approved Ophthalmology Diagnostic Hub Business Case, including Performance, Workforce, Financial, and Digital considerations.</p> <p>LW reported that the diagnostic hub had delivered significant improvements in performance and patient safety, exceeding original activity expectations. The service had mitigated clinical risk associated with delayed follow-up, particularly in relation to sight-threatening conditions, and had contributed to improved national benchmarking, with local performance now among the strongest in Wales.</p> <p>The Committee noted evidence that investment in the diagnostic hub had reduced patient harm and associated legal risk, with members recognising the quality and safety benefits achieved alongside improved productivity. Furthermore, it was acknowledged that while financial recovery of investment was challenging, the overall value proposition was strong when considered in the context of patient outcomes and avoided harm.</p> <p>Akmal Hanuk (AH), Independent Member, noted increasing demand, particularly for glaucoma services, and noted the rising volume of patients requiring ongoing monitoring. LW agreed that further work was required to better understand demand drivers and to ensure that risk stratification and prioritisation processes remained robust.</p>



LW reassured the Committee that clinical risk was being actively managed through use of diagnostic imaging and technician-led models, enabling earlier identification of high-risk patients and more efficient use of Consultant time. The workforce model was highlighted as more sustainable than traditional approaches, though challenges in recruitment and reliance on overtime and waiting list initiatives were acknowledged.

AH queried where the diagnostic hub was based and LW confirmed that the diagnostic hub was based at the Royal Gwent Hospital. The Committee noted emerging proposals for a second diagnostic hub, with discussion focusing on the potential for community-based provision aligned to wider community diagnostic hub and regional service models.

Dafydd Vaughan (DV), Independent Member, noted significant digital dependencies, including the planned implementation of the OpenEyes electronic health record and national electronic referral systems, but noted the risks associated with national delivery timescales and the need for interim solutions. LW recognised the importance of digital connectivity with community optometry to enable further service transformation.

The Committee discussed the financial sustainability of the service, including reliance on non-recurrent funding and overtime. It was noted that Phase 1 costs were included within current financial plans, while any further expansion would require prioritisation and consideration within the wider IMTP and regional funding context.

In addition, the Committee acknowledged the ophthalmology diagnostic hub as a strong example of quality-led service redesign, delivering tangible benefits for patients.

In relation to next steps, LW advised that further analysis had been undertaken to understand glaucoma demand trends and key drivers, alongside the development of proposals for future diagnostic hub capacity, including community-based and regional options. LW also confirmed that ongoing monitoring of risks associated with the implementation of digital systems, together with mitigating actions, had continued, with updates to be reported through the IMTP process and future Committee reports.



The Committee **ENDORSED** further development of the model, subject to clear prioritisation, regional alignment, and continued assurance on workforce, digital readiness, and financial impact.

FPC/2602/07

Estates Compliance Assurance Report

Leanne Watkins (LW), Chief Operating Officer, welcomed Jamie Marchant (JM), Director of Estates and Facilities, to the meeting. JM provided an update on the Estates Compliance Assurance Report, outlining statutory compliance, estate condition, and the governance arrangements in place to manage estate-related risks across the Health Board.

JM reported that the Health Board operated a large, complex, and ageing estate, which required a risk-based approach to compliance, maintenance, and investment. The Committee noted that, while significant capital investment had been made in recent years, including the development of new hospitals, a substantial proportion of the estate remained older and continued to deteriorate over time.

JM advised that statutory compliance was actively monitored through a structured governance framework, including topic-specific oversight (such as fire safety, water safety, medical gases, and asbestos), regular reporting, and escalation through risk registers. Assurance was provided that compliance management was not solely an estates function and relied on engagement from clinical divisions and service users, particularly where operational practices impacted safety.

Furthermore, JM informed the Committee of the scale of backlog maintenance, which exceeded available capital resources, and acknowledged that this required prioritisation of investment based on clinical and safety risk rather than aesthetics or non-critical improvements. The Committee recognised that this approach inevitably meant that some estate issues could not be addressed immediately.

The Committee discussed estate condition risks, including ageing infrastructure, capacity constraints, and the impact of unplanned failures. It was noted that estates teams operated on a 24/7 basis, balancing planned preventative maintenance with reactive work, and that workforce pressures within



estates and maintenance services remained a challenge in a competitive labour market.

Akmal Hanuk (AH), Independent Member, noted that some elements of the Health Board's estate were empty and queried whether there were ongoing financial implications associated with vacant buildings. JM provided an update on estate rationalisation and site configuration, including progress in vacating and consolidating services from assets deemed beyond economic repair. JM advised that some buildings were being maintained at a minimal level to ensure safety and security while longer-term solutions were developed. The importance of aligning estate decisions with service strategy and financial sustainability was emphasised.

Iwan Jones (IJ), Independent Member, noted that several estates-related risks remained rated as high or extreme. JM acknowledged that, in many cases, risks could not be fully mitigated without significant capital investment and that existing controls focused on making services safe rather than eliminating risk entirely. IJ requested clarity on how mitigating actions were reflected and evidenced within risk reporting. LW provided assurance that the Health Board's approach to estates compliance and risk management had been subject to external scrutiny, including engagement with regulators and Audit Wales, and that feedback to date had been constructive. The Committee noted that further learning and assurance would be derived from forthcoming external reviews.

The Committee recognised the significant operational and strategic challenge presented by the estate and acknowledged the work of estates teams in maintaining safety and compliance in difficult circumstances.

The Committee **NOTED** the update.

FPC/2602/08

IMTP Ambitions for Future Years

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented to the Committee the proposed Integrated Medium-Term Plan (IMTP) ambitions for future years, including projected performance against Ministerial priorities, organisational escalation metrics, and locally defined improvement objectives. HE reported that the IMTP ambitions had been developed to align national requirements



with organisational priorities, while recognising ongoing constraints relating to workforce availability, financial sustainability, and increasing demand. The Committee noted that performance trajectories remained subject to further iteration and assurance ahead of final submission. HE further advised that Ministerial priorities, particularly in Urgent and Emergency Care, Planned care, Cancer performance, and Financial balance, had continued to be the primary focus of external scrutiny. It was acknowledged that not all national ambitions had been fully defined or supported by clear metrics, which created challenges for planning and assurance.

The Committee discussed the balance between ambition and deliverability, noting that while efficiency and productivity improvements had been embedded within the plan, not all improvements were expected to be cash-releasing. It was recognised that some efficiency initiatives could increase activity and performance while placing additional pressure on financial resources. HE highlighted that IMTP performance assumptions had been underpinned by a range of transformation programmes, including planned care productivity, outpatient reform, theatre utilisation, pathway redesign, digital enablement, and system-wide working with partners. The Committee noted that these programmes had been tracked through divisional assurance processes, programme boards, and executive oversight arrangements.

Akmal Hanuk (AH), Independent Member, queried which areas HE considered to be the most challenging. HE advised that Urgent and Emergency Care performance, diagnostic waiting times, workforce capacity, and the sustainability of some services within existing resources had represented the main areas of concern. The Committee acknowledged that certain ambitions, particularly in planned care and diagnostics, would require difficult prioritisation decisions and close monitoring.

The Committee received assurance that robust internal challenge had been ongoing, including executive scrutiny of assumptions, milestones, and risks, and that progress had been monitored through regular performance reporting. It was noted that delivery against IMTP ambitions would be tracked through monthly and quarterly milestones, enabling early identification of variance and corrective action where required.



The Committee emphasised the importance of maintaining a clear line of sight between IMTP ambitions, operational delivery, workforce plans, and financial assumptions, and requested continued transparency where national expectations were not supported by feasible delivery models.

The Committee recognised the complexity of the planning environment and supported a pragmatic approach that balanced national requirements with organisational capacity, quality, and safety.

The Committee **NOTED** the update.

FPC/2602/09

Reporting on Benefits Realisation Projects

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update to the Committee on the reporting and oversight of benefits realisation arising from approved business cases and transformation projects.

HE reported that the organisation had an established process for the scrutiny of business cases through the Pre-Investment Panel (PIP), with an increasing focus on ensuring that anticipated benefits were clearly defined at the point of approval. The Committee noted that, while assurance arrangements for business case approval were well embedded, further strengthening was required in relation to post-implementation benefits realisation and evaluation.

HE emphasised the importance of consistent and proportionate post-implementation review, ensuring that projects were assessed against the benefits originally approved, including quality, performance, workforce, and financial impacts. It was acknowledged that benefits realisation reporting had not always been applied consistently across all programmes, particularly where projects spanned multiple governance routes.

The Committee noted the range of completed and forthcoming benefits realisation reviews, covering both internal service changes and larger-scale transformation initiatives. The Committee emphasised the need for clear ownership, objective assessment, and timely reporting of



outcomes, including the capture of learning where benefits had not been fully realised.

Furthermore, HE advised that further work had been underway to strengthen guidance and expectations for teams undertaking benefits realisation reviews. This included improved clarity on metrics, timescales, and evidence requirements.

The Committee supported proposals to improve consistency and to ensure that benefits realisation was embedded as a core component of the investment lifecycle rather than treated as an optional activity. In addition, HE advised that forthcoming internal audit work would provide additional assurance on the effectiveness of benefits realisation arrangements and would help to identify further opportunities for improvement.

The Committee reinforced the importance of accountability and transparency, noting that robust benefits realisation was essential to demonstrate value for money, inform future decision-making, and maintain public confidence.

The Committee **NOTED** the update.

FPC/2602/10

Integrated Performance Report, including performance against Ministerial Priorities

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update to the Committee on the Integrated Performance Report, which presented an overview of organisational performance against national targets, Ministerial priorities, and locally defined objectives.

HE reported that the Integrated Performance Report demonstrated areas of sustained improvement, alongside continued system-wide pressures associated with rising demand, workforce capacity constraints, and financial pressures. HE explained that performance needed to be considered within the context of wider system interdependencies and national policy requirements.

In relation to Prevention and Population Health, HE noted strong performance in influenza vaccination uptake for people aged 65 and over, which had exceeded the all-Wales average. Performance against the eight diabetes care processes had reached its highest recorded level, although



further improvement was acknowledged to be increasingly challenging. Ongoing underperformance in childhood vaccination and HPV uptake was highlighted, with recognised inequalities between localities. The Committee noted that targeted action through the Vaccine Equity Plan had been underway to address these issues.

In respect of Primary and Community Care, HE advised that pharmacy-led consultations had continued to increase, supporting improved access and helping to reduce pressure on other parts of the system. Emerging challenges in audiology waiting times were noted, with further work underway and a paper expected to return through established governance routes.

HE reported that, in Urgent and Emergency Care, performance had remained significantly challenged and those improvements had been difficult to sustain. It was acknowledged that pressures were system-wide, and that a more detailed improvement plan had been in development, informed by incident learning and previous improvement initiatives.

In relation to Planned Care, HE noted continued progress in reducing long waits, including a reduction in 104-week waits in orthopaedics. However, the Committee discussed a material risk arising from a global shortage of bone cement, which was expected to impact joint replacement activity and require prioritisation of trauma cases. Significant reductions in outpatient waiting lists were also noted, reflecting the impact of additional insourcing activity.

HE informed the Committee that Cancer and Diagnostics performance had improved, reversing a previous period of decline and demonstrating sustained recovery. Diagnostics were highlighted as a key area of pressure, particularly non-obstetric ultrasound, although recovery plans were in place with the aim of returning to zero long waits by year-end.

In respect of Mental Health, the Committee noted that services had continued to perform well against key access targets, including adult and CAMHS pathways. Ongoing challenges in psychological therapies and neurodevelopmental services were acknowledged, with further review and improvement work underway.



During discussion, the Committee highlighted the interdependencies between performance, workforce, finance, and national supply constraints, and emphasised the importance of maintaining a clear line of sight between the delivery of Ministerial priorities and organisational capacity. The Committee requested continued transparency where national expectations were not supported by feasible delivery models within existing resources.

The Committee **NOTED** the update.

FPC/2602/11

Monthly Finance Report and Monitoring Returns

Robert Holcombe (RH), Director of Finance, provided an update to the Committee on the Finance Report and monitoring returns, outlining the organisation's financial position, key risks, and progress against the approved financial plan.

RH reported that the Health Board continued to forecast an in-year deficit in line with the agreed plan, with the year-to-date position remaining broadly consistent with expectations. RH noted that financial performance remained subject to significant external and internal pressures, including growth in demand, workforce cost pressures, and reliance on national funding arrangements.

RH discussed income risk, particularly in relation to nationally funded programmes and reimbursement mechanisms. It was noted that a proportion of anticipated income had not yet been formally confirmed, creating uncertainty within the forecast position. RH provided assurance that active engagement with Welsh Government had been ongoing to secure clarity and resolve outstanding funding issues. In addition, RH reported that cost pressures had remained evident across several areas, including planned care delivery, winter pressures, and non-pay expenditure. It was noted that some mitigation had been achieved through non-recurrent measures, rebates, and favourable funding adjustments, which had enabled the organisation to continue to hold its forecast position at the time of reporting.

The Committee discussed workforce costs, noting that while substantive staffing levels had increased in line with service delivery plans, overall pay expenditure had continued to be under pressure. The Committee acknowledged the challenge



of balancing workforce investment with affordability and emphasised the need for continued scrutiny of staffing decisions.

RH reported that capital expenditure and cash management had remained within approved limits. Assurance was provided that capital spend had continued to align with plan and that cash levels had been actively monitored and managed.

The Committee emphasised the importance of maintaining financial grip and control, particularly in the context of increasing reliance on non-recurrent measures and uncertainty around future funding. The need for close alignment between financial planning, performance delivery, and IMTP assumptions was highlighted.

The Committee noted the challenging financial environment and acknowledged the work underway by both the Finance team and additionally that of the Planning team to manage risk, maintain stability, and engage with national partners.

The Committee took assurance that financial performance was being actively monitored and managed, whilst noting the ongoing risks associated with income uncertainty, cost pressures, and workforce affordability. The Committee further noted the work which is underway on the IMTP to ensure Welsh Government approval and sign off.

In addition, the Committee noted that there was a Board Development session planned for the 4th March where a detailed presentation and discussion on both the IMTP and financial position was planned.

The Committee **NOTED** the update.

FPC/2602/12

Efficiency Opportunities focused on Planned Care

Robert Holcombe (RH), Director of Finance, welcomed Greg Bowen (GB), Assistant Director of Finance, to the meeting who provided a presentation to the Committee on efficiency and productivity opportunities within planned care. The presentation set out the scale of the opportunity, alignment with national expectations, and the implications for both performance and financial sustainability.



GB reported that, while progress had been made in reducing long waits, demand for planned care services was expected to continue to increase alongside a significant reduction in additional national funding. As a result, improving efficiency and productivity had been identified as a critical requirement to sustain performance within available resources. GB explained that efficiency was defined as the relationship between inputs and outputs, and that improvements could result in either increased throughput at the same cost or the release of capacity and resources. GB advised that improved performance did not automatically equate to financial savings and that some efficiency initiatives could increase cost pressures within the year.

GB highlighted key areas of opportunity, particularly across:

- **Elective beds**, including reductions in length of stay, increased day-case rates, and reduced day-of-surgery admissions;
- **Outpatients**, including reductions in DNA rates, improved follow-up-to-new ratios, and increased use of patient-initiated follow-up and self-management pathways; and
- **Theatres**, including reductions in cancellations, increased cases per list, improved start and finish times, and improved utilisation.

The Committee noted that the most material opportunities were concentrated within theatres, beds, and outpatient services. Benchmarking demonstrated significant variation and clear scope for improvement when compared with peer organisations and best-practice standards.

GB informed the Committee of the importance of system-wide enablers, including workforce models, pathway redesign, digital support, and stronger operational discipline. It was acknowledged that some efficiency gains could only be realised at scale and would require coordinated change across specialties and sites.

The Committee noted that current IMTP proposals addressed a proportion of the identified efficiency opportunities, with variable levels of delivery across specialties. It was further recognised that additional prioritisation and decision-making were required, particularly in areas where efficiency



improvements were expected to deliver performance benefits without generating cash savings.

Iwan Jones (IJ), Independent Member, emphasised the importance of aligning efficiency programmes with quality, safety, and patient experience, and of avoiding approaches that could undermine staff wellbeing or service resilience. IJ further highlighted that achieving additional efficiency gains would require clear governance, strong clinical engagement, and sustained management focus, and that the risks associated with workforce capacity and change fatigue would need to be carefully managed.

The Committee recognised that planned care efficiency represented a significant strategic opportunity, but one that required delivery through realistic assumptions, clear prioritisation, and strong oversight.

The Committee **NOTED** the report.

FPC 2602/13

Commissioning Update Report

Robert Holcombe (RH), Director of Finance, provided the Committee with a Commissioning Update which provided an overview of the Health Board's externally commissioned services and associated contractual arrangements.

RH reported that the update covered the majority of commissioned activity, including services commissioned through long-term agreements, regional and specialised services, independent sector provision, continuing healthcare, primary care contracts, and arrangements with local authorities and partner organisations. The Committee noted the scale and financial significance of commissioned services within the overall system.

Dafydd Vaughan (DV), Independent Member, raised the emerging risks and pressures within commissioned services, particularly in relation to national policy changes and contractual reforms, with specific reference to challenges arising from changes to the General Dental Services contract, noting an increase in contract hand backs and the potential impact on service capacity and access for the population.

RH acknowledged that while reduced activity may generate short-term financial underspends, there is a significant risk of unintended consequences, including unmet need and



increased demand for secondary care services. The Committee noted that engagement with Welsh Government was ongoing to provide feedback on the impact of contractual changes and to seek resolution of identified issues.

The Committee discussed the importance of effective oversight and assurance of commissioned services, including performance, quality, and value for money and emphasised the need for continued monitoring of risks, particularly where changes in commissioning arrangements could adversely affect patient outcomes or system flow.

In addition, the Committee agreed that issues relating to primary care commissioning and population impact would benefit from further consideration through appropriate governance routes, including referral to the Partnerships, Population Health and Planning Committee (PPHPC) where relevant.

Action: Chief Operating Officer / Committee Secretariat

The Committee recognised the complexity of the commissioning environment and the importance of maintaining strong relationships with partners while ensuring that commissioning decisions support safe, sustainable, and equitable services.

The Committee **NOTED** the update.

FPC/2602/14

Development of Committee Programme of Business 2026/27

Naomi Murtagh (NM), Board Business Manager, presented the Committee Programme of Business for 2026/27 to the Committee and reported that the Programme of Business had been developed to ensure the Committee maintained effective oversight of its core responsibilities, including finance, performance, efficiency, service sustainability, and delivery of organisational and national priorities. The Programme was designed to align with the Board Assurance Framework, statutory reporting requirements, and emerging risks.

The Committee discussed the need to maintain a clear focus on financial sustainability, performance recovery,



	<p>productivity and efficiency, particularly in the context of ongoing system pressures and the development and delivery of the Integrated Medium-Term Plan (IMTP).</p> <p>The Committee APPROVED the Programme of Business for 2026/27, subject to ongoing review and amendment as required to reflect emerging priorities.</p>
ITEMS FOR INFORMATION	
FPC/2602/15	<p>Review of Committee Programme of Business 2025/26</p> <p>The Committee NOTED the updated Committee Programme of Business for 2025/26.</p>
FPC/2602/16	<p>Committee Risk Report</p> <p>The Committee RECEIVED and NOTED the Committee Risk Report.</p>
FPC/2602/17	<p>Value and Sustainability Board Assurance Report</p> <p>The Committee RECEIVED and NOTED the Value and Sustainability Board Assurance Report.</p>
FPC/2602/18	<p>Revenue Budget Allocation letter</p> <p>The Committee RECEIVED and NOTED the Revenue Budget Allocation letter.</p>
OTHER MATTERS	
FPC/2602/19	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee considered matters arising from the meeting that required escalation to the Board or referral to other Committees for further consideration.</p> <p>It was AGREED that issues relating to primary care commissioning and the associated population impact, particularly those arising from national contractual changes, would be brought to the attention of the Partnerships, Population Health and Planning Committee for further consideration, where relevant.</p>
FPC/2602/20	Any Other Urgent Business



	There was no other Urgent Business.
FPC/2602/21	Date of the Next Meeting 21 April 2026





Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
FINANCE & PERFORMANCE COMMITTEE ACTION LOG

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
February 2026	FPC 2602/13 – Commissioning Update Report	It was agreed that issues relating to primary care commissioning and population impact would be referred for further consideration through appropriate governance routes, including the Partnerships, Population Health and Planning Committee (PPHPC), where relevant.	Chief Operating Officer / Committee Secretariat	April 2026	Update: Committee secretariat for PPHPC informed for adding onto the FWP for PPHPC.

All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.



**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN
BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG**

Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance & Accountability Framework: Update on the mid year reviews, and 2025 Performance Management and Accountability Framework Implementation
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk Assistant Director of Planning and Partnerships

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

The purpose of this report is for the Finance and Performance Committee to note outcome of the mid year reviews, and the Performance Management and Accountability Framework Implementation

Specifically, the Committee are asked to:

- Note the outcome of the mid year reviews and extant escalation levels
- Note the plan regarding full implementation of the PMF from Q1 2026/27

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Local Arrangements

In line with the Performance and Accountability Framework (PMF), the Mid year Reviews took place from October 2025 into the new year. These reviews used a standard agenda and information pack.

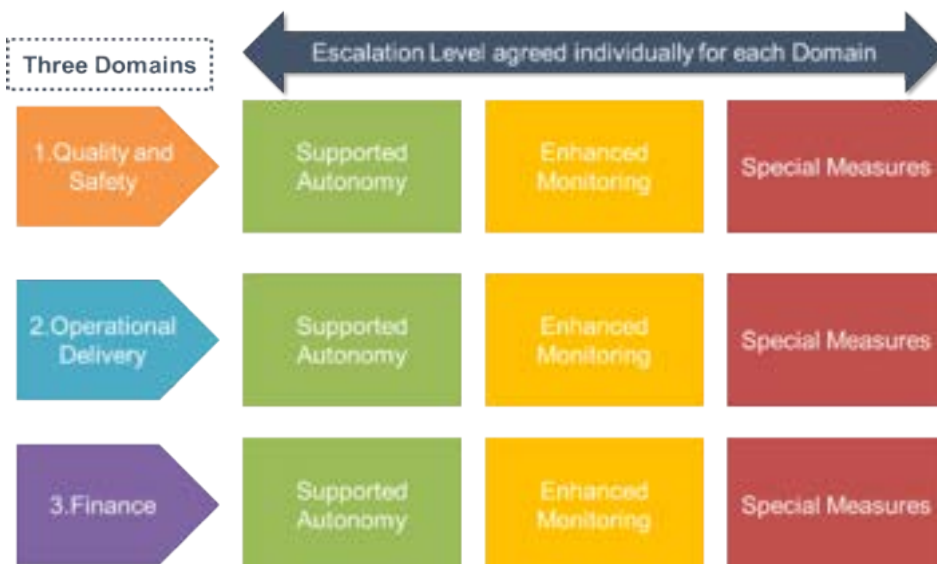
Following completion of reviews, the Executive Committee consider the escalation status of Operational Divisions and in line with the timeline for implementation of the revised framework from Q1 2026. This review of the Framework was designed to ensure that the Framework aligns with both national and ABUHB priorities, particularly considering the approval of the 10-year

strategy and feedback from a wide range of stakeholders involved with the implementation for the PMF.

Cefndir / Background

Local Arrangements

In September 2023 the Board approved the Performance and Accountability Framework. Section 6 of the 2023 PMF sets out the arrangements for escalation using the 3 x 3 model set out below.



The PMF allows for consideration of escalation levels to occur at any time in line with triggers in the same section. However, as a minimum, a formal review of status should occur every 6 months.

The PMF was reviewed, updated and signed off in September 2025 (**Appendix A**) but because planning for mid year reviews was underway and they started in October, the 2023 PMF was used for the purposes of these reviews. Future reviews

Current escalation levels

The extant escalation levels prior to current review meetings are as follows:

Table 1 – Extant Escalation levels

Current	ESCALATION DOMAIN		
	Quality and Safety	Operational Delivery	Finance
Facilities and Estates	Normal Arrangements	Normal Arrangements	Normal Arrangements
Surgery	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Urgent Care	Enhanced Monitoring	Enhanced Monitoring	Normal Arrangements
Medicine	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Primary Community Care and Complex	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Mental Health and LD	Enhanced Monitoring	Normal Arrangements	Enhanced Monitoring
Family and Therapies	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Clinical Support Services	Normal Arrangements	Normal Arrangements	Enhanced Monitoring

Assessment

Local Arrangements

In line with the PMF 2023 it is for the Executive Committee to decide the escalation levels and report the agreed levels into the Finance & Performance.

Levels are considered in context of:

- Outcome of 6-month reviews
- Operational delivery
- Consideration of any prevailing quality concerns e.g. HIW or HSE reports
- Month 6 (quarter 2) financial position
- National escalations and/or concerns

During the review period, Divisions have received engagement updates with the outcomes of the comprehensive evaluation of the Performance Management and Accountability Framework (2023).

The updates and modifications introduced in the updated Performance and Accountability Framework are scheduled to take full effect from Q1 2026. As a result, the Executive Committee decided to maintain the current escalation and de-escalation status following the midyear reviews. Any considerations regarding changes in escalation levels will instead be addressed during the End of Year Reviews, which are planned for May and June 2026.

Based on these considerations the following escalation levels were proposed to the Executive Committee:

Table 2 – Escalation position

Proposed Jan 26			
OPERATIONAL DIVISION	ESCALATION DOMAIN		
	Quality and Safety	Operational Delivery	Finance
Facilities and Estates	Normal Arrangements	Normal Arrangements	Normal Arrangements
Surgery	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Urgent Care	Enhanced Monitoring	Enhanced Monitoring	Enhanced Monitoring
Medicine	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Primary Community Care and Complex Care	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Mental Health and LD	Enhanced Monitoring	Normal Arrangements	Enhanced Monitoring
Family and Therapies	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Clinical Support Services	Normal Arrangements	Normal Arrangements	Enhanced Monitoring

Notes from the reviews have been issued to all Divisions

Considerations in Escalation status

Urgent Care

The persistent challenges with ambulance handover performance at GUH remain, especially in relation to Handover 45 expectations and the improvements made in September and October, have not been sustained (although improved from this time last year). In addition, with respect to the "wait to be seen" in ED,

this performance has remained relatively static as do waits of over 12 hours in the GUH.

In line with the Health Board's national escalation (level 4 for Urgent and Emergency Care) the system wide plan for UEC is being reviewed and brought together in an UEC Improvement and Sustainability plan. This plan will be tested with the Board and NHS P&I during April and May before final Board sign off in May 26. The plan will include:

- A reset and relaunch of the "Our Next Patient" flow model, including new standards, strengthened hourly discharge discipline, and senior-led rapid assessment
- The next phase of the PRU and falls response pathways and clinical access to review the ambulance stack. Working with WAST to maximize impact of the level 2 response. Programme established to improve navigation and hospital response timeliness for non-injurious falls patients
- Continuing to roll out the optimal hospital flow framework and criteria led discharge with implementation at Royal Gwent Hospital and Community Hospital sites ensuring a focus on timely discharge. Continuing to hold weekly meetings focus on long delays and complex discharges with partners.
- Realising full benefit from the new ED extension Phase 1 and delivering Phase 2 in quarter 2 of next year in order to support improved clinical assessment
- Improvement actions for "wait to be seen" including increasing SDEC and Rapid Assessment Zone (RAZ) models into fast-track lower acuity patients, reviewing consultant rosters to better match to demand and increase fast track pathways,
- Alignment with the stroke improvement plan
- Inclusion of the work on Older Person's Pathway and redesign of acute medical model

Delivery of the UEC improvement and sustainability plan will be overseen by a CEO led programme Board.

Finance

Consideration of financial status and full year forecast as at month 6 alongside the extant trigger (namely > £500k deficit) mean that the following divisions are put into or are to remain in enhanced monitoring for finance:

- Medicine Division
- Primary, Community and Complex Care Division
- Family and Therapies Division
- Mental Health and LD
- Surgery Division
- Clinical Support Services
- Urgent Care

Facilities and Estates, remain under normal arrangements for Finance.

Response to escalation levels

In line with the PMF the following response in terms of monitoring and support has been taken is in place as per below:

Table 3 – Responses to escalation

DIVISION	ESCALATION LEVEL	RESPONSE
Urgent Care	Enhanced Monitoring for Operational Delivery and Quality and Safety and Finance	<ul style="list-style-type: none"> • Weekly Safety Flow meetings led by COO and CEO once a month • Actions and metrics aligned to national oversight • Continued improvement plan with continued assessment against progress • Updates through to Executive and Board Committees • Note the work in train to develop UEC Improvement & Sustainability Plan and CEO led Programme Board • Following finalisation of plan, discussion will be had with NHS P&I regarding the availability and nature of any bespoke support required to support UEC improvement.
Mental Health	Enhanced Monitoring for Quality and Safety	<ul style="list-style-type: none"> • Issues tracked through Divisional Assurance and Quality Management Group
All Divisions	Enhanced Monitoring for finance	<ul style="list-style-type: none"> • Additional special budget meetings with CEO and DOF arranged and to be incorporated in to Level 4 Targeted Intervention Plan • Actions to be followed up via Divisional Assurance meetings • Divisional financial performance into monthly Divisional Value and Sustainability, chaired by CEO • Strengthening of reporting into VSB on pipeline and opportunities in Divisions

Families and Therapies

As part of previous considerations of escalation levels, the Quality and Safety domain was considered for Family and Therapies Division at the 12-month review point in September 2025.

A concern regarding culture, behaviour and management practice was raised and so alongside a review of key quality metrics in the unit, a 'listening exercise' was undertaken. Following this engagement some additional assurance and improvement oversight for the NICU is in place.

There has been progress against actions and the recommendations to support changes outlined in the Executive paper January 2026. An assurance report has

also been reported to the Board. It is not recommended the triggers for escalation for Quality and Safety are met at this stage.

Argymhelliad / Recommendation

The Committee are asked to:

- Note the outcome of the mid year reviews and extant escalation levels
- Note the plan regarding full implementation of the PMF from Q1 2026/27

Appendix A



AB Performance
Framework 2025...

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	007
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	

Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs



GIG
CYMRU
NHS
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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Better health | Better care | Better lives
Iechyd gwell | Gofal gwell | Bywydau gwell

Performance Management & Accountability Framework 2025



Document Control:

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Version History:

Version	Date	Author	Reason and changes
V0.1	12 June 2023	Hannah Evans	First draft for initial testing (COO, DCOO, DoF, Director of Corporate Governance)
V.0.2	July 23	Hannah Evans	Second draft following initial comments – shared to inform Executive Development session
V.0.3	5 Sept 2023	Hannah Evans	Version shared with Executive Committee for 14 Sept meeting
V.1	18 Sept 2023	Hannah Evans	FINAL VERSION (1) for Board
V.1.1	3 rd September 2025	Trish Chalk	Refresh following review – Executive team 11 Sept
V.2	16 th September 2025	Trish Chalk	Final DRAFT of Version of refresh

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3	The Performance & Accountability Domains
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5	Governance and Reporting
6	Escalation Processes 6.1 Escalation Processes 6.2 Triggers and Actions 6.3 Meetings: Reviews, Recovery and Deep Dives
7	Timelines and actions
8	Support and Resource
	Appendix 1 Summary table of metrics, triggers, actions and support by domain



1. Introduction

Our Approach

The Performance Management and Accountability Framework (PMF) sets out our approach to performance management and improvement. Its purpose is to support teams and services to be clear on and then meet delivery expectations and improve outcomes for patients and staff.

The PMF sets expectations at all levels and outlines performance monitoring and management processes along with what support is available to drive improvement and focus on what is important for our staff and patients.

This framework applies to our whole organisation. Aligned with our values, kindness, integrity and respect recognising everyone has a role to play in identifying opportunities for improvement, and in enacting them to improve outcomes and health for patients, staff and our population.

The PMF aligns with existing corporate governance documents such as the Standing Financial Instructions and the Scheme of Delegations.

Performance and Accountability across 5 domains:

- 1 Quality & Safety
- 2 Leadership
- 3 Corporate Governance
- 4 Finance
- 5 Operational Performance & Delivery



2. Aims and principles

The PMF is designed to support a culture of continuous improvement for the benefit of patients, communities and staff and is intended to provide:

- **Clarity** on the performance management and accountability arrangements, and roles and responsibilities at all levels within our organisation.
- The metrics and trajectories by which performance is assessed against and **aligned** to the NHS Wales Performance Framework and Planning Framework.
- Provides alignment and **integration** between quality, performance, planning, workforce, risk management and finance to identify areas of improvement.
- Provide an **opportunity** to listen and learn through our assurance processes to enact change to improve our services and patient experience.

The key principles underpinning approach:

Transparent and Mutually Agreed

- Expectations and accountabilities clearly set out
- Performance targets and measures clear in escalation and de-escalation
- Positive performance recognised and support to understand expectations
- Accountability and performance arrangements aligned to PADR's

Integrated and Comprehensive

- Accountability and performance arrangements will be integrated covering Quality and Safety, Workforce, Performance and Finance data sets
- Performance delivery will be aligned with national IMTP accountability conditions, escalation status (where relevant) and benchmarking.

Improvement Focused

- Accountability and performance arrangements will support the development of a culture of continuous performance improvement
- Services identified as falling short on delivery will be supported through the escalation framework via a suite of possible responses

Proportionality and Balance

- Accountability and performance arrangements will ensure that interventions and actions are proportionate
- Balance the burden of reporting and providing assurance to delivery the best outcomes for patients and staff

Empowerment and Delegation

- Foster a culture of accountability, through staff empowerment
- The structure will nurture collaboration and transparency to solve problems to optimise delivery.
- Greater support will be offered to make improvements through the agreed escalation process.

3. The Performance and Accountability Domains

The Performance and Accountability domains, though distinct in their focus, are interdependent to encompass the structures, processes, ownership and behaviours to improve performance and accountability from individual to organisation. Robust performance and accountability leads to outcomes that are demonstrable and sustainable with a commitment to continuous improvement.

Performance and Accountability will focus across 5 domains:

1

Quality & Safety

Focuses on quality assurance which measured through a range of quality and safety metrics aligned with the Quality Outcomes Framework e.g. patient safety incidents, complaints, medical examiner issues, Duty of Candour, deteriorating patients, infections and patient satisfaction

2

Leadership

Assesses the effectiveness of leadership in place to ensure the organisation is well led at all levels. Evaluates against a number of key metrics as well as staff and employer experience.

3

Corporate Governance

Assesses the effectiveness of quality governance, risk management, audit and inspection compliance, and decision-making processes. Escalation levels are determined by consideration across audits, risk management, meeting effectiveness and the timeliness of policy updates

4

Finance

Focuses on financial performance, including in year and forecast overspend, budget management, savings plans and the financial governance and processes. Escalation levels are determined by the extent of overspend, the robustness of financial plans, and the effectiveness of savings initiatives

5

Operational Delivery

Evaluates performance against key targets and agreed improvement trajectories. Escalation levels are determined by the extent of underperformance and the effectiveness of recovery plans.

4.1 Boards and Committees

The role of the Board is to:

- Set the organisation's strategic direction
- Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the health boards performance across all areas

The role of the Committees are to:

- Provide the challenge and scrutiny on elements of performance within this remit, for example financial performance delivery sits with the remit of the Finance and Performance Committee

Performance reporting is undertaken for all domains through the Assurance or Committee meetings and against the Health Board's integrated medium plan. These performance reports provide Welsh Government, Board, Quarterly Committees and Executive Team assurance on our organisational performance.

Reporting Mechanisms		
	Board	Committees:
Report	Integrated Performance Report Financial report	<ul style="list-style-type: none"> • Finance & Performance, • People & Culture • Patient Experience, Quality and Safety Committee • Audit
Purpose	Monitors progress against strategic objectives' performance objectives, risks and outcomes	<ul style="list-style-type: none"> • PMF update • Quality Outcomes Framework (QOF) • Performance Report • Finance Report • Workforce Report • Deep dives as required
Frequency	Every Board	<ul style="list-style-type: none"> • QOF - Quarterly • PMF - 6 monthly • Monthly for areas in escalation

4.2 Executive Committee

Role of the Executive Committee

The Executive Committee, led by the Chief Executive, offers a platform for the Executive Team to deliberate on strategic or operational issues before, when appropriate, referring them to the Board or its Committees.

A focused performance session is held on a monthly basis with detailed discussion on performance across all of domains. Deep Dives and issues by exception or for services or teams in escalation at received on a more frequent basis as required. Members of the Executive Committee review performance reports and address any unresolved issues at the local level.

The Executive Committee evaluates Divisional performance reports to determine whether any performance deviations are minor or significant according to the Health Board’s escalation procedures outlined above.

The Executive Director for Planning, Partnerships and Performance is the Executive Director with responsibility for establishing and managing the performance framework.

Each Executive Team member is responsible for delivering their performance targets within their respective Divisions /Directorates.

Domain Leads

The Executive leads for each of the 5 domains :

Quality & Safety:	Director of Nursing, Quality and Patient Experience
Leadership:	Director of Workforce and Organisational Development
Corporate Governance:	Director of Corporate Governance
Finance:	Director of Finance
Operational Delivery:	Chief Operating Officer

4.3 Division/Directorate

Role of the Division/Directorate

This PMF requires Divisions and teams to implement their own local performance reporting and management systems.

The expectation of this PMF is that they meet regularly with service leads, monitoring performance, implement good governance and working with staff to unblock issues and drive forward improvements.

Each Division/Directorate is expected to:

- Set clear goals and objectives aligned with Health Board strategic objectives .
- Identify the metrics how they will do this.
- Identify and mitigate risks affecting delivery
- Regularly meet to check progress and address issues together.
- Collaborate across to resolve issues and areas for improvement.
- Through Divisional Assurance mechanisms assess progress.

Divisional Assurance for Operational Divisions occurs monthly and should cover metrics in the 5 domains, twice a year there is a Chief Executive lead review, and escalation status is reviewed following these reviews.

Should separate, more detailed finance (or other) discussions be required, these will be agreed through the assurance review process using the escalation options.

There is an expectation that the reviews will build on the historical reporting to look ahead on a rolling quarterly basis and define the actions to ensure performance is delivered and where relevant recovered from any position of variance.

Operational Monthly Assurance

Report

Divisional Assurance Slide deck – covers all domains of this PMF.
Report out of each Assurance Review with themes and actions shared with Executive team

Purpose

Monitors progress performance objectives, risks and outcomes against the 5 domains and aligned to the accountability conditions

Frequency

Monthly

4.4 Mid Year and End of Year Reviews

Role of the Mid Year and End of Year Review

This PMF applies to the whole organisation

Mid year and End of Year Reviews for Operational Divisions will be chaired by the CEO with all Executives in attendance.

Reviews will focus on delivery against the 5 domains will be supported by agreed action notes and a formal letter from the Chair of the meeting.

Each of the Corporate Divisions will have an End of Year Review to cover off the areas of their portfolio as agreed in the scheme of delegation and delivery against key metrics in the 5 domains.

Corporate reviews will focus on key objective delivery and financial, workforce and other areas of performance and will be supported by agreed action notes and a formal letter from the Chair of the meeting.

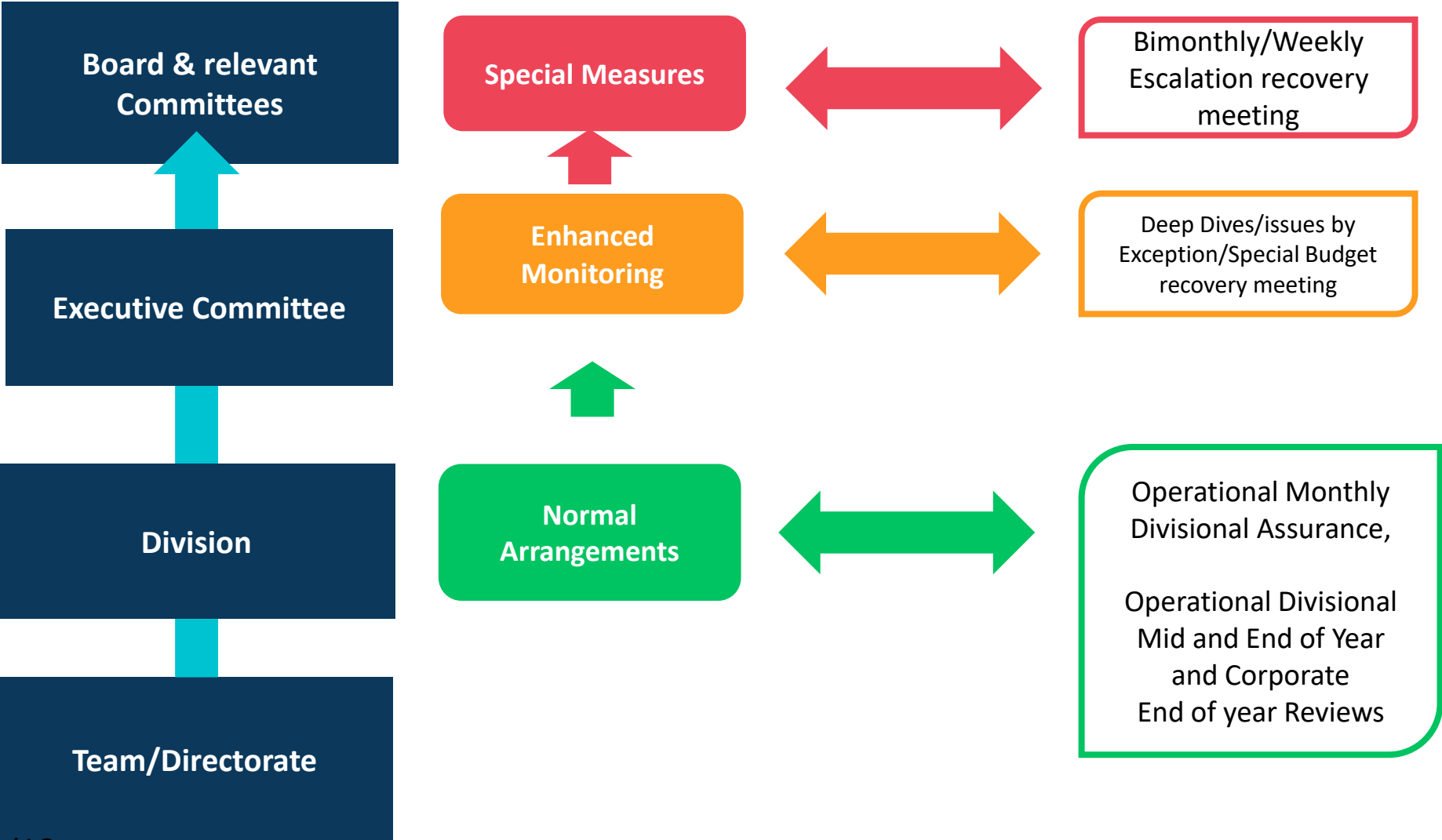
Mid Year and End of Year Review

Report	Standard side deck covering key achievements, risks and forecasts against the 5 domains
Purpose	Monitors progress against strategic objectives, performance expectations, risks and outcomes against the 5 domains and aligned to the accountability conditions
Frequency	6 monthly for operational divisions Annual for corporate teams



5. Governance and Reporting

The following diagram shows how the Framework assurance mechanisms feed into the escalation arrangements and management structures. The principal mechanism for assessing performance and agreeing actions to improve performance will be assurance and review meetings. The arrangements for these meetings are set out in the following slides below for both operational Divisions and Corporate Directorates, along with the escalation mechanisms



6.1 Escalation Processes

The PMF is predicated on the principle that, wherever possible, issues should be resolved at individual, team, Division or Corporate Directorate level and that Divisions and Corporate Directorates should work collaboratively and be mutually supportive in line with our values. Escalation should be very much the exception and that, where it is necessary, proportionate and appropriate support and intervention takes place at the earliest opportunity to ensure performance remains on track to achieve our objectives. The lead Director for each domain will provide a view on the escalation levels which will be ratified at the Executive meeting against the following criteria:

	Quality & Safety	Leadership	Corporate Governance	Finance	Operational Delivery
Triggers	<p>Limited or no assurance that the Division can meet prescribed targets/standards N^o within a 3-month rolling period</p> <p>N^o of actions not completed within the stated action plan</p> <ol style="list-style-type: none"> 1. PTR volume / compliance 2. NRI volume / compliance 3. Increase in number of patient incidents resulting in harm 4. N^o of reg 28s / inquests 5. Progress of actions from Reg 28's 	<p>Limited or no assurance that the Division can meet prescribed targets/standards for the following areas:</p> <ul style="list-style-type: none"> • Employee relations cases • PADR Completion • Mandatory training • Overdue pay progressions • Rosters & job plans (includes agency use) • Staff Survey Feedback 	<p>Limited or no assurance that the Division can meet prescribed targets/standards</p> <p>Continued failure to respond /maintain in more than 1 key deliverable/area:</p> <ul style="list-style-type: none"> • Risk management • Audits/ inspections responses • WHCs/ Ministerial Directives • Governance arrangements • Policies in/out of date • Freedom of information and MS/MP responses 	<p>Limited or no assurance that the Division can meet prescribed targets/standards within the year</p> <ul style="list-style-type: none"> • Where divisional level budget is forecast to overspend by more than £1m through monthly financial reporting • Where corporate level budget is forecast to overspend through monthly financial reporting 	<p>Limited or no assurance that the Division can meet prescribed targets/standards against the accountability conditions within the year</p> <ul style="list-style-type: none"> • Out of seasonal range performance for more than a minimum of 3 months • Off track performance against forecast for more than a minimum of 3 months

Normal Arrangements

Reasonable assurance that the Division can meet agreed targets, standards and expectation in a given domain within the year

Enhanced Monitoring

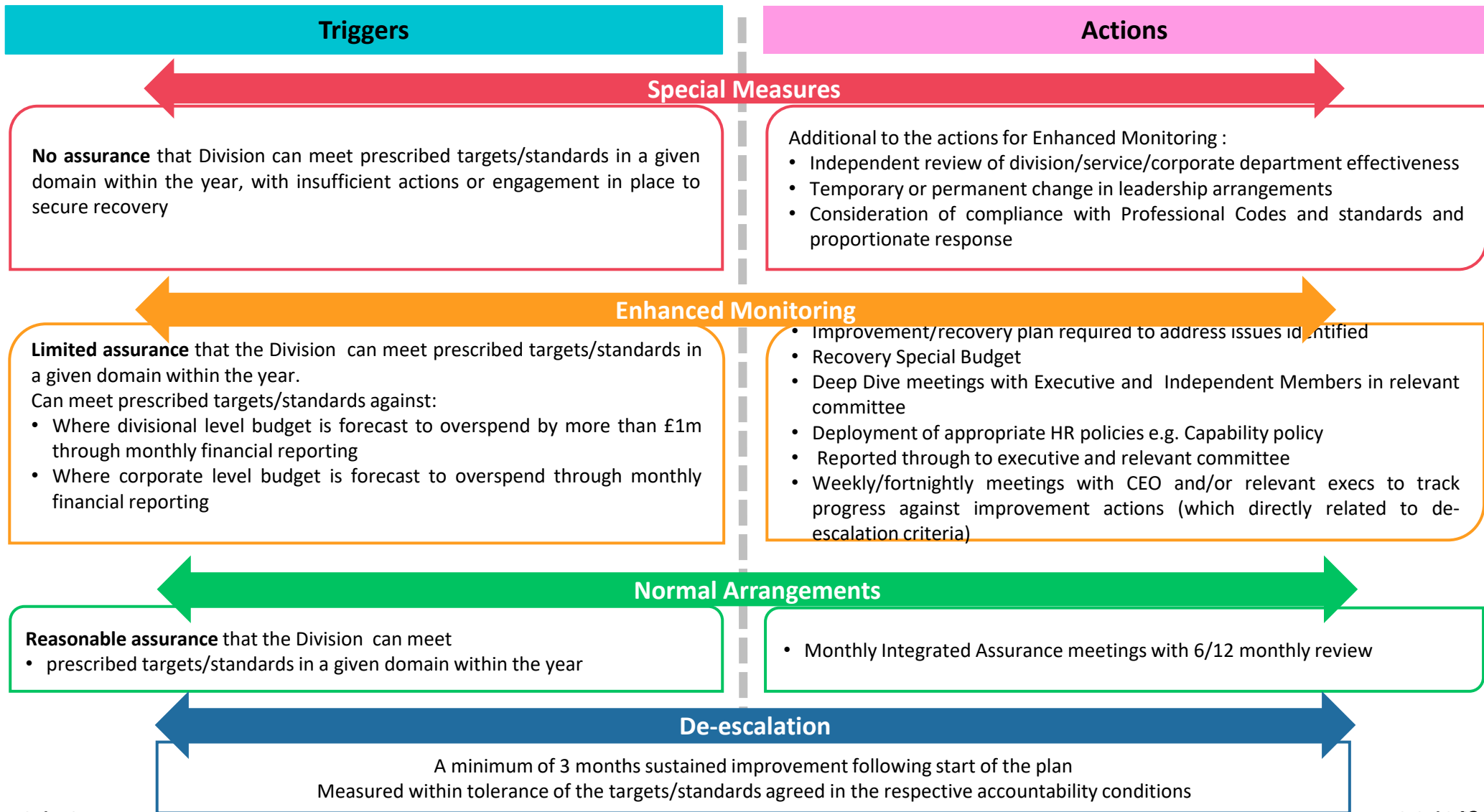
Minimum 3 months of delivery below required standards/targets and limited assurance these can be met within the year

Special Measures

No assurance that the required targets/ standards can be met within the year, with insufficient actions or engagement in place to secure recovery

6.2. Escalation Processes – Triggers and Actions

The PMF allows for consideration of escalation levels to occur at any time in line with triggers. However, as a minimum, a formal review of status has occurred every 6 months. Every 6 months, the Executive will review the progress of each function against the key metrics and through the 6 months assurance meeting and end of year review, the actions set out below are proportional to the level along with the criteria for de-escalation set and agreed through the actions.



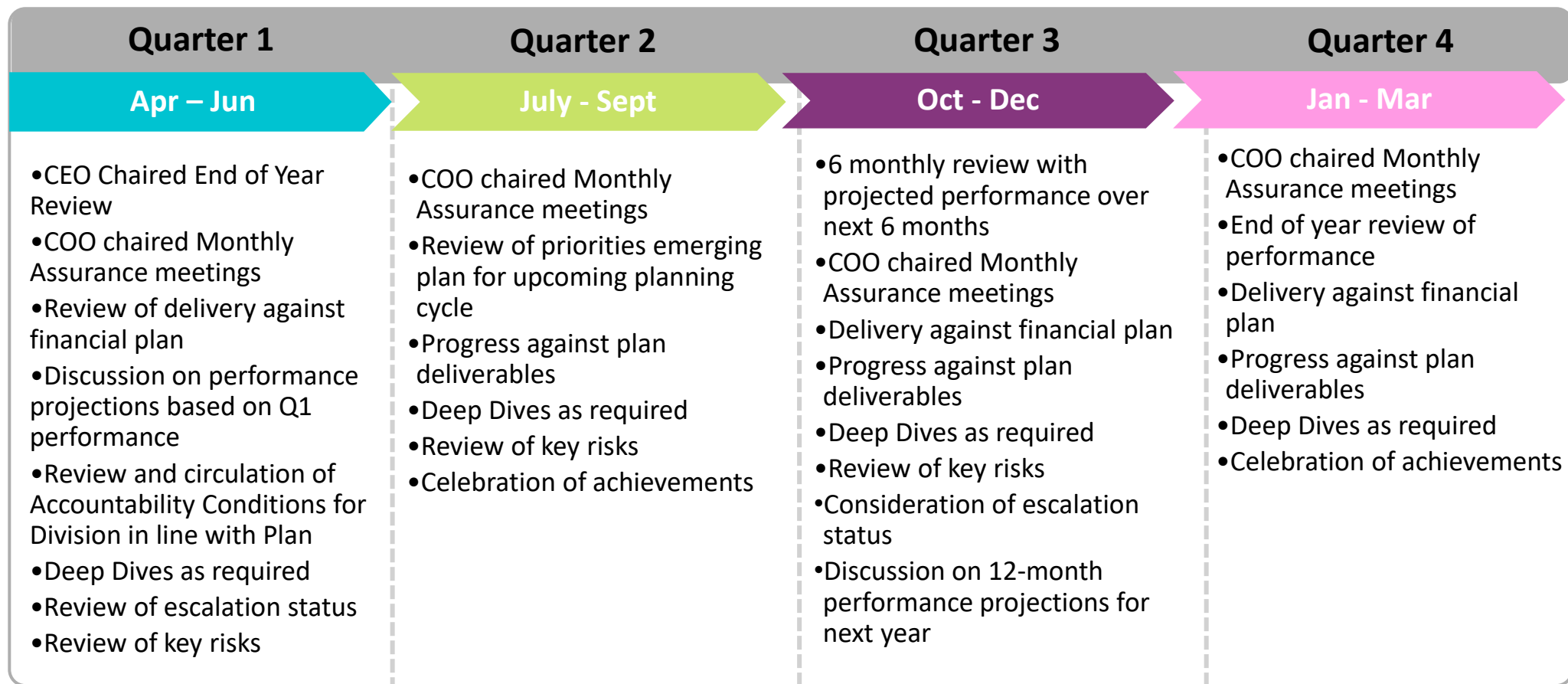
6.3. Meetings: Reviews, Recovery and Deep Dives

The table below sets out the minimum metrics, attendance and frequency for meetings at each level of escalation

	Normal Arrangements		Escalation		
	Monthly Assurance and 6-month review	End of Year Review	Recovery	Deep Dive/Special Budget	
Metrics	<ol style="list-style-type: none"> Performance - Accountability Conditions Variable Pay and Agency spend Cost Pressures Savings progress Employee relations cases Sickness absence Turnover PADR Completion Mandatory training Overdue pay progressions 	<ol style="list-style-type: none"> Staff Survey completion Rosters & job plans (includes agency use) Risk management Audits/ inspections responses WHCs/ Ministerial Directives Freedom of information and MS/MP responses PTR volume / compliance NRI volume / compliance Patient incidents resulting in harm Number of reg 28s / inquests Progress of actions from Reg 28's 	<p>Operational Divisions</p> <ul style="list-style-type: none"> Reflections to year end IMTP Priorities Domain performance Successes plus Annual Review monthly assurance metrics Risks and Issues <p>Corporate Divisions</p> <ul style="list-style-type: none"> Reflections to year end IMTP Priorities Domain performance where appropriate Risks and Issues 	<p>Metrics for monitoring and de-escalation determined at kick off meeting relevant to domain</p>	<p>Metrics for monitoring and de-escalation determined at kick off meeting relevant to domain</p>
Attendance	<ul style="list-style-type: none"> COO Triumvirate Business Partners Month 6 - All Execs in attendance 	<p>Annual Review</p> <ul style="list-style-type: none"> All Execs, Chaired by CEO Triumvirate Business Partners 	<ul style="list-style-type: none"> If a Division is escalated in any of the 5 key domains, the domain's director or nominated deputy are required to hold recovery meetings Triumvirate Business Partners Independent Members 	<ul style="list-style-type: none"> If a Division is escalated in any of the 5 key domains, the domain's director or nominated deputy are required to hold recovery meetings Triumvirate Business Partners Independent Members 	
Frequency	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Annual 	<ul style="list-style-type: none"> Bimonthly/Weekly Escalation recovery meeting 	<ul style="list-style-type: none"> As determined by escalation 	

7. Timeline and Actions through the year

It is the responsibility of each Division and Corporate Directorate to implement their own local performance reporting and management systems and frequency. The expectation of this PMF is that the following ,meetings and actions occur over the course of the year as part of deploying the Framework:



8. Support Available

Key resources available to support

It is recognised insight and support is a key enabler for accountability and improvement. There are a number of teams, dashboards and reports that can support the application of the Framework and continuous improvement across all domains.

The following resources are available to support the implementation of the PMF:

- Integrated Performance report
- Quarterly Quality Outcomes Framework report
- Weekly Putting Things Right dashboard
- Monthly Divisional Monthly Assurance reports
- Management Information Financial Packs - monthly
- Value and Sustainability Dashboard and reports
- Workforce Dashboard

Teams

- Planning, Finance and Workforce Business Partner Teams
- Performance, Analytics and Modelling Team
- Information Team
- Value-Based Health Care Team
- Primary Care Information Team
- Public Health Analytics Team
- Quality Improvement Team

External Support and resources

Depending on improvements required, external support and/or resources may be secured to support teams. Terms of reference, scope and duration of support will be clearly defined at the outset of the support period.



Appendix 1 - Summary table of metrics, triggers, actions and support

	Quality and Safety	Leadership	Corporate Governance	Finance	Operational Delivery
Accountability Conditions					
Metrics	<ol style="list-style-type: none"> PTR volume / compliance NRI volume / compliance Increase in number of patient incidents resulting in harm Number of reg 28s / inquests Progress of actions from Reg 28's 	<ol style="list-style-type: none"> Employee relations cases Sickness Turnover PADR Completion Mandatory training Overdue pay progressions Rosters & job plans (includes agency use) Staff Survey Completion 	<ol style="list-style-type: none"> Risk management Audits/ inspections responses WHCs/ Ministerial Directives Governance arrangements Policies in/out of date Freedom of information and MS/MP responses 	<ol style="list-style-type: none"> Variable Pay and Agency spend Sickness rates Activity increases/decreases Service efficiency Drug costs Savings progress 	<ol style="list-style-type: none"> Out of seasonal range performance for more than a minimum of 3 months Off track performance against forecast for more than a minimum of 3 months
Triggers	<ul style="list-style-type: none"> Limited or no assurance that the Division can meet prescribed targets/standards Number within minimum a 3-month rolling period Number of actions not completed within the stated action plan 	<p>Limited or no assurance that the Division can meet prescribed targets/standards for the following areas:</p> <ul style="list-style-type: none"> Employee relations cases PADR Completion Mandatory training Overdue pay progressions Rosters & job plans (includes agency use) Staff Survey Feedback Sustained Sickness Absence increase over 6 months without evidence of appropriate absence management 	<ul style="list-style-type: none"> Limited or no assurance that the Division can meet prescribed targets/standards Continued failure to respond /maintain in more than 1 key deliverable/area 	<p>Limited or no assurance that the Division can meet prescribed targets/standards within the year</p> <ul style="list-style-type: none"> Where divisional level budget is forecast to overspend by more than £1m through monthly financial reporting Where corporate level budget is forecast to overspend through monthly financial reporting 	<p>Limited or no assurance that the Division can meet prescribed targets/standards against the accountability conditions</p>

Appendix 1 - Summary table of metrics, triggers, actions and support

	Quality and Safety	Leadership	Corporate Governance	Finance	Operational Delivery
	Accountability Conditions				
Actions and Support	<ul style="list-style-type: none"> Improvement plan development – clear milestones and measures of improvement Targeted internal support Independent review of division/service/corporate department effectiveness Temporary or permanent change in leadership arrangements Consideration of compliance with Professional codes and standards and proportionate response Deployment of appropriate HR policies e.g. Capability policy Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria), with members of QMG Invite to relevant committee, supported by Executive Director. To outline improvement plan 	<ul style="list-style-type: none"> Improvement plan development – clear milestones and measures of improvement Targeted OD support Additional training and resource Deployment of appropriate HR policies e.g. Capability policy Deep Dives into subject areas Independent review of division/service/corporate department effectiveness Invite to relevant committee, supported by Executive Director. To outline improvement plan 	<ul style="list-style-type: none"> Improvement plan development – clear milestones and measures of improvement Targeted internal support Time bound action plan against each indicator Additional training and resource Deployment of appropriate HR policies e.g. Capability policy Deep Dives into subject areas Invite to relevant committee, supported by Executive Director. To outline improvement plan 	<ul style="list-style-type: none"> Agreed action plan established monitored through financial reporting arrangements Internal support as required (QI/VBHC/planning – issue dependent) CEO to call a special ‘Budget Review Meeting’ of all Executive Directors and Invite to relevant committee, supported by Executive Director. To outline improvement plan 	<ul style="list-style-type: none"> Improvement plan development – clear milestones and measures of improvement Internal support as required (Finance QI/VBHC/planning – issue dependent) Time bound action plan against each indicator Additional training and resource Deployment of appropriate HR policies e.g. Capability policy Internal Governance support Deep Dives into subject areas Invite to relevant committee, supported by Executive Director. To outline improvement plan

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Report – December 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant for Director Planning and Performance Paul Steynor, Head of System Planning & Performance Caroline Norris, Senior Performance Management Analyst

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Finance and Performance Committee with an overview of operational performance against the 2025/26 IMTP Key Performance Metrics. Performance Metrics have been updated to reflect the latest, validated position. The full Performance Report details performance against the Ministerial Delivery Expectations and IMTP measures, across the five system change priorities. The Q4 performance update against the Enabling Actions is also included as an Appendix.

The Committee is asked to:

- **NOTE** the performance of the Health Board, as of the latest reporting periods.
- **NOTE** the insight and actions to address areas of concern

Cefndir / Background

This report focusses on specific performance against the organisation's key priorities in line with the Health Board's IMTP, the National Performance Framework, and Cabinet Secretary priorities (including Enabling Actions).

Asesiad / Assessment

This report is structured across sections as follows:

Performance Summary

- Section 1: Cabinet Secretary Priorities
- Section 2: Our Performance & System Change Delivery, which include the System Change Priorities:
 - Embedding Prevention and Population Health in all that we do
 - Progressing place-based models of care and sustainability in Primary and Community Services
 - Improving our Urgent & Emergency Care system focusing on experience, access and discharge pathways
 - Continuing to prioritise Cancer, Urgent and the longest waiting patients for Planned Care
 - Improving our Mental Health Services
- Appendix 1: Enabling Actions Q4 Update

This Performance Report reflects performance against the metrics and trajectories committed to as part of the 2025/26 IMTP.

Embedding Prevention and Population Health

Uptake of both COVID-19 spring and autumn boosters remained below national expectations, although performance was consistently higher than the Wales average and has improved between campaigns. Influenza vaccination uptake among adults aged 65 and over continued to strengthen, reaching 73.9% by the end of the campaign, representing year-on-year improvement and performance above the all-Wales position, albeit slightly short of the national target.

Childhood immunisation performance declined in the latest quarter and remains below trajectory, however HPV uptake demonstrated a notable improvement following targeted, equity-focused interventions. Delivery against the Vaccine Equity Strategic Framework continues to progress, supported by the Director of Public Health's Big Gwent Vaccination Conversation, enhanced engagement with communities, and development of enabling infrastructure including improved data access and digital consent systems. Smoking cessation outcomes improvement with carbon-monoxide-validated quits increasing, although overall quit attempts fell in the latest quarter. A redesigned, place-based delivery model is being embedded, aligning practitioners to localities and prioritising support for populations at greatest risk of tobacco-related harm.

Performance across early years screening and prevention remains strong. Both the newborn hearing screening programme and the 6-week physical examination continued to exceed national standards throughout the year. Healthy Child Wales weight and measurement at 8 weeks achieved its strongest performance to date,

reflecting sustained improvement. Delivery of the eight NICE diabetes care processes also improved to its second-highest level this year, supported by extensive engagement across primary care, targeted improvement initiatives, and focused support for key components of the pathway, will strengthen the foundations for further improvement in 2026/27.

Primary and Community Services

Activity across pharmacy-led and community-based services continues to perform strongly and supports wider system sustainability. The Pharmacist Independent Prescribing Service is delivering well ahead of plan, supported by an expanding network of participating community pharmacies and sustained public uptake. Common Ailment Scheme activity has recovered following a mid-year dip and remains stable above trajectory. Optometry activity has increased significantly following implementation of the new WGOS pathways, with overall access exceeding last year's total and performance on track to exceed year-end expectations despite seasonal variation. Emergency dental activity remains below trajectory, with performance impacted by uncertainty around future contractual arrangements for 2026/27.

Community-based care delivery presents a mixed picture. Community nursing activity continues to sit materially below the required trajectory, although longer-term trends show sustained year-on-year growth in contacts. Achieving the ministerial expectation for weekend activity remains challenging and would require a fundamental shift in service delivery patterns. In contrast, Enhanced Community Care continues to perform strongly, with accepted referrals exceeding planned levels and demonstrating continued expansion of rapid response and admission avoidance services across the system.

Performance within specialist community services reflects ongoing demand and capacity pressures alongside emerging stabilisation. Palliative care activity has remained below trajectory during the year due to increased demand and workforce constraints, although recent month-on-month improvement provides some early reassurance following resolution of data reporting issues. GP referrals into Rapid Response services remain broadly stable but below trajectory, influenced by seasonal variation and access challenges. The winter Navigation Hub and Single Point of Access pilot has been introduced to address these issues and improve referral pathways, with further evaluation planned to assess impact and inform future service design.

Urgent and Emergency Care

Performance across urgent and emergency care shows signs of recovery following winter pressures, alongside continued system volatility. Ambulance handovers and associated lost hours have improved in recent months and remain lower than the same period last year, although sustained pressures relating to acuity, bed occupancy and flow persist. A reset and relaunch of the Our Next Patient programme is underway, supported by a staged improvement plan with clear actions to accelerate discharges, improve hourly patient movement and reduce handover delays. Emergency department performance demonstrates improved consistency, with 12-hour compliance remaining better than the prior year, although 4-hour compliance remains challenged due to ongoing demand and system-wide flow constraints.

Front-door performance remains variable and sensitive to downstream pressures. Triage performance deteriorated during winter and has not yet returned to earlier trajectory levels, although breach volumes remain substantially lower than historic levels. Median wait-to-be-seen times have risen slightly, prompting a renewed emphasis on continuous flow, strengthened daily huddles, early decision-making and improved daytime assessment capacity. Actions are also in place to protect cubicle availability overnight and ensure consistent application of escalation and boarding protocols, with the intention of stabilising performance and preventing congestion across assessment and majors areas.

Discharge and length-of-stay metrics show encouraging improvement alongside ongoing risks. Pathway of Care Delays have reduced for three consecutive months, with a significant reduction in total days delayed and average length of delay, although the overall volume remains slightly above plan and above the same point last year. The subset of delays under enhanced monitoring has generally trended downwards, but some recent increases highlight workforce-related dependencies, particularly in allied health and nursing assessment. Long-stay patient numbers peaked during winter as anticipated but have since reduced, with continued focus through operational length-of-stay meetings and the Our Next Patient programme to support sustained improvements in flow and discharge effectiveness.

Cancer and Planned Care

Cancer performance remains a key area of focus, with modest improvement in single cancer pathway compliance, although performance is still materially below trajectory. Recovery planning is being strengthened through tumour-site-specific action plans, regular recovery meetings chaired by the Cancer SRO, and deeper pathway reviews. Early signs of improvement are evident in gynaecological oncology, while colorectal and urology pathways continue to present the greatest challenges, particularly at the diagnostics stage and in endoscopy capacity where high DNA and short-notice cancellations persist. The 62-day backlog has continued to reduce and now represents less than 10% of the pathway list, with targeted focus on the highest-contributing tumour sites.

Planned care performance has shown notable progress. The provisional, year end 104-week RTT position has reduced to its lowest level since April 2020, with year-end performance expected to be close to zero, reflecting the impact of targeted funding. The outpatient insourcing programme has driven a sustained reduction in waits over 52-weeks, with year-end performance forecast to be lower than planning assumptions due to strong delivery against the 26-week outpatient insourcing programme. Diagnostic performance improved materially through quarter four following additional investment, with final validated year-end positions still being confirmed.

Outpatient follow-up management and operational efficiency continue to improve, supported by the Outpatient Transformation Programme. The number of patients waiting beyond their follow-up target date has reduced from its December peak, with continued emphasis on validation, Straight to Discharge, and greater use of SOS and PIFU pathways. DNA rates reached their lowest recorded level in February and have remained low into March, reflecting targeted intervention in high-risk areas and the expanded use of text reminders. While adult audiology and therapy services continue to experience demand-capacity pressures linked to wider planned care

recovery activity and workforce constraints, early mitigations and additional funding are beginning to stabilise performance.

Mental Health

Adult mental health access performance remains strong overall. There are no material performance concerns for assessments and interventions under Parts 1a and 1b, with services continuing to balance demand and capacity effectively to maintain compliance with national standards. Performance for Adult Part 2 has met the national standard for five consecutive months, providing sustained assurance of improvement. While data cleansing work remains ongoing, activity levels for new Care and Treatment Plans and discharges are expected to stabilise, strengthening confidence in reported performance going forward.

Psychological therapies performance has deteriorated in recent months, with workforce vacancies impacting delivery capacity and resulting in downward trends. In response, a revised divisional recovery plan is being developed to improve performance from March onward. Supporting actions include the rollout of dashboards across all adult teams, process mapping of booking pathways, and development of a future-state model. Data quality issues linked to historical diary use and appointment coding are being addressed alongside work to resolve RTT clock issues following DNA and CNA incidents, which have been adversely affecting performance reporting.

CAMHS access standards for Parts 1a and 1b remain compliant, with services effectively managing demand and capacity. Performance for CAMHS Part 2 has recovered following identified issues with Care and Treatment Plan compliance, supported by audit activity and the appointment of a dedicated lead. Neurodevelopmental services continue to experience sustained demand pressures, with performance trending downwards, however the service has maintained the ministerial requirement on longest waits, and strengthened screening processes are supporting improved pathway management as the Neurodiversity Early Support Hub model continues to embed.

Appendix 1 – Q4 Enabling Actions Update

Progress against Enabling Actions (as required by the NHS Wales Planning Framework) demonstrates delivery across urgent and emergency care, community capacity and planned care productivity, with many actions now fully or partially adopted and embedded.

Community-based falls response and acute frailty models have expanded, contributing to reduced hospital conveyance and improved same-day assessment and discharge for older people. The Community Clinical Desk pilot has demonstrated early benefit in supporting patients to remain at home and is informing future models of care.

Planned care productivity actions are progressing although there are further opportunities to be realised across outpatient transformation, validation, and pathway optimisation forming the core focus. Straight to Discharge, SOS and PIFU pathways are increasingly embedded, supported by consistent clerical and targeted management of longest waiters, with further retrospective application planned in 2026/27. DNA and short-notice cancellation rates have reduced to their

lowest recorded levels, demonstrating the impact of targeted interventions and digital reminders. Theatre performance shows improving late starts and early finishes, strong compliance with elective theatre protection and stable session utilisation close to national standards.

Workforce productivity and value-for-money programmes show mixed progress. While agency spend reduction targets remain challenging due to service pressures, recruitment constraints and competing operational priorities, sustained focus remains on job planning, digital completion and incremental improvement.

Value and Sustainability programmes continue to deliver benefits through medicines optimisation, with particularly strong performance in biosimilar uptake, generic prescribing and bone health outcomes. Progress continues on digital priorities, cybersecurity, referral management and nationally optimised pathways, although some actions will extend into 2026/27 to allow full implementation, benefits realisation.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the performance of the Health Board as of the latest, validated reportable positions and the Q4 progress against the Enabling Actions.
- **NOTE** the insight and actions to address areas of concern.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. All IMTP Priorities Apply
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve the Wellbeing and engagement of our staff Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise

Strategic Equality Objectives 2020-24	<p>areas where evidence shows take up of services is lower or outcomes are worse Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.</p>
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
<ul style="list-style-type: none"> • Workforce 	Not Applicable
<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • Financial 	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>

**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working**

<https://futuregenerations.wales/about-us/future-generations-act/>

Not ApplicableNot Applicable
Choose an item.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance & Performance Committee

Performance Report

April 2026





Performance Summary

Section 1: Ministerial Delivery Expectations

The Cabinet Secretary for Health and Social Services has set out eighteen delivery expectations under five themes;

- Timely Access to Care
- Population Health & Prevention
- Building Community Capacity
- Mental Health Access (Adult and CAMHS)
- Women's Health

In the Integrated Medium-Term Plan 2025-28 the Health Board set performance expectations against all eighteen measures, agreeing to meet the national standard in all areas except Timely Access to Care.

Section 2: Our Performance & System Change Delivery

The Performance Report section provides detail of Health Board performance across the 5 system change themes identified in the Integrated Medium-Term Plan 2025/26:

- Embedding Prevention and Population Health in all that we do;
- Progressing place based models of care and sustainability in Primary and Community Services;
- Improving our Urgent and Emergency Care System focusing on experience, access and discharge pathways;
- Continuing to prioritise Cancer, Urgent and the longest waiting patients for Planned Care;
- Improving our Mental Health Services;

A summary of performance is provided under each theme against the Health Board's priorities and corresponding performance ambitions, including detail of Annual Plan commitments.

Appendix 1: Enabling Actions

As part of the 2025/26 NHS Wales Planning Framework, the Welsh Government set out a number of Enabling Actions (focusing on productivity and efficiency) which NHS Wales Organisations need to adopt or justify. Delivery against these are tracked as part of our performance report, with the update provided as an appendix at to this report.



What went well?

- The provisional year end 104-week RTT position is forecasted to be the lowest since April 2020, representing a significant planned care recovery milestone. Similarly, the 52-week outpatient waiting position has reduced to its lowest level since August 2020, outperforming 26/27 IMTP planning assumptions.
- DNA rates reached the lowest level on record, directly supporting improved utilisation and productivity in outpatients.
- Gynaecological oncology SCP compliance has improved significantly, demonstrating the impact of the recovery planning group meetings and strengthened performance oversight.
- Ambulance handovers and lost hours improved in recent months and remained ahead of the same period last year, despite winter pressures.
- Influenza vaccination uptake among adults aged 65 and over continued to improve year-on-year and performed above the all-Wales average, finishing close to the national target.
- Adult mental health and CAMHS services maintained full compliance with national access standards across Parts 1 & 2.

What were the challenges?

- Childhood vaccination uptake declined and remains significantly below trajectory, raising concerns around sustained delivery and equity. Timely access to immunisation data remains a challenge, with limitations in data access, data quality, system functionality and accuracy constraining performance management and intervention.
- Overall Single Cancer Pathway compliance remains well below national expectations.
- Audiology and Therapies services experienced a notable increase in 14-week breaches, driven by demand surges linked to wider planned care recovery activity.
- Emergency care performance remained volatile during winter, with triage delays and rising wait-to-be-seen times highlighting sensitivity to system flow and bed capacity. Continuous flow remains fragile, with performance affected by specialty decision-making delays and inpatient bed availability.
- Neurodevelopmental services remain under sustained pressure, with growing waiting lists and declining 26-week performance, despite maintaining longest-wait requirements.

What actions are we taking to improve?

- Strengthening vaccination delivery and equity, including implementation of the Vaccine Equity Strategic Framework.
- Strengthening cancer recovery oversight, with tumour-site-specific recovery planning groups, regular senior leadership-chaired meetings, pathway deep dives, and targeted action plans to address bottlenecks.
- Delivering urgent and emergency care recovery plans, including reset and relaunch of the Our Next Patient programme, benefits-mapped improvement actions, strengthened discharge processes, earlier specialty decision-making, and enhanced focus on hourly patient movement.
- Expanding community-based alternatives to admission, including scaling the Community Clinical Desk model, sustaining growth in Enhanced Community Care referrals, and strengthening single-point-of-access arrangements.
- Recovery plan for children's ND service to be developed, supported by additional monies from WG.

What are our risks to delivery?

- Persistent workforce constraints across several services (including diagnostics, therapies, audiology, community nursing, palliative care and neurodevelopmental services) risk limiting recovery and sustainability.
- System flow fragility, driven by high bed occupancy, long-stay patients and delayed discharges, risks reversing the recent improvements in ambulance handovers and ED performance.
- Stroke pathway dependencies, particularly pre-hospital delays and non-direct admissions, has seen continued underperformance against national stroke standards and thrombectomy rates.
- Data quality and system limitations, especially for immunisation and some mental health pathways, undermine performance insight, decision-making and assurance.
- Reliance on short-term funding to increase capacity in Planned Care treatments, Outpatient insourcing and Diagnostics, will limit sustaining the performance 25/26 gains into 26/27.



Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Population Health & Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	47% Mar-26	Yes	45.5% Feb-26 (Feb Trajectory: 46%)
	Achievement of vaccinations targets in the performance framework	Yes Mar-26	Yes	Off Track 3 seasonal: 2 not met target, 1 borderline. 2 CYP: 1 borderline, 1 not meeting trajectory.
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 Mar-26	Yes	178 Mar-26 (Mar Trajectory: 160)
	100% of GP practices achieving all National Access Standards for In hours GMS	100% Mar-26	Yes	Reported Jun-26
	Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP	24,065 Mar-26	Yes	34,509 Feb-26 (Q4 Trajectory: 24,065)
	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	128,347 Mar-26	Yes	75,940 Jan-26 (Q4 Trajectory: 128,347)
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	5,277 Mar-26	Yes	5,523 Jan-26 (Q4 Trajectory: 5,277)
Women's Health	Establishment of one Women's Health Hub in each health board area by March 2026	Yes Mar-26	Yes	Online hub established Mar-26



Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour –national target - zero	500 Mar-26	No	666 Mar-26 (Mar Trajectory: 500)
	Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, <u>building towards the national target of zero</u>	750 Mar-26	No	1,184 Mar-26 (Mar Trajectory: 750)
	No patients waiting more than 104 weeks for referral to treatment.	3,291 Mar-26	No	287 Feb-26 (25/26 EoY Funded Trajectory: 152)
	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026.	70% Mar-26	No	57.7% Feb-26 (Feb Trajectory: 69%)
	No patients waiting more than 8 weeks for a specified diagnostic	1,077 Mar-26	No	1,557 Feb-26 (Feb Trajectory: 1,077)
Mental Health Access (Adult and CAMHS)	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s	80% Mar-26	Yes	85.8% Feb-26 (Feb Trajectory: 80%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s	80% Mar-26	Yes	95.9% Feb-26 (Feb Trajectory: 80%)
	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s	80% Mar-26	Yes	97.4% Feb-26 (Feb Trajectory: 80%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s	80% Mar-26	Yes	88.0% Feb-26 (Feb Trajectory: 80%)

Progress Against our Integrated Medium-Term Plan





Embedding Prevention and Population Health in all that we do

Measure: % uptake of the COVID-19 vaccination for those eligible Spring Booster

Ministerial Delivery

Performance: 56.45% (10/07/25, end of campaign)

Trajectory: 75%

National target: 75%

Region	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Aneurin Bevan University Health Board	78,706	44,432	56.45	17
Blaenau Gwent	8,923	4,550	50.99	1
Caerphilly	22,595	12,326	54.55	2
Monmouthshire	16,160	10,820	66.96	7
Newport	18,261	9,796	53.64	4
Torfaen	12,767	6,940	54.36	3

Measure: % uptake of the COVID-19 vaccination for those eligible Autumn Booster

Ministerial Delivery

Performance: 60.4% (as of 19/02/26, end of campaign)

Trajectory: 75% (Q4 25/26)

National target: 95%

Region	Eligible population (N)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Aneurin Bevan University Health Board	79,788	48,211	60.42	92
Blaenau Gwent	9,124	4,848	53.13	4
Caerphilly	23,039	13,252	57.52	14
Monmouthshire	16,182	11,827	73.09	49
Newport	18,477	10,629	57.53	19
Torfaen	12,966	7,655	59.04	6

Insight & Actions:

- COVID-19 spring booster: ABUHB performance was higher than the all-Wales figure 53.18%, however this is short of the 75% target as per the ministerial delivery expectation.

- COVID-19 autumn booster: Campaign commenced on 1st October; performance data includes vaccinations given and recorded on the Welsh Immunisation System up to the end of 19/02/2026, with no further updates since that time indicating the end of the campaign. Performance of 60.4% puts ABUHB marginally higher than the all-Wales figure of 58.3% and is improved from the Spring campaign. Covid vaccination performance has been removed from the NHS Wales Performance Framework for 26/27.



Embedding Prevention and Population Health in all that we do

Measure: % uptake of the influenza vaccination amongst adults aged 65 years and over

Ministerial Delivery

Performance: 73.9% (as of 31/03/26, end of campaign)

Trajectory: 75% (Q4 25/26)

National target: 75%

		65y and older		
		Immunised	Denominator	Uptake (%)
Aneurin Bevan UHB	Blaenau Gw..	10,717	15,118	70.9%
	Caerphilly	28,539	38,978	73.2%
	Monmouths..	21,768	27,658	78.7%
	Newport	20,917	29,012	72.1%
	Torfaen	15,505	21,058	73.6%
	AB Total	97,446	131,824	73.9%
Wales	Wales	528,891	724,719	73.0%

Insight & Actions:

- Influenza vaccination: ABUHB performance for residents aged 65 years and older 73.9% as of 31st March which represents the end of the campaign. This is an improvement from 24/25 performance (72.9%) and higher than the all Wales figure of 73%.



Embedding Prevention and Population Health in all that we do

Measure: % children up to date with vaccinations by age 5

Performance: 83.8% (Q3 25/26)

Trajectory: 92.0% (Q3 25/26)

National target: 95.0%

Ministerial Delivery



Measure: % of children receiving HPV vaccination 1 dose by the age of 15

Performance: 70.6% (Q3 25/26)

Trajectory: 85.0% (Q3 25/26)

National target: 90.0%

Ministerial Delivery



Insight and Actions

- Childhood vaccinations: Q3 performance decreased to 83.8%, significantly below trajectory (92%). HPV: Q3 performance showed first significant improvement in some time, rising by 3.9% to achieve 70.6% compliance.
- Work continues to progress the Vaccine Equity Strategic Framework, with a Task and Finish Group having been established to develop an action plan for implementation through 26/27 with the aim of increasing performance and reducing uptake inequities across localities. The Director of Public Health's Annual Report, The Big Gwent Vaccination Conversation, will play a key role in shaping future equity work and sets out recommendations to support equitable increases in vaccination uptake and reduction of health inequalities across Gwent. Development of a childhood immunisation dashboard remains a priority for the SIG Data subgroup, although challenges persist around timely data access, system limitations and data accuracy. Work is also underway to develop or procure digital consent systems for all school-aged vaccination programmes. Engagement with vaccinators, parents, teachers and focus groups has highlighted that reducing barriers to access is central to increasing vaccination intention. Targeted interventions were delivered in 11 schools identified as areas of concern for HPV uptake, with catch-up offered through school sessions and community clinics, resulting in 391 catch-up HPV doses delivered and being part of the reason in the improvement in performance for this measure.



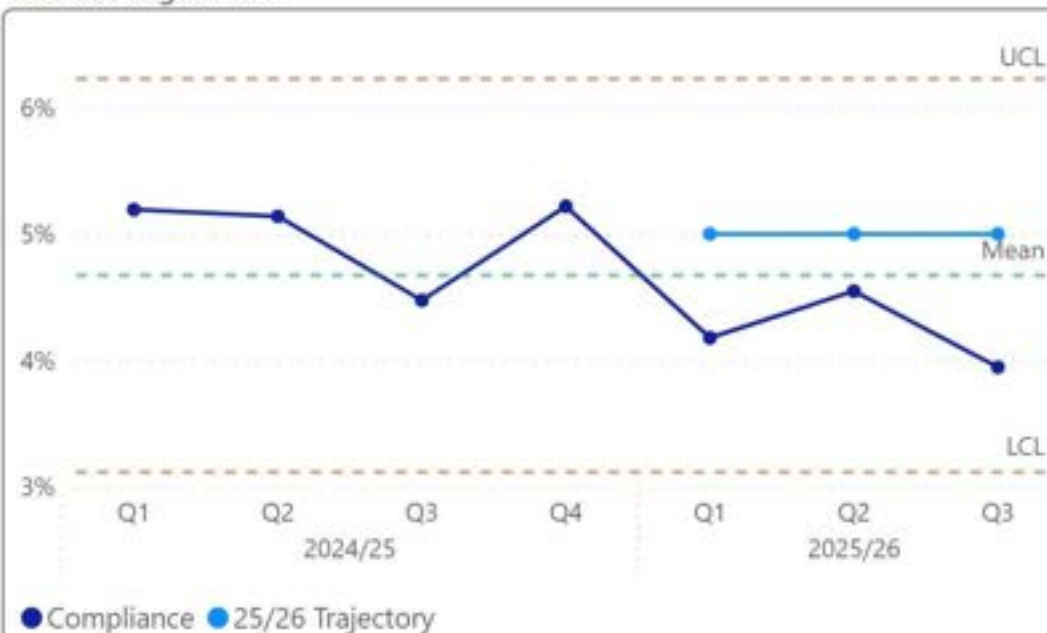
Embedding Prevention and Population Health in all that we do

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

Performance: 3.9% (Q3 25/26)

Trajectory: 5.0% (Q3 25/26)

National target: 5.0%

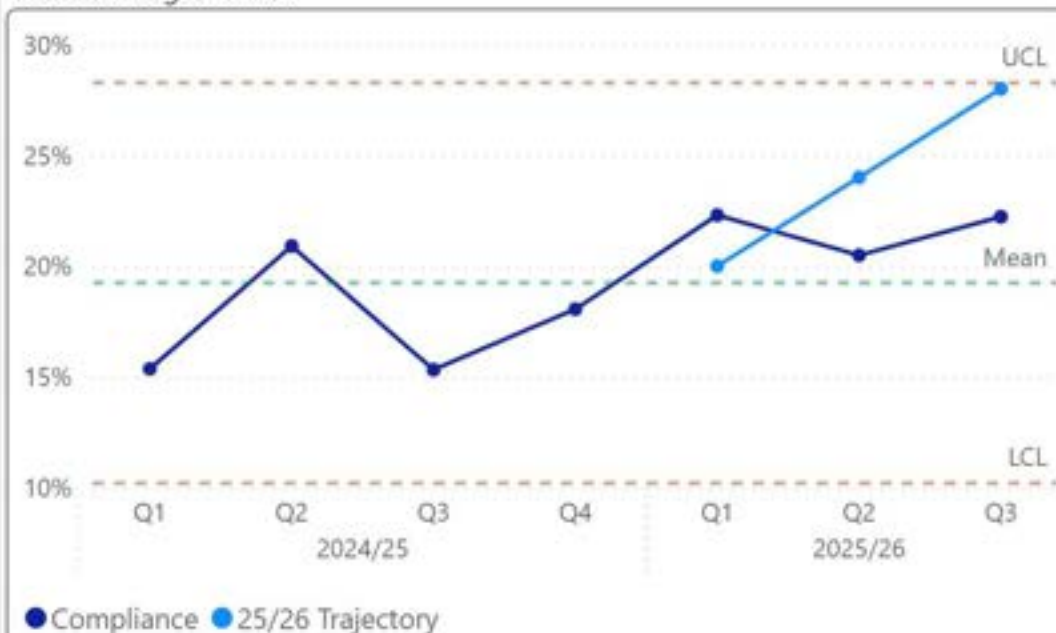


Measure: Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

Performance: 22.2% (Q3 25/26)

Trajectory: 28.0% (Q3 25/26)

National target: 40.0%



Insight and Actions

- Smoking cessation performance across the two measures are based on annualised targets, however, are presented here quarterly to give assurance on progress. Q3 quit attempt performance decreased to 3.9%, with cumulative performance through the first three quarters of the year now standing at 4.22%. CO validated quits rose to 22.2% in Q3, with cumulative performance through the first three quarters of the year now standing at 21.6%.

- As part of the commitment to place-based care, behaviour change practitioners delivering the Health Board's smoking cessation service have been aligned to localities and will form a core component of integrated neighbourhood teams. A comprehensive improvement programme is underway, with a stronger focus on supporting carbon monoxide-validated quits at four weeks rather than self-reported outcomes. This approach is being supported through increased community-based clinic capacity and by embedding practitioners within their local place-based teams. Work is also ongoing to ensure capacity is proportionately targeted towards vulnerable groups at higher risk of tobacco-related harm, including people with mental health conditions, those with chronic disease, pregnant women and individuals experiencing socio-economic disadvantage.

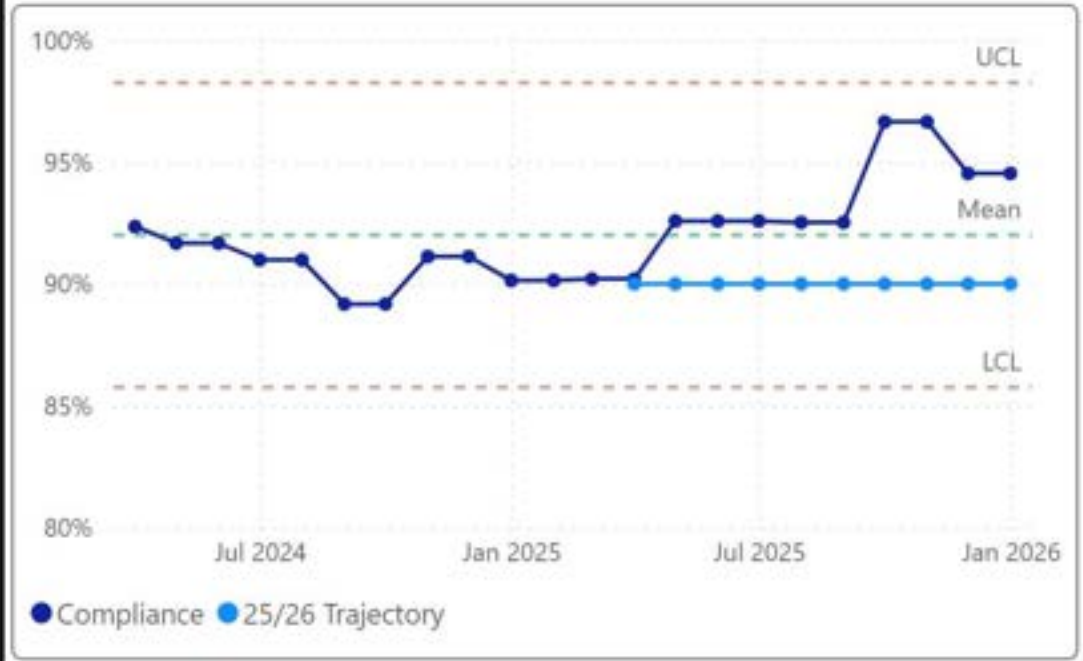


Embedding Prevention and Population Health in all that we do

Measure: Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks
 Performance: 97.3% (November 2025)
 Trajectory: 90.0% (November 2025)
 National target: 90.0%



Measure: Maintain physical examination at 6 weeks rates (Healthy Child Wales)
 Performance: 94.5% (January 2026)
 Trajectory: 90.0% (January 2026)
 National target: None

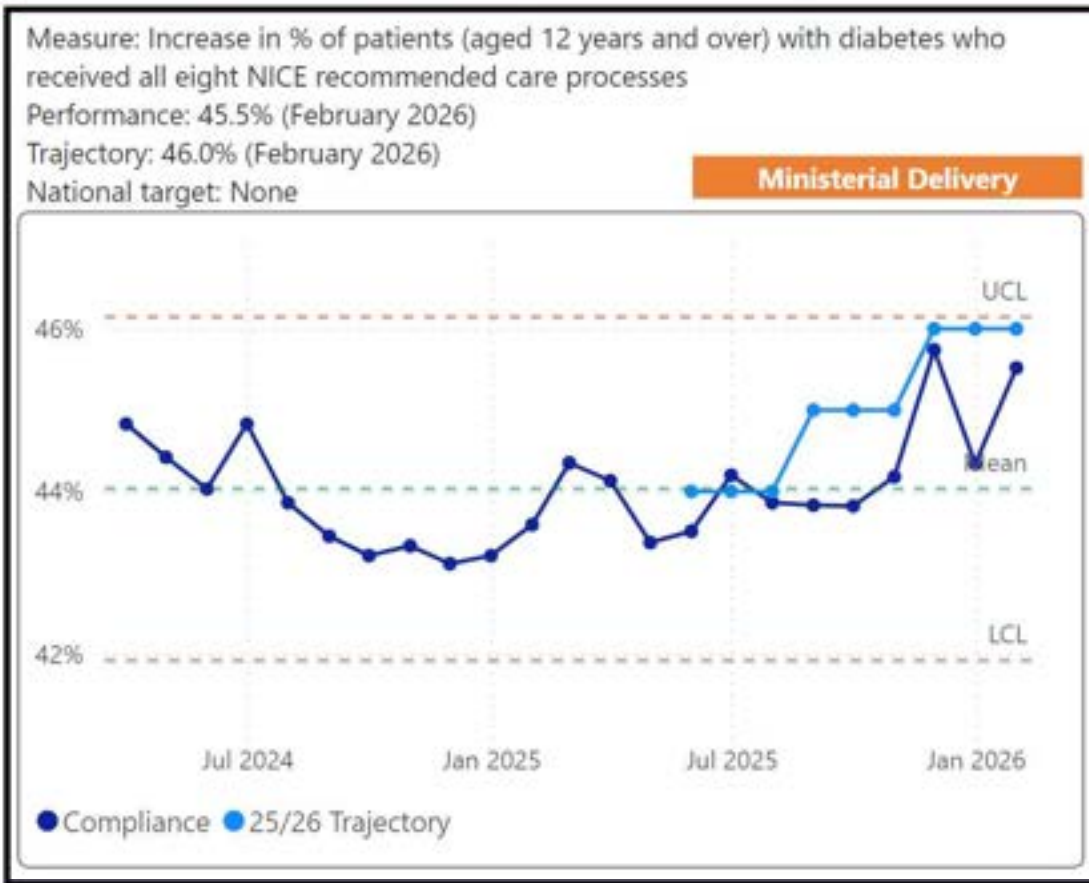
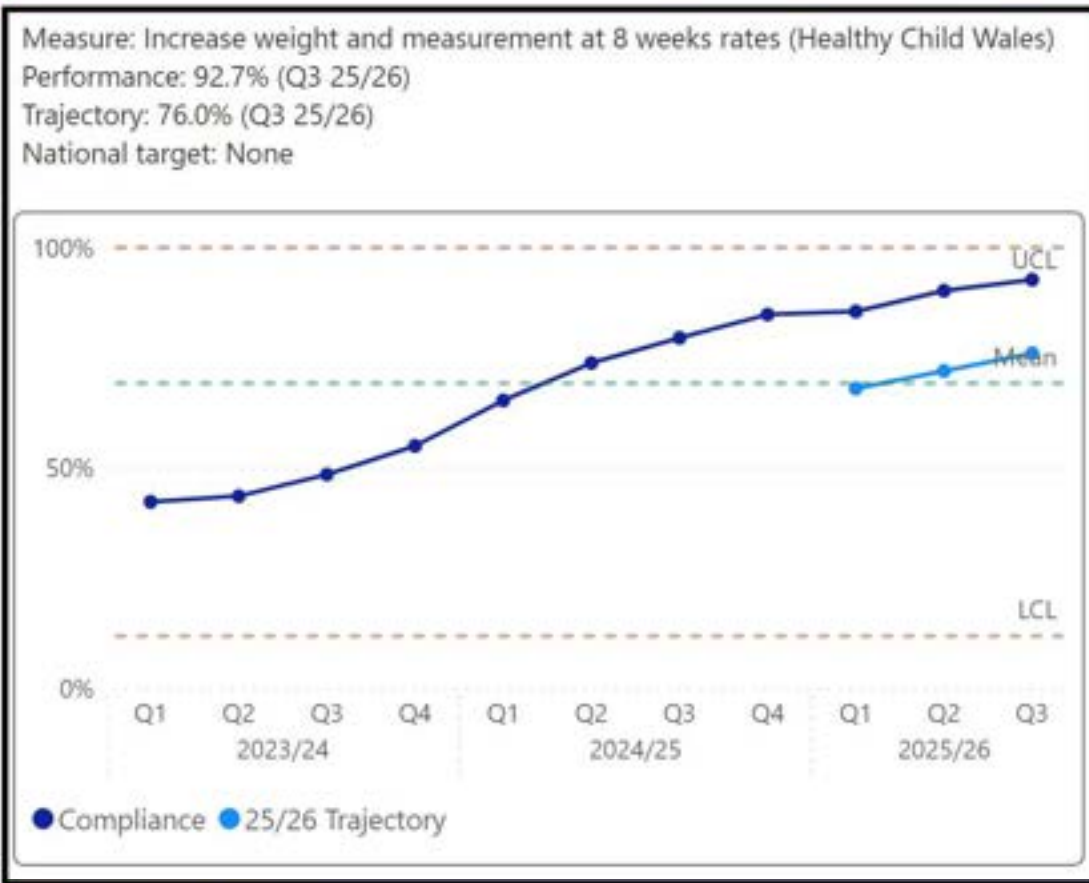


Insight and Actions

- Performance for both the newborn hearing screening programme and the physical examination at 6 weeks remain above the national target through the course of 25/26 to date.



Embedding Prevention and Population Health in all that we do



Insight and Actions

- Weight and measurement at 8 weeks: Q3 performance saw a further increase to 92.7%, compounding consecutive quarterly improvement since 23/24.
- 8 Diabetes processes: February performance improved to 45.5%, the second highest since the start of 24/25. Digital and physical engagement materials to improve UACR testing have been distributed across all GP practices in Gwent, leading to a 10% compliance increase in 9 of the 10 pilot practices, with wider rollout to pharmacies, community venues, transport providers and hospital sites. Over 300 Primary Care staff have been engaged through protected learning sessions, and a process-map review of the pilot practices has identified high- and low-value activities and examples of good practice for wider sharing. Performance for this individual check has improved to 66% as of Jan, from 62.6% at the start of 25/26. Performance for the individual diabetic foot surveillance check has remained relatively static through the course of 25/26 to date at ~66%. The monitoring of performance for these two, key individual checks will be included as performance measures in 26/27..



Progressing place based models of care and sustainability in primary and community services

Measure: Increase in people accessing PIPs where they would have visited their GP
 Performance: 34,509 (February 2026)
 Trajectory: 24,065 (Q4 25/26)
 National target: None

Ministerial Delivery



Measure: Maintain the number of consultations undertaken by community pharmacy under CAS
 Performance: 81,730 (February 2026)
 Trajectory: 79,553 (Q4 25/26)
 National target: None



Insight and Actions

- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations continue to deliver significantly ahead of trajectory, having delivered 143% of annualised target as of February. The number of Community Pharmacies providing the PIPs service is now 65, an increase of +16 from 49 in April.
- Common Ailment Scheme (CAS): CAS claims have exceeded the Q4 trajectory as of February. Performance dropped Aug-Nov but has since recovered and remained stable at around 7,730 consultations per month.
- PIPS and CAS contacts continue to increase following an extension to the clinical conditions feasibly managed by the service and a successful public awareness campaign. It is anticipated that activity will continue to grow but at a lower rate in the coming years as we approach the ceiling for CAS in particular.



Progressing place based models of care and sustainability in primary and community services

Measure: Maintain the number of patients accessing NHS Optometry Services
 Performance: 243,619 (February 2026)
 Trajectory: 246,133 (Q4 25/26)
 National target: None



Measure: Number of patients accessing urgent emergency services - Dental
 Performance: 32,770 (January 2026)
 Trajectory: 43,153 (Q4 25/26)
 National target: None



Insight and Actions

- Optometry Services: Implementation of the new WGOS pathways has seen an increase in patients accessing optometry services in the community, with the total number of patients accessing services in 2025/26 already exceeding the annual total from 2024/25. While performance dropped to a low of just under 15,000 in January, a trend observed in January 2025, this has since recovered to above mean performance in February and remains on track to exceed the Q4 trajectory at the end of March.

- Emergency Dental: 2025/26 performance to date shows a reduction in the total number of patients accessing Emergency Dental Services compared to the previous year, the Health Board is waiting for confirmation of the 2026/27 contract arrangements, which has the potential to alter the approach to managing emergency dental care within a general dental setting. Below average performance in 2025/26 has resulted in only 76% of the IMTP trajectory delivered to date. Despite very strong performance in January of 5,640 patients, this would need to be maintained through year end to achieve the Q4 trajectory.

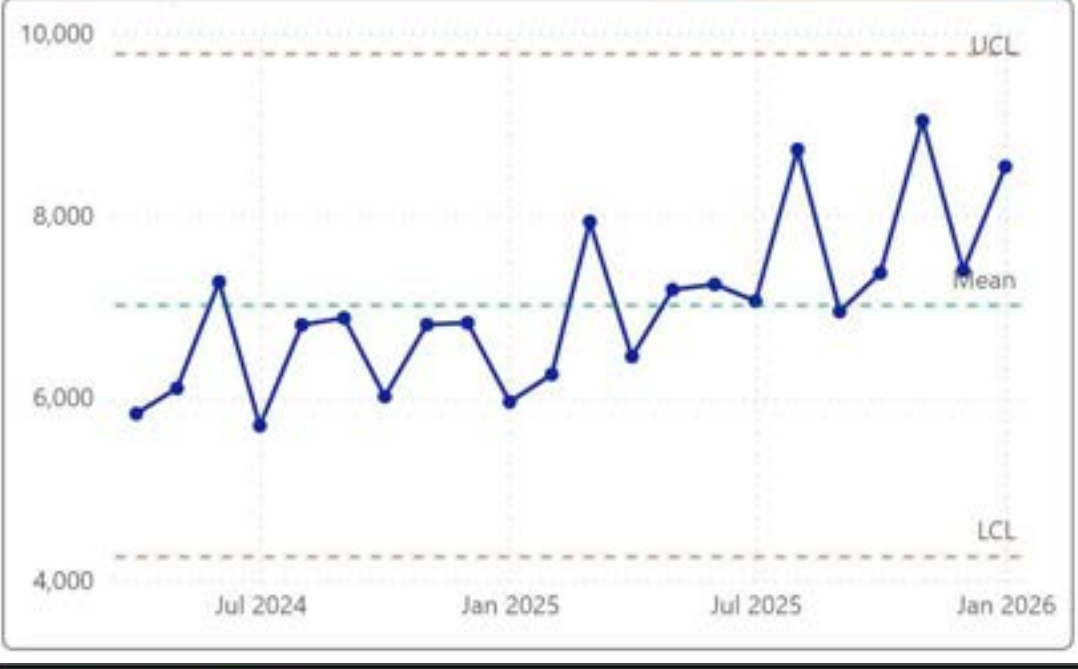


Our Performance & System Change Delivery

Progressing place based models of care and sustainability in primary and community services

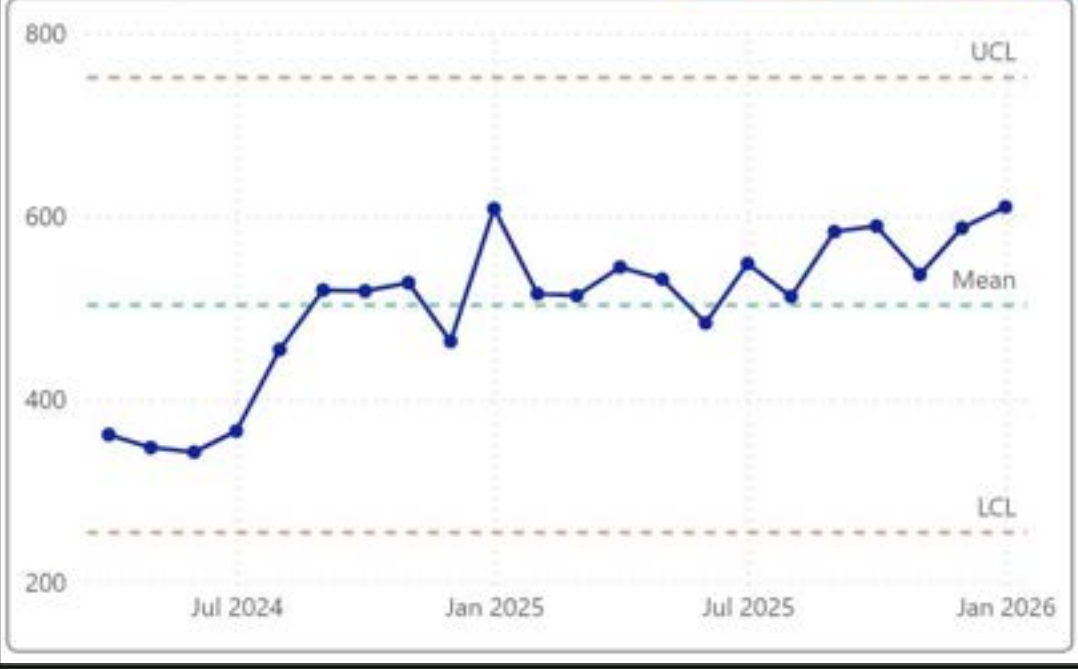
Measure: Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25
 Performance: 75,940 (January 2026)
 Trajectory: 128,347 (Q4 25/26)
 National target: None

Ministerial Delivery



Measure: Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25
 Performance: 5,523 (January 2026)
 Trajectory: 5,277 (Q4 25/26)
 National target: None

Ministerial Delivery



Insight and Actions

- Community Nursing: Current performance remains significantly behind the expected trajectory, with only 60% of the Q4 trajectory delivered to date. However, an upward trend can be seen over the past two years, with around 1,000 more monthly contacts on average in 2025/26 compared to 2024/25. Ministerial expectations are that weekend activity reaches 80% of an average weekday level. Although weekend activity as a proportion of total activity is increasing and overall contacts are trending upwards as shown in the graph, achieving the ministerial measure from a volume perspective would demand a significant shift in service delivery towards weekends.
- Enhanced Community Care (ECC): Accepted ECC referrals continue to trend upwards, with delivery to January already exceeding the Q4 IMTP trajectory (5,523 actual compared to 5,277 planned). The ABUHB services included within the national definition comprise Rapid Response across the five boroughs, the Ready to Go Ward at RGH, and Emergency Care at Home in Caerphilly.

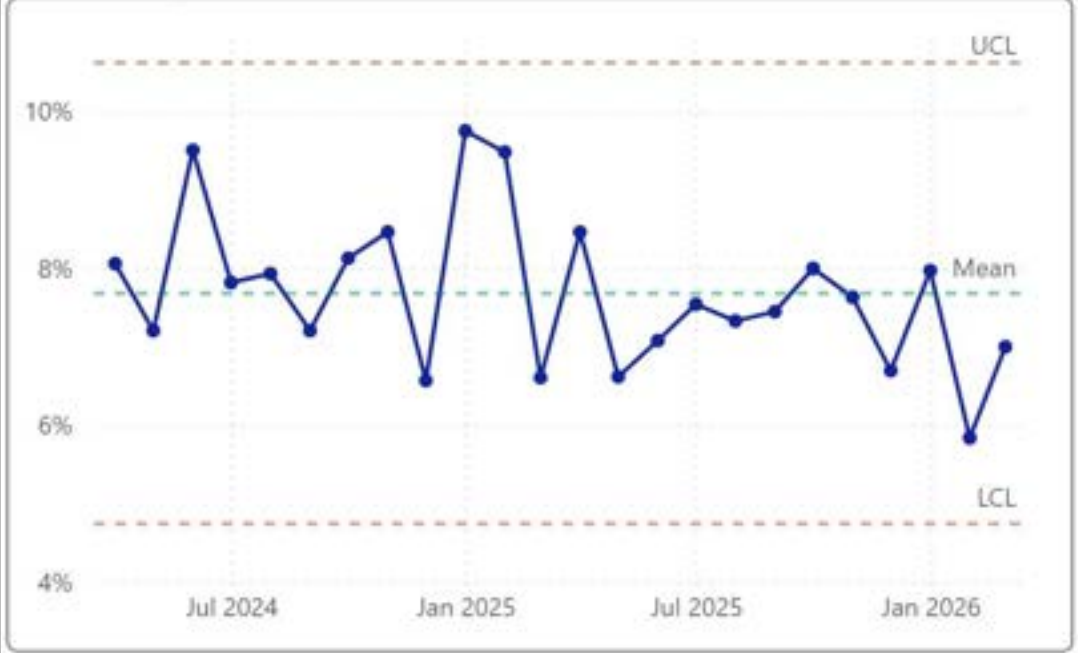


Progressing place based models of care and sustainability in primary and community services

Measure: Maintain 95% of Palliative Care referrals assessed within 2 days
 Performance: 92.8% (February 2026)
 Trajectory: 95.0% (February 2026)
 National target: 95.0%



Measure: Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s
 Performance: 7.0% (March 2026)
 Trajectory: 8.5% (Q4 25/26)
 National target: None



Insight and Actions

- Palliative Care: Following the implementation of the national system to complete Specialist Palliative Care forms in Welsh Clinical Portal (WCP), there was an issue with the reporting capabilities. This has now been resolved, and past data has been validated. Performance has decreased through 25/26, with the trajectory yet to be met for any month this year. This is a result of a significant increase in demand, as well as having to manage periodic workforce capacity constraints. However, an improvement in February (+5.7%) has brought performance marginally below the 95% trajectory.
- GP referrals to Rapid Response: Performance over the past year has shown less variability than 2024/25, remaining stable with an average of 7.3%. However, this is an overall reduction on the average of 8.1% in 2024/25 and only April 25 met the IMTP trajectory this year. December performance decreased and was followed by recovery in January, which is an observable, seasonal trend. There was then a more pronounced drop in February and some improvement in March although only to just above December levels. The Navigation Hub/Single Point of Access winter pilot commenced at the end of October, with the aim improving accessibility for GPs, making it easier to refer patients directly to Rapid Response services.



Our Performance & System Change Delivery

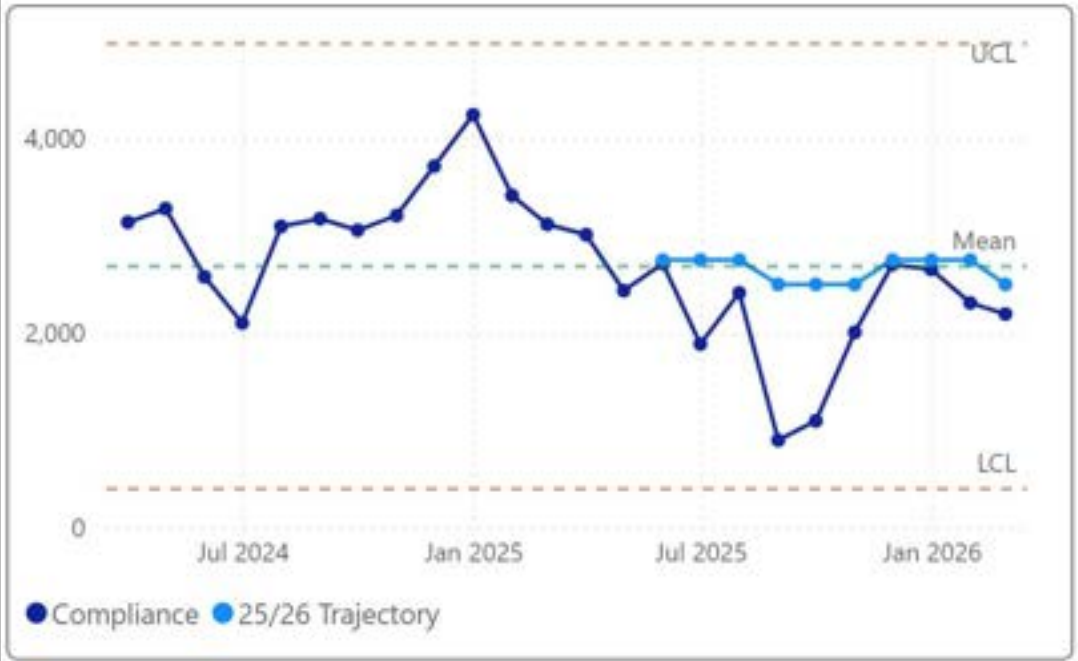
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Reduce the number of ambulance patient handovers over 1 hour
 Performance: 666 (March 2026)
 Trajectory: 500 (March 2026)
 National target: 0

Ministerial Delivery



Measure: Reduce the number of ambulance crew hours lost at GUH ED (per month)
 Performance: 2,195 (March 2026)
 Trajectory: 2,500 (March 2026)
 National target: None



Insight and Actions

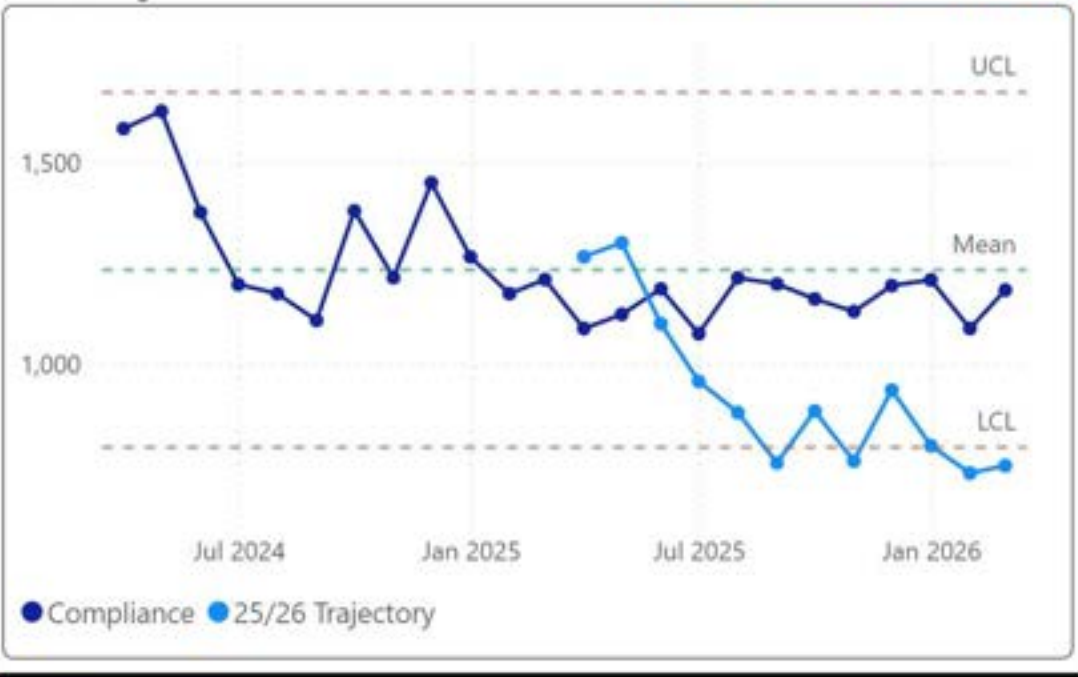
- Ambulance handovers and lost hours: Ambulance handovers at GUH ED and the associated lost hours have improved through February and March, with lost hours still maintaining below trajectory performance and ambulance handovers tracking above trajectory. Ambulance handovers are reduced by ~100 and lost hours by ~1000 compared to the same periods last year. Winter pressures were observable from November, with reported increases in acuity from clinical teams. The Health Board is having a reset and relaunch of the Our Next Patient initiative, and a staged improvement plan has been set out with monthly targets for handover times and performance against the 45-minute standard, supported by clear actions to increase discharges and patient moves each hour. The plan includes an initial reset phase to re-establish standards and roles, followed by divisional ownership of delivery supported by clinical and executive leaders. All improvement projects are benefits-mapped to track how changes impact and improve system-wide gains in handover performance, flow, length of stay and patient experience.



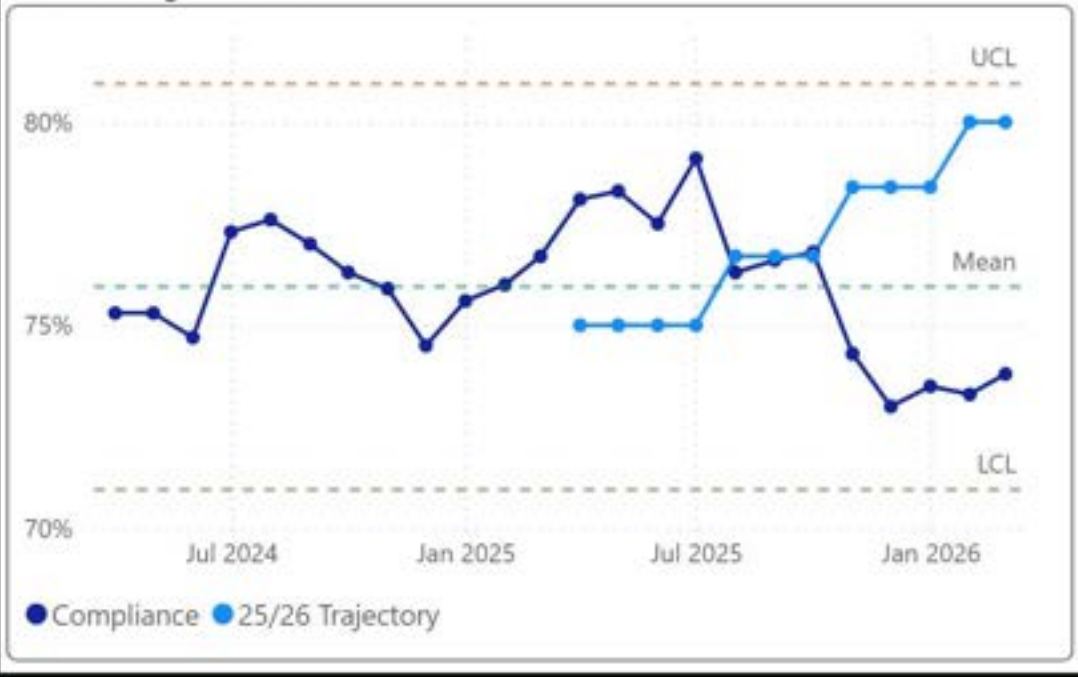
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero
 Performance: 1,184 (March 2026)
 Trajectory: 750 (March 2026)
 National target: 0

Ministerial Delivery



Measure: Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU
 Performance: 73.8% (March 2026)
 Trajectory: 80.0% (March 2026)
 National target: 95.0%



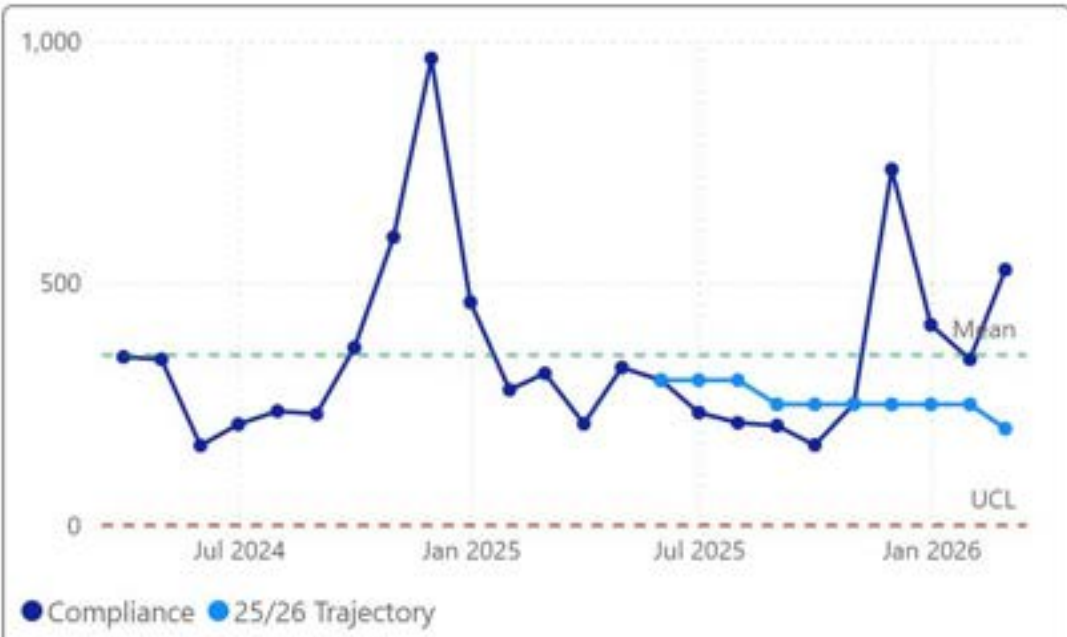
Insight and Actions

- 12hr ED/MIU and 4hr compliance: Despite the pressures on the front door through winter, 12hr ED/MIU breaches have remained within a relatively narrow range over the course of 25/26 and again are at lower levels than 12 months previous. When looking at 12hr compliance, whilst performance has decreased from the post GUH opening high of 93.8% in July, February and March performance of 92% and 92.8% respectively still consolidates and improvement trend observed since 23/24, are each higher than 12 months previous (+0.7% and +0.2%). Although this represents improved consistency compared to previous periods, weekly fluctuations continue, largely influenced by delays in specialty responses, high bed occupancy, and ongoing constraints on patient flow across the wider system. To achieve further reductions in breach volumes, sustained attention on earlier specialty moves, improved inpatient throughput, and maintaining continuous flow throughout the ED and downstream wards remains critical. This will all be supported by the ONP relaunch. 4hr compliance has been more challenged through the Winter period, as demand driven pressures on all parts UEC system have impacted the ability to enact timely reviews and moves.



Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Reduction in time from arrival to ED triage - no waits over 60 minutes
 Performance: 528 (March 2026)
 Trajectory: 200 (March 2026)
 National target: None



Measure: Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.
 Performance: 152 (March 2026)
 Trajectory: 60 (March 2026)
 National target: 60



Organisational Escalation

Insight and Actions

- Triage: Triage performance had been tracking below trajectory through the year to date, however there was a significant spike in December, and performance has yet to return to below trajectory, increasing again in March although reduced from the December peak. This is observable in the data in 2024 and 2022. 60-minute triage breaches since 24/25 are circa one third of the volume they were in the first two and half years of GUH.
- Wait to be seen (WTBS): Clinician median wait has shown a slight upward trend through the course of 25/26, with March performance above the mean for the first time in over a year. To embed sustained continuous-flow across the Emergency Department, daily huddles are being strengthened and used as a mechanism to improve early patient movement, helping to prevent congestion within majors and assessment areas. Maintaining reliable, timely decision-making is equally important, with ED teams applying the Our Next Patient Protocol to minimise avoidable delays and ensure patients progress through each appropriate stage of their care pathway. Improving daytime assessment capacity is also key, building on ongoing clinician role redesign and effective Senior Rapid Assessment & Treatment (SRAT) rostering. This ensures assessment spaces capacity is used to the maximum potential, reducing the delays that contribute to WTBS pressures. Finally, protecting cubicle availability overnight is essential, with enforcement of ONP escalation and adhering to boarding protocols so that clinical areas retain capacity, helping to avoid the deterioration in WTBS performance when overnight capacity is challenged.

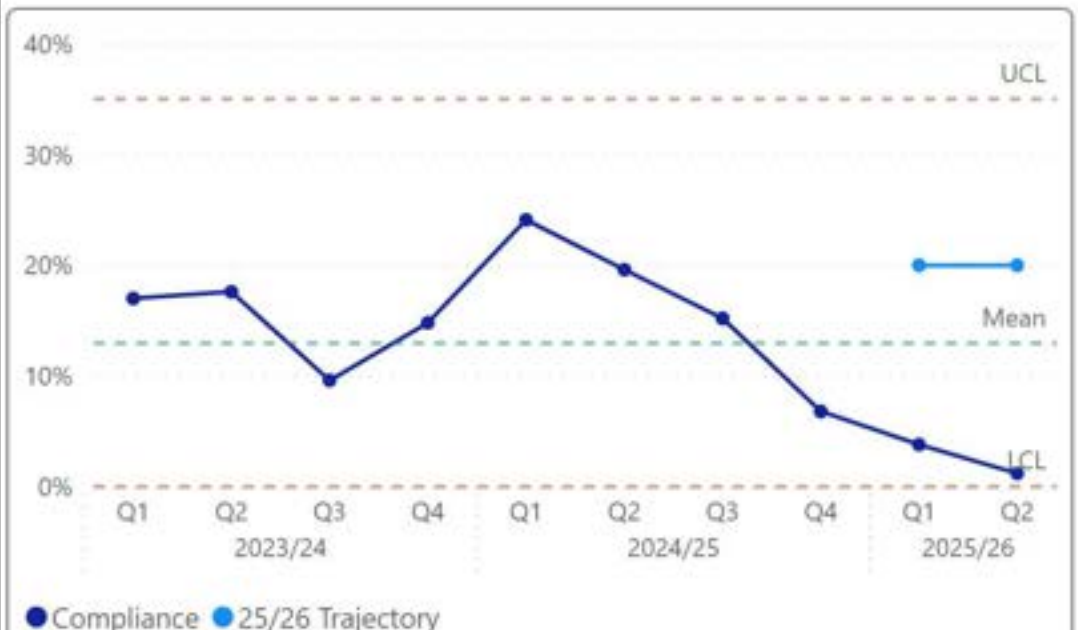


Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Maintain the number of Urgent Primary Care contacts (inc. virtual)
 Performance: 95,304 (March 2026)
 Trajectory: 95,147 (March 2026)
 National target: None



Measure: % of patients directly admitted to an acute stroke ward <4hrs of clock start
 Performance: 1.2% (Q2 25/26)
 Trajectory: 20.0% (Q2 25/26)
 National target: 50.0%



Insight and Actions

- Urgent Primary Care (UPC): UPC contacts exceeded the Q4 trajectory. Higher monthly contacts were reported in December and January, demonstrating that service support increased in line with demand in the peak winter period.
- Stroke 4hr target: Q2 25/26 SSNAP data released showing further decrease in performance in direct admission to acute stroke ward within four hours, at 1.2% in Q2. The Division have investigated and there has been a data processing error which has depressed true performance. That said, analysis from October to February data (unvalidated) suggests a significantly improving picture, with performance more in line with the IMTP trajectory of around 20%. It remains true that if a patient goes to the Acute Medical Unit at GUH before going onto the Stroke Ward within four hours, the SSNAP data does not count this as meeting this performance target due to not being a direct admission; this operational distinction will continue to play some part in limiting improved performance.



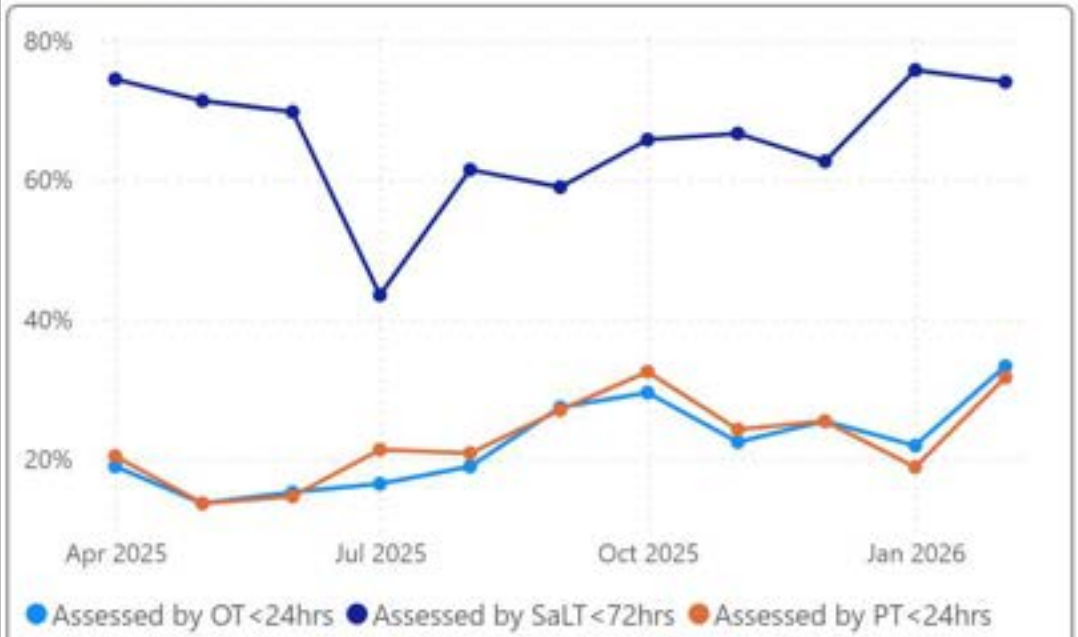
Our Performance & System Change Delivery

Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: % of unique stroke patients given thrombectomy (all stroke types)
 Performance: 1.8% (Q2 25/26)
 Trajectory: 6.0% (Q2 25/26)
 National target: 10.0%



Measure: % Assessed by OT <24hrs, PT <24hrs, SaLT <72hrs
 Performance: 33.3% OT <24hrs, 31.7% PT <24hrs, 74.1% SaLT <72hrs (February 2026)
 Trajectory:
 National target: None



Insight and Actions

- Stroke thrombectomy: The position is taken from the latest SSNAP data, thrombectomy rates decreased in Q2 to 1.8% and well below the Q2 trajectory of (6%). It is essential to reduce delays in the pre-hospital pathway to ensure patients arrive within the treatable window for thrombectomy.
- Stroke therapies: The IMTP measure is assessment by one of OT, PT and SaLT within 24hrs, however the national measure is split out into 3, with assessment by OT and PT within 24hrs and assessment by SaLT within 72hrs. To align with this way of reporting, all three measures are now presented in the above graph with performance sourced from the new national stroke dashboard. SaLT compliance has maintained performance following recovery from the low in July, reaching an in-year high of 75.8% in January. PT and OT remain closely aligned and on an overall improvement trend through the course of the year to date, with OT performance reaching a high of 33.3% in February.

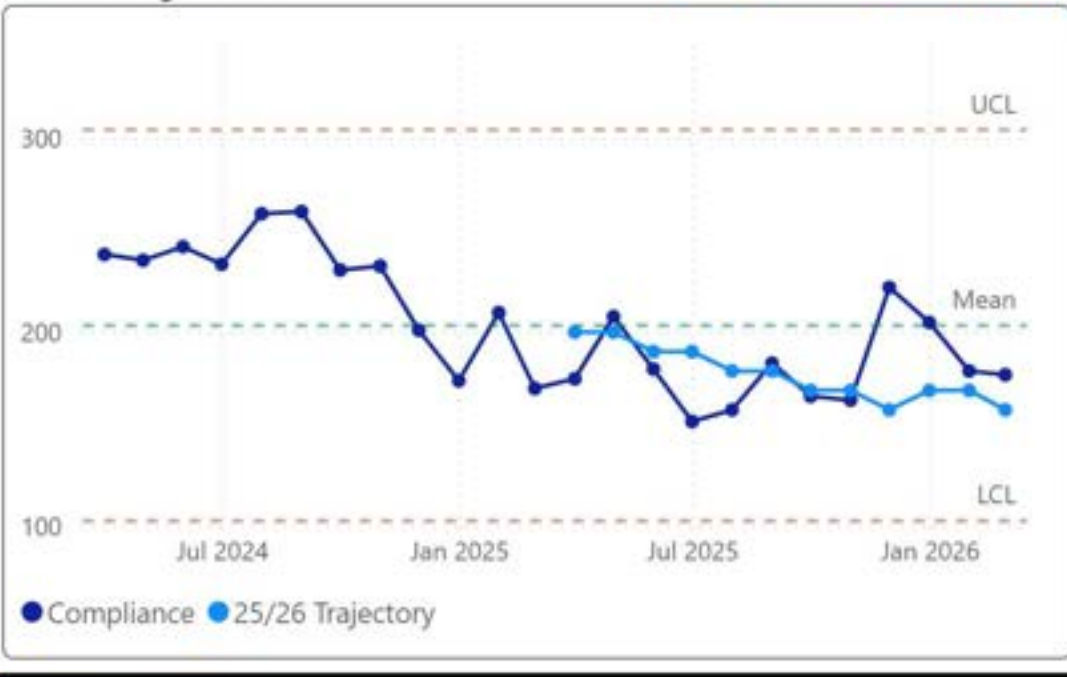


Our Performance & System Change Delivery

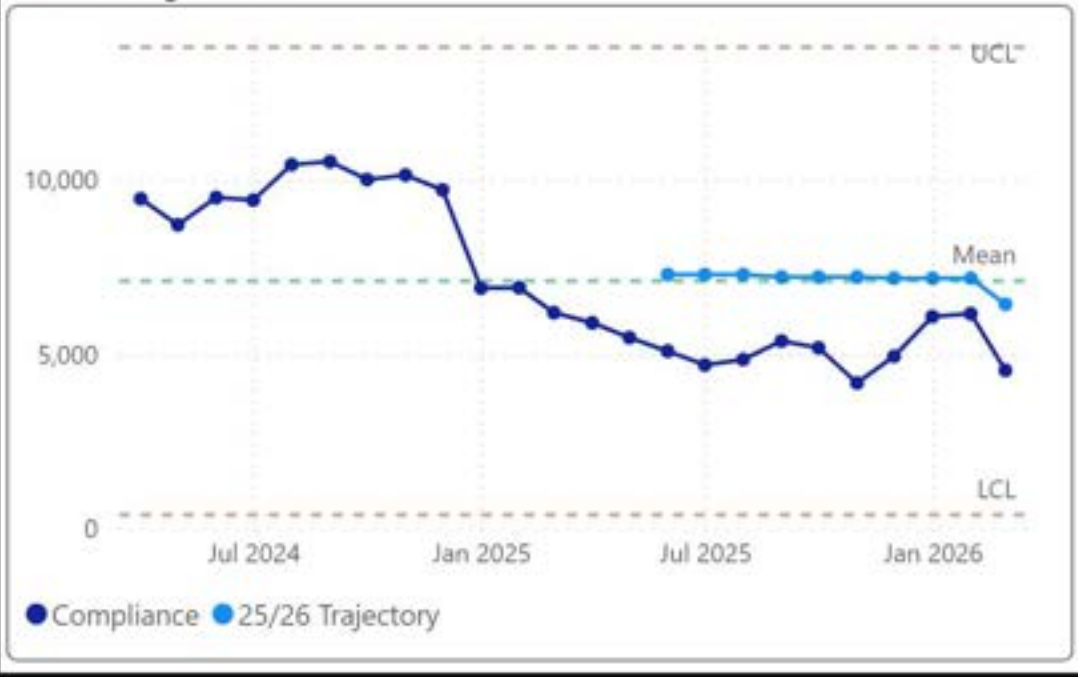
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: 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
 Performance: 178 (March 2026)
 Trajectory: 160 (March 2026)
 National target: None

Ministerial Delivery



Measure: Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard
 Performance: 4,543 (March 2026)
 Trajectory: 6,437 (March 2026)
 National target: None

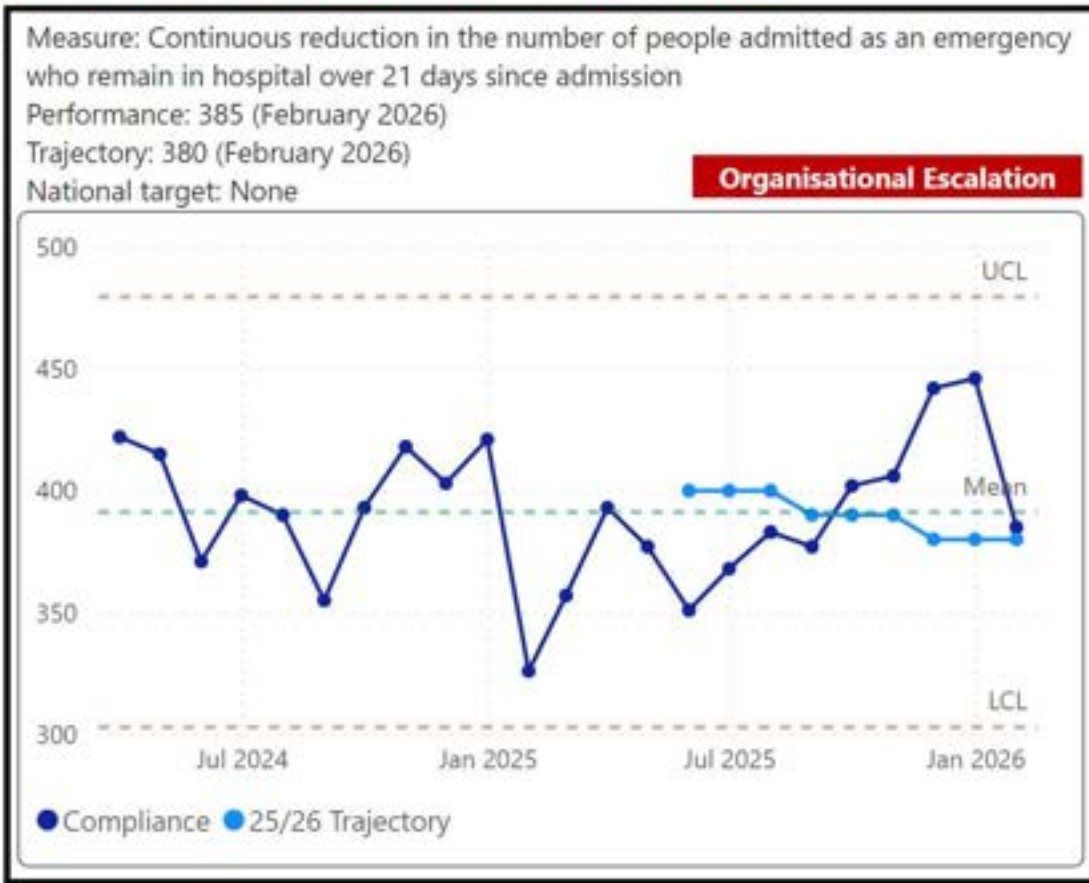
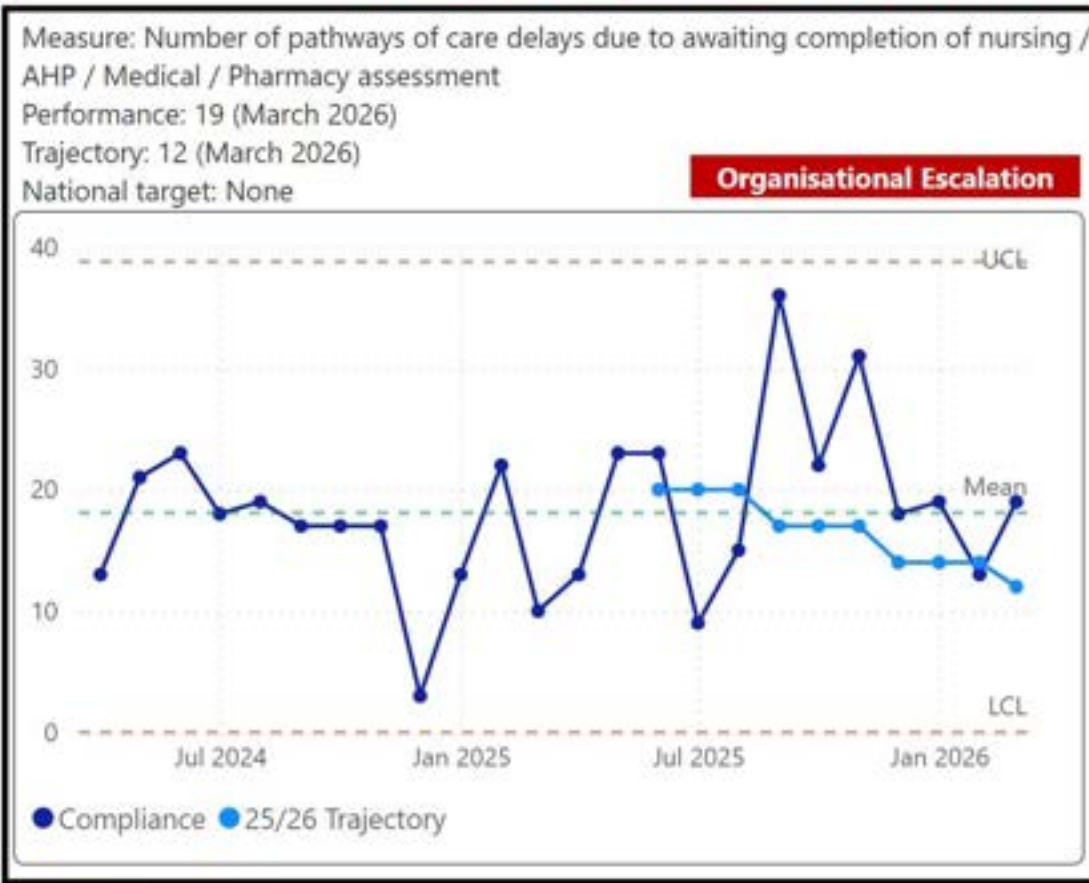


Insight and Actions

- Pathway of Care Delays (POCDs): The total number of POCDs has seen three months of consecutive reduction after reaching a 2025/26 high in December. The March position of 178 is now slightly above the planned trajectory of 160. However, this still represents a 4% increase on the position a year ago (171). POCDs by days delayed remained stable from January to February but dropped dramatically in March to 4543, the second lowest position since April 24 and a 27% drop on the position a year ago. Average days delayed has also decreased from 34 days in February to 26 days in March (-8), reflecting the proportionally greater reduction in days delayed than total POCDs. Significant focus remains on reviewing the longest staying patients, as well as new processes in place across Divisions to improve the accuracy of Estimated Discharge Dates (EDDs) and the recording of reasons that are preventing patients moving to the next step of the discharge planning process.



Improving our Urgent & emergency care system focusing on experience, access and discharge pathways



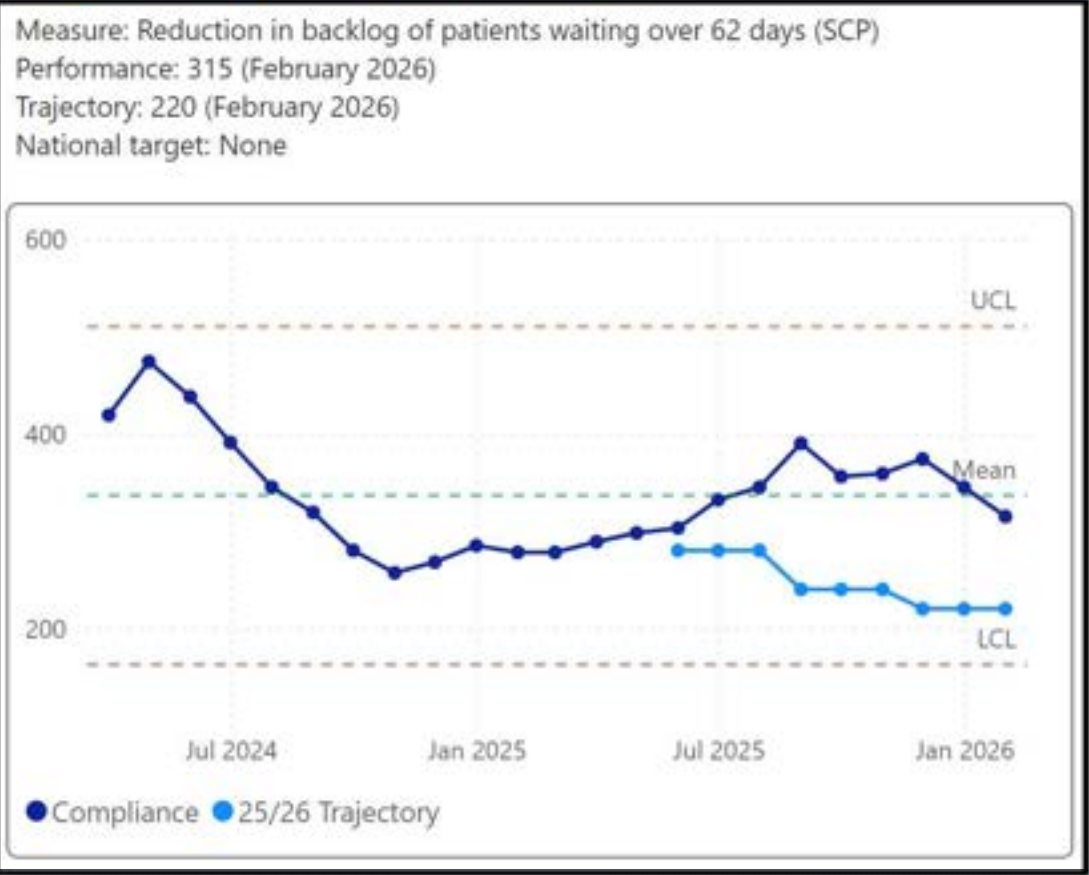
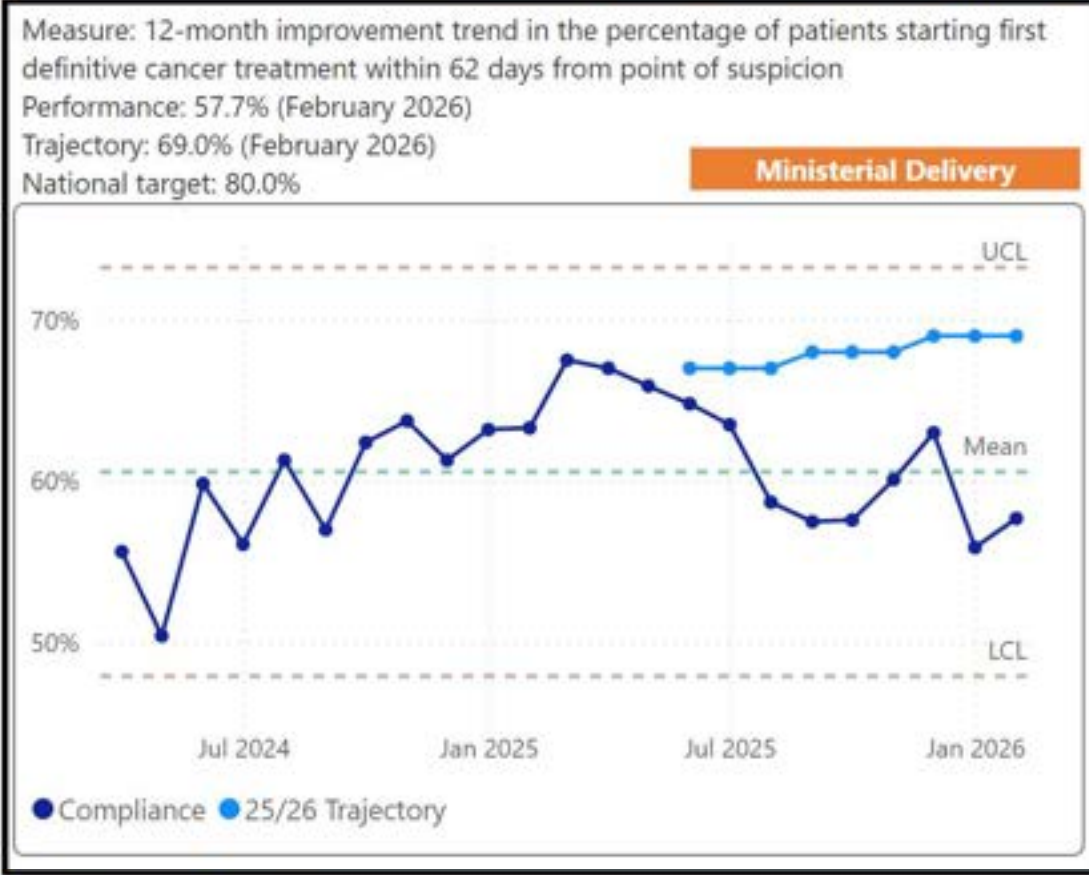
Insight and Actions

- POCD subset: The POCD subset measure, which is a condition of UEC enhanced monitoring status, reached a peak in September and has been on a downward trend since, dropping below trajectory in February. March has seen an increase on this, despite a small reduction in total POCDs (-2). Awaiting completion of Allied Health Professional assessment was amongst the top 5 most common delay reasons in March, having increased from 7 to 11. Delays related to awaiting completion of nursing assessment also rose from 3 to 7.
- 21 day+ Length of Stay: another measure as part of UEC enhanced monitoring status, performance trended upwards from June, reaching a peak in the winter months as would be anticipated, when considering seasonality and increases in acuity. While December and January cohorts were significantly above trajectory, this has reduced in February to just above trajectory at 385. Operational Length of Stay meetings have had a renewed focus through the Our Next Patient initiative and organisational focus on the need to effectively manage this patient cohort to enable whole system flow.



Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care



Insight and Actions

- SCP compliance: Small increase in February performance to 57.7%. Recovery planning meetings have been established, chaired by the Cancer SRO and supported by Cancer Services. Weekly meetings have resumed in Head & Neck and a pathway deep-dive is underway, with the backlog already reducing. Recovery planning group meetings in gynaecological oncology are beginning to demonstrate a positive impact, with February SCP compliance for this tumour site rising to 73.3% (37.5% in November). In colorectal services, a detailed action plan has been developed to support improvements in patient pathways and SCP compliance, supported by the establishment of a recovery action planning group to focus on key areas for improvement. A particular priority is addressing significant challenges at the first diagnostic stage of the pathway. The endoscopy service continues to experience high DNA and short-notice CNA rates, which are negatively impacting overall pathway compliance.
- 62 day backlog: The target for the 62 day backlog is to be ~10% of the SCP Census, which has increased through 25/26 reaching a high of ~3,900 in July. The PTL has continued to decrease and now sits at just under 3,311 as of February, and thus a backlog of 315 represents 9.5% of the total PTL. There remains a continued focus to reduce the backlog in the three tumour sites the make up over 75% of the entire 62 day backlog (Lower GI, Upper GI and Urology).



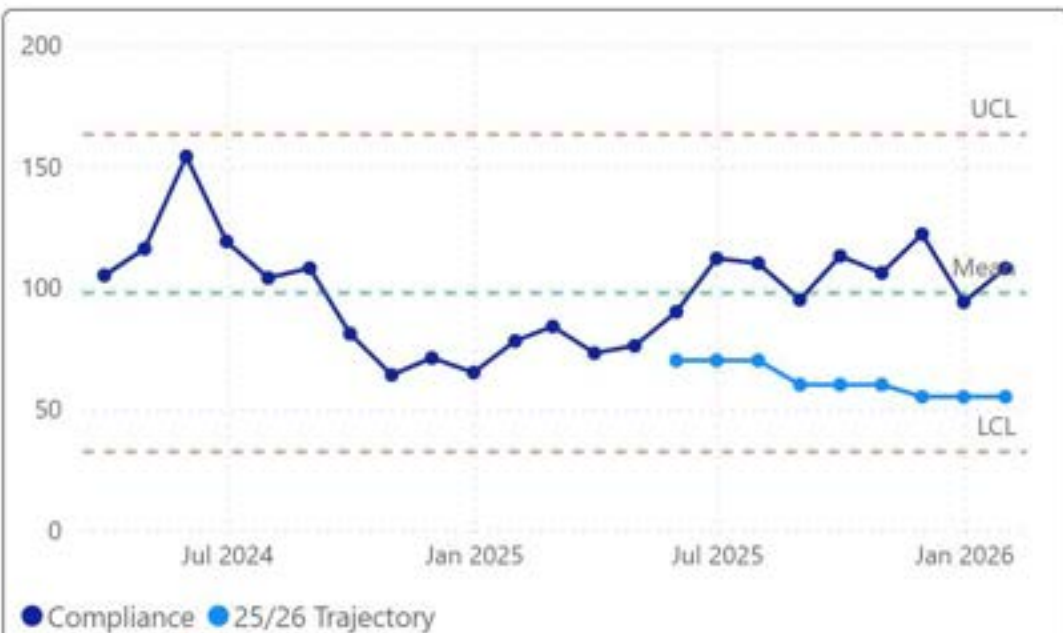
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Reduction in backlog of patients waiting over 104 days (SCP)

Performance: 108 (February 2026)

Trajectory: 55 (February 2026)

National target: None

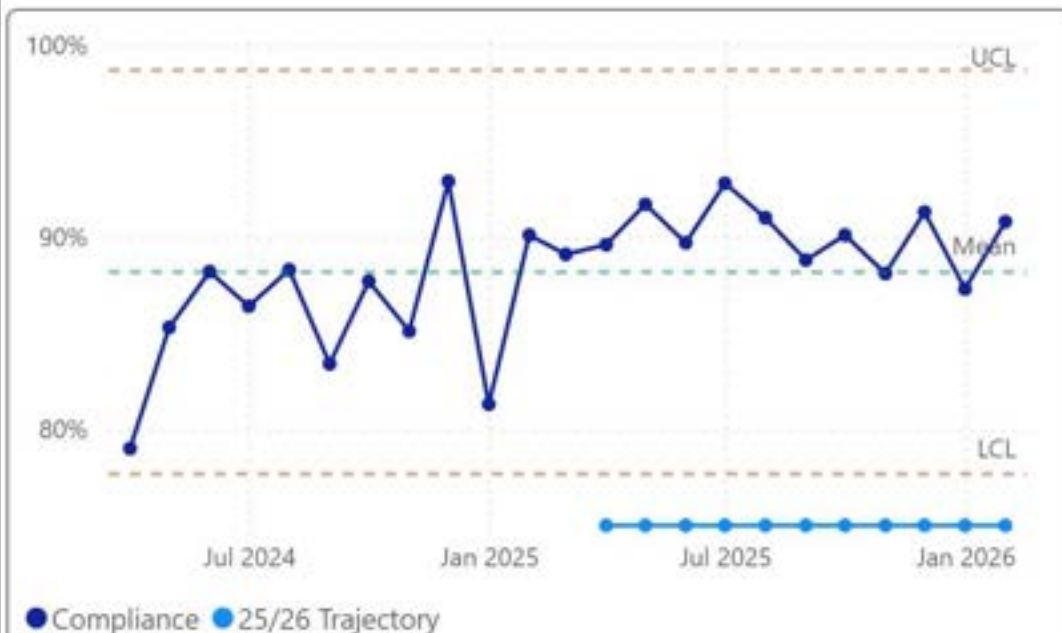


Measure: Increase in rate of treatments starting within 28 days of decision to treat

Performance: 90.8% (February 2026)

Trajectory: 75.0% (February 2026)

National target: None



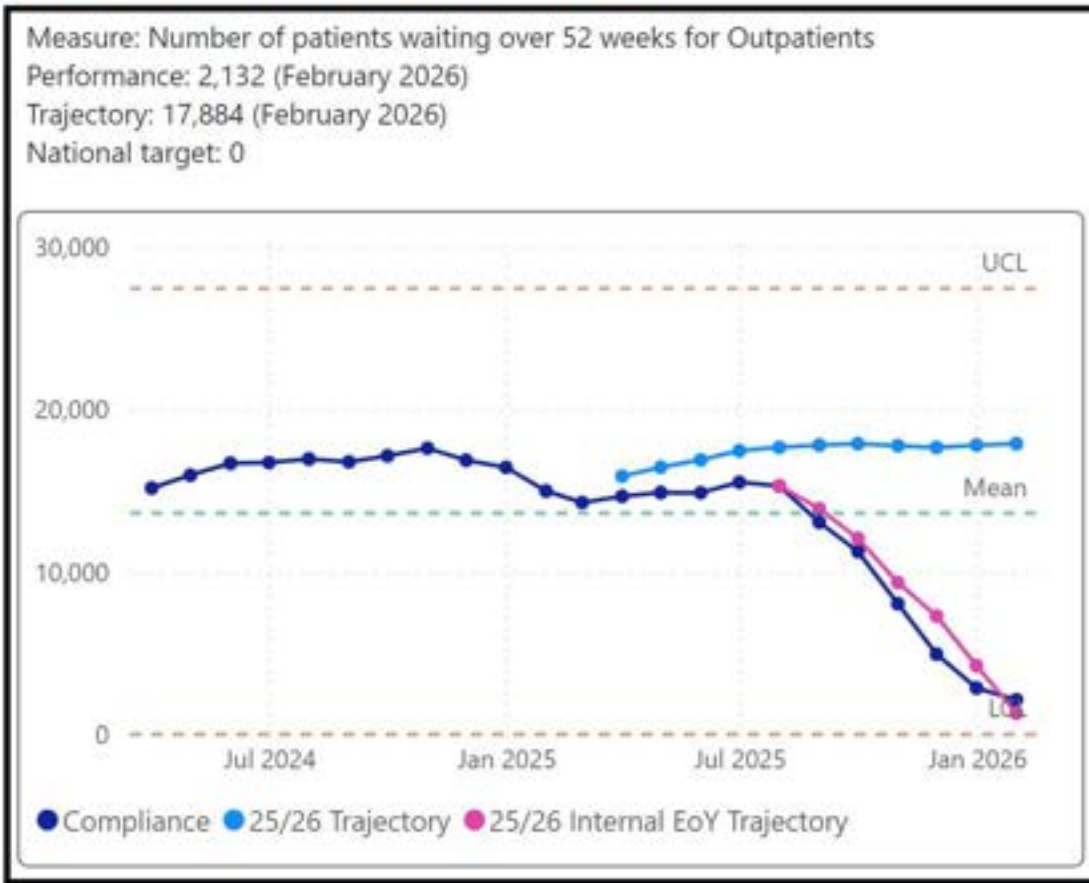
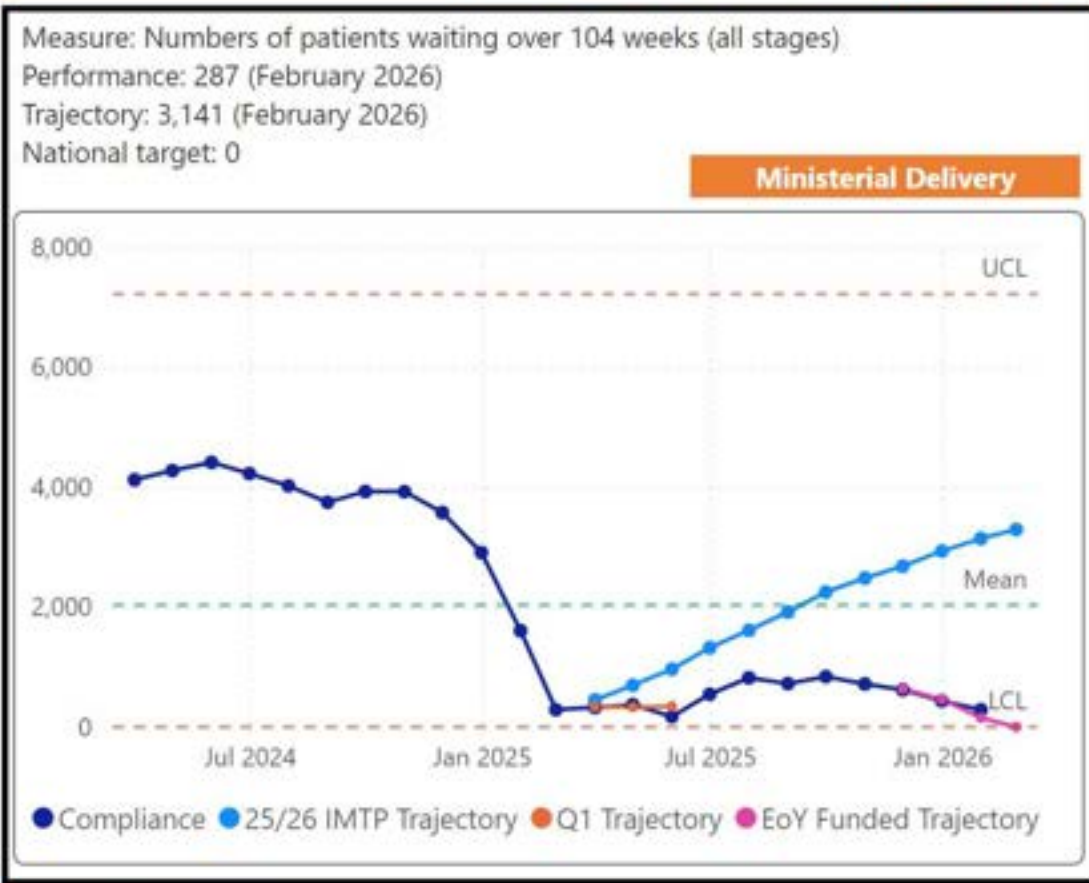
Insight and Actions

- 104 day backlog: The 104 day backlog has been largely stable over the past 6 months, even in the context of an SCP census that has subject to significant fluctuation. The actions through the remainder of Q4 and into 26/27 will be focussed on reducing this backlog.

- 28 day treatment start rate from decision to treat (DTT): The percentage of treatments starting within 28 days of DTT have been relatively consistent through 25/26 to date, all within a range of 5.9% (86.9% - 92.8%) and in excess of the mean performance.



Continuing to prioritise cancer, urgent and the longest waiting patients for planned care



Insight and Actions

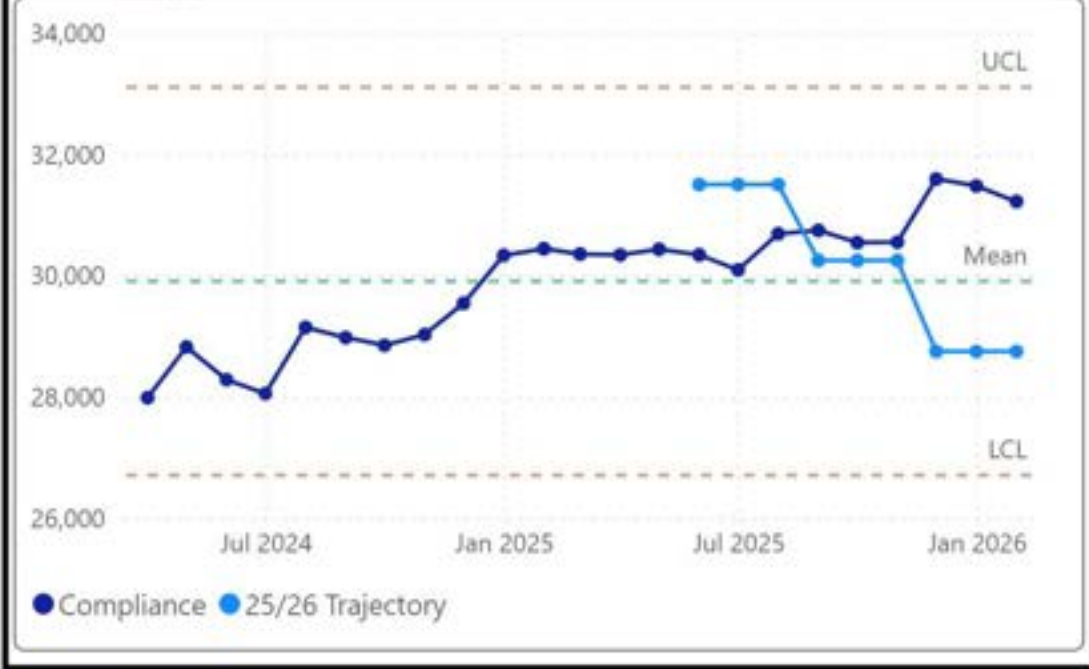
- 104 weeks RTT: Following the receipt of funding for Q4, the year-end trajectory for all specialties is targeting zero patients at 104 weeks. As of the February submitted RTT position, the 104 position of 287 was slightly higher than the trajectory for that month (152). Provisional March/end of year performance data shows a final breach position of under 30, all of which are within Orthopaedics which was impacted by the global cement supply issue. This represents an excellent result and will be the Health Board's lowest 104 position since April 2020.
- 52 week new Outpatient: The 26 week OP programme has significantly impacted on the 52 week breach profile, as evidenced by the sustained reduction from the August position. The March/year end position is likely to be ~1,250 which is lower than the IMTP 26/27 planning assumption year end forecast of 1,834. This will be the Health Board's lowest 52 week OP position since August 2020. With regards to delivery against the 26 weeks outpatient insourcing programme, as of the latest available data the Health Board has delivered 33,182 against a planed total of 33,612. This variance of 430 equates to 98.7% contract delivery.



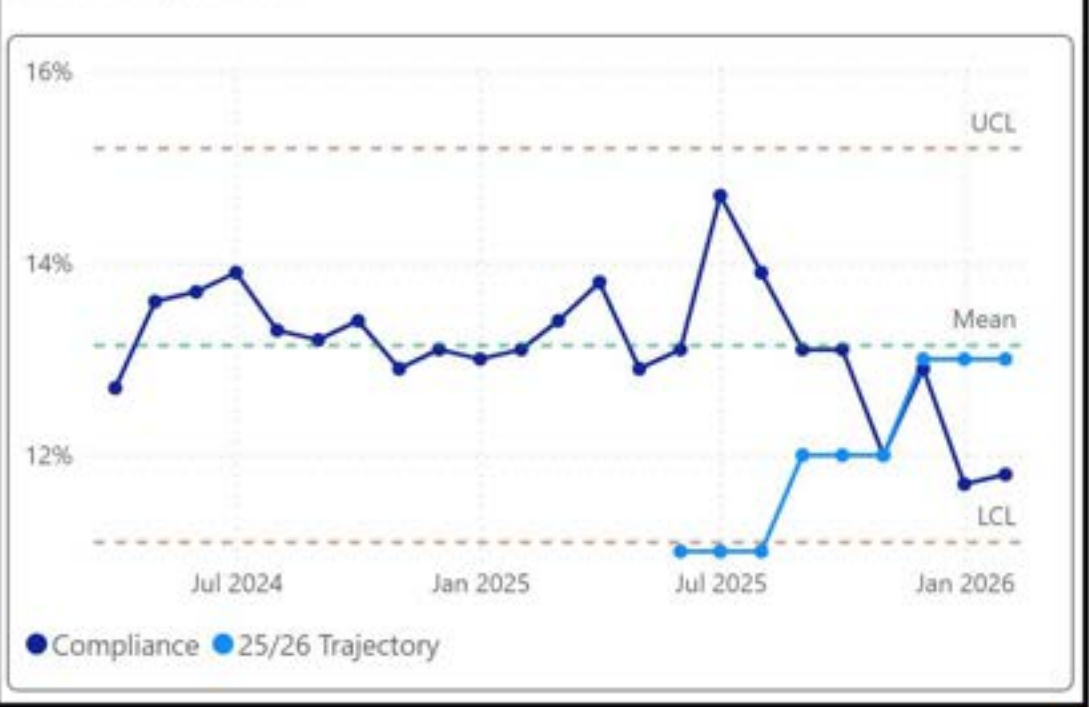
Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Reduction in the number of patients waiting 100% past Outpatient follow-up target date
 Performance: 31,219 (February 2026)
 Trajectory: 28,750 (February 2026)
 National target: None



Measure: Increase in the rate of See On Symptom and Patient Initiated Follow-ups
 Performance: 11.8% (February 2026)
 Trajectory: 13.0% (February 2026)
 National target: None



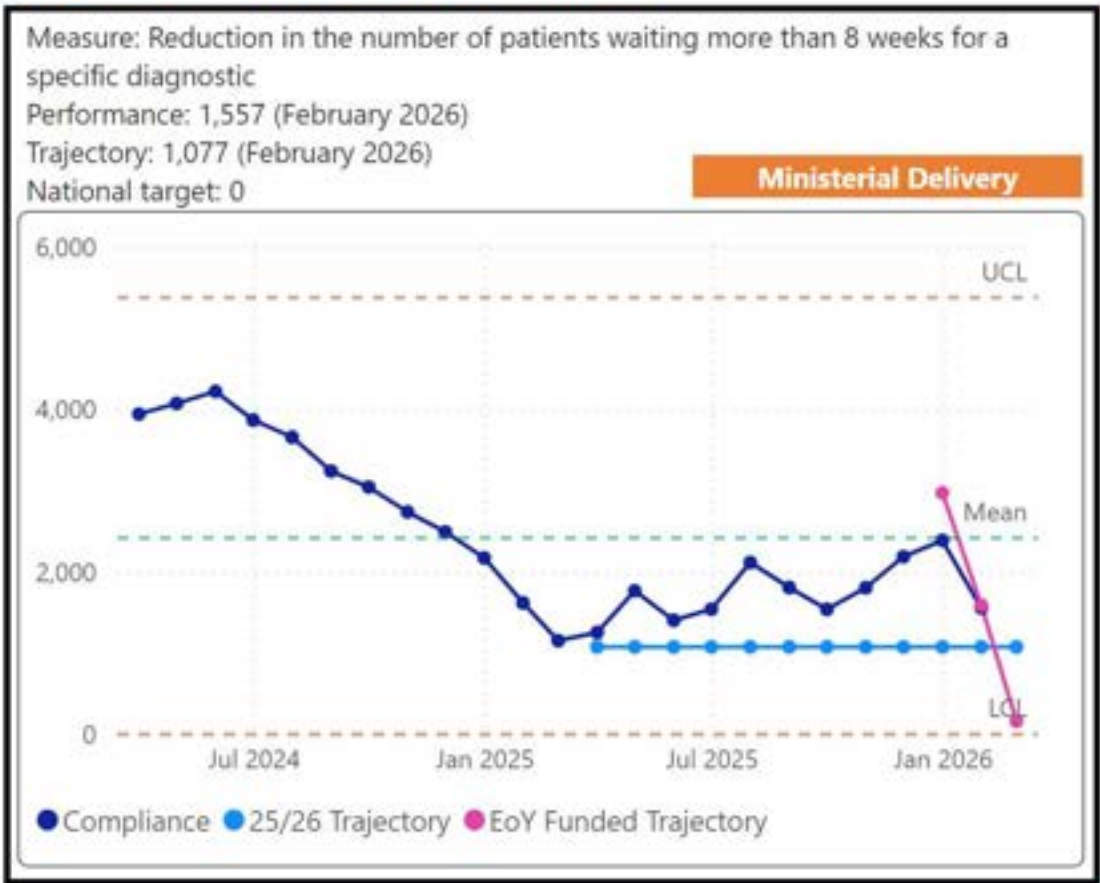
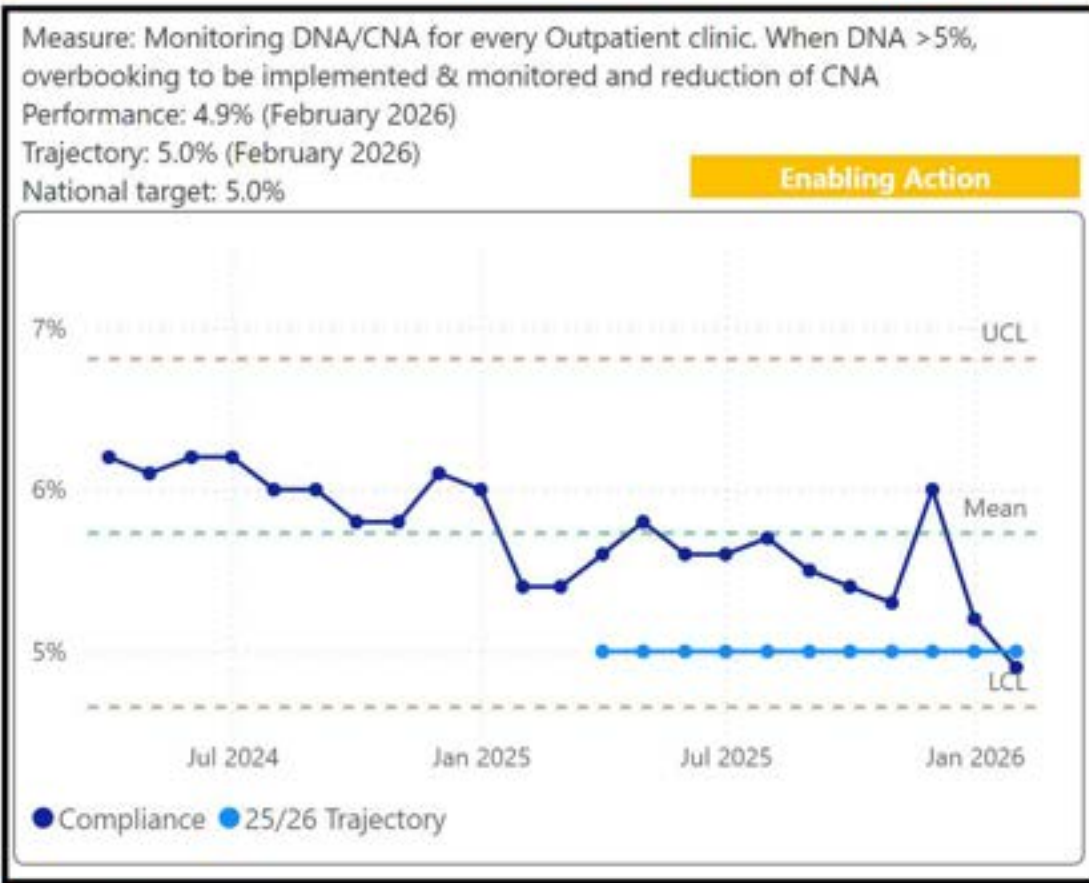
Insight and Actions

- Following the increase in December for the number of patients waiting 100% past follow up target date, the volume has reduced through the first part of 2026 and this trend is expected to continue in March. SOS and PIFU rates are expected to rise slightly to ~12.3% in March. The OPD Transformation Programme continues to monitor patients with the longest follow-up waits, working closely with Directorate teams to ensure patients are booked or appropriately clerically and clinically validated. There remains a strong focus on Straight to Discharge where appropriate, with the majority of CIN protocols embedded as standard practice. Local SOS and PIFU pathways are established, and during March and April work is being undertaken with Directorates to ensure consistent use of these pathways and to identify any new opportunities. Retrospective application of SOS/PIFU pathways is planned for 2026/27, aligned with the wider validation strategy, building on early implementation in a small number of areas. Clinical validation of the delayed follow-up list for ENT commenced in January 2026, resulting in patients being discharged or moved onto SOS/PIFU pathways where clinically appropriate.



Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care



Insight and Actions

- DNA/CNA rates: Performance in February achieved a 2025/26 low of 4.9%, representing the lowest DNA rate on record (data available from April 2019). Provisional March performance has only increased slightly to 5.1%. A targeted approach continues to focus on areas with high DNA and short-notice CNA rates, supported by text message reminders which are now in place for the majority of clinics. Work has commenced with Public Health to better understand cohort-specific factors contributing to DNAs within COTE services.
- Diagnostics: The Health Board has had an intensive programme of work through Q4 to reduce 8 week diagnostic breaches, following the receipt of additional funding. As of the February submitted position, performance was inline with trajectory (1,557 actual against a trajectory of 1,590). A year end risk position of 166 was submitted to WG. Extensive year end validation is underway, with the provisional final position indicating a breach volume of ~250.



Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Number of adults waiting more than 14 weeks for all audiology pathways
 Performance: 5,611 (February 2026)
 Trajectory: 5,366 (February 2026)
 National target: None



Measure: Number of children waiting more than 6 weeks for all audiology pathways
 Performance: 1,038 (February 2026)
 Trajectory: 2,783 (February 2026)
 National target: None

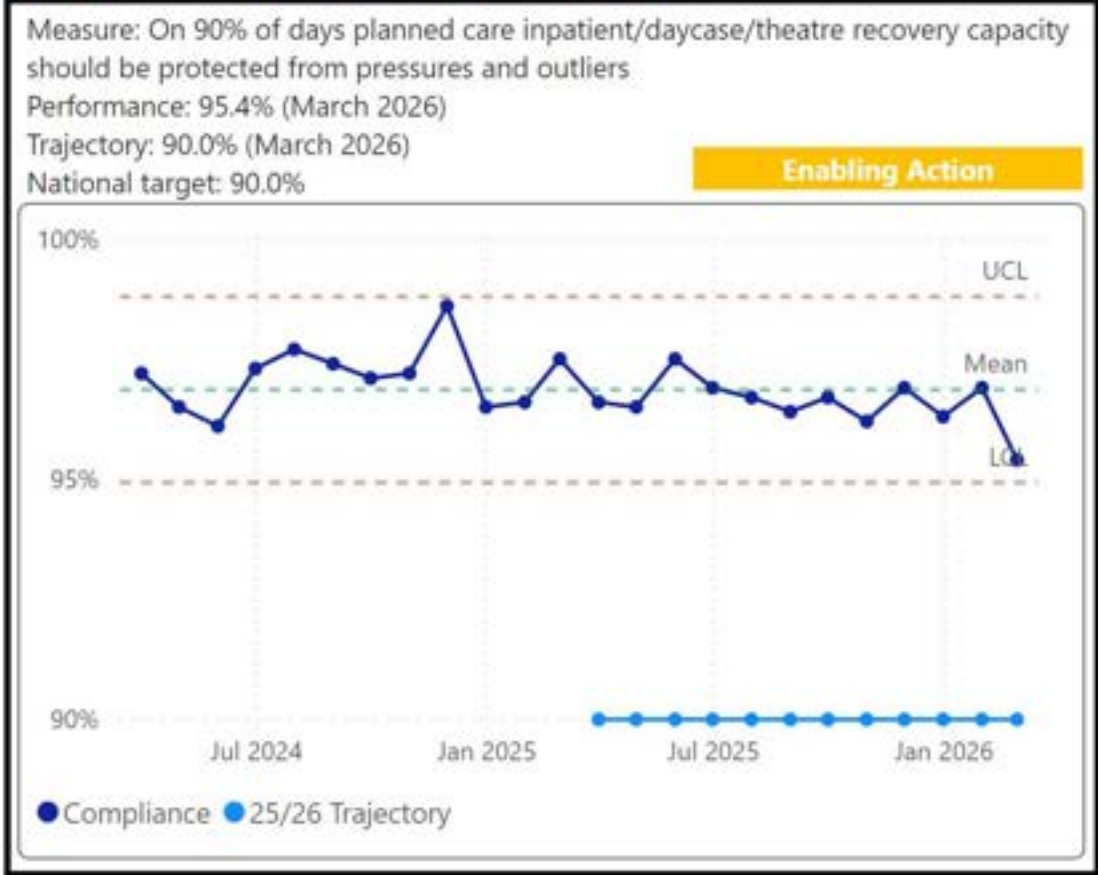


Insight and Actions

- Audiology: For adult pathways, there has been additional demand placed on the service due to increased demand to the Adult Hearing New (AHN) and diagnostic pathways which is a result of the 26 week OP programme delivery in ENT. This has led to 14 week breach numbers being higher than planned in the IMTP trajectory as the service manages the surge in referrals within their existing capacity. It is however positive that there was a small reduction from January to February. For paediatric pathways, some additional, end of year funding has been received to reduce the breach profile with this resulting in the February position now being lower than that at the beginning of 25/26.



Continuing to prioritise cancer, urgent and the longest waiting patients for planned care



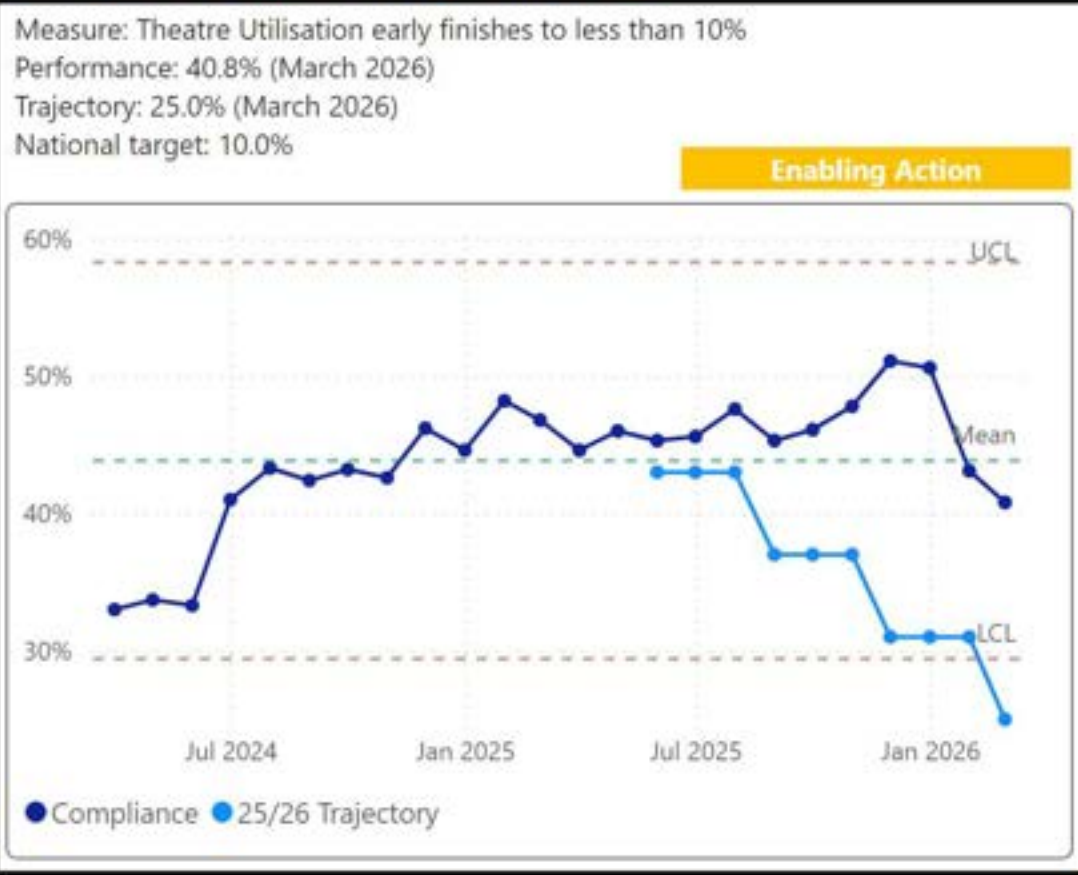
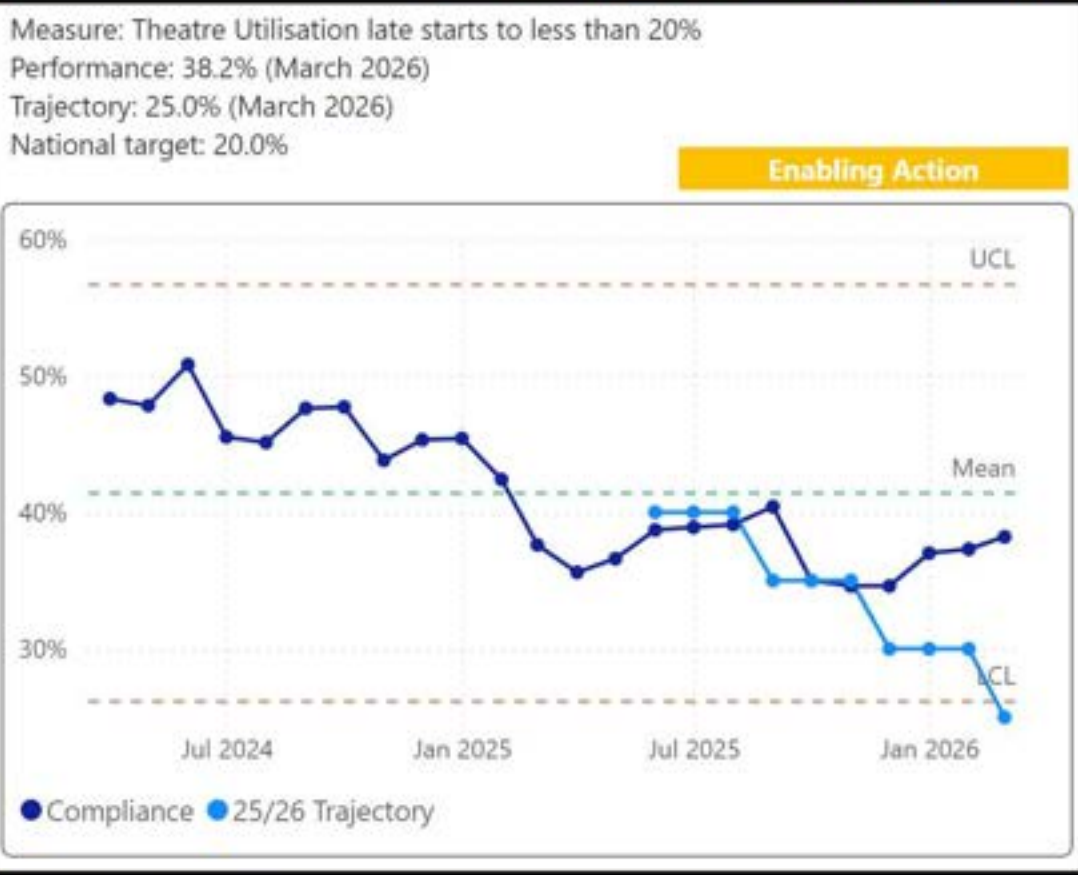
Insight and Actions

- Therapies: Therapies 14wk performance have deviated from the IMTP trajectory in the past 4 reportable months. For Dietetics, delayed RTT in Gastro continues due to insufficient staffing to meet referral demand, and the service is now working with the Value Team to prioritise activity based on clinical need. The forthcoming All-Wales Gluten Free Subsidy Card may further affect RTT performance, and while a paediatric post is planned for recruitment in April 2026, additional capacity will still be required to resolve delays. Physiotherapy services are also experiencing increased pressure due to a substantial rise in spinal and knee referrals being redirected from Orthopaedics, linked to expanded triage activity. To meet the needs of Orthopaedics 104-week waiters, MSK capacity has been reduced by 12 NP slots per month, adding further strain to the physiotherapy waiting list, with ongoing weekly monitoring but no clarity yet on long-term demand management. In addition, the Neuro outpatients service remains fragile due to maternity leave, sickness absence, and upcoming vacancies, with work underway to assess impact and identify all possible mitigations.
- Elective theatre protection: Performance has remained compliant with this measure for the past 18 months. The NHS P&I definition of this measure is based on the number of individual days per month where emergency surgery is carried out on elective lists. However in lieu of national clarity on their construction of this metric, this local measure continues to be used.



Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care



Insight and Actions

- Theatres late starts & early finishes: Late start performance has improved over the past 22 months, although the planned improvement by through quarters 3&4 has not been realised. Autosend and golden patient initiatives are now in place at all sites, with ongoing analysis to understand the improvements that this delivers. Early finishes remain significantly behind the IMTP improvement trajectory, however, there has been a marked improvement in the final two months of the year, with the March value of 40.8% the lowest since June 2024. This metric is under the 30-minute measure, but from next year this will move to >60 minutes to bring in line with the WG definition that has been issued as part of the Planning Framework for 26/27. Theatre Utilisation Group (TUG) meetings are being reviewed to ensure they achieve intended outcomes, with a workshop currently in the planning phase to be held in Q1, which will have a large focus on late starts/ early finishes and actions to improve performance.



Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

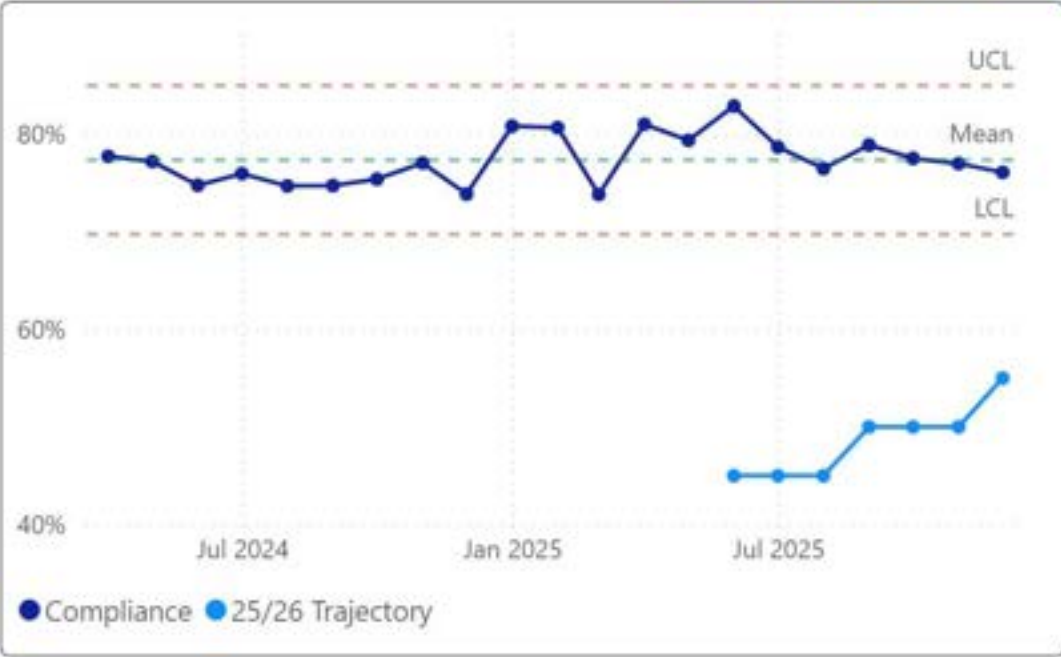
Measure: Theatre Utilisation session utilisation to 85%
Performance: 83.7% (March 2026)
Trajectory: 85.0% (March 2026)
National target: 85.0%

Enabling Action



Measure: Deliver improvements in day surgery rates, achieving a BADS daycase rate
Performance: 76.1% (December 2025)
Trajectory: 55.0% (December 2025)
National target: 80.0%

Enabling Action



Insight and Actions

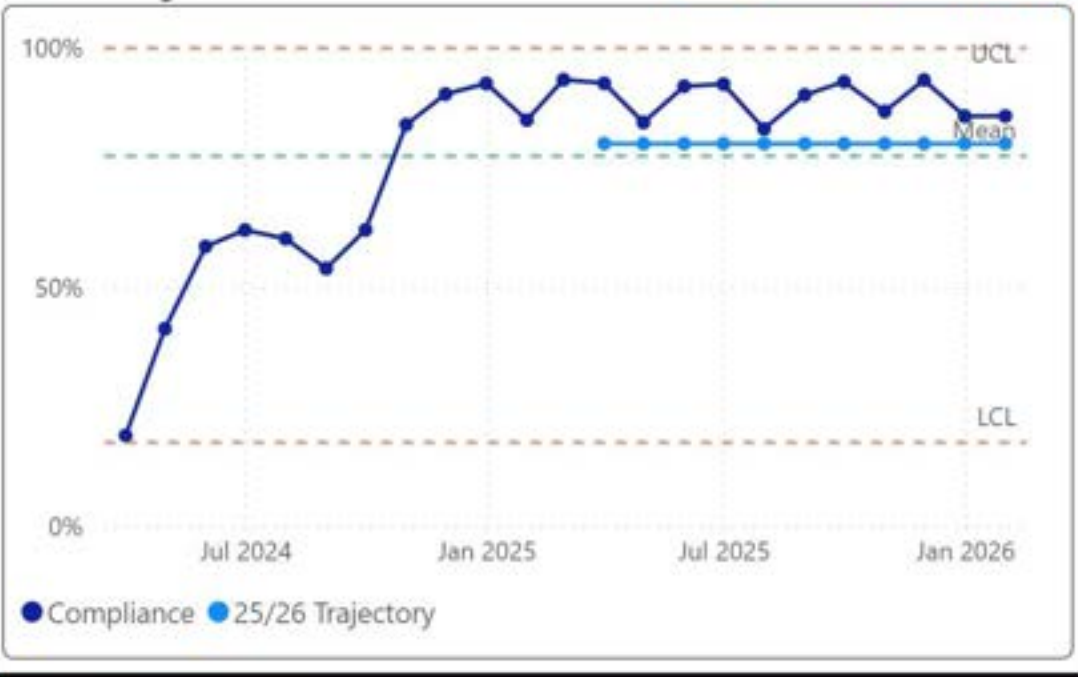
- Session utilisation: Performance had been relatively close to the national standard of 85% through the course of 25/26 to date, within a very tight range of 2.6% as of November (83.5% - 86.1%). December performance did reduce to 79.6%, however this is an observable, seasonal trend, and performance returned close to or above mean performance in the final quarter of the year and only marginally below the national standard. A 6-4-2 process has been implemented, where annual leave is finalised no less than 6 weeks in advance, lists are arranged 4 weeks in advance and then locked down 2 weeks before the date.
- British Association of Day Surgery (BADS) rates: BADS rates have also tracked closely to the national standard of 80% through the course of 25/26. Monthly Day Surgery Maximisation meetings remain in place to optimise day surgery delivery in NHH.



Improving our Mental health services

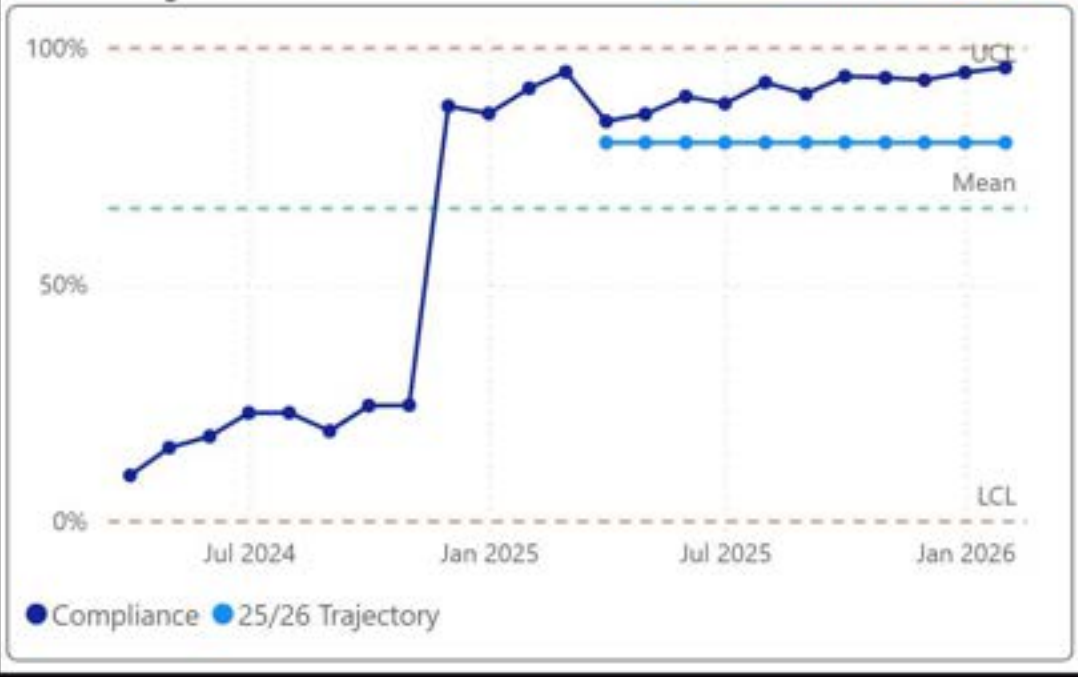
Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)
 Performance: 85.8% (February 2026)
 Trajectory: 80.0% (February 2026)
 National target: 80.0%

Ministerial Delivery



Measure: Maintain Adults Part 1b to national target (interventions completed within 28 days)
 Performance: 95.9% (February 2026)
 Trajectory: 80.0% (February 2026)
 National target: 80.0%

Ministerial Delivery

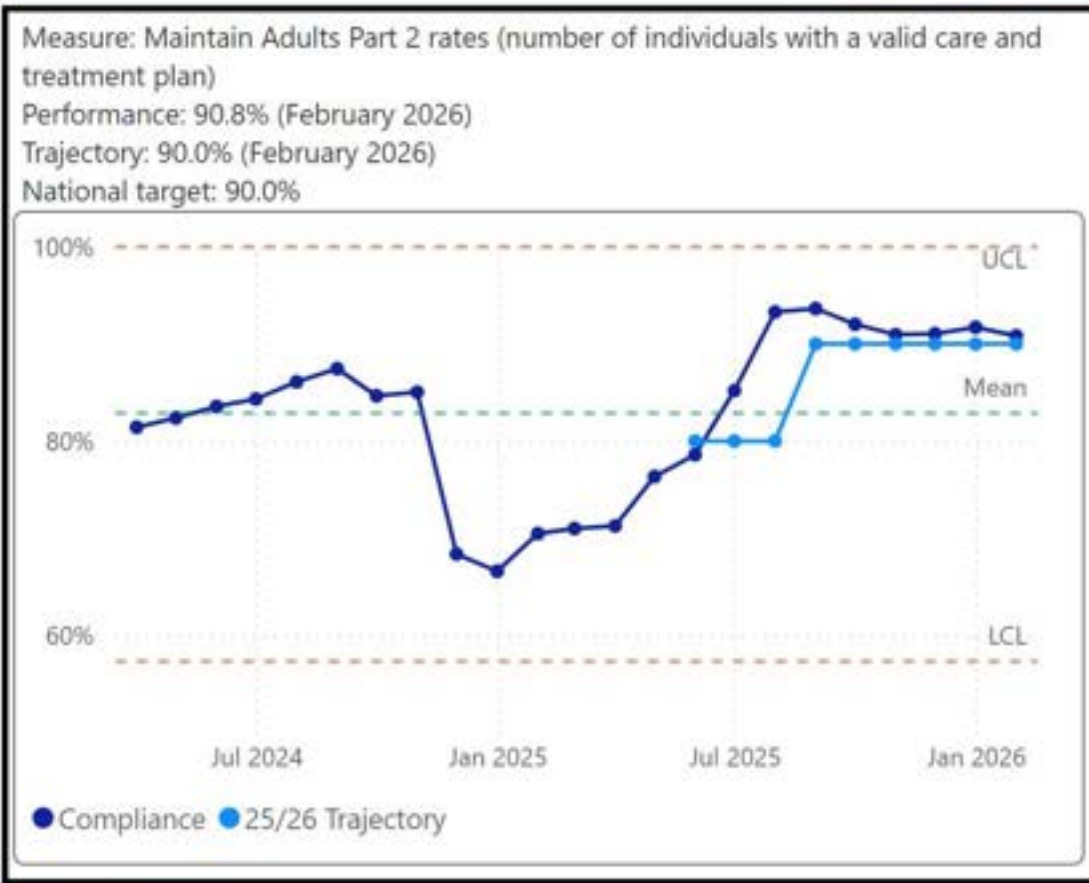


Insight and Actions

- Adults 1a & 1b: There are no issues with performance for these measures, with the service managing to balance both demand and capacity to ensure continued compliance with the national standard.



Improving our Mental health services



Insight and Actions

- Adults Part 2: Part 2 performance as delivered against IMTP trajectory through 25/26 to date, with performance having met the national standard for five consecutive months. Data cleansing remains in progress, however the volume of new Care and Treatment Plans (CTPs) and discharges from CTPs is expected to stabilise.
- Psychological Therapies: Performance has trended downwards over the past 6 months, with vacancies impacting capacity and thus performance. A revised Divisional recovery plan is being developed for implementation from March. All dashboards now in place for all adult teams, and booking process mapping has been completed with the future state process under development. There remain some data discrepancies due to historical incorrect use of diaries and appointment reference data, which are being worked through to resolve. There is also continued work on the RTT issues being experienced, with RTT clocks not resetting until future appointments booked after DNA/CNA which is impacting performance.



Improving our Mental health services

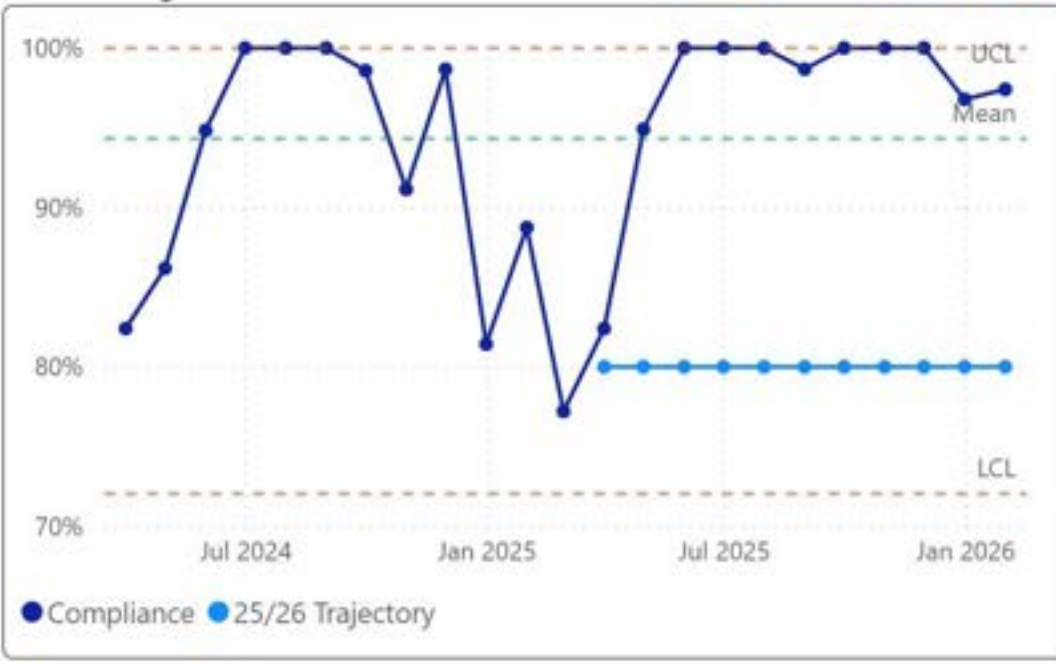
Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)

Performance: 97.4% (February 2026)

Trajectory: 80.0% (February 2026)

National target: 80.0%

Ministerial Delivery



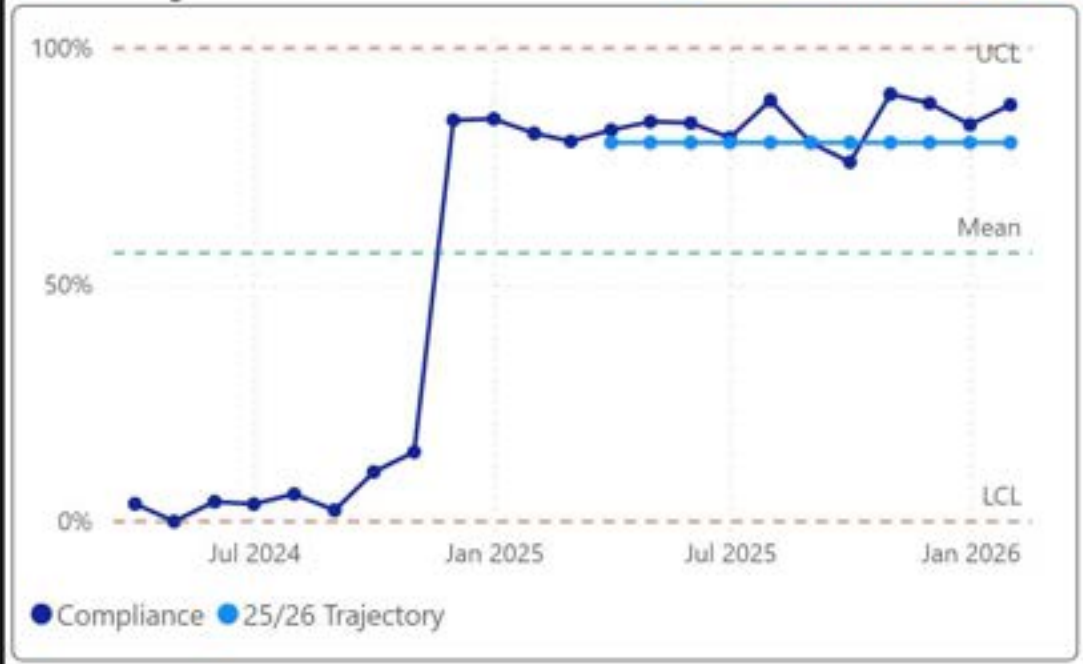
Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

Performance: 88.0% (February 2026)

Trajectory: 80.0% (February 2026)

National target: 80.0%

Ministerial Delivery

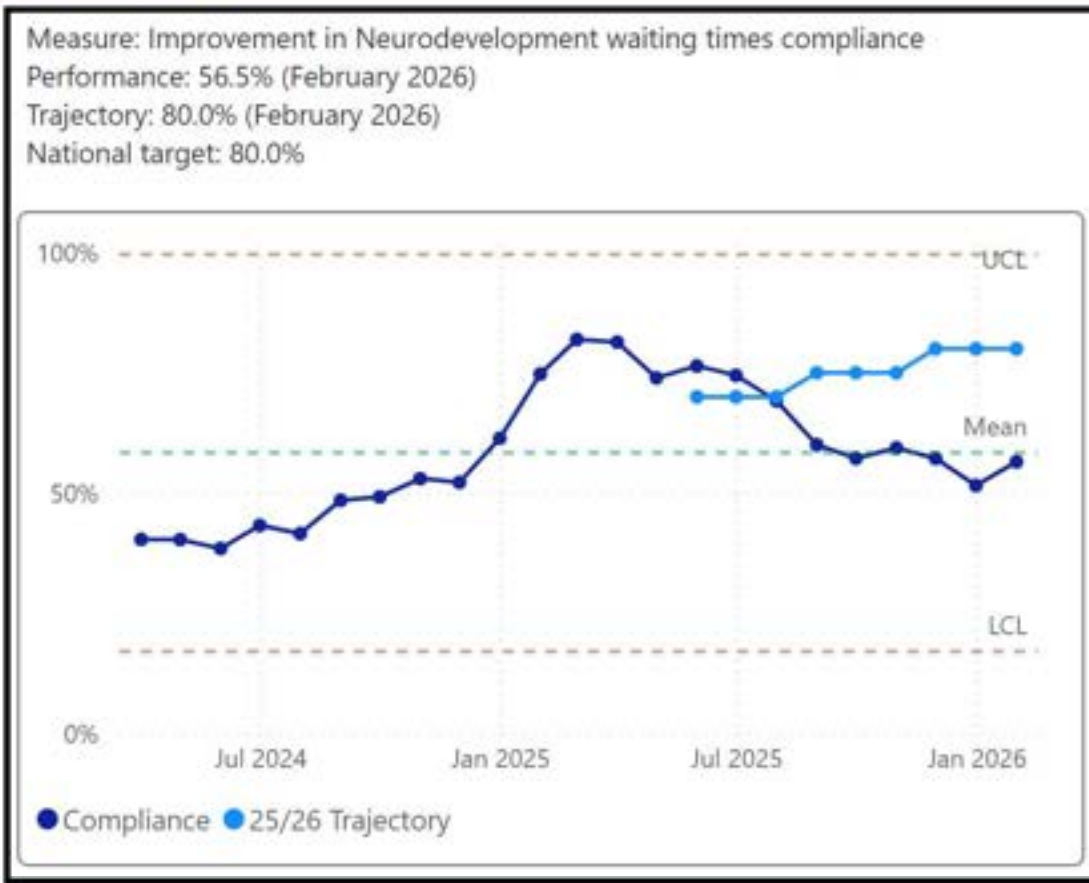
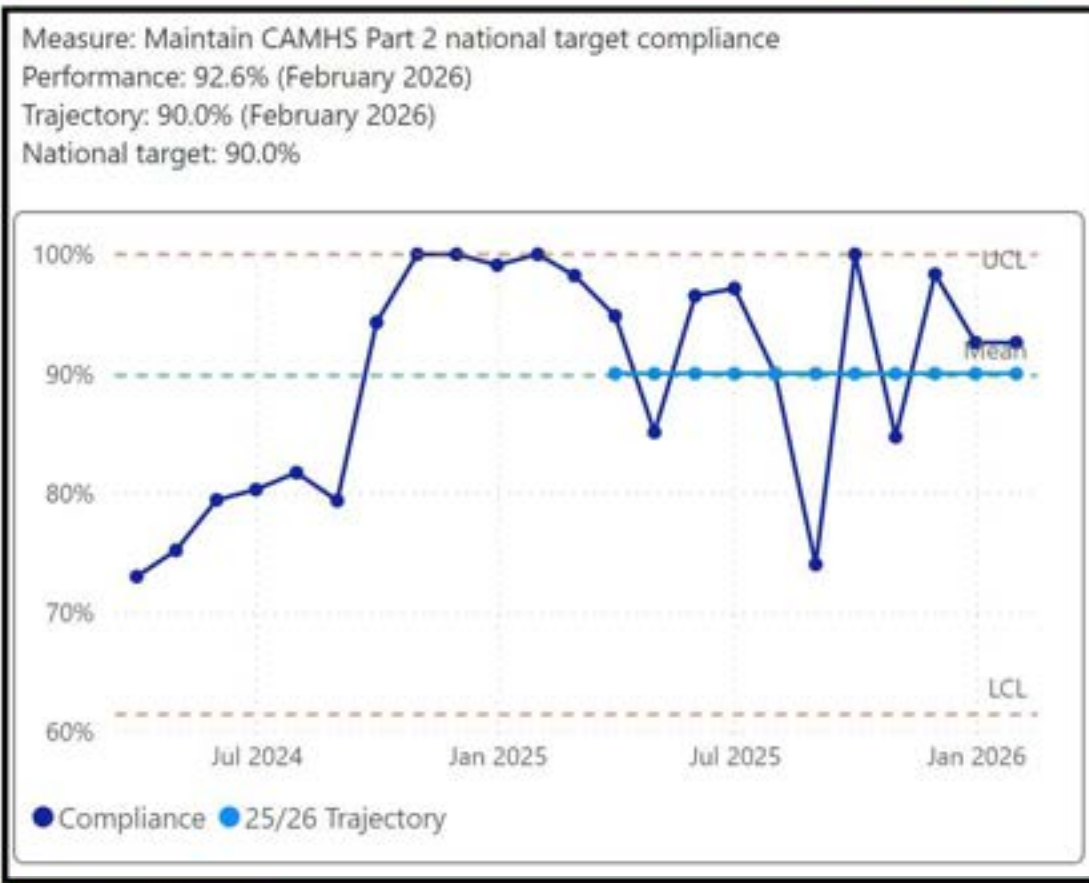


Insight and Actions

- CAMHS 1a & 1b: Like with Adults there are no issues with performance for these measures, with the service managing to balance both demand and capacity to ensure continued compliance with the national standard. There was a decrease in October performance to below the national standard in 1b, however this was the result of a data entry issue that adversely affected performance. In response, the Division provided education and training to the clinical staff these errors related to mitigate future repetition and have been compliant in the proceeding four months.



Improving our Mental health services



Insight and Actions

- CAMHS Part 2: There have been some issues which impacted performance over the past few months. These arose from ongoing non-compliance with CTP processes, including clinicians failing to upload plans, using incorrect dates, and missing mandatory timeframes despite repeated reminders and training. Some data errors are now being corrected through audit, and a designated CTP lead has been put in place within the Division to drive improved accuracy and compliance going forward. Performance over the past 2 months has returned to exceeding the national standard.
- CAMHS ND: Performance remains challenged, having trended downwards through the course of 25/26. The service continues to face sustained pressure, with referral demand increasing and waiting lists growing. The service has consistently maintained the ministerial requirement of keeping the longest wait below 52 weeks, however this has negatively impacted the 26 week performance measure. Screening processes have strengthened, improving consistency in directing referrals to Universal, Targeted, or Specialist pathways. Projected activity for early 2026 demonstrates continued momentum in screening and assessments as the service moves toward fully embedding the Neurodiversity Early Support Hub (NESH) approach.



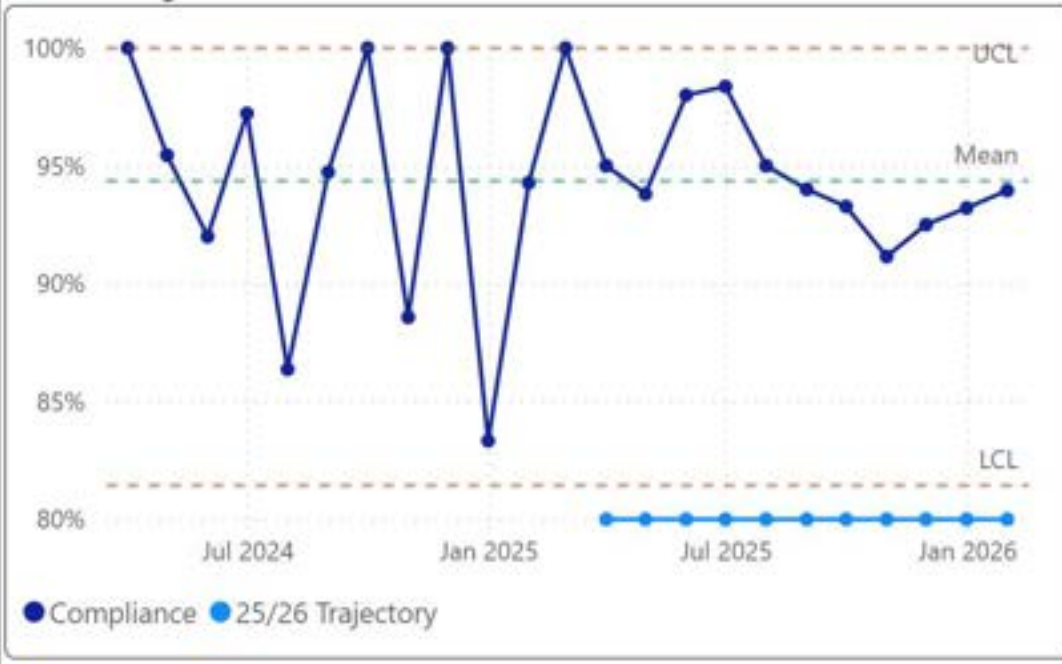
Improving our Mental health services

Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral

Performance: 94.0% (February 2026)

Trajectory: 80.0% (February 2026)

National target: 80.0%



Insight and Actions

- Specialist CAMHS Choice Assessments: No issues, despite decreases since July performance continues to track well above national standard of 80%. The decreasing trend had been resultant from a reduction in capacity over the past few months, however, there has been an improvement in past three months.



GIG
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Aneurin Bevan
University Health Board

Appendix 1

Q4 progress against Enabling Actions





Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity & Efficiency UEC	Community Based Falls Response	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Level 1 falls response has increased during Q4 at 40%, up from 35% in , with an additional L1 response initiated from January 2026 (winter additionality).Conveyance to hospital following a falls response was slightly reduced in Q4 down to 39%.Comparative analysis shows that Gwent has the second lowest conveyance rate for falls in Wales, just behind Powys. Therapist provision within Community Clinical Desk / SPOA is providing central support to falls navigation which is due to continue until the end of Q4 as part of the SPOA initiative.
	Remote clinical assessment services framework	P	Awaiting WG Issue, strong flow centre model expanding to MDT hub.	Community Clinical Desk Pilot implemented as planned from November 2025, based within the SPOA hub at Vantage Point House. The Community Clinical Desk is an MDT comprising a combination of General Practitioner, Occupational Therapist, Advanced Paramedic Practitioner and Frailty Specialist. As at the end of Q4, over 320 patients have been assessed through the pilot with 57% remaining at their normal place of residence thus avoiding conveyance/admission. Pilot will run to the end of Q4 with evaluation and options appraisal to follow.
	Acute frailty model at the Front Door	F	Plans in place to fully adopt with benefits tracking (6 Goals).	The Community assessment lounge has been extended to 31st March supporting our older population to return home following an ED attendance - currently at 76% discharge home rate. eLGH assessment units including SDEC at YYF continue to see a high proportion of over 65yr patients, same day assess-rates above 70%. Home First Team centralised to the Grange Hospital. 7 day coverage of front door therapies at The Grange with 5 day coverage at eLGH's sites.Older person programme established to identify the needs across sites, currently Frailty is a community based service with COTE clinicians based within eLGH's front doors, with therapies led service at GUH.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity & Efficiency UEC	Welsh Health Circular - Ambulance Handover Guidance	P	Improvement in performance expectations.	Our Next Patient developments continue. ED attendances remain high, often reaching 280 per day. Pre-noon discharges rates at The Grange up from 12% in to 13% in Q4. Across eLGH's pre-noon discharges stable from to Q4 but are improved year on year (9% to 11%). Transfer lounge at GUH is seeing around 134 patients per week. Whilst there are still considerable improvements to be made, >1 hour ambulance handovers increased to 46% in Q4 up from . <12 hour ED waits remain around 83%, similar to , and <4 hour waits are 47%, note this is specifically GUH ED. ED Extended footprint opened as of 17th Dec.
	Optimal Hospital Flow Framework	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Roll out of the OHFF across all sites, evaluate the implementations 2025/2026 to assess the benefits, continue to embed the principles 2026/2027. Divisional Nurse oversight reported monthly via Integrated Discharge Board, aligned with the POCD Action Plan.
	Maintaining the actions within the 50 Day challenge	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Weekly scrutiny panel held to provide challenge and support with a focus on top 20 longest staying patients, evaluation to be undertake post 12 months implementation to assess the benefits aligned to reduction in longest staying patients. The Discharge policy has been revised and signed off by the Integrated Discharge Board, and available on the intranet.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	Implement national guidelines with thresholds by Clinical Implementation Network (CIN). Including SOS and PIFU by default.	-	Current baseline is 13.4% in organisation. Baselines for each specialty known. Will continue to work with National team.	Ongoing monitoring by the OPD transformation programme of the longest waiting patients on the follow up list linking with Directorate teams for patients to be booked/clerically validated/clinically validated. Continued focus of straight to discharge the implementation of straight to discharge pathways where appropriate. 5 out of 6 CIN protocols in place or now standard practice. Local SOS/PIFU pathways implemented. Throughout March/April work is being undertaken with Directorates to confirm consistent use of all pathways and identify any new pathways. Retrospective application of SOS/PIFU pathways to be undertaken in 2026/27 linked to validation strategy and clerical/clinical validation plan. Clinical validation of delayed follow up list for ENT commenced Jan 26, with patients being discharged or moved to SOS/PIFU where appropriate.
	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage (end of Q2).	P	Baseline partial direct listing in place, plans to direct list all patients by end of Q4.	Action complete.
	Monitoring DNA/CNA for every Outpatient clinic. When DNA/CNA as a combined rate >5%, overbooking to be implemented & monitored.	P	DNA baseline 6%, CNA short notice baseline 4.5%.	Ongoing targeted approach within areas with high DNA/short notice CNA rates. Text messages in place for majority of clinics to support timely communications. Work commenced with Public Health to understand patient cohort specific issues affecting DNA's for COTE. Feb performance reached 25/26 low of 4.9%, which is also the lowest value on record (since Apr 2019) . March to date performance is 5.0%.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists	-	Baselines known at specialty level – tracked in OP Group	Ongoing monitoring by the OPD transformation programme of the longest waiting patients on the follow up list linking with Directorate teams for patients to be booked/clerically validated/clinically validated. Continued focus of straight to discharge the implementation of straight to discharge pathways where appropriate. 5 out of 6 CIN protocols in place or now standard practice. Local SOS/PIFU pathways implemented. Throughout March/April work is being undertaken with Directorates to confirm consistent use of all pathways and identify any new pathways. Retrospective application of SOS/PIFU pathways to be undertaken in 2026/27 linked to validation strategy and clerical/clinical validation plan. Clinical validation of delayed follow up list for ENT commenced Jan 26, with patients being discharged or moved to SOS/PIFU where appropriate.
	On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers (end of Q1).	F	Baseline 97.6%	In lieu of a national definition, ABUHB have used a the locally defined measure: "% emergency surgery on elective lists" to track performance through the course of 25/26. Year to date performance has averaged 96.7% elective protection, with current March performance at 95.4%.
	Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	F	Baselines are late starts 44%, early finishes 47%, theatre utilisation 83%. Plans to improve late starts & early finishes to 25%.	Performance for late start lists under the 15 minute measure has been relatively static, averaging 37.1% through the course of 25/26 and within a relatively tight range. March performance is currently 38%. Autosend and Golden Patient initiatives have now been rolled out at all sites. A Theatres workshop is planned for 26th March review the theatre priorities for 2026/27 . Late starts to be a key priority. In lieu of national clarity at the start of the year, the 30-minute measure was used for early finishes in the IMTP. Performance deteriorated through the first 3 quarters, reaching a high of 51.1% in December. March to date is improved at 40.7%. With the 26/27 defined as a 60 minute measure, March performance under this definition currently stand at 20.8%.



Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	Deliver improvements in day surgery rates, achieving a BADS daycase rate of 70% (April 2025), then 80% (June 2025)	P	Baseline 50%. Plans to improve to 55%. Following a review of procedures to identify opportunities to increase day case rate, implementation will commence and further opportunities to be scoped ahead planning for NHH Day Case Centre of Excellence.	Latest available position is Dec-25 under BADS definition, with performance at 76.1%. Performance through first 3 quarters of the year is averaging 78.7%. Monthly day surgery maximisation meetings which support planning of HVLC lists.
	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	F	In place reported through outpatient transformation.	Ongoing clerical validation centrally and locally for RTT patients and cohorts of long waiting validation patients. A validation plan is in progress for end of March RTT patients (core and additional hours), consisting of: Text message validation of patients in OPD stage 26 weeks by end of March Text message validation of patients in treatment stage, 78 weeks by end of March Clerical pathway validation of patients in diagnostic and follow up stages 26 weeks by end of March Development of Validation Strategy in progress, with task and finish group established.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Workforce Productivity	Variable Pay & Agency Control Framework Welsh Health Circular	F	2024/25 total agency spend has reduced to £43.2m compared to £805m in substantive workforce which has inc. from last year.	Extensive work has been completed in relation to recruitment campaigns and a focus on retention and sickness. The volume of additional workstreams across RTT 104wks and 26wk outpatient, as well as emergent 45 minute ambulance handover/whole system flow programme has meant resources have been prioritised against these urgent areas.
	Sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	P	2024/25 agency reduction savings £11m. Total agency saving to achieve 30% reduction would need to be £7m.	The latest trend of financial spend demonstrates this is unachievable this year due to previously identified pressures on Planned Care, 45 minute handover etc. However, progress continues to be constrained by several key issues, including formal disputes, ongoing discussions regarding paid breaks, and the allocation of SPA and DCC time for specific activities such as coroners' reports. Of the 563 job plans required to be completed digitally, 379 have been finalised although may not be signed off, with dedicated support in place to progress the remaining 74 plans to digital completion and sign off.
	Ensure a reduction in agency spend on HCSW, A&C, and E&A to zero by 30th Sept 2025	P	2024/25 spend is £1.05m; Plans to achieve total off-contract and HCSW agency removal by September 25. A&C and E&A, reduction in spend will be achieved but zero spend difficult within current recruitment market.	Extensive work in relation to recruitment campaigns and a focus on retention and sickness. Despite this, the volume of additional workstreams across RTT 104wks and 26wk outpatient, as well as emergent 45 minute ambulance handover/whole system flow programme has meant resources have been prioritised against these urgent areas.
	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	P	Baseline 38%. Monthly trajectory plan by division to achieve 90% compliance by September 25 and a positive number in progress. However progress will be in balance with benefits of new job planning system.	Consultant Job Planning performance has remained broadly stable, with compliance recorded at 54% in February 2026, representing a 0.6% decrease from January 2026. This reduction is primarily due to a number of job plans falling out of compliance as part of the rolling-year cycle. The Health Board remains committed to achieving 80% compliance within the 2026/27 IMTP, supported through a targeted, incremental improvement approach across services.
	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25	F	Baseline cumulative 12 month absence 6.53% in Jan 25 plans to reduce 25/26 in comparison to 24/25.	National joint partnership group have undertaken benchmarking across Wales to inform options and approach. Existing National sickness absence policy continues to be under review.



Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	F	In place reported through Value & Sustainability	Previous opportunities identified are either achieved or in progress, with close links to both local and national initiatives. All known opportunities have been considered for the 26-27 plan.
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	F	In place reported through Value & Sustainability	<ol style="list-style-type: none"> ABUHB continues to have the highest uptake of established biosimilars in Wales. For the newer biosimilars, a switch to aflibercept has been completed with golimumab and omalizumab in progress. Once the tender is announced for denosumab this will commence. A review of generic contract medicines has been undertaken. Discussions are taking place with Haematology regarding switch of eltrombopag from WP10HP to homecare to maximise the contract price. ABUHB continues to see a growth of generic apixaban and rivaroxaban as a % of DOACs (92% primary care, 96% WP10HP). ABUHB has the second lowest prescribing of bath and shower emollients in Wales (primary care) WP10HP use is 4th lowest. ABUHB has the highest performance of blood glucose strips <£10 (primary care 91.2%) ABUHB has the second highest use of generic dapagliflozin of all SGLT2is (primary care 80.2% WP10 91.4%) <p>Blueteq business case and has been reviewed by Executive team with case going to PIP on 25/2/26</p>



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Maximising Value for Money	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	F	In place reported through Value & Sustainability	V&S recommendations ongoing / updates below:-The Health Board continues with eligibility reviews. Issues remain with eligibility and enhanced care with Local Authorities and a series of partnership meetings and workshops are in place to address these collaboratively. We have committed to the delivery of the All Wales digital solution within our IMTP for next year however the current overall position with WG across Wales is unsure.
	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	F	In place reported through Value & Sustainability	Ongoing work continues regarding the STW rationalisation to realise disposal opportunities. Anticipated SOC development end of Q2 26/27.SOC submitted to WG for Nevill Hall Hospital which looks to reduce footprint of site and potentially rationalise the wider Health Board estate. Optimising utilisation across the Health Board through the development of Health and Well-Being Centre at Monmouth using an existing facility. OBC anticipated 26/27.Significant progress made against the Extant Estates Strategy with work underway to progress the new 2028-2038 Strategy.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p style="text-align: center;">Improving Value, Optimising Outcomes, & Minimising Variation</p>	<p>Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme</p>	<p>P</p>	<p>Steps within pathways in place but timeframes now always with exception of Head and Neck where we have not fully implemented.</p>	<p>National Optimal Pathways continue to be followed, however timescale compliance remains problematic. January confirmed compliance = 56.1%. The trajectory set for February was 71.2% (372 treatments; no more than 107 breaches); whilst the Health Board delivered the correct number of treatments the capped number of breaches were exceeded (164). Early indications suggest February compliance will be similarly low. With the exception of Haematology, none of the tumour sites met their trajectory for January 2026. Referral demand has remained constant.</p> <p>Of note:</p> <ul style="list-style-type: none"> • Colorectal compliance was less than 30%, however treatment numbers (52) were significantly higher than the rest of the year. There are plans for Colorectal to undertake additional work in theatres to address this. CTC is reported to be problematic, RGH has been identified as a problem area, they have half the capacity of NHH and YYF but patient choice is creating additional activity on RGH site therefore causing delays. It has been proposed to stop offering this service at RGH due to additional capacity on other sites, however this will remove patient choice. First Task and Finish meeting held in February with good clinical engagement and clear actions for progression. • Gynae continue to perform below trajectory and treatment numbers remain low, however traction is being made via the Cancer Recovery Group and there is an expectation we will begin to see some of this positive movement in February. Issues with Gynae Pathology (18 outstanding cases as at 03.03.26) have been highlighted as contributing to delays. Staff sickness has contributed to this. More robust communication to be implemented to ensure staffing shortages don't affect pathway timescales. Fortnightly Cancer Recovery Group meetings have been key to improving compliance due to the continued and consistent focus. • Urology January compliance was the lowest it's been since March 2025 (37%). The service has consistently delivered considerably more than the trajectory, including January, however breaches remain high. A Consultant will be taking bereavement leave which will have an additional impact. The service has confirmed it will be undertaking a super list to improve compliance. It is suggested that the robot contract may be causing delays as we are currently over numbers, however this isn't confirmed. Task and Finish group will be undertaking a reset (including re-developing the action plan) during Q4 as progress has stalled, Cancer SRO will also be attending. • Skin remains below trajectory; however Cancer Services DM is reassured by the service that this will start to pick up again. • The PTL is being maintained at a reasonable number, and housekeeping issues are now being resolved, by the end of April this is expected to be fully rectified due to new staff commencing in post. Backlog is reducing back down towards 10% with the expectation that this will improve further. Larger numbers on the backlog are in Urology and Colorectal.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Ensuring full compliance with straight to test guidance	P	Head and Neck and Sarcoma only pathways outstanding, work ongoing to establish measures.	The capacity gaps reported in remain with plan in place to progress Sarcoma work from Q1. This will lead to an anticipated improvement in compliance following completion of key actions that include mapping the pathway and ensuring appropriate governance and ownership of the pathway.
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	F	Plans in place to fully adopt with benefits tracking through Value & Sustainability	Urine ACR project is now entering a closure state, this will include a detailed project closure report available at the end of Q4, containing an evaluation of the impacts of our work. Slight delays are being experienced due to a lack of data from GP practices, however, initial findings show a possible improvement of 4% across ABUHB. WS2 has also published its findings to the GMS collab groups indicating high and low value activities across the screening pathway for GP practices to consider and adopt or stop. Whilst the footcare project has also progressed we have experienced a number of delays due to production and publication of the materials and delays with communications teams and printers. As a result we have extended the project into Q2/3 of next year to allow for a robust implementation and evaluation of impact to tack place. We also continue to explore new opportunities in Gestational Diabetes and Transition to Adult Services with scoping planned to be completed by the end of Q4.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p style="text-align: center;">Improving Value, Optimising Outcomes, & Minimising Variation</p>	<p>Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health</p>	F	<p>Plans in place to fully adopt with benefits tracking through Value & Sustainability</p>	<p>ABUHB identified 2,890 fragility fracture patients in 2026, an increase from 2,614 in 2025, representing a 10.5% rise. In 2026, 77% of fragility fracture patients were identified and 70% received appropriate bone protection treatment, compared with 61% treated in 2025. The AB-FLS team was awarded the NHS Wales Leadership Award 2025 – “Let the First Fragility Fracture be the Last.” AB-FLS has worked closely with national teams, contributing to the adoption of the Missed Opportunity measure within the FLS-DB. This aligns with the Royal Osteoporosis Society (ROS) National Osteoporosis Standards, based on the 80/50/80 rule: 80% of fragility fracture patients should be identified; 50% should receive bone protection treatment and 80% should be reviewed at 52 weeks. Based on expected activity of 3,755 fragility fracture patients, AB-FLS will be required to complete care plans and deliver guideline based treatment to approximately 1,200 patients to meet the standard. Historical missed opportunities for AB-FLS were: 1,003 in 2021; 1,013 in 2022; 936 in 2023 and 239 in 2024. By the time all 52 week follow ups for the 2025 cohort are completed in January 2027, AB-FLS aims to achieve zero missed opportunities.</p>
	<p>Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)</p>	F	<p>Plans in place to fully adopt with benefits tracking through Value & Sustainability</p>	<p>No active Programme.</p>
	<p>Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.</p>	F	<p>Implementation of Maternity solution (Badgernet) completed and benefits presented to Ministerial Digital Summit. Procurement for Mental Health solution underway and continue to engage with Connected Care programme. E-Prescribing rollout continuing for the Health Board.</p>	<p>NHS Wales App - Expansion plan submitted. Engagement continues with DHCW DSPP programme on future functionality. Digital Maternity - this is live in ABUHB.</p>



Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	F	Plans in place to fully adopt with benefits tracking through collaboration with DHCW and membership at the relevant governance groups.	To support increased usage of the NHS Wales app, an expansion plan including the onboarding of further appointments for clinical services has been shared with DHCW. The HB continues to work with the National Digital Services for Patients and the Public (DSPP) Team on the development of a roadmap for future features and implementation.
	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	F	Cyber security improvement plan in place linked to recommendations from the Cyber Resilience Unit to achieve compliance against the Cyber Assurance Framework.	Project to remove Windows server 2016 and MS Sequel 2012, 2014 and 2016 are progressing. Extended support deadlines for the 8 remaining 2012 servers is being monitored. Projects completing within the next few months eliminate 2012 OS from the estate. Palo Alto implementation progressing. Cyber exercising planned quarterly for 2026. CRU NIS CAF Audit Assessment planned for June 2026.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	F	Work with AWCEG to implement the clinical criteria and monitor the activity data for each intervention.	Further discussion ongoing with DMCO to ensure engagement with Planning & Improvement Clinical Leads and allocation of work to small groups. Work also being undertaken to examine whether further coding input is required.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	F	Implement the criteria once reviewed from the AWCEG and monitor the activity data, reporting as requested.	Further discussion ongoing with DMCO to ensure engagement with Planning & Improvement Clinical Leads and allocation of work to small groups. Work also being undertaken to examine whether further coding input is required.



Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.	P	Plan to increase will not meet 282 localised pathways. This would take financial investment without clear benefits realisation.	180 pathways currently live (at 10/03/26). Decision to reduce funding into 2026/27 - CE capacity will reduce from 1.2WTE total to 0.5WTE total. Team continuing to focus on integrating the platform into the organisation through Clinical Interface groups, Interface GPs, and comms and engagement. Team meeting with Divisions to agree on pathway priorities for 2026/27.



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – February 2026 (2025/26 Month 11)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Assistant Director of Finance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of February 2026 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 28th February 2026,
- The Health Board’s underlying financial position,
- The cash position, including the strategic cash support required,
- Public sector payment policy performance, and
- The Capital position.

A system link is included for the month 11 monitoring returns reported to Welsh Government.




ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 28th February 2026 (Month 11) for the financial year 2025/26.

The 2025/26 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

Feb-26 Performance against key financial targets 2025/26 +Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	(630)	16,974	18,314	
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000	6,295	32,406	0	
	£45,013	14%	72%		
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.9%	97.1%	>95%	

Performance against requirements 23/24		22/23	23/24	24/25	3 Year Aggregate (22/23 to 24/25)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	36,842	49,754	7,185	93,781
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(43)	(41)	(66)	(150)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	22/23	23/24	24/25	25/26 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£89.6m Deficit	£81.4m Deficit	£27.2m Deficit	£38.2m Deficit

At Month 11, the reported forecast revenue position has remained at an £18.3m deficit. The reported forecast capital position is break-even. There are risks to achieving the reported forecasts.

The year-to-date budget performance at month 11 is a deficit of £17.0m, which is a £1.0m improvement on the month 11 MMR forecast profile for 2025/26. The year-to-date position is due to in year pressures that include prescribing costs (based on December PAR) and acute drugs, CHC activity including Discharge to Assess case growth, winter wards remaining open, and variable pay relating to Mental Health and other operational pressures.

The forecast position has remained at an **£18.3m deficit**. The forecast deficit is reflective of the delivery of savings plans more than the IMTP plans (total £43.5m) and in year cost pressures that are in addition to those within the IMTP. It is currently assessed as the best-case scenario. The Health Board will continue to seek ways to mitigate this position and any further additional costs, but risks remain within this forecast. This is described further in the commentary.

The underlying position has been updated to reflect the opening IMTP assessment for 2026/27.

Cefndir / Background

The Board approved 2025/26 IMTP financial plan was ambitious with a high delivery risk to achieve financial balance, planned financial savings of £40.4m.

Through financial recovery actions the forecast achievement of savings and mitigating actions as at month 11 is £43.5m. The in-year cost pressures that the Health Board is unable to mitigate are listed in the table below:

ABUHB Mid Year Review 2025/26 (M11)		
Forecast Deficit Analysis - outside of IMTP plan		
Category	Issue	Value £m
National Issues (£2.9m)	National insurance > funding	2.20
	Theatres B2 to B3 grievance	0.30
	MS365	0.40
Funding Ceased (£0.3m)	Fracture liaison service	0.30
Ministerial Priorities - Urgent & Emergency Care (£4.5m)	Winter Beds 24/25	0.80
	Surge beds	2.00
	Emergency Department	0.20
	ITU capacity	1.50
Ministerial Priorities - Cancer (£2.5m)	Cancer	2.00
	Diagnostics growth	0.50
Growth above plan (£5.3m)	Drugs	2.00
	CHC	2.50
Unavoidable Investments / Risk mitigations (£4.6m)	Diabetes Pumps	0.80
	Mental health	3.90
	Thyroid loss of service	0.50
Mid Year Review Forecast Deficit		19.90
Month 8 - 10 Movements	Winter 25/26	1.98
	45 Minute Handover	1.38
	NWSSP Rebate	(0.50)
	Bank Pay Award 2024/25	(1.80)
	Additional Savings - from opps & new	(3.09)
	National Outpatient Insourcing (164 cohort). PP > £10.00 each	1.05
	Revised forecast sessional GP Ooh's (£0.6m), GMS (Global sum -£1.3m)	(0.60)
	25/26 Forecast as at Month 10		18.32
	National Outpatient Insourcing (164 cohort). PP > £10.00 each Funding	(0.96)
	Global sum correction to payments (per WG advised 10.03.26)	0.95
25/26 Forecast as at Month 11 Final		18.31

As discussed at the Board meeting held on 10th September, all options currently available to the Health Board to minimise the impact of the emerging pressures were discussed and agreed, with risks. The Health Board will have limited ability to identify further mitigating actions without identification of further funding or cessation or reduction of services.

Asesiad / Assessment

- **Revenue Performance**

Year to date

A summary of the year-to-date financial performance is provided in the following table. The cost drivers causing the year to date overspend of £16.974m are related

to those in the previous table. The year-to-date position and the forecast by delegated area is:

	Annual budget £000s	YTD Reported Variance £000s	Full-year Forecast at M11 £000s	Full-year Forecast at M10 £000s	Movement £000s
Operational Divisions:-					
Primary Care and Community	330,960	(565)	1,824	799	1,025
Prescribing	125,635	1,595	1,235	1,536	(301)
Community CHC & FNC	75,749	1,901	2,276	1,617	659
Mental Health & Learning Disabilities	153,684	4,731	5,314	5,843	(529)
Total Primary Care, Community and Mental Health	686,028	7,661	10,648	9,795	853
Surgery	159,459	10,687	10,292	10,500	(208)
Clinical Support Services	139,281	2,339	2,645	2,245	400
Medicine	181,174	5,173	6,257	6,689	(432)
Urgent Care	43,812	845	1,162	1,054	108
Family & Therapies	152,650	2,587	3,016	2,986	30
Estates and Facilities	98,377	(2,507)	(1,952)	(2,200)	248
Chief Operating Officer	15,790	(82)	(200)	1,021	(1,221)
Total Chief Operating Officer	790,542	19,041	21,220	22,294	(1,075)
Total Corporate Divisions	99,935	(3,322)	(3,642)	(6,375)	2,732
Total Specialist Services	203,284	498	581	723	(142)
Total External Contracts	132,705	(3,450)	(4,153)	(3,709)	(444)
Total Capital Charges	49,364	23	0	0	0
Total Delegated Position	1,961,858	20,452	24,654	22,729	1,925
Total Reserves	17,545	(3,478)	(6,340)	(4,406)	(1,934)
Total Income	(1,979,402)	(0)	0	0	0
Total Reported Position	0	16,974	18,314	18,323	(9)

Summary of key operational points for Month 11

Key points to note for month 11 include:

The financial position at the 28th February 2026 shows a £16.974m deficit. The key issues in the month are described in this report.

- Total pay expenditure for the Health Board in Month 11 was £78.7m, an increase of £1.4m (1.8%) from January (£77.3m).
- Non-pay expenditure (excluding capital adjustments) totalled £95.8m, a decrease of £1.5m compared to January. A notable part of the reduction in spend was seen within 26 weeks plans with lower value improvements across several other budget heads.
- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present as a financial pressure due to inflationary price uplifts, volume increases, including Discharge to Assess placements, and an increase in high cost CHC packages of care.
- Prescribing expenditure is performing worse than planned, driven by an increase in the overall average item price. Primary Care prescribing spend for

February was £10.2m, with the full-year forecast falling by £301k compared with the prior month forecast.

- On-going acute secondary care high-cost drugs prices and volume growth continue to be a pressure. The National V&SB procurement and Medicines Management savings opportunities are reviewed throughout the year, and actions progressed to deliver any opportunities.
- Demand and flow pressures across the system continue to drive significant costs. In February, the number of in-patients fit for discharge at the Welsh Government data capture point decreased to 180 (from 205 in January). Of these, 29 were Health delays, 40 Social Care delays, and 111 Joint delays. The categories of reasons for delayed days are as follows:

Reason	Number of Patients	%
Assessment Issues	67	37%
Care Home placement arrangements	35	19%
Disagreements/Legislation	19	11%
Funding Issues	5	3%
Home adaptation/equipment issues	11	6%
Home care related issues	16	9%
Housing related issues	14	8%
Stepdown to recover and assess	10	6%
Transfer related issues	3	2%
	180	100%

- The estimated cost for the year of continued blocked bed days for all reasons is c.£13.1m using a £200 cost per bed day (based on the number of in-patients for February). The demand and flow challenges drive surge bed capacity & increased demand in high-cost unfunded temporary staff.

Forecast Position

The plan financial forecast submitted following Board approval in March 2025 was a non-recurrent break-even position for 2025/26. The ABUHB IMTP financial plan was based on achieving IMTP savings (£40.4m) and through financial recovery actions the forecast achievement of savings and mitigating actions is now £43.5m.

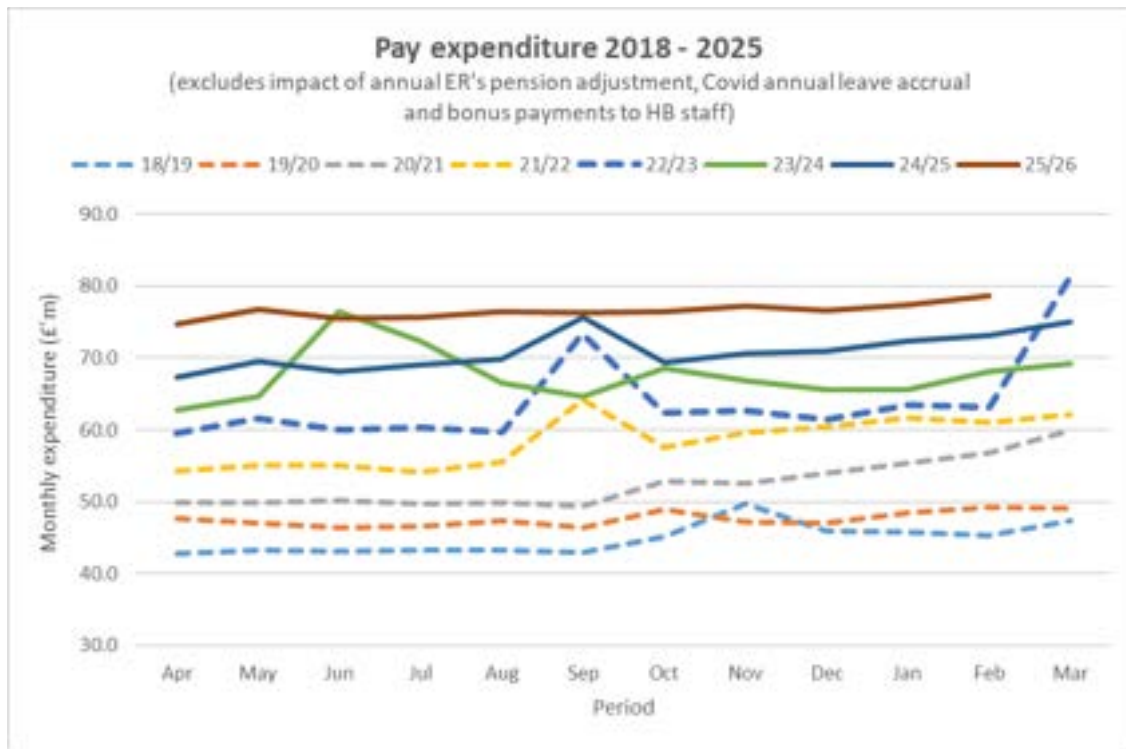
The Board took the decision to change from the planned break-even financial forecast to a forecast £19.9m deficit due to the in-year pressures. The position improved in Month 8 to £18.3m due to Welsh Government confirmed funding to cover the A4C pay award for bank staff (for both the 2024/25 and 2025/26 uplifts) and NWSSP cost slippage. This forecast was maintained for month 10. The components of the forecast include delivery of savings in excess of the IMTP savings plan, more than offset by new in year cost pressures that are in addition to those within the IMTP. This forecast is currently assessed as the best-case scenario.

The Health Board will continue to seek ways to mitigate this position and any further additional costs, but risks remain in achieving this forecast.

Welsh Government have confirmed non recurrent funding for the increased Welsh Risk Pool premium (c£9.7m), and coverage for the band 2 to 3 HCSW regrading costs for 2025/26 (£7.1m) which will include an element of backpay. Both areas will be cost pressures for 2026/27 onwards.

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for eight financial years are shown below; assuming the current level of income, the expenditure run-rates need to reduce for the Health Board to meet its forecast position.





Workforce

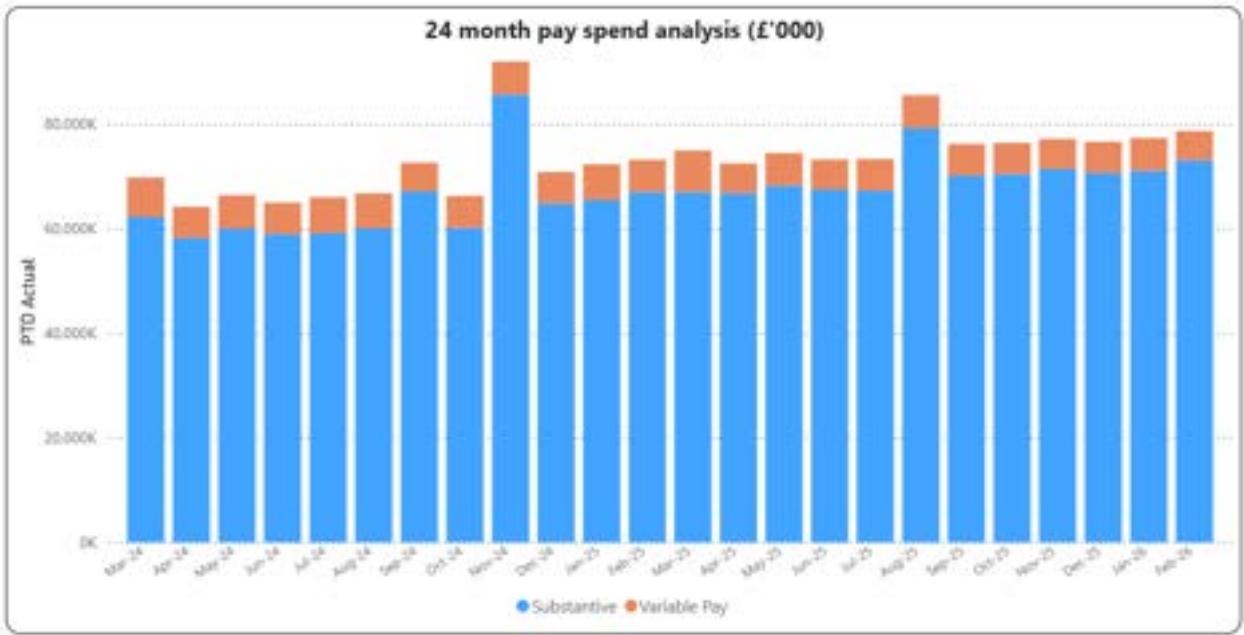
The Health Board spent £78.7m in February on workforce.

Workforce Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Total Pay	78.7	77.3	841.6
Substantive Pay	73.1	71.1	776.1
Variable Pay	5.6	6.2	65.5

Operational pressures including Enhanced Care, sickness and vacant posts continue to cause a pressure on the Health Board position. The focus remains on minimising variable pay with a range of operational actions and savings plans including recruiting to posts. Real terms total workforce cost reduction will be the key indicator; currently variable pay reductions are not sufficient to create a net saving when substantive staff growth is considered.

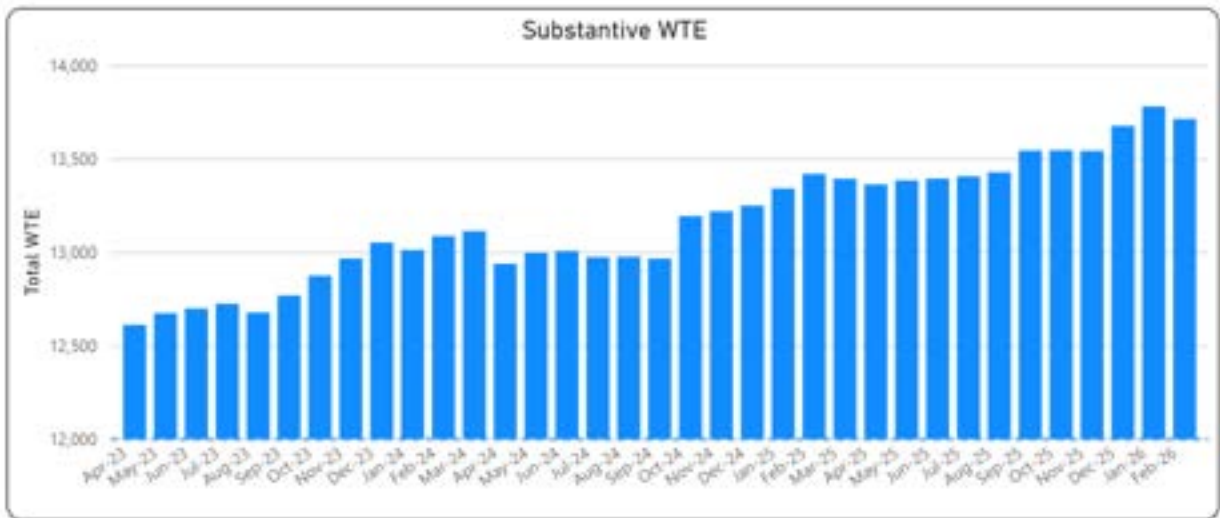
Workforce expenditure trends are shown below differentiating between substantive and variable pay¹:

¹ To enable useful comparisons and trends all references to 25/26 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).



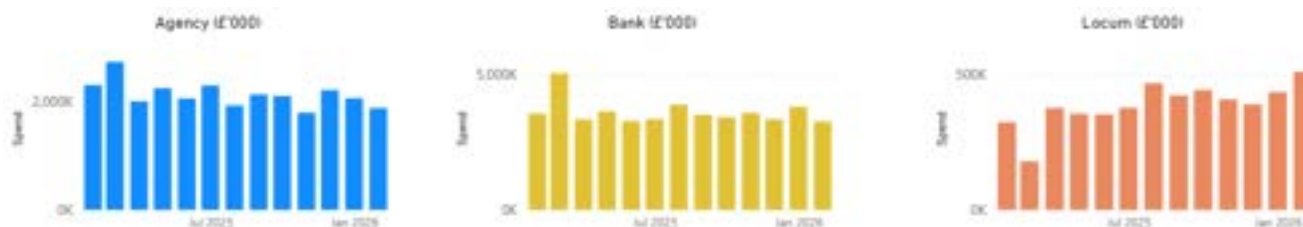
Substantive staff

Substantive pay was £73.1m in February, an increase of £2.0m on the previous month. The in-month increase was predominantly due to the payment of Enhancements with regards to the December and January bank holidays. Substantive WTE's were 13,713 compared with 13,780 for January.



Variable pay

Variable pay (Agency, Bank and Locum) was £5.6m in February compared with £6.3m in January, a £0.7m decrease.



Variable Pay Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Agency - Nursing	0.7	0.9	7.5
Agency - Medical & Dental	0.6	0.7	9.8
Agency - HCSW	0.1	0.1	1.3
Agency - Estates & Other	0.5	0.4	4.2
Bank	3.2	3.8	38.2
Locums	0.5	0.4	4.5

Enhanced Care the calculated cost for February was £0.7m ('notional calculated' expenditure) of expenditure using bank and agency registered nurses and health care support workers, for 25,779 hours worked.

Nursing vacancy cover For February, variable pay relating to vacancies is c.£1.4m ('notional calculated' expenditure) for 54,320 hours worked for bank and agency hours for shifts where 'to cover vacancies' is provided as the reason for use.

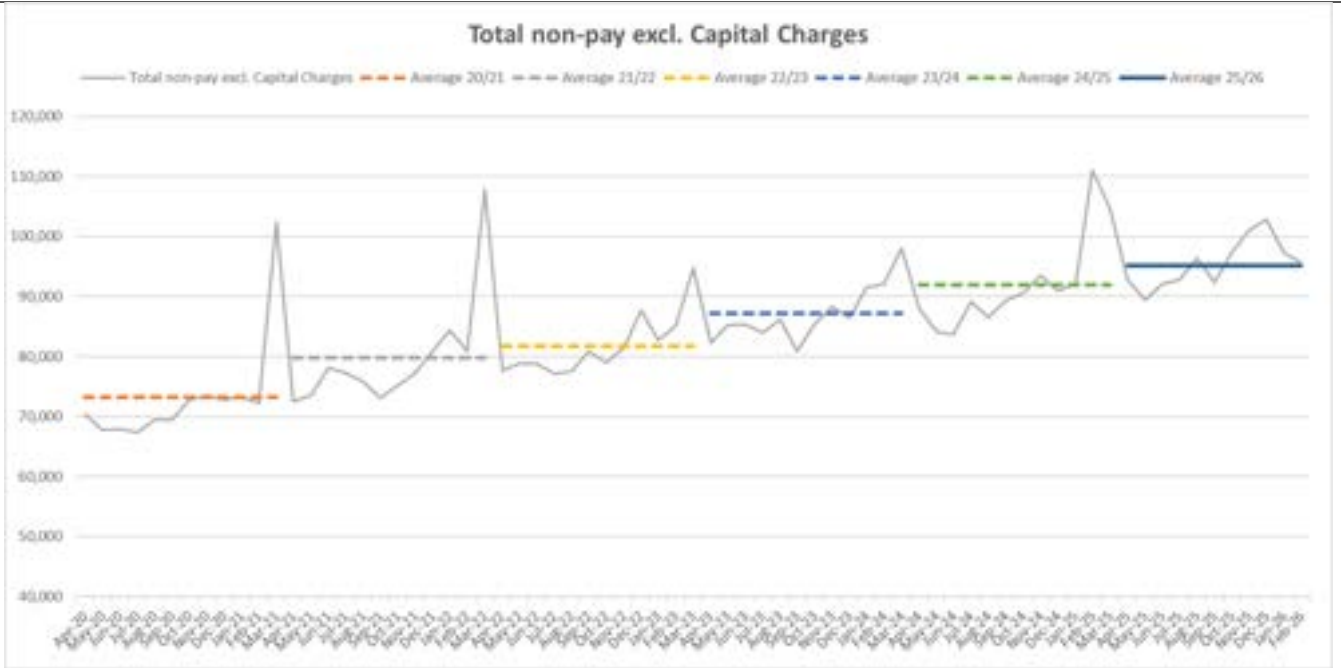
Nursing sickness cover for February variable pay relating to sickness is c.£1.0m ('notional calculated' expenditure) for 36,135 hours worked for bank and agency hours for shifts booked to cover sickness as input onto the e-roster system.

Non-Pay

The Health Board spent £95.8m in February on total Non-Pay (excluding capital adjustments).

Non-pay expenditure (excluding capital adjustments) totalled £95.8m, representing a £1.5m decrease compared with February. This reduction is primarily driven by a lower than planned 26 week spend including Gatekeeping solutions (£0.5m) and a decrease in utilities and rates expenditure, CHC spend, plus several other smaller movements.

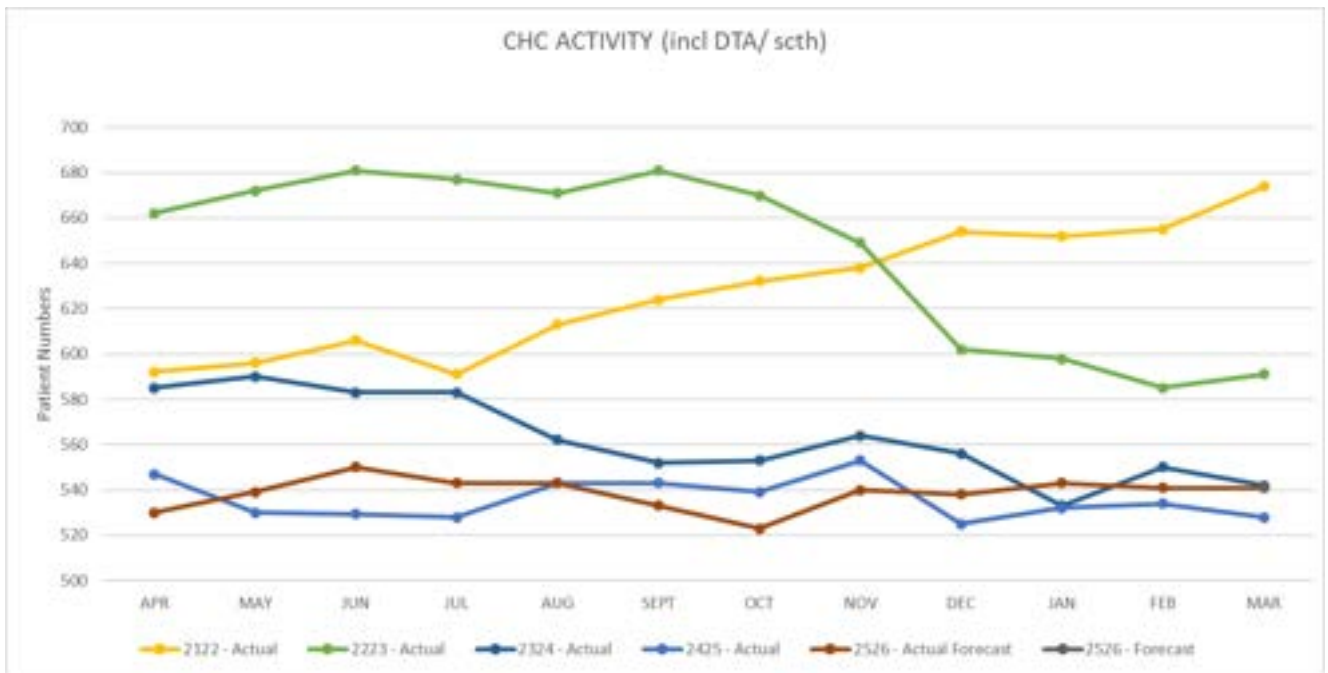
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



CHC

The Health Board spent £10.2m on CHC (all types) in February, a £1.1m decrease on last month related due to the profile of spend in Adult Mental Health, Learning Disabilities, and reduced growth in Young People.

Adult Complex Care CHC activity over for 5 financial years is summarised in the chart below: -



Children’s packages are more volatile and may present a risk in 2025/26 above plan assumptions. At month 11 there are 37 out of county packages of care, 4 of which

are high value packages (cost more than £0.1m each p.a). Children’s Community Nursing has 18 internal open packages of care, 3 of which are classified as high value packages.

Mental Health CHC patient numbers had a net decrease of 5 in month 11 taking MH packages of care to 282. Learning Disabilities (LD) packages reduced by 3, bringing the total to 173. This results in 455 patients overall. MH packages are averaging between £92k and LD £176k per annum.

Prescribing

Primary Care prescribing spend for January was £10.4m, with the full-year forecast reducing by £301k compared with the prior month forecast.

The December PAR saw a 1.7p reduction in average item price for the month compared with forecast (£7.82 compared to the planned £7.84). For month 11, the year-to-date growth rate for the year has reduced from -1.31% to -1.42% based on the latest information available. The forecast growth rate has been revised from -0.35% to -0.70% to reflect current rates of growth, this partly offsets the impact of the increasing prices.

The average item price forecast for 2025/26 has varied. During April 25 to December 25, the average item price was £7.92, compared with the forecast price of £7.88 for January 26 to March 26.

The graphs below show the monthly average price per item and item growth: -





For example the growth rate quoted in Aug24 will have been the growth in items for the 12 month period Sep23-Aug24 compared with Sep22-Aug23

Waiting Times Additional activity

During 2025/26, the Health Board has secured significant targeted investment to accelerate the reduction of 104-week waiting times across key specialties.

The Health Board is assuming non-recurrent funding for the year of £39.9m from WG for additional waiting times activity to improve waiting times position for patients (this includes regional arrangements for cataract surgery). Good progress is being made to reduce waiting times; these tables provide a summary forecast of this position. Of the £39.9m anticipated funding only £6.3m has been confirmed by allocation letters to the Health Board.

		Q1			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	300	464	224	-76
Non Cat Eyes	Outsourced	152	63	72	-80
	Insourced	28	50	12	-16
Orthopaedics	WLI / Backfill	1,020	425	2,338	1,318
Gen Surgery	WLI / Backfill				
Total		1,500	1,002	2,646	1,146

		Q2			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	0	0	0	0
Non Cat Eyes	Outsourced	0	0	0	0
	Insourced	0	0	0	0
Orthopaedics	WLI / Backfill	0	210	1,329	1,329
Gen Surgery	WLI / Backfill				
Total		0	210	1,329	1,329

		Q3			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	0	0		0
Non Cat Eyes	Outsourced	0	0		0
	Insourced	0	0		0
Orthopaedics	WLI / Backfill	1,460	262	1,514	54
Gen Surgery	WLI / Backfill				
Total		1,460	262	1,514	54

		Q4			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	378	140	378	0
Non Cat Eyes	Outsourced	0	0	0	0
	Insourced	136	51	136	0
Orthopaedics	WLI / Backfill	696	145	696	0
Gen Surgery	WLI / Backfill	397	135	397	0
Total		1,607	471	1,607	0

		M11 YTD			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	678	604	602	-76
Non Cat Eyes	Outsourced	152	63	72	-80
	Insourced	164	101	148	-16
Orthopaedics	WLI / Backfill	3,176	1,042	5,877	2,701
Gen Surgery	WLI / Backfill	397	135	397	0
Total		4,567	1,945	7,096	2,529

Long Term Agreements (LTA's)

The Health Board has agreed and signed LTAs for all Welsh providers and commissioners for 2025/26.

The Health Board has agreed LTAs with all English providers reflecting the CUF Uplift/National tariff changes. During a review of these agreements, it has been identified that several of the individual tariff lines have been inflated by up to 14.7% which is significantly more than the current WG funding, at this stage the Health Board is assuming this will be managed internally but without funding or further mitigating actions this could generate an unfunded financial pressure to the Health Board of circa £0.7m.

At Month 11 reporting, activity information to support LTA forecasts is based on Month 10 data but initial indications suggest growth in NICE drug expenditure at CVUHB and Velindre, this forecast remains volatile with Velindre in particular making changes to their forecast each month. We continue to meet with providers to manage and mitigate any further risks.

The Health Board is reflecting the overspend that JCC is forecasting, however, discussions over managing and mitigating the significant risk to that position continue between the parties. In addition there is a contract performance risk if provider activity continues to increase.

LTA contract performance risk is predominantly with Velindre and Cardiff, the Health Board is currently forecasting in line with provider monitoring information however there is risk of potential increases in activity by the provider through the year and increases in high cost drug recharges. There is still a dispute with Cwm Taf UHB regarding inpatient charges being levied for SDEC activity which is now being escalated to executives as part of the LTA dispute resolution process.

Revenue Reserves

Health Board reserves are held by the Board until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer.

The reserve held on 28th February is £17.5m, including allocations to be delegated of £8.2m, specific commitments to be delegated of £7.2m, those supporting the financial position of £1.8m (net of a delegation of £1m to support the divisional positions due to winter pressures) and a contingency investment reserve of £0.3m

The reserves include elements of income assumed at risk associated with the submitted plan with £2.5m of anticipated funding for RTT activity, beyond current funded levels.

A summary of all Health Board reserves on 28th February can be found in the appendices.

Underlying Financial Position (ULP)

The Underlying (U/L) position brought forward into 2025/26 was a deficit of £27.2m with a forecast carry forward deficit into 2026/27 of £14m. This is per the plan submitted on the 31st March 2025.

2025/26 Opening underlying position	24/25 Plan £m	25/26 movement £m	25/26 opening plan £m
Workforce & Variable Pay	2	3.9	5.9
CHC	2.6	1	3.6
Medicines management	4.8	5	9.8
JCC specialised services	5	2.8	7.8
Total	14.4	12.7	27.2

The elements and cost drivers making up the underlying deficit are under regular review to ensure actions to address the growth/pressure are being progressed and may be updated in conjunction with the review of the forecast.

The underlying position has been re-assessed as part of the IMTP process with a worsening position before savings reported at c£38.2m. This increase is due to recurrent and full year effects of cost pressures and impacts of savings. This position has been discussed with the Board and agreed for the IMTP submission.

The table below provides a high level summary:

Underlying deficit	Planned ULD closing 25/26 £m	25/26 recurrent cost pressures into 2026/27 new in year £m	Opening Revised ULD 2026/27 £m
Workforce pressures	2.0	13.4	15.4
CHC	2.6	2.5	5.1
Medicines management (prescribing and acute drug costs)	4.8	2.8	7.6
WHSSC / EASC (service growth in excess of funded levels)	5.0		5.0
Digital		5.1	5.1
Total	14.5	23.8	38.2

Savings delivery

The 2025/26 plan submitted by the Health Board to Welsh Government (March 2025), identified £40.4m as the required level of savings to support a breakeven forecast position for 2025/26. The savings schemes were shown as three categories:

- Identified savings schemes - £15.7m
- Identified Health Board level savings opportunities with work to be undertaken to attribute to specific schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

Following financial recovery actions all savings and mitigating actions have been identified, albeit risk remains in their achievement.

As at month 11, the year to date saving target has been exceeded and the full year plan has also been exceeded with a full year forecast of £43.5m.

In line with WG expectation that there is a high degree of confidence in delivery of the savings at month 11, all savings schemes have been reported as green. All non-recurrent savings are being reviewed for any opportunity to make them recurrent.

The Health Board will continue to identify new schemes and to review performance on existing schemes to maximise the total achievement for the year and will continue to operate the Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

The table below presents the updated savings plan at a Divisional level (nb. The 'various' line were savings yet to be confirmed in the IMTP):

Savings YTD and forecast position (£'000)

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£1,336	£2,959	£1,623	£3,998	£2,560	278.1%
Complex Care	1.9%	£781	£678	£837	£160	£1,031	£251	132.1%
Contracting and Commissioning	0.0%	£0	£0	£3,542	£3,542	£3,662	£3,662	
Corporate	6.1%	£2,471	£2,164	£4,010	£1,846	£8,747	£6,276	354.0%
Estates and Facilities	7.4%	£3,000	£2,747	£4,752	£2,005	£5,056	£2,056	168.5%
Families and Therapies	1.7%	£682	£620	£2,526	£1,907	£2,809	£2,127	411.9%
Medicine	5.6%	£2,250	£2,081	£4,115	£2,035	£4,507	£2,257	200.3%
Mental Health and Learning Disabilities	2.3%	£946	£907	£1,486	£579	£1,753	£807	185.3%
Prescribing	5.6%	£2,252	£1,955	£4,746	£2,791	£5,579	£3,327	247.8%
Primary Care and Community	4.0%	£1,614	£1,448	£2,510	£1,062	£2,688	£1,074	166.6%
Surgery	6.1%	£2,448	£2,228	£2,453	£225	£2,887	£439	117.9%
Urgent Care	1.3%	£539	£485	£557	£72	£771	£232	143.1%
Various	54.4%	£21,980	£15,914	£0	£-15,914	£0	£-21,980	0.0%
Total	100.0%	£40,400	£32,562	£34,495	£1,933	£43,489	£3,089	107.6%

The table below shows the year to date and forecast 2025/26 savings by Value & sustainability category. It shows that year to date achievement is overachieving against the initial plan profile submitted in the IMTP:

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	12	£2,261	£1,560	−£700	£2,563	£1,900	−£663
Medicines Management	54	£4,035	£8,151	£4,115	£4,520	£9,459	£4,940
Procurement & Non-pay	137	£15,868	£14,642	−£1,226	£20,587	£20,534	−£53
Service redesign	3	£1,707	£1,568	−£139	£1,980	£1,671	−£309
Workforce	83	£8,691	£8,574	−£117	£10,750	£9,924	−£826
Total	289	£32,562	£34,495	£1,933	£40,400	£43,489	£3,089

The table below demonstrates the forecast 2025/26 savings and the breakdown between recurrent and non-recurrent savings with the 2026/27 impact, by value & sustainability category. It shows that **43% of the savings are non-recurrent**. This will adversely impact the underlying position of the Health Board.

Savings forecast by Value & Sustainability category (£'000)

V&S category	Number of Schemes	Annual Plan	Forecast savings	Variance to Plan	Non Recurrent forecast savings	Recurrent forecast savings	Forecast savings FYE
CHC	12	£2,563	£1,900	−£663	£250	£1,650	£2,385
Medicines Management	54	£4,520	£9,459	£4,940	£743	£8,716	£15,093
Procurement & Non-pay	137	£20,587	£20,534	−£53	£12,614	£7,921	£9,163
Service redesign	3	£1,980	£1,671	−£309	£1,671	£0	£0
Workforce	83	£10,750	£9,924	−£826	£3,509	£6,415	£9,057
Total	289	£40,400	£43,489	£3,089	£18,786	£24,702	£35,698

Opportunities

The ABUHB Value & Sustainability Board and relevant Divisions / Departments are actively engaged in the identification of opportunities to reduce the forecast deficit and to deliver financial balance for ABUHB.

At this stage, the Health Board has not identified opportunities to mitigate all the new in year cost pressures and must seek to identify recurrent opportunities for future years.

Potential further opportunities were identified at month 6 totalling £5m, of these £2.9m have been progressed to savings plans and an opportunity remains for £0.5m additional savings. The remainder are unlikely to be achieved in 25/26 but will be reviewed in 26/27.

Risks

The risks included in the MMR tables reflect the emerging in year pressures, risks are reviewed regularly and updated based on the Health Board's assessment of the current level of risk to the financial position and its ability to manage those risks.

The most significant risks to the Health Board are:

Risks Excluded from Forecast £18.314m deficit	
Risks	£m
RTT QTR 1 & 2	2.5
Non Achievement of Savings (specific Corporate schemes)	1.0
JCC Risk	0.3

These risks are outside of the current forecast and will require mitigation to manage the forecast position.

Capital

The approved Capital Resource Limit (CRL) as at Month 11 totalled £45.013m including disposal proceeds totalling £0.163m. The forecast outturn at Month 11 is breakeven.

The Health Board confirmed the CRL requirements for all All-Wales Capital Programme (AWCP) schemes at the end of October. Slippage incurred after October is required to be managed by the Health Board through brokerage with the Discretionary Capital Programme (DCP). A brokerage request totalling £1.671m was approved by Welsh Government (WG) in January to manage slippage against AWCP schemes. A further brokerage request of £0.310m (based on current forecasts) will be made at year end for additional slippage across schemes. All brokerage adjustments will be offset with the DCP by accelerating forward urgent discretionary schemes that would otherwise be funded in 2026/27.

The NHH Satellite Radiotherapy scheme building handover took place on the 6th May. After commissioning, the unit opened to patients on the 30th June 2025. The final account for the building works is being agreed with the contractor. A slippage request of £0.267m was approved in January to allow associated smaller works and expenditure against the arts budget to continue in 2026/27.

Phase 1 works to the Grange University Hospital Emergency Department Extension completed and was opened to patents in December. Phase 2 works will now be completed next year outside of the winter pressures period. The Discretionary Capital Programme (DCP) is currently funding a projected overspend against this scheme of £0.461m. Further claims submitted by the contractor in relation to prolongation of the programme and additional works are approved are currently

being reviewed by the Health Board's external cost advisor and project manager to agree the final account.

The contractor handover of the Centralised Decontamination Unit at RGH is now delayed until March. The commissioning period will then commence to allow the unit to open in April 2026. The reported underspend relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m). Slippage of £0.179m into 2026/27 has been approved to manage costs associated with the commissioning period.

Works are progressing across the majority of the Targeted Estates Funding (TEF) schemes for 2025/26 with 66% of the forecast outturn being spent by the end of February. A slippage request totalling £0.407m was approved in January to cover the impact of delays across various schemes. Additional slippage of £78k has been notified in February.

A brokerage request totalling £0.284m was approved in relation to Reinforced Aerated Autoclaved Concrete works at Nevill Hall. A further £0.131m of slippage has been notified in February. The slippage relates to works costs and fees that are now planned for 2026/27.

The Outline Business Cases for Abervalley and Monmouth Health and Well-being Centres are not expected to complete until next financial year. As such, a brokerage request totalling £0.500m was approved in January to carry the approved funding forward to 2026/27.

During the month, a final VAT recovery refund was approved for the YYF Breast Centralisation scheme with £0.259m of funding returned to WG. As a result, further End of Year Equipment funding totalling £0.259m was received for equipment purchases. The Health Board also received £0.018m of Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) funding during February.

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £8.965m at Month 11 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.862m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)
- Plus, 2025/26 agreed AWCP brokerage - £1.671m
- Plus, reimbursement of DCP Fees re: RGH Decon scheme - £0.139m
- Plus 2025/26 AWCP scheme underspends - £0.298m
- Plus Disposal Proceeds 2025/26 - £0.079m

DCP expenditure to Month 11 totalled £5.552m. Urgent schemes totalling £0.427m have been approved in February to enable the brokerage required to manage AWCP scheme slippage and to use the remaining contingency budget. The schemes approved include the upgrade of Cardiology IT hardware and equipment

replacements that have been brought forward from the approved 2026/27 DCP. The unallocated contingency at the end of Month 11 is £0.023m.

Cash

The cash balance held at the end of February is £4.650m which is made up of £4.082m relating to Revenue and £0.568m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6.0m.

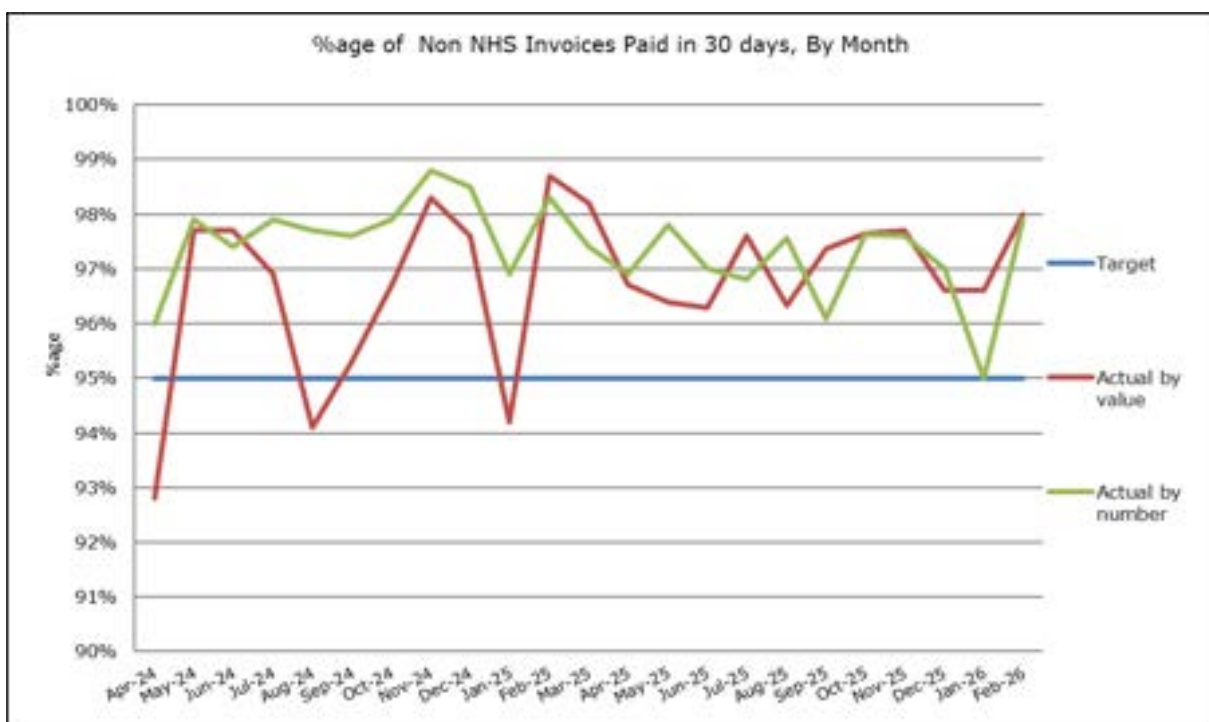
The Health Board is estimating a cash shortfall of £22.229m at the end of Month 11 relating to working capital movements, and as such is requesting working balances cash support of £17.361m for Revenue, £1.000m for Capital and £3.868m relating to IFRS 16. The working balances cash support the Health Board requires is reviewed monthly.

The Strategic Cash Support from Welsh Government, based on the deficit forecast, will be required to enable the Health Board to continue to pay its suppliers in a timely manner. WG approved this request on the 29th January 2026.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in January. Cumulatively, the HB has achieved the statutory 95% target for Non-NHS creditor invoices.

Issues reported in previous months' are having an impact on the cumulative NHS target, however the HB has achieved the target consistently since August 2025 and as such the figure is continually improving.



Argymhelliad / Recommendation

The Committee is asked to note for assurance:

- The financial performance at the end of February 2026 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 28th February 2026,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note: the appendices attached providing further detailed information.



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20Report%20Appen

February 2026 Monthly Monitoring Return:
[Key Documents - Aneurin Bevan University Health Board](#)

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial Sustainability
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All IMTP priorities

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Value & Sustainability Board
Rhestr Termau: Glossary of Terms:	<p>A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children’s Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess</p>

DoLS - Deprivation of Liberty Safeguards
 DoF – Director(s) of Finance
 DTOC – Delayed Transfer of Care
 EASC – Emergency Ambulance Services Committee
 ED – Emergency Department
 EDCIMS – Emergency Department Clinical Information Management System
 eLGH – Enhanced Local general Hospital
 EFAB – Estates Funding Advisory Board
 ENT – Ear, Nose and Throat specialty
 EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK - Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence

NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services Partnership
 ODTTC – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC –Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital
 RN – Registered Nursing
 RRL – Revenue Resource Limit
 RTT – Referral to Treatment
 RPB – Regional Partnership Board
 RIF – Regional Integration Fund
 SCCC – Specialist Critical Care Centre
 SCH – Scheduled Care Division
 SCP – Service Change Plan (reference IMTP)
 SLF – Straight Line Forecast
 SpR – Specialist Registrar
 STW – St.Woolos Hospital
 TCS – Transforming Cancer Services (Velindre programme)
 TEF – Targeted Estates Funding
 T&O – Trauma & Orthopaedics
 TAG – Technical Accounting Group
 UHB / HB – University Health Board / Health Board
 USC – Unscheduled Care (Division)
 UC – Urgent Care (Division)
 ULP – Underlying Financial Position
 VCCC – Velindre Cancer Care Centre
 VERS – Voluntary Early Release Scheme
 WET AMD – Wet age-related macular degeneration
 WG – Welsh Government
 WHC – Welsh Health Circular
 WHSSC – Welsh Health Specialised Services Committee
 WLI – Waiting List Initiative

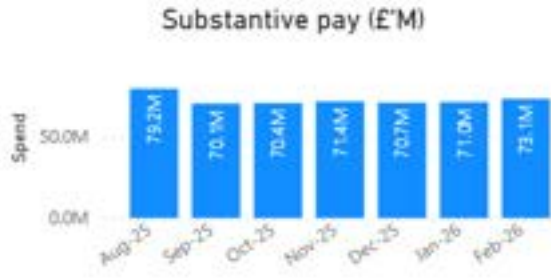
	WLIMS – Welsh Laboratory Information Management System WRP – Welsh Risk Pool YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Aneurin Bevan University Health Board
Finance Report – February (Month 11) 2025/26
Appendices

Section
Pay Summary 1
Pay Summary 2 Substantive Pay
Pay Summary 3 Variable Pay
Pay Summary 4 Bank & Agency Reasons RN's & HCSW's
Non-pay Summary
CHC Activity & Forecast
RTT & Waiting List Initiatives
Savings scheme RAG rating definitions
Divisional analysis
Reserves
Cash / Public Sector Payment Policy
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Joint Commissioning Committee (formerly WHSSC & EASC)
Balance sheet
Health Board Income – Other income
Capital Planning & Performance

Pay Summary (1) (excluding 6.7% Pension employer costs paid in March of each year):



Substantive (£'000)

Pay category	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Change	%	Avg 24/25
ADD PROF SCIENTIFIC AND TECHNICAL	2,641	3,101	2,748	2,831	2,794	2,761	2,795	2,788	-7	-0.3%	2,513
ADDITIONAL CLINICAL SERVICES	8,842	9,899	9,034	9,016	9,151	8,910	8,891	9,563	671	7.6%	8,438
ADMINISTRATIVE & CLERICAL	10,818	12,609	11,219	11,256	11,396	11,350	11,258	11,476	218	1.9%	10,110
ALLIED HEALTH PROFESSIONALS	4,519	5,425	4,782	4,824	4,800	4,907	4,888	4,982	94	1.9%	4,361
ESTATES AND ANCILLIARY	3,499	3,794	3,476	3,498	3,658	3,527	3,514	3,923	409	11.6%	3,208
HEALTHCARE SCIENTISTS	1,276	1,483	1,331	1,343	1,359	1,348	1,343	1,334	-9	-0.7%	1,236
MEDICAL AND DENTAL	16,794	20,408	18,001	17,665	17,775	17,797	18,128	17,768	-359	-2.0%	16,548
NURSING AND MIDWIFERY REGISTERED	18,901	22,515	19,557	20,014	20,392	20,104	20,220	21,219	999	4.9%	18,058
STUDENTS	2	2	2	-1	2	2	2	2	0	0.0%	2
Total	67,291	79,237	70,149	70,448	71,406	70,707	71,038	73,054	2,015	2.8%	64,476



Variable pay (£'000)

Pay category	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Change	%	Avg 24/25
Agency	2,300	1,930	2,131	2,105	1,797	2,214	2,064	1,881	-183	-8.9%	2,414
Bank	3,354	3,891	3,515	3,427	3,560	3,345	3,809	3,615	-194	-5.1%	3,673
Locum	377	468	423	443	408	391	436	511	75	17.2%	332
Total	6,031	6,289	6,069	5,975	5,786	5,950	6,309	6,007	-301	-4.8%	6,419



Total pay (£'000)

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Change	%	Avg 24/25
Pay	73,322	85,525	76,218	76,423	77,192	76,657	77,347	79,061	1,714	2.2%	70,895

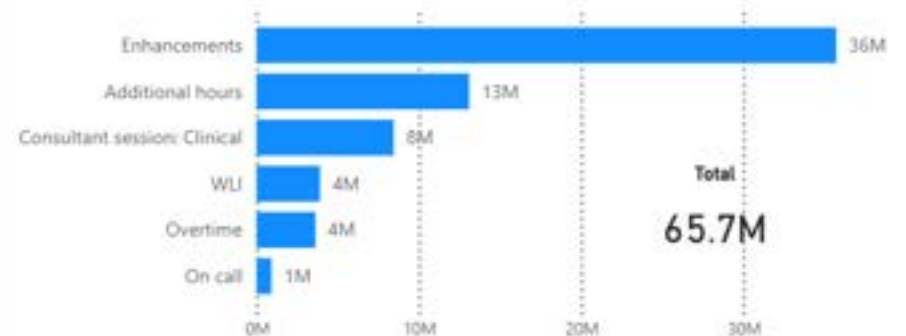
Pay Summary (2): Substantive Pay: Additional pay element



Total additional pay by Division (€'000)

Division	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Total
Medicine	1,410	1,390	1,384	1,490	1,699	7,373
Surgery	880	881	863	1,002	1,033	4,662
Clinical Support Services	720	834	732	846	873	4,006
Family and Therapies	571	647	574	572	695	3,059
Primary Care and Community	475	549	471	503	732	2,731
Urgent Care	525	593	475	523	586	2,702
Estates and Facilities	449	531	454	429	633	2,496
Mental Health and LD	358	398	332	349	498	1,935
CHC and PNC	123	139	116	108	152	637
Corporate	75	96	98	151	113	534
Total	5,587	6,059	5,500	5,974	7,015	30,134

Total additional pay costs YTD 25/26



Pay Summary (3): Variable Pay (£'k)

Pay category	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Agency													
Admin & Clerical Agency	6	37	38	10	17	54	2	61	20	26	29	54	77
Allied Health Prof Agency	262	323	163	136	78	202	69	79	68	59	104	148	160
Estates & Ancillary Agency	-49	145	112	81	128	59	111	159	161	103	137	75	103
Medical Agency	900	1,038	858	1,156	945	991	883	903	1,015	736	972	725	609
Nurse HCA/HCSW Agency	92	202	115	172	189	197	95	84	98	40	126	96	97
Other Agency	92	98	91	68	135	96	137	150	97	181	113	90	138
Registered Nurse Agency	1,006	893	627	627	568	701	632	695	646	652	734	875	697
Total	2,308	2,735	2,005	2,249	2,060	2,300	1,930	2,131	2,105	1,797	2,214	2,064	1,881
Bank													
Admin & Clerical Bank	68	168	73	79	68	74	84	74	88	101	80	92	72
Estates & Ancillary Bank	234	325	253	288	280	276	296	288	266	274	287	290	286
Nurse HCA/HCSW Bank	1,568	2,032	1,574	1,698	1,570	1,595	1,842	1,622	1,611	1,693	1,590	1,708	1,646
Other Bank	-2	233	27	37	25	34	35	38	32	27	36	33	51
Registered Nurse Bank	1,689	2,287	1,408	1,541	1,336	1,375	1,634	1,492	1,429	1,485	1,352	1,686	1,560
Total	3,557	5,044	3,336	3,643	3,279	3,354	3,891	3,515	3,427	3,580	3,345	3,809	3,615
Locum													
Medical Locum	324	180	376	356	353	377	468	423	443	408	391	436	511
Total	324	180	376	356	353	377	468	423	443	408	391	436	511
Total	6,189	7,959	5,718	6,248	5,692	6,031	6,289	6,069	5,975	5,786	5,950	6,309	6,007

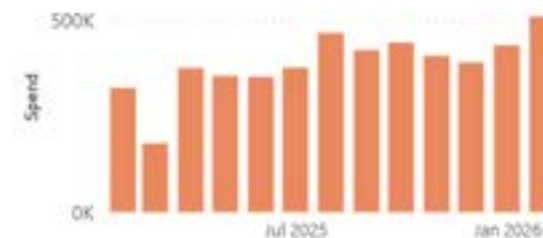
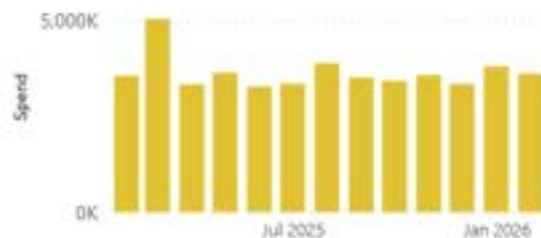
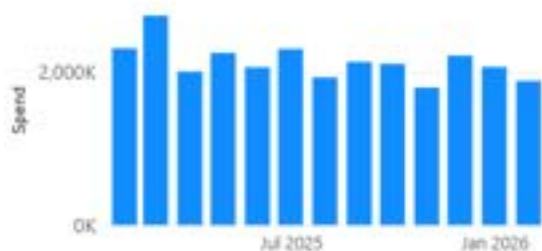
Change	%
23	42.6%
12	8.1%
28	36.6%
-116	-16.0%
1	1.3%
47	52.4%
-178	-20.3%
-183	-8.9%
-20	-21.8%
-4	-1.4%
-62	-3.6%
18	53.7%
-125	-7.4%
-194	-5.1%
75	17.2%
75	17.2%
-301	-4.8%

Avg 24/25
8
168
54
968
74
77
1,066
2,414
84
260
1,638
19
1,672
3,673
332
332
6,419

Agency (£'000)

Bank (£'000)

Locum (£'000)



Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)

Enhanced Care



Established Vacancy Cover

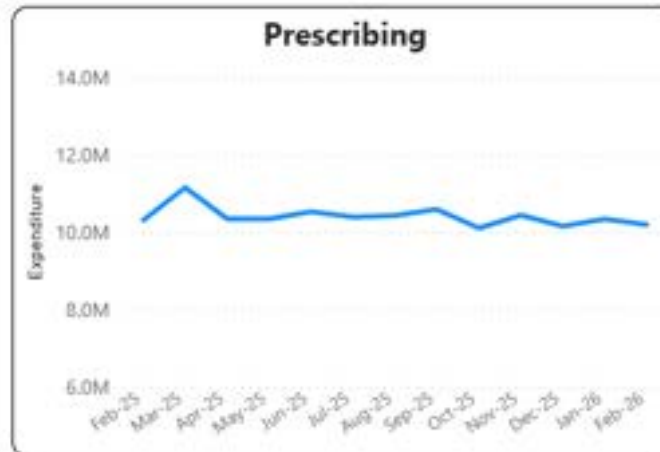
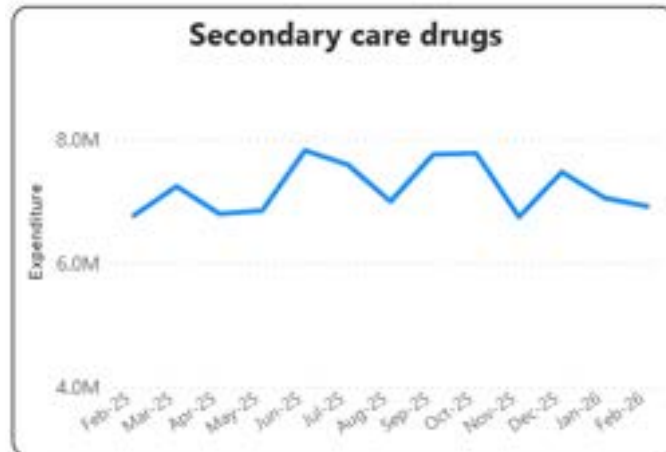
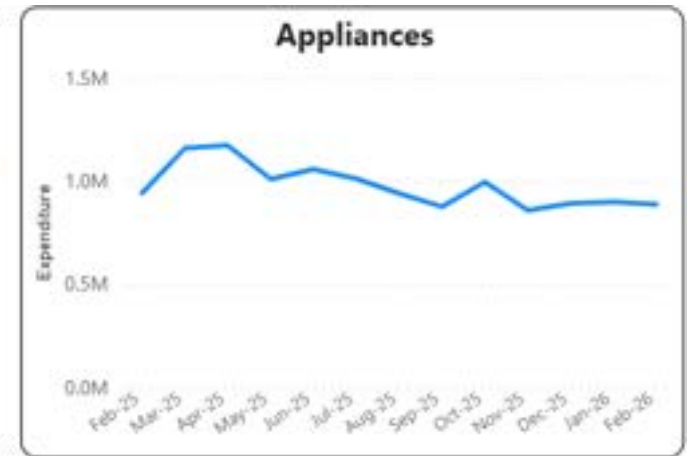
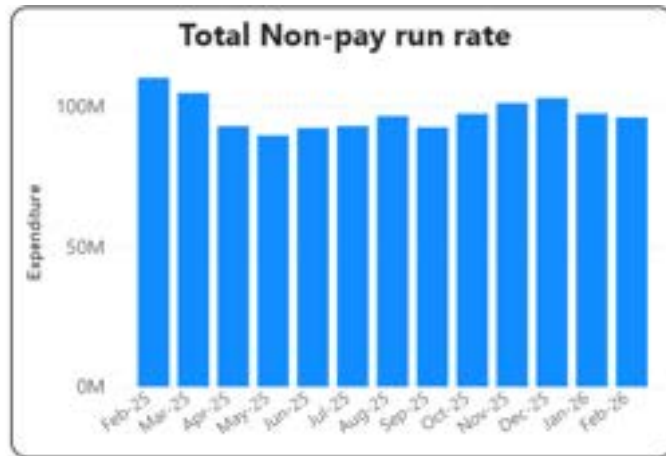


Sickness Cover



These graphs represent '**notional-calculated worth**' of these booking reasons for Bank and Agency - Registered Nurses and Healthcare Support Workers. This means assigning an average cost for the hours worked, per the reasons reported in e-roster.

Non-Pay Summary:



CHC (Adult Community CHC): Activity and Spend - YTD & Forecast

Activity is forecast to increase by 5 cases when compared to the 2024/25 out-turn, spend is expected to increase by £4.6m when compared to the 24/25 out-turn.

Activity - Actual	Feb-26	Jan-26	Movement
D2A	22	26	-4
CAHT	56	55	1
All Other EXT CHC	460	462	-2
Discharge schemes (RIF)	26	34	-8
Total	564	577	-13

Average 24/25
18
50
462
27
557

Activity - Forecast	Feb-26	24/25 Out-turn	Movement
D2A	27	18	9
CAHT	50	50	(0)
All Other EXT CHC	460	462	(2)
Discharge schemes (RIF)	26	27	(1)
Total	563	557	5

YTD & Forecast £'000	2025/26 forecast as at M11 £'000	2025/26 forecast as at M10 £'000	Movement
D2A	2,599	2,730	(131)
CAHT	10,284	10,318	(34)
All Other EXT CHC	46,034	46,028	6
Discharge schemes (RIF)	1,175	1,044	131
Total	60,092	60,120	(28)

24/25 Out-turn	23/24 Out-turn
1,776	2,093
10,147	10,932
42,341	41,053
1,221	545
55,485	54,623

Referral to Treatment (RTT):

- Elective Treatments for Feb '26 = 2,040 (Jan '26: 2,193. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M11)					Actual Treatments (M11)				Treatment Variance (M11)			
Treatment	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total
N107-Dermatology	196	0	12	208	199	0	0	199	3	0	(12)	(9)
N147-ENT	129	0	0	129	161	0	0	161	32	0	0	32
N105-General Surgery	256	4	0	260	276	11	18	305	20	7	18	45
N146-Oral Surgery	212	0	0	212	195	0	0	195	(17)	0	0	(17)
N148-Ophthalmology	315	0	0	315	347	0	0	347	32	0	0	32
N115-Trauma & Orthopaedics	451	18	16	485	525	35	31	591	74	17	15	106
N106-Urology	233	0	0	233	242	0	0	242	9	0	0	9
	1,792	22	28	1,842	1,945	46	49	2,040	153	24	21	198

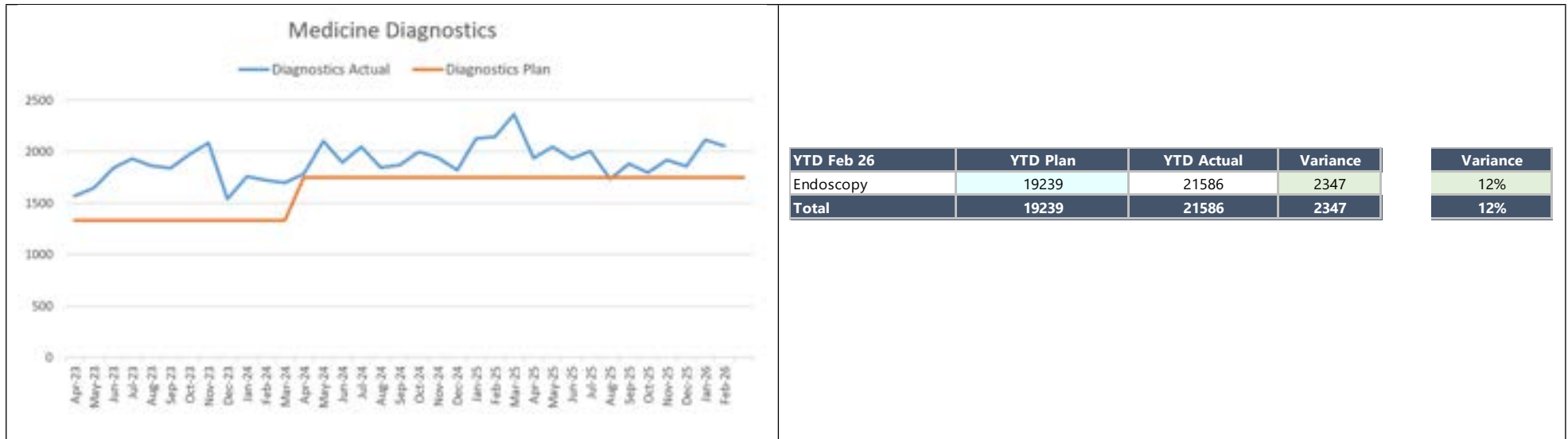
- Outpatient activity for Feb '26 = 5,875 (Jan '26: 6,149. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

Planned Outpatients (M11)					Actual Outpatients (M11)					Outpatient Variance (M11)				
Outpatient	Core	Backfill	WLI	Total	ACTUAL TYPE				Total	Outpatient	Core	Backfill	WLI	Total
					Elective	Backfilled	WLI							
N107-Dermatology	1,015	0	0	1,015	N107-Dermatology	1,292	0	0	1,292	N107-Dermatology	277	0	0	277
N147-ENT	492	0	0	492	N147-ENT	643	0	0	643	N147-ENT	151	0	0	151
N105-General Surgery	1,599	132	34	1,765	N105-General Surgery	1,722	12	0	1,734	N105-General Surgery	123	(120)	(34)	(31)
N146-Oral Surgery	237	0	0	237	N146-Oral Surgery	346	20	0	366	N146-Oral Surgery	109	20	0	129
N148-Ophthalmology	544	0	32	576	N148-Ophthalmology	556	0	0	556	N148-Ophthalmology	12	0	(32)	(20)
N108-Rheumatology	143	0	0	143	N108-Rheumatology	138	0	0	138	N108-Rheumatology	(5)	0	0	(5)
N115-Trauma & Orthopae	784	12	21	817	N115-Trauma & Orthopaed	644	0	0	644	N115-Trauma & Orthopaedi	(140)	(12)	(21)	(173)
N106-Urology	471	0	14	485	N106-Urology	497	0	5	502	N106-Urology	26	0	(9)	17
Total	5,285	144	101	5,530	Total	5,838	32	5	5,875	Total	553	(112)	(96)	345

Medicine Outpatients activity for Feb '26 was 2,089 - (Jan '26: 2,099. 2024/25: 23,053. 2023/24: 22,708)

Feb-26				Feb-26				
	Assumed monthly activity	Actual activity	Variance	YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	475	449	-26	Gastroenterology	5225	4895	-330	-6%
Cardiology	430	457	27	Cardiology	4730	4281	-449	-9%
Respiratory (inc Sleep)	455	414	-41	Respiratory (inc Sleep)	5005	4300	-705	-14%
Neurology	257	289	32	Neurology	2827	3477	650	23%
Endocrinology	186	204	18	Endocrinology	2046	2401	355	17%
Geriatric Medicine	313	276	-37	Geriatric Medicine	3443	3252	-191	-6%
Total	2116	2089	-27	Total	23276	22606	-670	-3%

Medicine Diagnostics activity for Feb '26 was 2,057 (Jan '26: 2,114. 2024/25: 23,952. 2023/24: 21,466)



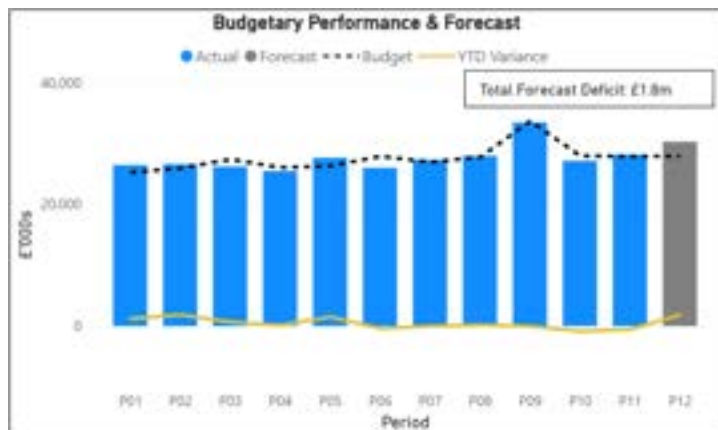
RAG rating category definitions

Savings schemes are categorised as *Red*, *Amber* or *Green* according to the certainty of the forecast achievement. Definitions for each rating are as follows:

- **Green scheme:** Started delivering in the current month or prior month and is expected to continue delivering for the remaining period.
- **Amber scheme:** Agreed plan in place and expected to deliver starting in a future month. Not yet started, therefore Amber due to the time factor risk.
- **Red scheme:** No plan in place and not expected to achieve.

The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

Divisional analysis – Primary Care and Community



Key drivers of forecast deficit:

- £3.8m Community Wards
- (£1.3m) Contracts
- (£1.9m) Vaccines and Hospital Pharmacy
- (£0.6m) Primary Care Projects
- £0.8m Winter 24-26
- £0.9m Community COTE
- £0.1m Other



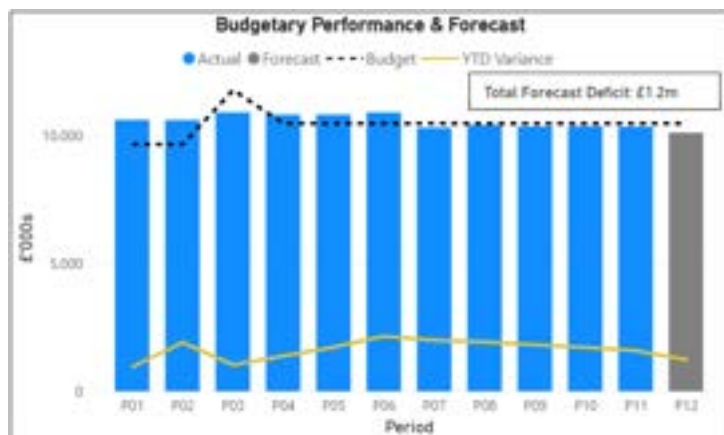
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	3	299	456	157	300	475	175
Procurement & Non-pay	17	720	1,656	936	832	1,752	920
Workforce	10	429	398	-31	482	462	-20
Total	30	1,448	2,510	1,062	1,614	2,688	1,074

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-01	SLA's - Age Cymru & BHF	R	Month 1	Green	29	31
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	92	100
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Green	27	48
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Green	14	17
PCC-07	Change the band 7 Discharge Liaison Nurse post [0.6wte £38k] to a band 4 administrative post [1.00wte £34k]	R	Month 1	Green	4	4
PCC-08	10% Reduction of OAMH	R	Month 1	Green	0	15
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Green	21	25
PCC-10	BG Locality Bank & Agency reduction	R	Month 1	Green	1	1
PCC-11	Reduction in DN teams from 8 to 7	R	Month 1	Green	9	10
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Green	7	7
PCC-13	Stock review/control	R	Month 1	Green	0	1
PCC-14	Reduction/closure of boarding beds C5West and C5East	R	Month 1	Green	216	242
PCC-15	Closure of Victoria House	R	Month 1	Green	92	103

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-16	Service provision at Trevethin	R	Month 1	Green	63	69
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	30	33
PCC-18	Non pay opportunities	R	Month 1	Green	11	13
PCC-19	Medicines Management - SSP Opportunities identified by procurement	R	Month 1	Green	299	300
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS providers (in	R	Month 1	Green	50	58
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	59	65
PCC-22	Enhancements on Specialist rates	R	Month 1	Green	32	36
PCC-23NRtoR	Administered COVID-19 Vaccines	R	In Year	Green	17	35
PCC-23	Administered COVID-19 Vaccines	NR	In Year	Green	140	140
PCC-25	Procurement - A4 paper switch saving	R	In Year	Green	1	1
PCC-38	GMS Prior Year enhanced services accrual release	NR	In Year	Green	580	614
PCC-39	GDS prior year clawback benefit	NR	In Year	Green	108	108
PCC-40	Nursing non pay opportunities	NR	In Year	Green	19	21
PCC-41	GDS NR saving from contract variation	NR	In Year	Green	510	510
PCC-42	Respiratory - vacancies & maternity leave	NR	In Year	Green	13	16
PCC-43	Optometry contract Prior year accrual release	NR	In Year	Green	50	50
PCC-44	Uniform amnesty/recycling	NR	In Year	Green	16	16
Original CIP Target:				7,036	2,510	2,688
Distance from target (over)/under				4,347		

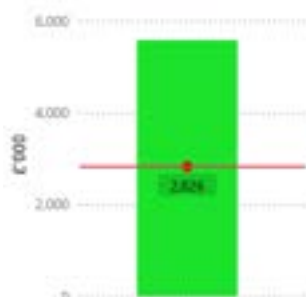
Divisional analysis – Prescribing



Key drivers of forecast deficit:

- £1.1m prior year cost pressure due to 24/25 outturn
- £0.1m other net movements including reduced growth and increased price (including dapagliflozin LOE price reduction)

25/26 Savings with CIP Target



Savings Split (£'000)

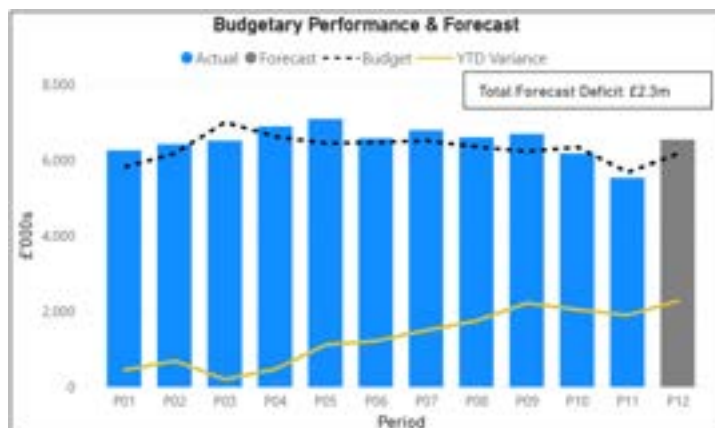


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	14	1,818	4,609	2,791	2,103	5,430	3,327
Workforce	1	137	137	0	149	149	0
Total	15	1,955	4,746	2,791	2,252	5,579	3,327

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year	
					Achieved £'000	Forecast £'000	
PCC-02	Stoma Team Phase 2	NR	Month 1	Green	137	149	
PCC-04	Medicines Management	R	Month 1	Red	0	0	
PCC-04A	Dietitians	R	In Year	Green	60	72	
PCC-04B	Waste Reduction Scheme	R	In Year	Green	248	272	
PCC-04C	Pharmacy Led Savings	R	In Year	Green	174	204	
PCC-04D	Scriptswitch Acute	R	In Year	Green	165	180	
PCC-04E	Scriptswitch Repeat	R	In Year	Green	526	624	
PCC-04F	Liothyronine Formulation change	R	In Year	Green	1	1	
PCC-04G	DOAC (Edoxaban) switch to Apixaban / Rivaroxaban	R	In Year	Green	368	422	
PCC-04H	Bath & Shower Emollient Review	R	In Year	Green	5	6	
PCC-04I	Chloral Hydrate Prescribing Review	R	In Year	Green	0	0	
PCC-100	Dapagliflozin LOE	R	In Year	Green	2,454	2,984	
PCC-101	Ticagrelor LOE	R	In Year	Green	48	72	
PCC-102	Denosumab LOE	R	In Year	Green	0	0	
PCC-24	Only Order What You Need	NR	In Year	Green	561	594	
Original CIP Target:					2,826	4,746	5,579
Distance from target (over)/under					(2,753)		

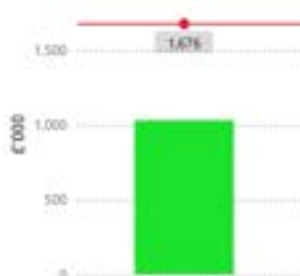
Divisional analysis – Complex Care



Key drivers of forecast deficit:

- £2.15m CHC, DTA and FNC placements
- £0.23 Care at Home
- (£0.25m) Governance and Commissioning underspend
- £0.15m IRP

25/26 Savings with CIP Target



Savings Split (£'000)

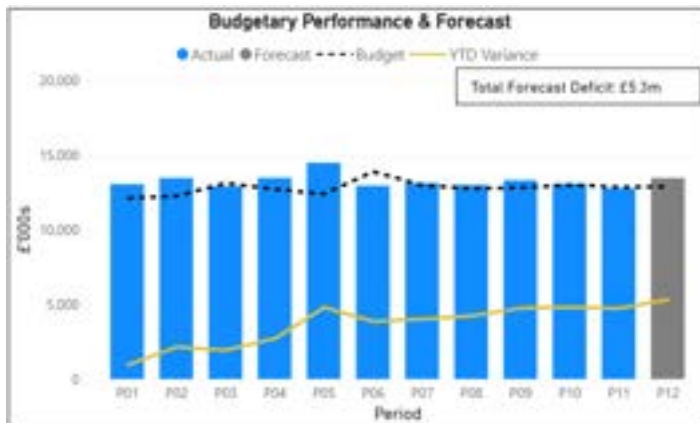


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
CHC	6	663	822	160	763	1,013	251
Workforce	1	15	15	0	18	18	0
Total	7	678	837	160	781	1,031	251

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CHC-01	Top 50 placement reviews	R	Month 1	Green	266	306
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Green	72	108
CHC-03	FNC Assessments	R	Month 1	Green	275	305
CHC-04	Care at Home Team	R	Month 1	Green	16	32
CHC-05	Rightsizing additional support	R	Month 1	Green	6	12
CHC-06	Enhancements on Specialist rates	R	Month 1	Green	15	18
CHC-07	Reduced growth chc	NR	In Year	Green	188	250
Original CIP Target:					837	1,031
Distance from target (over)/under					645	

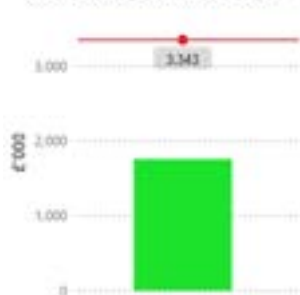
Divisional analysis – Mental Health and Learning Disabilities



Key drivers of forecast deficit:

- £1.1m overspend for Commissioned placements
- £5.2m overspend on inpatients wards within Older Adult, Adult & Learning Disabilities, Enhanced Care and High Observations Driving the position
- £0.4m Drugs
- £0.8m overspend on Adult Medical Agency due to covering gaps
- (£2.1m) offset with underspends in relation to vacancies across Community teams, Older Adult Psychology vacancies

25/26 Savings with CIP Target



Savings Split (£'000)

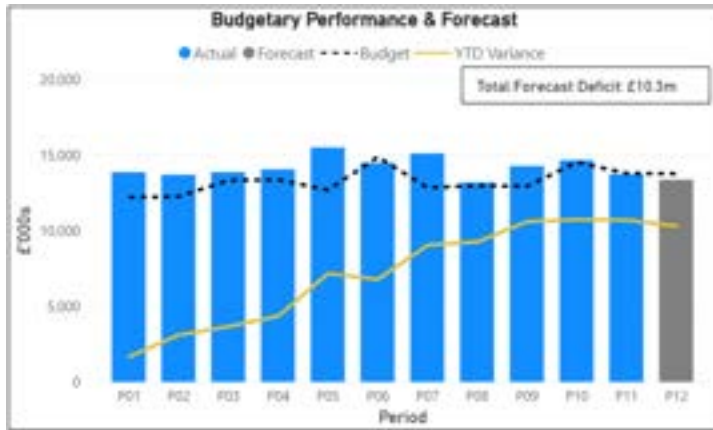


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
CHC	5	683	738	55	700	687	187
Medicines Management	4	3	16	13	3	18	15
Procurement & Non-pay	2	0	361	361	0	394	394
Workforce	6	221	371	150	243	455	212
Total	17	907	1,486	579	946	1,753	807

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast	Forecast
MH-01	Mitchell Close	R	Month 1	Red	0	0	0	0
MH-02	Aripiprazole drug switch	R	Month 1	Green	2	2	2	2
MH-03	Reduction to variable pay	R	Month 1	Red	0	0	0	0
MH-04	CHC Dispute CB Hammersmith & Fulham	NR	Month 1	Red	0	0	0	0
MH-05	CHC Transition Cases (x2)	R	Month 1	Green	207	207	207	207
MH-06	MH Framework Uplifts	R	In Year	Green	315	344	344	344
MH-07	MH LD Adult / CAMHS Hospitals Framework Agreement	R	In Year	Green	46	50	50	50
MH-11	CHC DB Repat In house services	R	In Year	Green	315	366	366	366
MH-13a	CHC Saving Eligibility Review	R	In Year	Green	13	14	14	14
MH-13b	CHC rightsize/change in need/step down	R	In Year	Green	203	300	300	300
MH-14	Cedar temp closure	NR	In Year	Green	157	157	157	157
MH-15	Older Adult Psychology Posts	NR	In Year	Green	127	145	145	145
MH-16	Haloperidol tablets to liquid switch (cost difference)	R	In Year	Green	13	14	14	14
MH-17	Variable Pay Reduction LD	NR	In Year	Green	33	55	55	55
MH-18	National Priorities - Dapagliflozin generic	NR	In Year	Green	1	1	1	1
MH-19	National Priorities - Ticagrelor generic	NR	In Year	Green	0	0	0	0
MH-14NRtoR	Cedar temp closure	R	In Year	Green	55	97	97	97
Original CIP Target:				3,343	1,486	1,753	1,753	1,753
Distance from target (over)/under				1,590				

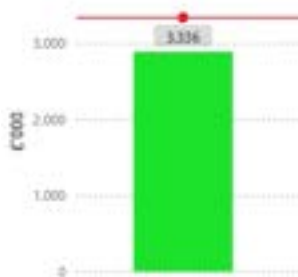
Divisional analysis – Surgery



Key drivers of forecast deficit:

- £1.3m Drugs
- £0.8m unidentified savings to revised target
- £2.1m 104wk Additional Activity (Excess Qtr 1 and M4-10)
- £2.3m Additional Cancer Activity
- £0.7m Enhanced Care Nursing
- £0.2m General Surgery Robot
- £0.9m Core elective efficiency
- £2.2m Excess Planned Care Capacity

25/26 Savings with CIP Target



Savings Split (£'000)



Savings summary (£'000)

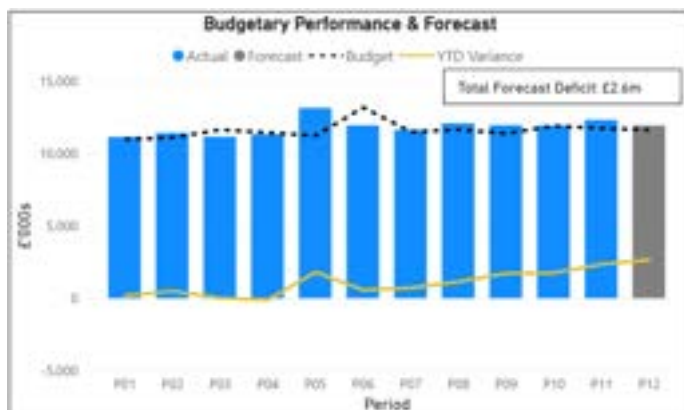
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	8	866	1,233	367	963	1,500	537
Procurement & Non-pay	20	523	633	110	573	722	149
Workforce	13	839	588	-251	912	665	-247
Total	41	2,228	2,453	225	2,448	2,887	439

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
SUR-01	Haematology drugs wastage reduction	R	Month 1	Red	0	0
SUR-02	Robot buy out of lease (GB)	R	Month 1	Green	261	286
SUR-03	Divisional - Pump Giving Sets (Procurement)	R	Month 1	Red	0	0
SUR-04	General Surgery - Workforce - Net savings as a result of appointing two substantive consultants.	R	Month 1	Green	15	18
SUR-05	General Surgery - Medication - Switching IV Co-trimoxazole and metronidazole to oral in GUH	R	Month 1	Red	0	0
SUR-06	General Surgery - Pintuition seeds	R	Month 1	Green	59	65
SUR-07	Ear, Nose and Throat - Re-Usable Instruments	R	Month 1	Green	3	3
SUR-08	Ophthalmology - Workforce - Band 5 Orthoptist	R	Month 1	Green	10	10
SUR-09	Rheumatology - Workforce - Band 6 Rheumatology CNS	R	Month 1	Green	47	50
SUR-11	Trauma and Orthopaedics - Consolidation of maintenance contracts (Desoutter)	R	Month 1	Green	9	13
SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts	R	Month 1	Green	17	26
SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Green	3	3
SUR-14	Trauma and Orthopaedics - Workforce - 2 x consultant on-call cost replaced by 1x SAS on-call costs	R	Month 1	Green	3	3
SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	63	69

Surgery continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover	R	Month 1	Green	17	25
SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Green	1	1
SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain	R	Month 1	Green	0	0
SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Green	2	2
SUR-20	Urology - Workforce - Associate Specialist Vacancy	R	Month 1	Green	24	24
SUR-21	Divisional Management - Medication - Sports Medicine review	R	Month 1	Red	0	0
SUR-22	Haematology - SLA - Bristol SLA	R	Month 1	Green	4	4
SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	5	7
SUR-24	Haematology - Study - POLARIS-2; Study of Olverembatinib	R	Month 1	Red	0	0
SUR-25	Haematology - Workforce - Registrar to be recharged to another non surgical Directorate	R	Month 1	Green	14	15
SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets	R	Month 1	Green	3	4
SUR-27	Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluorescence)	R	Month 1	Red	0	0
SUR-28	Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatment room	R	Month 1	Green	2	2
SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O	R	Month 1	Green	2	3
SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	179	195
SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -	R	Month 1	Green	245	276
SUR-32	Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advantage of lower price	R	Month 1	Red	0	0
SUR-33	Enhancements on Specialist rates	R	Month 1	Green	9	13
SUR-34	Medicines Management savings	R	Month 1	Green	828	928
SUR-35	Ophthalmology Visco Elastic Savings over the current financial year	R	In Year	Green	8	11
SUR-36	Drugs	NR	In Year	Green	0	0
SUR-43	All Wales standard and custom procedure packs	R	In Year	Green	2	3
SUR-44	5% Stryker hips and knees	R	In Year	Green	49	56
SUR-45	Additional saving agreed Sept 26	NR	In Year	Green	125	125
SUR-46	Aflibercept (Eylea) 2mg Biosimilar (Mynzepli)	R	In Year	Green	405	572
SUR-47	Trauma and Orthopaedics - Power Tools lease v purchase	R	In Year	Green	11	17
SUR-48	Additional saving agreed Sept 26 SUR-45 NR to R	R	In Year	Green	29	59
Original CIP Target:				3,336	2,453	2,887
Distance from target (over)/under				449		

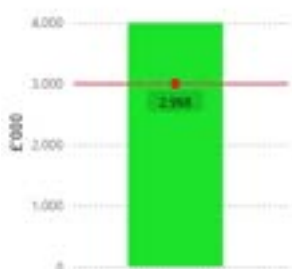
Divisional analysis – Clinical Support Services



Key drivers of forecast deficit:

- £2.0m operational pressures in PACCT
- £0.7m Planned Care recovery
- £0.4 winter cost pressures
- (£0.5m) operational underspend in diagnostics

25/26 Savings with CIP Target



Savings Split (£'000)



Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	7	15	13	-2	16	17	1
Procurement & Non-pay	49	985	1,794	809	1,044	2,700	1,656
Workforce	14	336	1,152	816	378	1,281	903
Total	70	1,336	2,959	1,623	1,438	3,998	2,560

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-01	Systemex Maintenance Savings	R	Month 1	Green	162	178
CSS-02	Siemens KPI review	R	Month 1	Green	46	50
CSS-03	Systemex MSC KPIs	R	Month 1	Green	5	5
CSS-04	Factor 8 Repatriation	R	Month 1	Green	5	6
CSS-05	WBS Commercial Products	R	Month 1	Green	5	6
CSS-06	Restructure of Management Positions	NR	Month 1	Green	11	13
CSS-08	Enhancements on Specialist Rates	R	Month 1	Green	352	392
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	20	20
CSS-11	Hepzyme Repatriation	R	Month 1	Green	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	3	3
CSS-13	JCC funding for liver ablations	NR	Month 1	Green	162	162
CSS-14	IPFR income	NR	Month 1	Green	65	70
CSS-15	Ablation needles	R	Month 1	Green	5	5
CSS-16	Maintenance contracts for new DR equipment - NR	NR	Month 1	Green	27	30

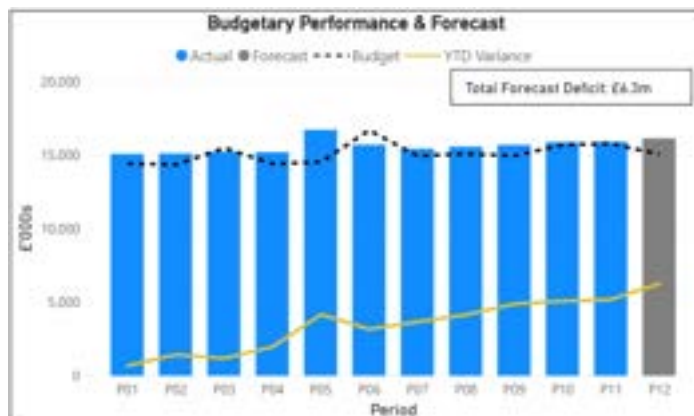
Clinical Support Services continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-17	Contrast bought in 24/25	NR	Month 1	Green	200	200
CSS-18	Blood Products from 24/25 Year End	NR	Month 1	Green	100	100
CSS-19	Additional Everlight reporting in 24/25	NR	Month 1	Green	46	46
CSS-20	Image Intensifier Maintenance	NR	Month 1	Green	15	16
CSS-21	Decomissioning of Fuji Equipment on current contracts	NR	Month 1	Green	20	22
CSS-22	C&V Ultrasound	NR	Month 1	Green	10	10
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	43	47
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	8	10
CSS-25	Co-trimoxazole IV	R	In Year	Green	1	1
CSS-26	Lumicare	R	In Year	Green	23	25
CSS-27	Critical Care RN Variable Pay	R	In Year	Green	555	596
CSS-35	Radiology Maintenance contracts	NR	In Year	Green	153	153
CSS-36	Bis Monitoring - Supplier change	R	In Year	Green	25	29
CSS-37	Recycled Paper	R	In Year	Green	0	2
CSS-38	Medical Workforce - Intensity banding review	R	In Year	Green	10	11
CSS-39	Medical Workforce Variable Pay Spend	R	In Year	Green	33	33
CSS-40	Medicines Management - Green	R	In Year	Green	13	15
CSS-41	Medical Workforce Variable Pay Spend (Consultant)	R	In Year	Green	7	7
CSS-42	Medical Workforce Variable Pay Spend (Juniors/Middle Grades)	R	In Year	Green	63	63
CSS-43	Additional IPFR Income (Powys)	NR	In Year	Green	8	8
CSS-44	Outsourcing, linked to acute demand, Audit and deep dive. Reduce Forecast to match YTD run rate (8%)	R	In Year	Green	102	117
CSS-45	Mycology Testing (PHW)	R	In Year	Green	10	11
CSS-46	Contract Funerals	R	In Year	Green	4	5
CSS-47	Serosep Contract	R	In Year	Green	13	16
CSS-48	Cessation of Weekend Enhancement Pay	R	In Year	Green	14	17
CSS-49	Utilisation of Blood Bikes	R	In Year	Green	5	6
CSS-50	Syphilis Repatriation	R	In Year	Green	9	10

Clinical Support Services continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
CSS-51	Leica Bond III Contract	R	In Year	Green	26		30	
CSS-52	Siemens MSC KPIs (Part 2)	NR	In Year	Green	0		0	
CSS-53	Reduction in Carriage Charges	R	In Year	Green	1		1	
CSS-54	Liver ablations	NR	In Year	Green	90		172	
CSS-55	Reduction in Health Protection testing	NR	In Year	Green	(0)		(0)	
CSS-56	New locum recruitment	R	In Year	Green	7		10	
CSS-57	Savings on additional hours by recruiting locum consultant	R	In Year	Green	1		0	
CSS-58	Reduction in Health Protection testing	NR	In Year	Green	0		0	
CSS-59	Risp reduced penalty	NR	In Year	Green	0		312	
CSS-60	Medical Illustration - Photo Materials	R	In Year	Green	9		11	
CSS-61	Staff Slippage	NR	In Year	Green	29		29	
CSS-62	RDC closure	R	In Year	Green	24		42	
CSS-63	Additional Out of Area IR income Powys	NR	In Year	Green	24		34	
CSS-64	Additional Out of Area IR income CTM	NR	In Year	Green	45		64	
CSS-65	Contrast switch Omnipaque to Optiray	R	In Year	Green	4		6	
CSS-66	BTW additional Income for increase in consultant sessions	R	In Year	Green	63		69	
CSS-67	Dart Support	R	In Year	Green	2		2	
CSS-68	Theatres Par Level Review - GUH	NR	In Year	Green	0		46	
CSS-69	Haloperidol Tablets to liquid switch	R	In Year	Green	1		1	
CSS-70	Omnipaque to Optiray	R	In Year	Green	0		2	
CSS-71	Release of Fuji Accrual	NR	In Year	Green	150		150	
CSS-72	Staff Slippage	NR	In Year	Green	26		32	
CSS-73	Cap of WLI's from 3 to 2 per week	R	In Year	Green	27		40	
CSS-74	National priorities - Dapagliflozin generic	R	In Year	Green	0		0	
CSS-75	National priorities - Ticagrelor generic	R	In Year	Green	0		0	
CSS-76	Dantrolene holding rationalisation (Waste prevention)	R	In Year	Green	3		4	
CSS-77	Delayed appointment to Deputy Head of Nursing post	NR	In Year	Green	7		14	
CSS-78	Siemens MSC KPIs (Part 2) NRtoR	R	In Year	Green	0		12	
CSS-79	Reduction in Health Protection testing	R	In Year	Green	62		401	
				Original CIP Target:	2,998			
				Distance from target (over)/under	(1,000)			
					2,959		3,998	

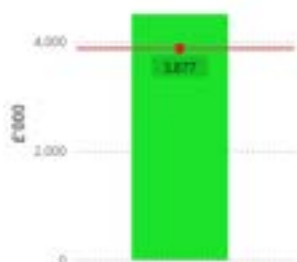
Divisional analysis – Medicine



Key drivers of forecast deficit:

- £3.4m Operational pressures including medical variable pay for consultant sickness, high acuity of patients requiring enhanced care, drug and m&se consumable and service contract
- £0.7m Winter ward 29/12/25 - 31/3/26
- £0.5m Oct-Feb 45-minute ambulance handover
- £0.4m Reduction in savings achievement from bed reconfiguration with regards to timing and number of beds
- £0.4m Operational reviews on-going to identify savings and efficiencies expected to be achieved on variable pay
- £0.4m Commissioning adjustment ICD underperformance
- £0.3m Other winter pressures & critical incident

25/26 Savings with CIP Target



Savings Split (£'000)



Savings summary (£'000)

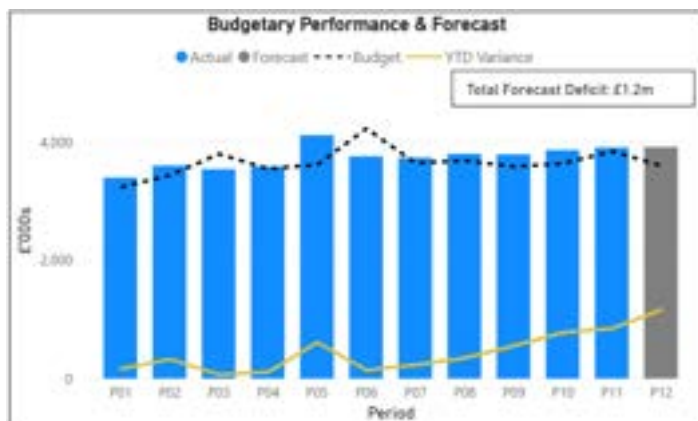
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	13	977	1,772	-795	1,072	1,940	877
Procurement & Non-pay	5	419	339	-80	456	384	-72
Service redesign	2	340	1,568	1,228	340	1,671	1,331
Workforce	3	345	436	91	382	503	121
Total	23	2,081	4,115	2,035	2,250	4,507	2,257

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MED-01	Biologic Switch of Ustekinumab	R	Month 1	Green	779	850
MED-02	Enhancements on Specialist rates	R	Month 1	Green	345	382
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	6	7
MED-04	National priorities - Dimethyl fumerate - Generic switch	R	Month 1	Green	377	415
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Green	0	10
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	542	582
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Green	9	11
MED-08	Annual purchase of insulin pumps at preferential rate	NR	Month 1	Green	5	5
MED-09	Use of 24/25 purchased CPAP's for 25/26 activity	NR	Month 1	Green	216	247
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	58	63
MED-11	Use of 24/25 purchased equip (leads etc) for 25/26 activity	NR	Month 1	Green	21	23
MED-12	Delay in prescribing Budesomide	NR	Month 1	Green	1,568	1,671

Medicine continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MED-13	COTE - Denosumab	R	In Year	Green	0	4
MED-14	Co-trimaxazole IV	R	In Year	Green	4	5
MED-21	National priorities/Best value Biosimilars - Rituximab biosimilar switch (Rixathon to Truxima)	R	In Year	Green	1	1
MED-22	Reduction in locum consultants replaced with substantive x3	R	In Year	Green	11	14
MED-23	Reduction in RN agency	R	In Year	Green	80	107
MED-24	Saving in sleep masks	R	In Year	Green	38	46
MED-25	Switch Acute 30 bedded ward to Community ward	R	In Year	Red	0	0
MED-26	Haloperidol tablets to liquid switch	R	In Year	Green	13	14
MED-27	National priorities generic dapagliflozin	R	In Year	Green	20	25
MED-28	National priorities generic ticagrelor	R	In Year	Green	14	18
MED-29	National priorities/Best value Biosimilars - Ustekinumab vials Steqeyma	R	In Year	Green	5	7
Original CIP Target:				3,877	4,115	4,507
Distance from target (over)/under				(630)		

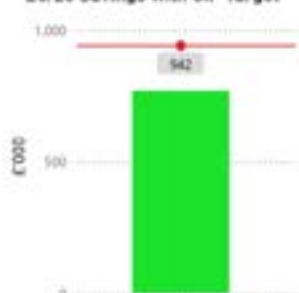
Divisional analysis – Urgent Care



Key drivers of forecast deficit:

- £0.367m 45-minute ambulance handover
- £0.257m Paeds/CEAU Pilot
- £0.195m Interim Clinical Model due to ED Extension
- £0.148m SDEC Boarding & Triage Nurse Cover
- £0.148m Non-recovery of E-Triage income
- £0.116m 2 x 6 month FTC Consultants

25/26 Savings with CIP Target



Savings Split (£'000)

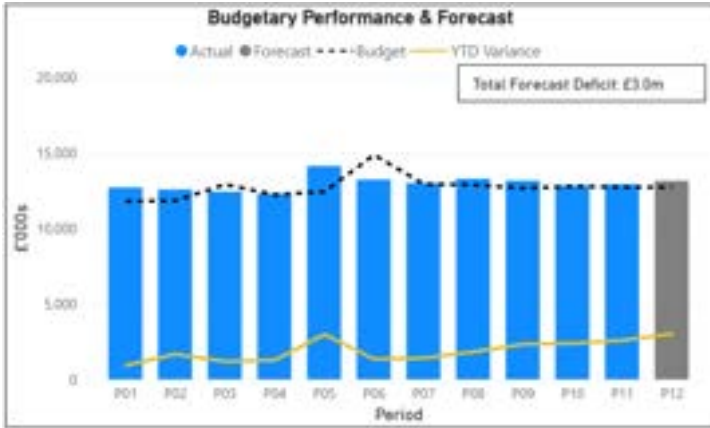


Savings summary (£'000)

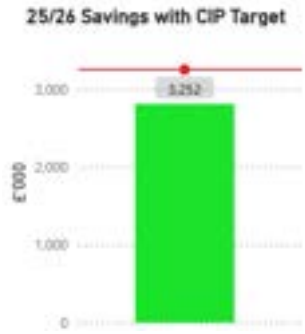
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	4	0	8	-8	0	8	8
Procurement & Non-pay	5	17	19	-2	19	168	149
Workforce	4	-408	531	63	530	595	75
Total	13	-485	557	72	539	771	232

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
URG-01	Enhancements on Specialist rates	R	Month 1	Green	468	520
URG-02	Switch to a non-ported admin set with pump	R	Month 1	Green	2	2
URG-03	changing from the pre-made convenience FICB packs to individual items	R	In Year	Green	6	7
URG-10	Switch from dual giving set ports to single port	R	In Year	Green	7	8
URG-11	Close RGH & NHH Transfer Lounge	R	In Year	Amber	0	0
URG-12	Close RGH MIU Over night	R	In Year	Amber	0	0
URG-13	Delay Implementation of Medical Model in Flow Centre	NR	In Year	Green	63	75
URG-14	Source E-Triage Funding	NR	In Year	Green	0	148
URG-15	Switching to 1 Page Drug Charts	NR	In Year	Green	4	4
URG-16	Fomeprazole Antidote Replacement	NR	In Year	Green	6	6
URG-17	National priorities - Dapagliflozin generic	NR	In Year	Green	0	0
URG-18	National priorities - Ticagrelor generic	NR	In Year	Green	1	1
URG-19	Dantrolene holding rationalisation (Waste prevention)	NR	In Year	Green	1	1
Original CIP Target:					942	771
Distance from target (over)/under					171	

Divisional analysis – Family & Therapies



- Key drivers of forecast deficit:
- £1.8m Medical operational/workforce pressures within Gynae, Neonates, Paediatrics & CAMHS.
 - £1.8m Maternity operational/workforce pressures, births in month 378, C-Section rate 46.3%
 - £0.1m Planned Care recovery
 - £0.1m Winter cost pressures
 - (£0.8m) F&T Divisional Manager (£-469k SARC and £-131k mixture of vacancies & non pay underspends) with the remaining £-200k being over other directorates.

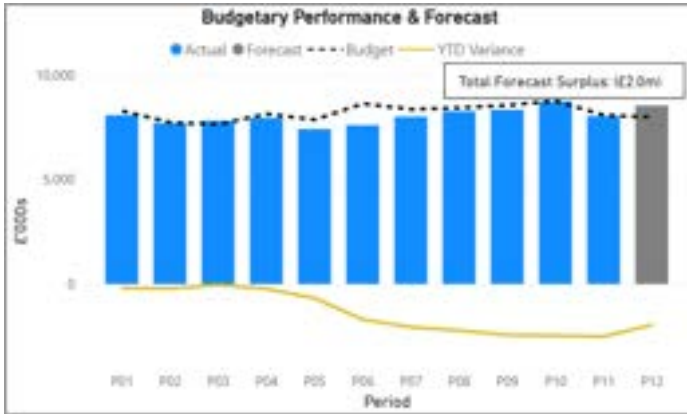


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	1	58	44	-14	63	63	0
Procurement & Non-pay	11	334	1,166	833	362	1,250	888
Workforce	4	228	1,316	1,088	257	1,496	1,239
Total	16	620	2,526	1,907	682	2,809	2,127

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year	
					Achieved £'000	Forecast £'000	
F&T-01	Divisional drugs savings target	R	Month 1	Green	44	63	
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre,	R	Month 1	Green	11	11	
F&T-03	Actim Prom and Partus	R	Month 1	Green	12	13	
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	275	300	
F&T-05	Enhancements on Specialist rates	R	Month 1	Green	228	257	
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	28	31	
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	2	2	
F&T-08	Bulk purchase of Medtronic 780G Diabetic pumps and sensors	NR	Month 1	Green	5	5	
F&T-09	LYRECO BUDGET WHITE A4 PAPER 80GSM - BOX OF 5 REAMS (5 X 500 SHEETS OF PAPER) Move to Recycle	R	In Year	Green	2	2	
F&T-16	Financial recovery divisional scheme - pay R	R	In Year	Green	232	257	
F&T-17	Financial recovery divisional scheme - pay NR	NR	In Year	Green	640	640	
F&T-18	Financial recovery divisional scheme - Non-Pay R	R	In Year	Green	83	99	
F&T-19	Financial recovery divisional scheme - Non-Pay NR	NR	In Year	Green	736	767	
F&T-20	Financial recovery divisional scheme - Income	NR	In Year	Green	(2)	0	
F&T-21	The All Wales Standard & Custom Procedure Packs (MED-OJEU-56015)	R	In Year	Green	13	20	
F&T-17NRtoR	Financial recovery divisional scheme - pay R	R	In Year	Green	216	342	
				Original CIP Target:	3,252	2,526	2,809
				Distance from target (over)/under	443		

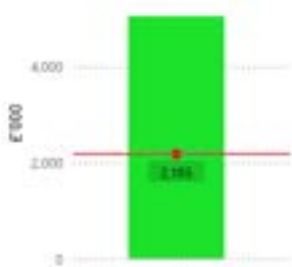
Divisional analysis – Estates & Facilities



Key drivers of forecast deficit:

- (£1.4m) non-recurring savings linked to one off Utility benefits (£800k metering issues at GUH & £554k correction to prior year accruals)
- (£1.4m) non-recurring savings linked to vacancy slippages
- £0.5m inflationary uplift to water rates
- £0.2m backlog maintenance and replacement batteries on Mindray patient monitoring equipment
- £0.08m waste bins purchased to meet new national regulations

25/26 Savings with CIP Target



Savings Split (£'000)

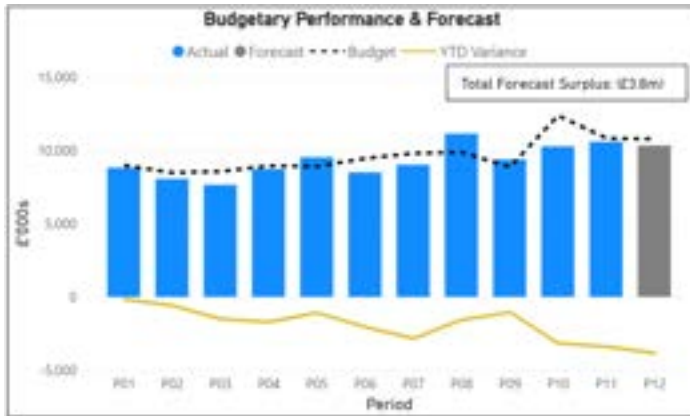


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
*							
Procurement & Non-pay	7	2,747	4,146	1,399	3,000	4,392	1,392
Workforce	4	0	606	606	0	664	664
Total	11	2,747	4,752	2,005	3,000	5,056	2,056

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	458	500
FAC-02	ENERGY SAVINGS	R	Month 1	Green	1,683	1,850
FAC-03	Bed contract savings	R	Month 1	Green	235	250
FAC-04	Energy	R	Month 1	Green	228	250
FAC-11	Vacancies	NR	In Year	Green	320	320
FAC-12	Rates rebates	NR	In Year	Green	80	80
FAC-13	Kintra - Cost plus Credit	NR	In Year	Green	108	108
FAC-14	Vacancies	NR	In Year	Green	228	228
FAC-15	Accountancy gain - duplicate meter reading	NR	In Year	Green	1,354	1,354
FAC-11NRtoR	Vacancies	R	In Year	Green	20	40
FAC-14NRtoR	Vacancies	R	In Year	Green	38	76
Original CIP Target:					4,752	5,056
Distance from target (over)/under				(2,871)		

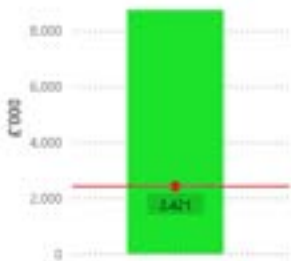
Divisional analysis – Corporate



Key drivers of forecast:

- COO forecast underspend (-£0.2m) primarily relating to Planned Care 26 weeks reduced expenditure
- Workforce (-£0.6m), WG ESR funding anticipated
- Finance – (-£0.9m) managing staff vacancies
- Litigation - legal fees (+£0.7m)
- Digital – MS Office contract (+£0.4m) & hybrid mail (+£0.4m)
- CEO – underspend due to the release of funding to support winter pressures (-£0.9m)
- PH – staff slippages (-£0.5m) & dilapidation accrual release (-£0.55m)
- MED Dir –accrual release (-£0.6m)

25/26 Savings with CIP Target



Savings Split (£'000)



Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Procurement & Non-pay	11	289	965	696	301	5,110	4,809
Workforce	21	1,875	3,025	1,150	2,170	3,637	1,467
Total	29	2,164	4,010	1,846	2,471	8,747	6,276

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Green	61	70
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	47	50
CORP-03	Opportunity	R	Month 1	Green	151	151
CORP-04	Scheme	NR	Month 1	Green	91	100
CORP-05	Opportunity	NR	Month 1	Green	91	100
CORP-06	Executive directorate stretch target saving	R	Month 1	Green	136	152
CORP-07	Executive directorate stretch target saving	R	Month 1	Green	94	103
CORP-08	Executive directorate stretch target saving	R	Month 1	Green	132	149
CORP-09	Executive directorate stretch target saving	R	Month 1	Green	94	102
CORP-10	Executive directorate stretch target saving	R	Month 1	Green	162	180

Corporate continued ...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year	
					Achieved £'000	Forecast £'000	
CORP-11	Executive directorate stretch target saving	R	Month 1	Green	138	242	
CORP-12	Executive directorate stretch target saving	R	Month 1	Green	181	207	
CORP-13	Executive directorate stretch target saving	R	Month 1	Green	613	700	
CORP-14	Executive directorate stretch target saving	R	Month 1	Green	97	97	
CORP-15	Executive directorate stretch target saving	R	Month 1	Green	29	29	
CORP-16	Executive directorate stretch target saving	R	Month 1	Green	39	39	
CORP-84	Accountancy gain- release study leave accrual	NR	In Year	Green	0	3,204	
CORP-85	Accountancy gain- dispute dilapidations	NR	In Year	Green	200	200	
CORP-86	Accountancy gain- Dispute H&SE fine	NR	In Year	Green	0	400	
CORP-88	Various Directors savings - non pay	NR	In Year	Green	0	600	
CORP-89	Various - slippage on spend plans - presentation to be reviewed	NR	In Year	Green	496	405	
CORP-90	Various Directors savings - vacancies	NR	In Year	Green	67	100	
CORP-91	Savings - Vacancies	NR	In Year	Green	167	200	
CORP-92	Various Directors savings - vacancies	NR	In Year	Green	67	100	
CORP-93	Various Directors savings - vacancies	NR	In Year	Green	300	400	
CORP-94	Various Directors savings - vacancies	NR	In Year	Green	75	100	
CORP-95	Various Directors savings - vacancies	NR	In Year	Green	167	167	
CORP-96	Various Directors savings - vacancies	NR	In Year	Green	167	200	
CORP-97	Various Directors savings - vacancies	NR	In Year	Green	150	200	
				Original CIP Target:	2,421	4,010	8,747
				Distance from target (over)/under	(6,326)		

Divisional Analysis - Contracting & Commissioning



- The forecast outturn position against the annual budget is a favourable £3.8m. This is due to lower-than-expected contract expenditure, in particular at Velindre Trust, and some material favourable accountancy gains from previous year accruals

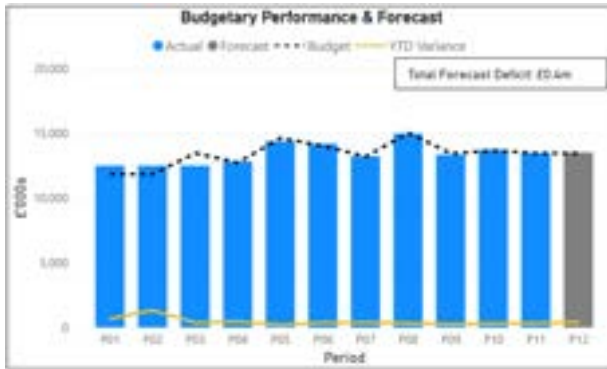


Savings summary (E'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year Annual Plan	Full Year Forecast	Full Year Variance to Plan
Procurement & Non-pay	11	0	3,542	3,542	0	3,662	3,662
Total	11	0	3,542	3,542	0	3,662	3,662

Con1	Accountancy benefit of NHS England end of year position	NR	In Year	Green	507	507	
Con10	Accountancy benefit of NHS England end of year position	NR	In Year	Green	102	102	
Con11	Renegotiation of GH&C Contract Baseline	R	In Year	Green	178	194	
Con2	Forecast reduced activity- Cardiff LTA	R	In Year	Green	275	300	
Con3	Forecast reduced activity- CTM LTA	R	In Year	Green	458	500	
Con4	Forecast Additional Provider Income	R	In Year	Green	183	200	
Con5	Accountancy benefit - service contracts	NR	In Year	Green	410	410	
Con6	Accountancy benefit - service contracts	NR	In Year	Green	600	600	
Con7	Forecast reduced activity- Velindre LTA	R	In Year	Green	554	554	
Con8	Forecast Additional Provider Income	R	In Year	Green	229	250	
Con9	Accountancy benefit of NHS England end of year position	NR	In Year	Green	46	46	
Original CIP Target:					2,463	3,542	3,662
Distance from target (over)/under					(1,199)		

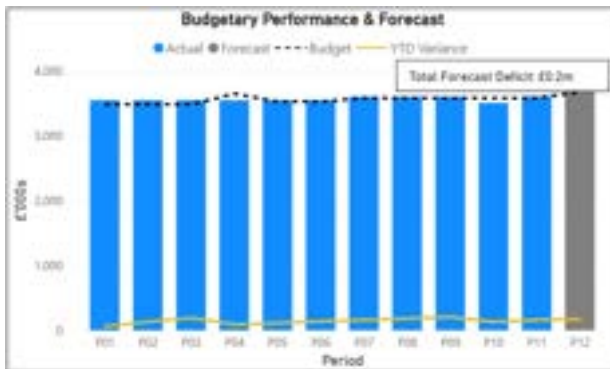
Divisional Analysis – WHSCC



- Overspend is reflective of the JCC monthly reported position, it represents over performance against the IMTP

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
					0	0
					0	0
				Original CIP Target:	0	0
				Distance from target (over)/under	3,296	

Divisional Analysis – EASC



- Overspend is reflective of the agreed IMTP

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
					0	0
					0	0
				Original CIP Target:	0	0
				Distance from target (over)/under	936	

Reserves

The reserves held at 28th February '26 is £17.5m.

The reserves held on 28th February is £17.5m, including allocations to be delegated of £8.2m, specific commitments to be delegated of £7.2m, those supporting the financial position of £1.8m (net of a delegation of £1m to support the divisional positions due to winter pressures) and a contingency investment reserve of £0.3m.

The reserves include some elements of risky income associated with the submitted plan, with £2.5m of anticipated funding for RTT activity beyond current-funded levels.

Due to in year emerging pressures, £1m from the investment reserve has now been allocated to support the health board's position.

Funding will continue to be reviewed with further anticipated allocations being retained within reserves pending delegation.

7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R/ NR	Description	25/26	26/27
Confirmed	R	Balance of all wage awards / NIC 25/26 (exc bank) not delegated	289,734	324,492
Delegated	R	National Insurance increase (Ers) 25-26 underfunded by 114k	(113,144)	(113,144)
Confirmed		24/25 bank wage award (full amt is 1.819 but 503k was already anticipated in 25/26 budget delegation)	294,078	294,078
Confirmed		25/26 wage award (636 returned for GP OOHs, 85.9 PHW2627)	635,542	721,454
Confirmed	R	Band 8a+ 24/25 incremental changes - 25/26 & 26/27 impact	322,000	322,000
Delegated	R	Fracture liaison service - risky income assumed - WG confired not an allocation	(321,000)	(321,000)
Delegated	R	25/26 Physician Associates - risky income assumed - WG confired not an allocation	(59,000)	0
Confirmed	NR	Welsh Risk Pool adjustment	13,937	0
Confirmed	R	25/26 Employers NIC funding - 2627 committed funding	0	447,000
Confirmed	R	Additional Topslice for Central Procurement of Flu Vaccines - 2627 committed funding	0	(78,000)
Confirmed	R	Core Cost and Demand uplift for 2026-27 (1.11%)	0	13,322,034
Confirmed	R	Core Cost and Demand uplift for 2026-27 (1.11%) pass-through element	0	3,756,000
Confirmed	R	Core Cost and Demand uplift for 2026-27 (1.11%) Mental Health	0	1,661,622
Anticipated	R	Clinical Excellence Awards 2526	24,714	24,714
Confirmed	R	Substance Misuse	0	48,765
Anticipated	NR	Band 2/3 31/3/26 Recognition	4,884,800	
Anticipated	NR	Band 2/3 31/3/26 Back Pay	2,247,933	
		Confirmed Allocations to be apportioned	8,219,594	20,410,015

7788-COMMITMENTS TO BE DELEGATED

Description		25/26	26/27	
Anticipated	NR	Planned Care Transformation Fund: Spinal mega Clinics	46,041	0
Anticipated	NR	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	40,076	0
Anticipated	NR	Planned Care 2025-2026 - Phase 4 Diagnostics	124,075	0
Anticipated	NR	Planned care / rtt funding for activity greater than current funded levels (V RISKY)	2,567,000	0
Anticipated	NR	Planned Care - Dermatology Minor Outpatient Procedures	483,826	0
Anticipated	NR	Planned care - Plain film for oral surgery clinics funding anticipation	13,319	0
Confirmed	NR	Planned Care Transformation funding - Clinical Implementation Network: General Surgery	13,359	0
Anticipated	NR	Planned Care clawback - outpatient insourcing contract renegotiation	(5,568)	0
Anticipated	NR	RTT WAITING TIMES Phase 5 Agreed Allocation £1.988m for General Surgery, ENT, Oral surgery, Max fax, and Urology qtr 3 and 4	1,029,188	0
Anticipated	NR	RTT WAITING TIMES Phase 5 Agreed Allocation £1.46m for Orthopaedics qtr 3 and 4	97,000	0
Anticipated	NR	RTT Waiting Times Phase 5 Agreed Allocation - Ophthalmology (non-Cataract)	263,518	0
Anticipated	NR	RTT Waiting Times Phase 5 Agreed Allocation - 104wks additional	2,304,447	0
Anticipated	NR	Phase 4 diagnostics - additional allocation for 8 week waiters	59,404	0
Confirmed	NR	Phase 4 Planned Care Diagnostics - Outpatient conversions (on Q3 schedule, not in anticipated)	128,400	0
Total Commitments		7,164,085	0	

7501-SUPPORTING FINANCIAL POSITION

Description	25/26	26/27
IT Revenue to Capital	231,166	0
Recovery of E&F budget delegated for Portacabin - GUH Transfer Lounge	387,000	387,000
2526 Wage Award Roundings and KCOR	10,471	10,471
Winter provision (m6)	0	0
RTT Waiting times Q1 25-26 (General Reserve)	171,000	0
RTT Waiting times Q1 25-26 (Infrastructure)	132,000	0
Planned Care - infrastructure (GREG) M10	66,347	0
Planned Care - infrastructure (GREG) M11	66,957	0
Winter	(806,594)	
HCHS initial table roundings		694
GMS initial table roundings		(209)
Dental initial table roundings		56
NWSSP Savings Rebate	591,000	
Medical training cohort balance of funding	31,571	31,571
Total Supporting Financial position	880,918	429,583

7565-CONTINGENCY

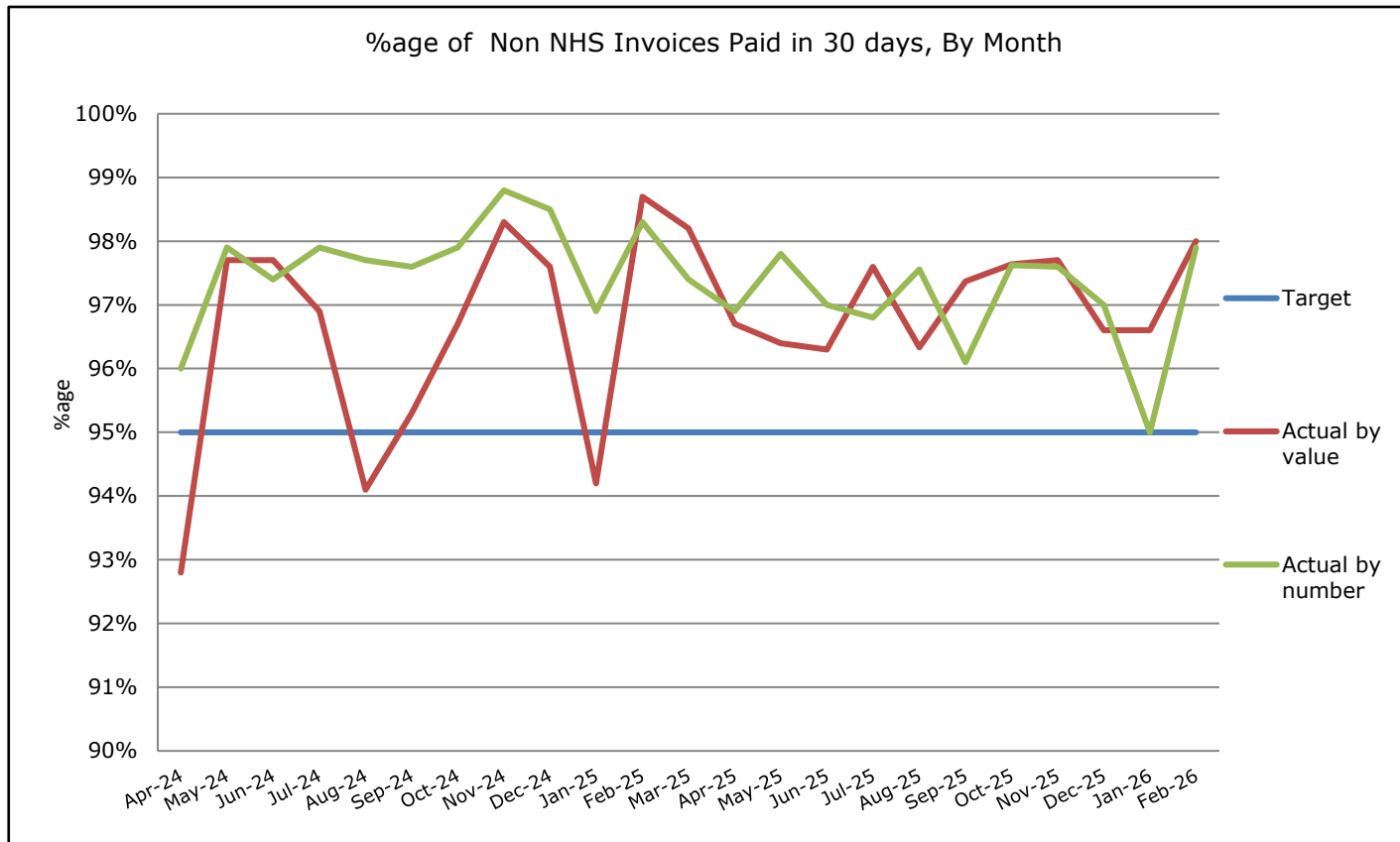
Description	25/26	26/27
Investment Reserve	280,000	1,280,000
Supporting Financial Position	1,000,000	0
Confirmed Allocations to be apportioned	1,280,000	1,280,000

Cash Position

The cash balance at the 28th January is £4.650m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in February. On a cumulative basis, the HB has achieved the statutory 95% target for non-NHS creditor invoices but is 1.9% below target for NHS creditors when analysed by the number of invoices paid.

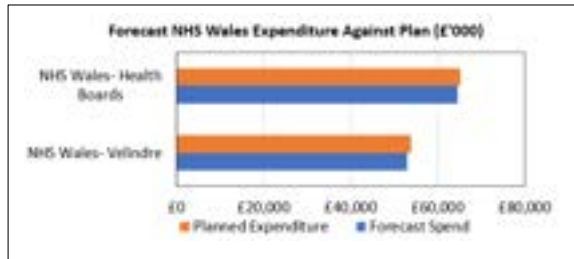


Contracting and Commissioning – LTA Spend & Income

Month/Financial Year:- Month 11 (February) 2025-26

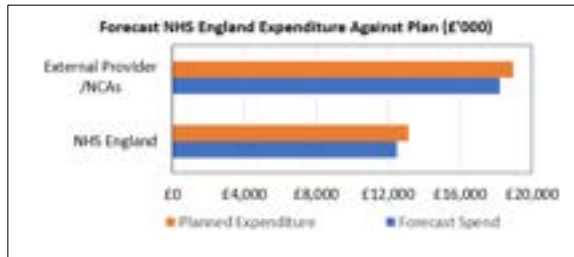
At Month 11 the year to date financial performance for Contracting and Commissioning is £3,450k underspend against the delegated budget with a forecast year of £3,709k underspend.

The key elements contributing to this position at Month 11 are as follows:



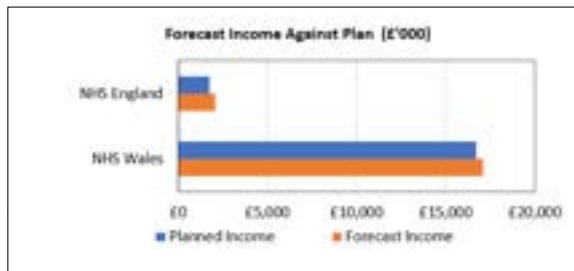
NHS Wales Expenditure

Expenditure in NHS Wales contracts is based on provider monitoring returns and is expected to be c£750k less than plan due to lower activity and recharged services at Cwm Taf and Cardiff and Vale and a further £875k less after receiving a revised lower forecast from Velindre Trust



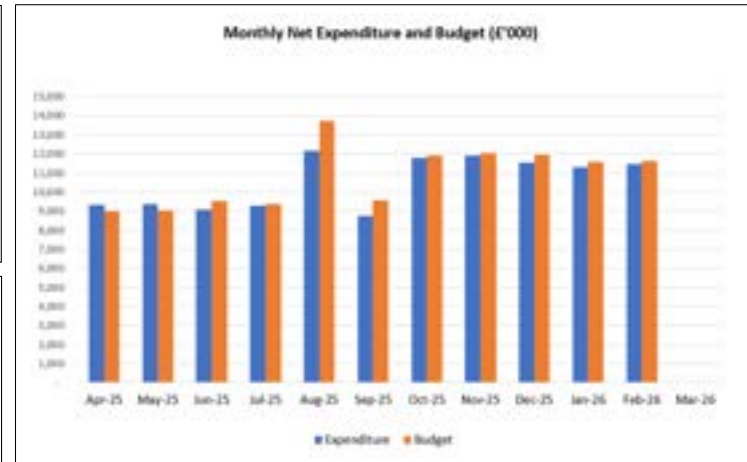
NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£750k less than plan due to favourable settlements of 24/25 final balances following successful challenges by the commissioning team



Provider Income

Provider income is forecast to be c£700k more than plan in 25/26 following higher activity levels in months 1-10 for Powys NHS England and other commissioners



Key Issues 2025-26

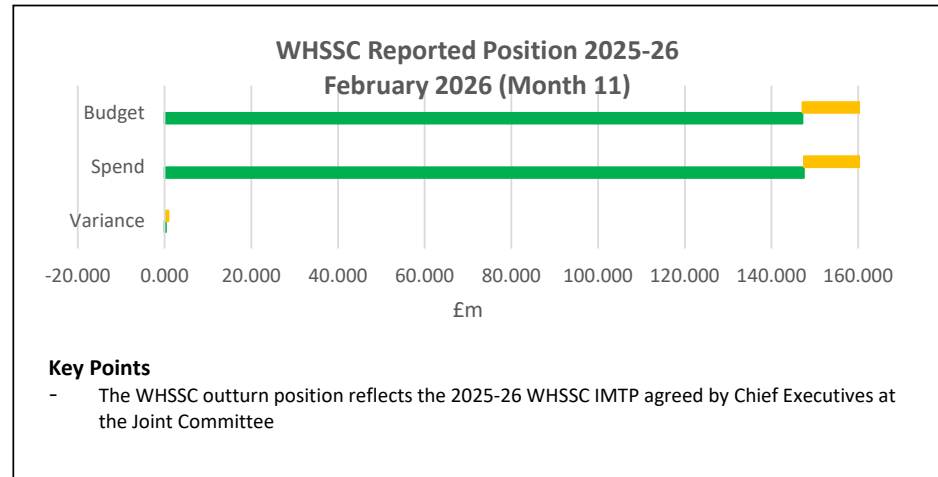
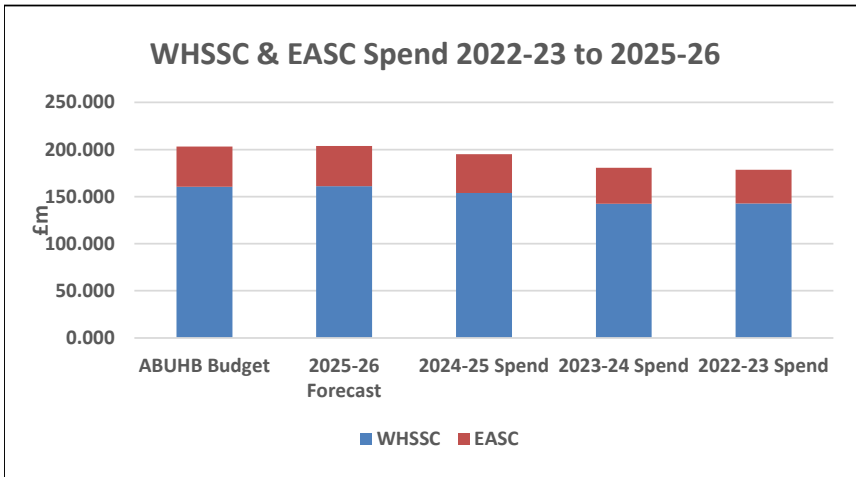
- All LTAs have been agreed ahead of the WG deadline and have been signed by ABUHB.
- A recurrent annual saving of £1.8m from 2024/25 LTA negotiations with Cwm Taf was achieved against a target of £300k which resulted in a £1.5m recurrent benefit within the 'underlying' HB position.
- The expenditure being forecast for cancer services at Velindre is in line with the provider monitoring return (c£2m growth on 2024/25)
- An additional c£3.5m budget was delegated from M3 and has been allocated across the contracts for M4 reporting in line with the IMTP submission
- Additional budget was received and anticipated relating to regional ophthalmology 2025/26 from month 5 on behalf of Cwm Taf, Cardiff and Aneurin Bevan Health Boards

JOINT COMMISSIONING COMMITTEE (formerly WHSSC & EASC) Financial

Position 2025-26

Period: Month 11 2025-26

The Month 11 financial position for the JCC is a forecast overspend of £0.582m. The position reflects the agreed IMTP and the phase 2 2025-26 current budget delegation for the Specialised Services (formerly WHSSC) and EASC elements.



Key Points

- The WHSSC outturn position reflects the 2025-26 WHSSC IMTP agreed by Chief Executives at the Joint Committee

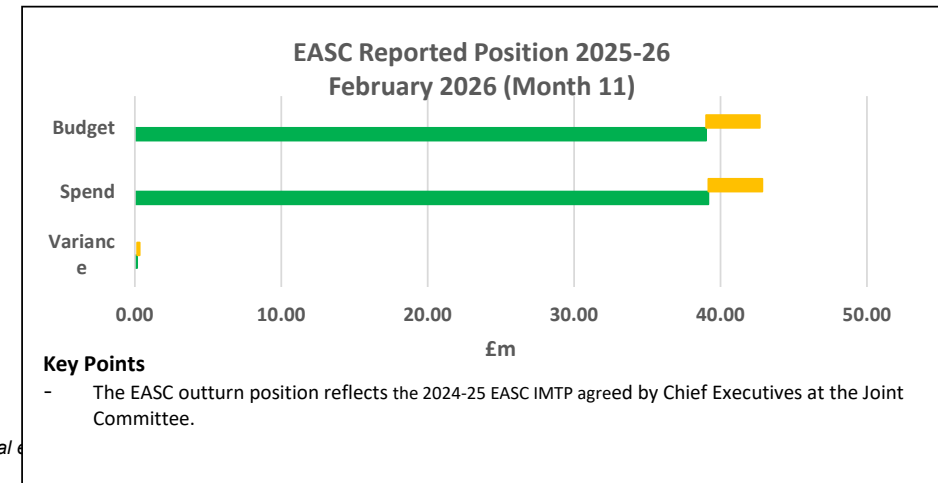
Key Issues 2025-26

Specialised Services

- Current forecast based on the agreed IMTP and forecast overperformance in respect of C&VUHB LTA Overperformance, Individual Patient Treatments offset by slippage on developments
- Key risk areas for 2025-26
 - Provider Overperformance
 - Slippage on Developments

EASC

- Current forecast based on the agreed IMTP
- Key risk areas for 2025-26
 - Unfunded Provider pressures
 - Confirmation of allocation assumptions



Key Points

- The EASC outturn position reflects the 2024-25 EASC IMTP agreed by Chief Executives at the Joint Committee.

Balance Sheet

Balance sheet as at 28th February 2026			
	2025/26 Opening balance £000s	28th February 2026 £000s	Movement £000s
Fixed Assets	945,668	1,011,308	65,640
Other Non current assets	111,489	184,355	72,866
Current Assets			
Inventories	10,433	9,846	(587)
Trade and other receivables	167,220	112,970	(54,250)
Cash	4,823	4,650	(173)
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	182,476	127,466	(55,010)
Liabilities			
Trade and other payables	221,140	193,126	(28,014)
Provisions	207,724	222,210	14,486
	428,864	415,336	(13,528)
	810,769	907,793	97,024
Financed by:-			
General Fund	610,494	652,345	41,851
Revaluation Reserve	200,275	255,448	55,173
	810,769	907,793	97,024

General Fund: This represents the difference in the year-to-date resource allocation budget and actual cash draw down including capital.

Fixed Assets:- The main movements since the end of 2024/25 relate to:

- An increase of £30.5m relating to capital programme purchase additions and £0.2m from Charitable Funds capital purchase.
- An increase of £93.7m as a result of upwards revaluations caused by Indexation for land and buildings.
- A decrease of £14.8m relating to impairment of assets under construction coming into use and written off.
- A decrease of £42.0m due to depreciation charged in year.
- A net decrease of £1.9m in renewals and depreciation for IFRS16 leased assets

Other Non-Current Assets: This relates to a significant increase in Welsh Risk Pool claims due in more than one year of £74.4m and a decrease in intangible assets of £1.5m since the end of 2024/25.

Inventories: The decrease in year relates to changes in stock held within the divisions

Current Assets, Trade & Other Receivables: The main movements since the end of 2024/25 relate to:

- A decrease in the value of Welsh Risk Pool claims due in less than one year totalling £60.8m
- An increase in the value of debts outstanding on the Accounts Receivable system since 2024/25 to the end of February of £1.5m
- An increase in the value of prepayments held £4.1m
- A net increase in the value of both NHS & Non-NHS accruals of £0.5m

Cash: The cash balance held at the end of February is £3.1m.

Liabilities, Trade & other Payables:

The movement since the end of 2024/25 relates to a number of issues, the most significant of which are:-

- A decrease in Other Creditors totalling £15.7m,
- Decreases in Accruals relating to Capital (£4.6m) and NHS (£6.7m)
- Decreases in the level of invoices held for payment from the year end and GRNI of £5.9m,
- Offset by an increase in the value of Non-NHS Accruals of £6.4m
- And an increase in Tax & Superannuation of £2.3m.

Provisions:

- This is due to an overall decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £8.4m and a decrease in other provisions of £0.1m.

Health Board Income WG Funding Allocations: £1.96bn

Confirmed Allocations as at February 2026 (M11 2025/26)

	£'000
HCHS	1,735,761
GMS	124,254
Pharmacy	38,151
Dental	38,476
Total Confirmed Allocations - February 2026	1,936,642
Plus Anticipated Allocation - February 2026	27,956
Total Allocations - February 2026	1,964,598

Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £124m. (£125m for 24/25). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £2.1bn (£2bn for 24/25).

WG Revenue Resource Limit : Anticipated Allocations (February)

Funding Type	Description	Value £'000	Recurrent / Non Recurrent
HCHS	Band 2/3 Pay Uplifts	7,133	NR
GMS	GMS Refresh	1,603	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	25	NR
HCHS	Capital - DEL Depreciation - Impairment	146	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	281	NR
HCHS	Capital - AME Depreciation - Donated Assets	1	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(40)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,792)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,076)	NR
HCHS	Clinical Excellence Awards (CDA's)	323	R
HCHS	MCA and DoIs	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	International recruitment funding 24-25	68	NR
HCHS	Keeping Well (3Ps) funding 25-26 confirmed	92	NR
HCHS	Pathfinder Womens Health Hub 25-26	246	NR
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	National POPs Initiative Funding	137	NR
HCHS	Planned Care Transformation Fund: Spinal Mega Clinics	55	NR
HCHS	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	36	NR
HCHS	GP Gatekeeper	195	NR
HCHS	Planned Care 2025-2026 - Phase 4 Diagnostics	224	NR
HCHS	National Planned Care Plan - Phase 3 Additional Support Funding	159	NR
HCHS	Q2-4 Regional cataracts outsourcing	8,369	NR
HCHS	Planned care / rtt funding for activity greater than current funded levels (discuss	2,567	NR
HCHS	Plain film for oral surgery clinics	13	NR
HCHS	Planned Care clawback - outpatient insourcing contract renegotiation	(6)	NR
HCHS	Dermatology Minor Outpatient Procedures	557	NR
HCHS	HBS Insourcing Income	1,770	NR
HCHS	Planned Care Diagnostics	322	NR
HCHS	CHC AME Provision	245	NR
HCHS	Gwent Regional Innovation Coordination Hub funding	188	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - GS, ENT, Oral, MF and Urol	1,685	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - Orthopaedics	97	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - Ophthalmology (non-Cataract)	400	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - 104wks additional	3,000	NR
HCHS	Planned Care 2025-2026 - Phase 4 Diagnostics additional allocation (8 week wait	293	R
HCHS	Phase 3 additional admin cost (agreed allocation vs AB forecast gap)	959	NR
HCHS	25/26 VSM pay uplift	82	R
HCHS	Independent Board Members pay uplift	7	R
Total Anticipated: Per Ledger		27,956	
Total Confirmed 2025/26 Allocations - May 2025		1,936,642	
Total 2025/26 Allocations - February 2026		1,964,598	

Capital Planning & Performance Month 11 2025/26

	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M11 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	12,875	12,875		12,875	0
Less Targeted Estates Fund Contribution	-3,762	-2,862		-2,862	0
Less AWCP Brokerage 2024-25	-3,353	-3,235		-3,235	0
Add AWCP Brokerage 2025-26	0	1,671		1,671	0
NBV of Assets Disposed	0	79		79	0
Total Approved Discretionary Funding	5,760	8,528		8,528	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	12,184	34,913		34,913	0
Total Approved and Anticipated AWCP Funding	12,184	34,913		34,913	0
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	1,572		1,572	0
IFRS16 CRL reduction for Lease Asset Disposals	0	-84		-84	0
NBV of IFRS16 Leased Asset Disposals	0	84		84	0
Total Approved IFRS16 Lease funding	0	1,572		1,572	0
Total Capital Funding / Capital Resource Limit (CRL)	17,944	45,013		45,013	0
Applications:					
Discretionary Capital:					
Statutory Compliance Allocations	964	1,250	744	1,267	17
Other Commitments	1,050	1,053	1,013	1,040	-13
Commitments b/f from 2024-25	544	791	960	1,088	297
Divisional Priorities	2,370	5,271	2,566	5,198	-72
Corporate Priorities	0	127	267	350	223
Remaining DCP Contingency	832	37	0	23	-14
Total Discretionary Capital	5,760	8,528	5,552	8,965	437
All Wales Capital Programme:					
NHH Satellite Radiotherapy Centre	1,991	983	918	983	0
GUH ED Extension	1,946	2,665	2,665	2,665	0
Head Lease for Chepstow Community Hospital	60	107	107	107	0
2nd MRI for Grange University Hospital	2,500	2,201	2,160	2,165	-36
Centralised Decontamination Unit RGH	3,925	3,820	3,435	3,681	-139
RGH – Block 1 and 2 Demolition and Car Park	269	21	1	1	-20
Backlog Maintenance 2024-25	901	2,017	1,562	1,941	-76
EFAB - Infrastructure 2024-25	0	224	224	224	0
YF Breast Centralisation Unit	0	-219	-219	-219	0
CAMHS Sanctuary Hub	0	104	113	113	9
Housing with Care Fund	0	177	130	135	-42
Ty Gwent	0	33	-5	29	-4
Commercial Research Delivery Wales Equipment 2024-25	0	12	12	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	3	3	-8
Digital Equipment 2024-25	0	53	61	61	8
End of Year Funding 2024-25	0	77	73	73	-4
IRCF - Abervalley H&WBC	592	150	125	150	0
IRCF - Dixton H&WBC	0	169	160	169	0
Targeted Estates Fund (TEF)	0	7,981	5,191	7,903	-78
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	937	917	937	0
Non-Radiology Ultrasound Replacement Funding	0	840	426	881	41
DPIF - RISP	0	448	0	448	0
Mental Health Quality & Safety Schemes	0	705	686	697	-8
Reinforced Aerated Autoclave Concrete Management, Nevill Hall Hospital	0	522	189	391	-131
Hospital Helicopter Landing Site Improvements - 2025-26	0	28	14	28	0
VAT Recovery Reimbursed to WG (Backlog & EFAB schemes)	0	-342	-342	-342	0
Decarbonisation Project (REFIT)	0	3,536	2,250	3,575	39
DPIF - Connecting Care	0	815	815	815	0
End of Year Funding 2025-26	0	3,317	1,267	3,313	-4
Digital End of Year Funding 2025-26	0	3,468	2,320	3,477.3	9
Entonox Cracking Devices	0	11	0	16	5
Generator (Speedboat Procedure)	0	24	24	24	0
VPAG Funding	0	18	0	18	0
Total AWCP Capital	12,184	34,913	25,283	34,476	-437
Total IFRS16 Lease Expenditure	0	1,572	1,572.0	1,572	0
Total Programme Allocation and Expenditure	17,944	45,013	32,406	45,013	0
Variance against Overall Capital Resource Limit					0



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Underlying Deficit Analysis

Finance & Performance Committee
April 2026





- IMTP 26/27 Executive Summary & Overview
- Explanation of Approach to determining the underlying position
- Detailed analysis over time of ABUHB Underlying position
- Backing analysis
 - Workforce
 - CHC
 - Medicines Management
 - JCC
 - Digital



This report sets out an analysis of the Health Board's **£38.2m** underlying financial deficit position, with a particular focus on the **£23.8m in-year cost pressure** that has emerged during 2025/26, which exceeds the £14.4m planned underlying deficit.

The analysis identifies that the position is driven by :

- **Workforce costs**, reflecting sustained demand, inflation and service delivery requirements,
- **Continuing Healthcare**, pressures primarily related to price inflation,
- **Medicines management**, Cancer driven Acute drug spend increases in excess of plans,
- **Joint commissioning and specialist services**, recurrent historical spending plans,
- **Digital costs**, delivery of unavoidable digital business continuity systems.

All of which continue to exceed funded levels on a recurrent basis. While in-year financial control has been maintained through a combination of non-recurrent funding and mitigations, the breakdown of the £23.8m pressure demonstrates the extent to which the underlying cost base has increased and highlights the requirement for recurrent solutions through the IMTP to address structural financial risk and support long-term sustainability.

IMTP 2026/27 Opening Underlying Deficit Summary

Overview



Underlying deficit	Planned ULD closing 25/26	25/26 recurrent cost pressures into 2026/27 new in year	Opening Revised ULD 2026/27
	£m	£m	£m
Workforce pressures	2.0	13.4	15.4
CHC	2.6	2.5	5.1
Medicines management (prescribing and acute drug costs)	4.8	2.8	7.6
WHSSC / EASC (service growth in excess of funded levels)	5.0		5.0
Digital		5.1	5.1
Total	14.5	23.8	38.2

The most significant areas worsening the underlying position are:

- Unplanned Workforce costs increases during 2025/26
- Unfunded Digital Cost pressures 2025/26
- JCC, CHC and Medicines spending are historically and recurrently in excess of funded levels

This table presents the technical accounting version of how the underlying position is determined

	£m	£m	£m
	Budget	Actual	Variance
Current Year Position (m09)			18.3
Non Recurring Savings		15.0	15.0
Non Recurring Accountancy Gains		3.3	3.3
Full Year Effect of Recurring Savings		- 6.1	- 6.1
R/NR Adjustments		11.6	11.6
Reserves full release		3.9	- 3.9
			38.2

Approach to Determining the Underlying Position



The principle is based on establishing a 'macro' Health Board underlying position, based on Recurrent Spending commitments compared with overall and specific Allocations and Income received.

Factors considered include:

- Price Inflation changes
- Volume changes
- Recurrent Commitments without a recurrent income source
- Recurrent and non-recurrent Allocation uplift levels
- Recurrent income levels
- Recurrent Savings levels
- 'Repeating' financial issues (as opposed to 'recurrent')
- Significant organisational plans

Note:

This assessment may be different to delegated budgets underlying positions, where delegated recurrent spending is compared with recurrent delegated budgets – the decision of where to establish budgets is an internal Health Board choice.

Approach to Determining the Underlying Position



Allocation uplifts for recent years were:

Description	2023/24	2024/25	2025/26
Allocations Core Uplift %	1.50	3.67	1.77

The assessment of our position has reflected on the spending incurred either through discretionary decisions, demand driven commitments or market forces inflation and compared those levels of spend with the allocation and other income received to generate the key drivers of the underlying position.

Several factors have been identified and summarised in the following table these can be summarised broadly as:

- Covid led and residual demand and acuity, DToCs and bed pressures driving workforce requirements for safety plus unfunded national initiatives and pay agreements
- Recruiting to unfunded or non recurrently funded posts
- Opening the GUH and the inability to fully generate expected savings due to demand
- ED investments for safety
- CHC price inflation
- New medicines and NICE guidance
- Specialised services costs
- Non-recurrent savings
- National Digital systems and services costs

Note: Significant funding £40m has been received from WG to manage some of these pressures, some remain conditional - outlined in the next slide

Timeline Analysis of Underlying position



ABUHB	Opening 2024/25			Closing 24/25 / Opening 25/26 ULD				Closing 25/26 ULD		
	GUH	Other	24/25 Forecast	24/25 £9.5m Funding Underlying Pressures - CHC & Prescribing	24/25 31m conditional funding - applied to GUH	24/25 31m conditional funding - applied to other	Planned 25/26 Opening ULD	25/26 In Year cost pressure Recurrent	25/26 Closing ULD	
Underlying position timeline										
Workforce	13.00	1.00	14.00	-	13.00	1.00	-	13.40	13.40	
Medical staffing cost increases due to operational acuity including ED safer staffing	6.00	0.50	6.50	-	6.00	0.50	-	-	-	
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity	5.00	2.00	7.00	-	5.00	-	2.00	-	2.00	
CHC		6.00	6.00	-	3.40	-	2.60	2.50	5.10	
Medicines management (prescribing and acute drug costs)		11.00	11.00	-	6.20	-	4.80	2.80	7.60	
Covid legacy (estates & facilities)	3.00	-	3.00	-	3.00	-	-	-	-	
Joint Commissioning Committee (WHSSC / EASC - service growth in excess of funded levels)		5.00	5.00	-	-	-	5.00	-	5.00	
Cancer additional activity delivery through WLI and additional diagnostics		2.50	2.50	-	-	2.50	-	-	-	
Digital - Unavoidable business continuity systems		-	-	-	-	-	-	5.10	5.10	
Total	27.00	28.00	55.00	-	9.60	27.00	4.00	14.40	23.80	38.20

£9.5m Funding Recurrent:

This allocation is in recognition of consistent pressures that are being experienced by all Health Boards, which was supported in part by non-recurrent funding in 2023/24. Specifically, this is to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines, and packages of care (CHC/FNC).

Allocation of £31m will be made on an in-year basis. This allocation and its recurrence is conditional on the Health Board delivering the associated delivery conditions with this funding set out in Appendix 1. and financial impact and drivers of the Clinical Futures and Grange University Hospital and wider system.

Workforce (£13.4m 25/26 recurrent pressure)



Description	£'000	Narrative
NEIC (Funding <cost)	2,200	National Insurance Shortfall in funding
Fracture Liaison service	300	WG Time limited funding - posts continued due to Value proposition
Surge beds	2,000	Operational pressures in both elective and non-elective pathways prevented the organisation from progressing bed reduction plans. Calculation based on a reduction of variable pay. Based on an 'average' variable pay for Nurse Bank and Agency this would have been in the range of 40 WTE reduction in Nursing Bank and Agency and equated to 2 wards or 56 beds (based on a standard 28 bedded ward)
Emergency Department	200	Ward safe staffing increases - reflective of acuity and operational pressures
ITU capacity	1,500	Operational pressures prevented the closure of ITU capacity - original plan was to go from 24 beds to 18, but utilisation due to acuity and demand pressures has meant this was not deliverable. This would have resulted in a loss of a 24/7 Nurse per bed, which equates to a calculated WTE equivalent of 33.6 WTE with uplift
Mental health	3,900	Significant increase in additional pay demands on the MHLD division driven by increased demand and acuity. Additional pay spend in the region of £325k per month, equating to an additional requirement of circa 80 WTE in variable pay, based on the average rate for the Division in 25-26
Diagnostics growth	500	Due to both increased volume demand and acuity, increase in examinations of c.7,000 per annum across both MRI and CT (OOH and Routine) which is expected to continue
Diabetes pumps	800	Staff to manage increase in prescribed pumps per NICE guidelines
Established Posts (time limited funding: 3p's, h/c pathways, wellbeing)	748	Time limited WG funding - posts continued to support services
FYE New / Filled Posts (NR vacancies)	1,285	MH older adult posts, Ophthalmology consultants*2, T&O ESPs *3.8, Domestic posts following OCP
Workforce - 25/26 recurrent cost pressures (ULD)	13,434	

CHC (£2.6m b/f & £2.5m 25/26 recurrent pressure)

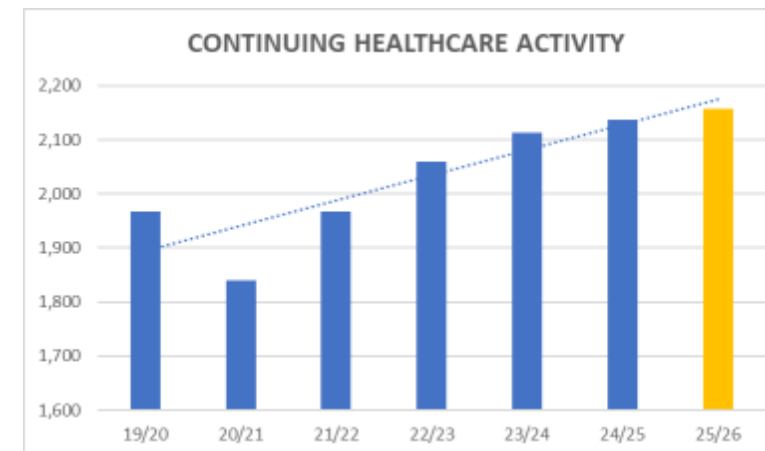
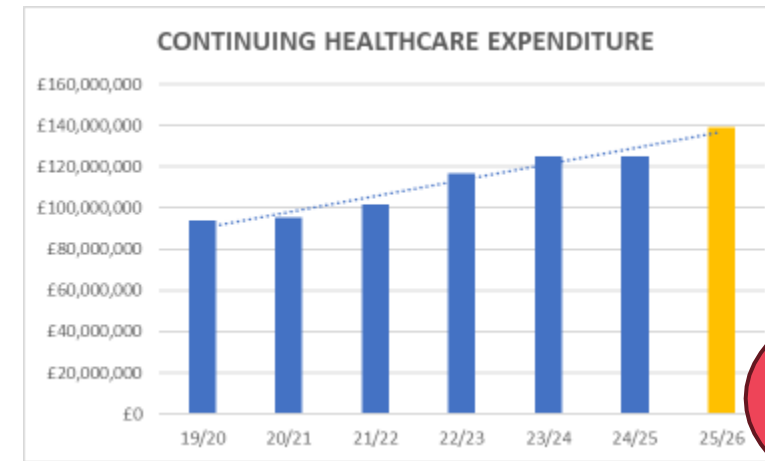


Description	£'000	Narrative
Mental Health Growth 25/26	2,625	average unit price above 1.77% allocation uplift for 20 cases
Mental Health CHC savings applicable for 25/26	- 34	apportioned savings for growth
CHC - 25/26 recurrent cost pressures (ULD)	2,591	

EXPENDITURE			
Division	Actual Costs 23/24	Actual Costs 24/25	Forecast Costs 25/26
Mental Health & Learning Disabilities	£52,826,730	£54,783,721	£61,578,900
Complex Care	£66,822,938	£67,875,874	£73,776,411
TOTAL	£119,649,668	£122,659,595	£135,355,311
Increase in Costs		£3,009,928	£12,695,716
Increase in Costs		3%	10%

ACTIVITY			
Division	Avg Activity 23/24	Avg Activity 24/25	Avg Activity 25/26
Mental Health & Learning Disabilities	419	430	450
Complex Care	1,596	1,605	1,610
TOTAL	2,015	2,035	2,060
Increase in Activity		£20	£24
Increase in Activity		1%	1%

AVERAGE SPEND PER PLACEMENT			
Division	Avg Spend 23/24	Avg Spend 24/25	Avg Spend 25/26
Mental Health & Learning Disabilities	£126,003	£127,330	£136,918
Complex Care	£41,869	£42,290	£45,826
TOTAL	£59,372	£60,267	£65,717
Increase in Costs		£895	£5,450
Increase in Costs		2%	9%



Cost Driver is Primarily Price

Medicines Management (£4.8m b/f & £2.8m 25/26 recurrent pressure)



	Expenditure		
	2023/4 £ '000	2024/25 £ '000	2025/26 £ '000
PRIMARY CARE (PAR)	126,785	131,069	131,887
Primary Care Rebates	(1,717)	(2,253)	(3,189)
SECONDARY CARE	59,334	66,514	69,618
Velindre	15,988	18,597	27,547
Other Welsh Health Boards	5,517	6,186	6,485
TOTAL	205,907	220,113	232,348
Increase in Costs		14,206	12,234
Increase in Costs		7%	6%

Underlying Cost Driver in Medicines management is Acute drugs

Specialty Level Acute Drug Spend increases	
Specialty	Spend Increase 2024-25 to 2025-26 by Directorate £k
CLINICAL HAEMATOLOGY	966
RESPIRATORY	460
GASTROENTEROLOGY	562
HIV	243
MATERNITY	190
NEUROLOGY	138
COTE	74
WEIGHT LOSS	70
GENERAL MEDICINE	53
	2754

	% Increase in Spend	
	2024/25 from 2023/24 £ '000	2025/26 from 24/25 £ '000
PRIMARY CARE (PAR) - net of rebates £	3,748	-118
PRIMARY CARE (PAR) - net of rebates %	3%	0%
SECONDARY CARE £	7,180	3,103
SECONDARY CARE %	12%	5%
Other Welsh Health Boards inc Velindre £	3,278	9,249
Other Welsh Health Boards inc Velindre %	15%	37%

ABUHB Top 5 Acute Drug Increased Spending		
Specialty	Drug Name	Spend Increase from 2024/25 to 2025/26 £k
Clinical Haematology	DARATUMUMAB	357
Clinical Haematology	MOMELOTINIB	327
Gastroenterology	RISANKIZUMAB (SKYRIZI)	310
Respiratory	TEZEPELUMAB	272
HIV	BIKTARVY/ DOVATO	242

Nb. The above represents predominantly cancer driven prescribing

JCC – Specialised Services and EASC (£5m b/f recurrent pressure)



Description	£'000	Narrative
24/25 non recurrent under delivery on contract performance, expected to recover and deliver in future year	2,619	Main elements NICE Drugs and Medicines Management (£1.0m), Cardiac Surgery (£0.7m), Specialised Cardiology (£0.5m)
24/25 FYE in year commitments	356	Main elements neuropsychiatry (£0.1m) & Paeds Strategy (£0.1m)
24/25 unavoidable growth and cost pressures	1,053	Main elements PET Scans (£0.2m), Renal Growth (£0.2m), Immunology (£0.2m)
24/25 NICE growth	375	
24/25 CIAG & Prioritisation schemes strategic priorities	287	Main element south wales thrombectomy (£0.1m)
Other inflationary & English provider pressure	310	
JCC - 25/26 recurrent cost pressures (ULD)	5,000	

Digital unavoidable spend (£5.1m 25/26 recurrent pressure)



Description	£'000	Narrative
WCCIS (RIF non recurrent funding)	210	Product Contract and staff
EPMA (WG non recurrent funding)	2,477	Product Contract and staff
Connecting Care/WCCIS - (New Contract to replace WCCIS & new staff)	1,516	Product Contract and staff
Increase in MS Office - DHCW / trsutmarque	632	DHCW £0.6, Trustmarque £0.1
DHCW (other national systems)	286	(NDR/RISP/WNCR/DSPP)
Digital - 25/26 recurrent cost pressures (ULD)	5,120	



The underlying position needs to be improved as part of delivering the 2026/27 financial plan and to achieve long term financial balance and sustainability

The IMTP outlines the approach to improving financial performance including:

- ABUHB V&SB thematic focus
- Budget holder requirements and improved performance accountability arrangements
- Increased workforce recruitment scrutiny
- Further Development of opportunities to reduce spending and improve value for patients
- Progressing QIA options
- Renewed communications
- Invigorated grip and control and further promotion of training including workforce, procurement and budgetary control

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance & Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value & Sustainability Board Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Commins – AFD ‘Out of Hospital’ Greg Bowen – AFD ‘Hospital and Corporates’

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Aneurin Bevan University Health Board (ABUHB) has established a Value & Sustainability Board (V&SB) to improve the financial and operational sustainability for Aneurin Bevan University Health Board.

The 2025/26 plan submitted by the Health Board to Welsh Government (March 2025), identified £40.4m as the required level of savings to support a breakeven forecast position for 2025/26. The savings schemes were shown as three categories:

- Identified savings schemes - £15.7m
- Identified Health Board level savings opportunities with work to be undertaken to attribute to specific Divisional schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

As at month 11, the year-to-date savings achieved are £34.4m against the plan of £32.6m (£1.9m ahead, or 5.9%), with a current full year forecast of £43.4m. The Health Board will continue to identify new schemes and to review performance on existing schemes to maximise the total achievement for the year and will continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities as we move into 2026-27.

The Health Board will continue to pursue further opportunities to mitigate / offset the risk to the planned savings and increases in new operational pressures.

The table below illustrates the V&SB category savings performance as at month 11.

Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	12	£2,261	£1,560	-£700	£2,563	£1,900	-£663
Medicines Management	54	£4,035	£8,151	£4,115	£4,520	£9,557	£5,037
Procurement & Non-pay	137	£15,868	£14,642	-£1,226	£20,587	£20,452	-£135
Service redesign	3	£1,707	£1,568	-£139	£1,980	£1,712	-£268
Workforce	83	£8,691	£8,574	-£117	£10,750	£9,779	-£971
Total	289	£32,562	£34,495	£1,933	£40,400	£43,400	£3,000

Cefndir / Background

ABUHB established a V&SB during 2023/24 as part of its governance arrangements to improve the financial and operational sustainability of the Board.

Welsh Government has established a similar format of governance and ABUHB has aligned with this approach.

The Board has established several workstreams under this programme, all with an identified executive lead, as follows:

- Medicines management – Medical Director
- Workforce/Variable Pay – Director of Workforce & OD
- Service Re-Design – Director of Planning
- Continuing Health Care – Chief Operating Officer
- Non-Pay – Director of Finance
- Prevention - Director of Public Health - enabler
- Digital – Director of Digital - enabler

These workstreams consider and progress both national and local opportunities. It should be noted that the above workstreams are currently being revised and expanded for the 2026–27 financial year, with a particular focus on Service Re-Design. This will provide greater transparency over the specific projects within this theme (for example, Beds and Theatres) and strengthen accountability by identifying individual scheme leads, rather than aggregating all activity under a single overarching theme.

This report provides an update on progress of the programme workstreams for the committee for the end of February 2026.

Medicines Management V&S update February 2026

ABUHB V&SB Group Executive lead – Medical Director

National Priorities

- WG Letter issued 06.10.23 detailing 8 National Priorities
- Additional WG letter issued 19.03.24 detailing a further 5 National Priorities
- Further WG letter issued on 02.10.24 detailing the 10 National Priorities that were to be prioritised.
- In September 2025, the NHS Wales Value & Sustainability Board endorsed a revised set of 8 National Priorities.

National Value & Sustainability Board

The 8 National Priorities endorsed by the NHS Wales V&S Board in September 2025 are:

1. Maximise the use of all available biosimilars
2. Switch to use of generic medicines in Secondary Care when NHS contract prices are reduced
3. Stop prescribing medicines by brand in Primary Care where lower cost generics are available
4. Preferential use of Apixaban and Rivaroxaban in Primary Care
5. Restrict prescribing of bath and shower emollients
6. Preferential use of generic Dapagliflozin as first-line SGLT2-inhibitor
7. Optimise the prescribing of Oral Nutritional Supplements (ONS)
8. Minimise the prescribing of high acquisition cost Blood Glucose Testing Strips

ABUHB Value & Sustainability Board

Positive Progress During Period

Focus remains on the National priority areas identified by NHS Wales Value & Sustainability Board.

National Priority 1 – Use of biosimilars

- ABUHB continues to have the highest uptake of established biosimilars in Wales. For the newest biosimilars, a switch to Aflibercept has been completed with Golimumab and Omalizumab in progress. Agreed that Junod will be the biosimilar of Denosumab used by ABUHB due to most of the use being in Primary Care. Plans for switching are being finalised.

National Priority 2 – Use of generics

- A review of generic contract medicines has been undertaken. Discussions are taking place with Haematology regarding switching of Eltrombopag from WP10(HP) to Homecare to maximize the contract price.

National Priority 4 - DOACs

- ABUHB continues to see a growth of generic Apixaban and Rivaroxaban as a % of DOACs (93% Primary Care, 95% WP10(HP)). Latest data - Dec 25.

National Priority 5 – Bath/shower emollients

- ABUHB has the 3rd lowest prescribing of bath/shower emollients in Wales in Primary Care. WP10(HP) use is 4th lowest.

National Priority 6 - use of generic Dapagliflozin as first-line SGLT2-inhibitor

- ABUHB has the 2nd highest use of Dapagliflozin of all SGLT2s (Primary Care 81% and WP10(HP) 88%). Latest data – Dec 25.

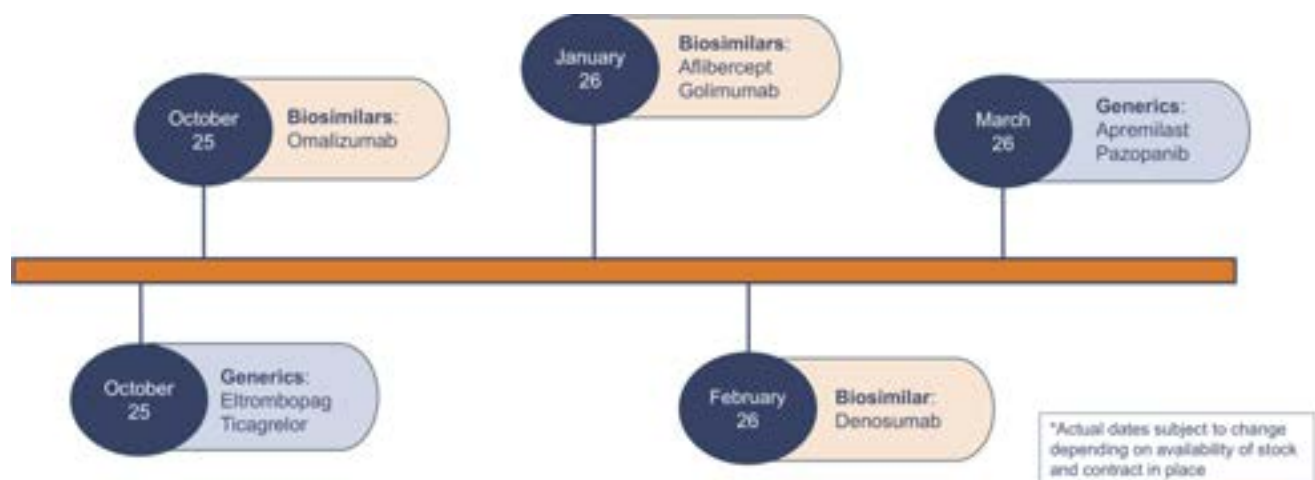
National Priority 8 - Blood Glucose Testing Strips

- ABUHB has the highest performance of blood glucose strips <£10 (Primary Care 92%). Latest data – Dec 25.

Next Steps

Continue to progress the 8 National Priority areas.

The following chart outlines the timeline of delivery which is subject to change based on availability of stock and contract price changes.



Outlier Practices

Work remains ongoing in relation to the outlier practice pilot at Tredegar Health Centre and initial reviews of gabapentinoids have been completed. The funding for the pilot will continue until the end of March with a subsequent evaluation presented to MMPB.

Formal reporting on the 8 National Priorities from AWTTTC has commenced.

Challenges

Primary Care dressings initiative for GP practices utilising the ONPOS platform has been delayed. The scheme should have been operational in Q4 2024/25. Executive approval of the procurement process was given on the 5th August 2025. The SLA has now been approved, and training is being rolled out to Torfaen practices.

Mitigations

Escalation of current issues to SRO / Executive Director for Public Health and Strategic Partnerships via Medicines Management Programme Board.

Medicines Management Programme Board (MMPB) Actions

- Ensure greater Divisional / Clinical representation at MMPB

- Progress Blueteq implementation – SBAR endorsed by V&S B and MMPB. The process of top-slicing Secondary Care Division budgets to fund the resource required to implement Blueteq was agreed.
- Endorse Homecare as preferential route over WP10(HP). This will provide more timely information, have less reliance on Rebate Income, will have less impact on community pharmacy cashflow and will improve the way patients get their medicines.
- Expand the use of the Qliksense Pharmacy App to Clinical Directors to facilitate their oversight of medicines spend in their areas.

A written update was provided by the Clinical Director of Pharmacy on the National Priorities to the February MMPB. This highlight report includes an update on the respective priorities of work and information where schemes have progressed since the last update.

Medicines Management Programme Board Thematic Updates

Thematic updates have been arranged to take place across the rest of the calendar year for the following areas:- Enteral nutrition, Respiratory, Endocrine, Gastroenterology, Ophthalmology, Rheumatology, Cardiovascular and Dermatology. In addition to the presentations, written updates will be provided to MMPB on the key issues.

Medicines Management Programme Board Month 11 Finance Review

A detailed Finance update for Month 11 was prepared for the February January MMPB.

The savings forecast for 2025/26 at month 11 has increased from £8.909m to £9.461m. (Savings delivered in 2024/25 totalled £5.549m).

New savings schemes for 2026/27 have been incorporated into the IMTP.



Enhanced Medicines Management Information

Separate dashboards are also produced for both Primary Care Prescribing and Secondary Care drugs. These dashboards are available to the Value & Sustainability Board and the Medicine Management Programme Board.

Additional dashboards have been developed at Directorate level and are included in the Budget Holder Dashboard on QlikSense. This will further widen the availability of information on Secondary Care drugs spend to Division/Directorate management teams.

Value & Sustainability Board – Workforce Update February 2026

ABUHB Variable Pay Programme Board

Continuous focus on opportunities for Total Pay reduction across the Health Board. Variable Pay Reduction Board established which meets monthly to inform V&SB meeting pack.

Positive Progress 25-26 To Date:

- Specialist Rates – Removal of enhancements £1.6m in 25-26 forecast (£2m annual benefit)
- HCSW Recruitment campaign completed but ongoing in relation to turnover. Focus on reaching zero agency by end March 2026 in MH&LD and Primary Care. Reduction over recent months from circa 26wte per week to 7wte per week - £TBC
- Estates & Facilities action plan to remove agency - in progress with reduction of 21wte to date in facilities following recruitment campaign. Challenges with recruitment, especially in Estates ongoing. Shortages in skilled trades. Plan focuses on facilities reduction to zero by QTR 1 26/27.
- Focus on improvement of Consultant Job Plan compliance, deep dives arranged by Deputy Medical Director - £TBC

- Additional measures in place from 1 Dec on medical agency bookings and process with potential savings of £500k by end March 26 (assessment in progress).
- Successful RN recruitment campaign in terms of streamlining and IENs. Financial impact TBC.
- Received £13K form patchwork rebate

Key focus Areas:

- Stopping HCSW, Admin and Estates and Ancillary agency and RN off contract agency, linked to recruitment of substantive staff - £525k annual opportunity
- International and Streamlining Recruitment Initiative - £1.4m opportunity for 25-26
- Roster Deep Dives – £ impact TBC: ongoing with improving efficiency
- Retention, Sickness and Wellbeing, Establishment Control and Vacancy Management, Job Descriptions, Optional Models of Care / Team Design - £800k
- Implementing all Wales Agency contract - £126k
- Review of Medical Agency Spend – 25-26 assumptions TBC
- Focused review on levels of Enhanced Care
- Admin Review - £2.4m annual opportunity bringing HB in line with All Wales average

Challenges:

- Ability to reduce sickness absence (current absence is 6.3% which is higher than the pre-Covid figure of 5.7%)
- Specialist Rates – holding period as staff may not work the shifts without enhancements, presenting a risk on increased agency usage
- HCSW turnover in 10% which equates to 20 WTE per month
- National contract reform may have an impact on rates of contractual pay
- Impact of additional staffing required for planned care, winter and ONP



Value & Sustainability Board – Service Re-Design Update February 2026

ABUHB V&SB Executive lead – Director of Planning

ABUHB Service Re-Design

Working group consisting of Planning and Finance colleagues meeting fortnightly with Exec Director of Planning to update on progress and inform the pack to be presented at the monthly V & SB meeting. The group feeds in information from relevant established programmes on any Service Re-Design related topics.

Positive Progress 25-26 To Date:

- Bed Plan – DAP bed audit ongoing to assess opportunity and benefits to inform future plan - £TBCm aligned to Older Person Pathway and bed reconfiguration opportunity
- QIAs – Future report to Execs for consideration as part of IMTP 26-27 Process – £15.9m annual opportunity
- Planned Care Efficiencies – NHS Exec Report received with assessment ongoing
- Staff Ideas – ongoing review, feedback to Divisional to take forward opportunities
- Clinical Model – Workshop held during May, options appraisal in progress, further modelling requested aligned to the options appraisal and opportunities across the system, establishment of new workstream re Older Person Pathway aligned to newly formed Clinical Redesign Programme and Acute Medical Model Programme– Discussion at Exec Time Out in overall Clinical Plan in November 2025
- NHH – SOC drafted and to be submitted to Board. Public engagement beginning July 25 - £TBC

Evaluation of service changes, both financial and non-financial, is now required.

Next Steps / Opportunities:

- Intake Model / SDEC / Bed Base – take forward actions from the May clinical model workshop to include Acute Medical Model, Right Sizing of Bed Base, further modelling to be undertaken re opportunities across the system, Older Person Pathway – service mapping and visit to Swansea to see best practice – Older Person Pathway desktop exercise undertaken in April 2026, optimal service model defined, paper to Execs/Board in May, establishment of workstreams and implementation plan for 2026
- SWH Rationalisation – Project Board to be established in July – draft SOC in progress
- Planned Care Efficiencies – Stocktake of opportunities, with future meeting to be held with NHS Exec – Theatres to be present at Exec Time Out April 2026
- NHH – Work continuing ahead of submission of SOC to Board and WG in September – WG investment panel April 2026, to present refined options.
- Staff Ideas – Progress ideas aligned to existing workstreams to assess viability for delivery

Service redesign savings summary 2025/26 (£'000)

Division	Green	Amber	Total
Medicine	£1,671		£1,671
Various		£0	£0
Total	£1,671	£0	£1,671

Annual Plan savings (£'K)

£1,980

YTD achieved (£'K)

£1,568

Total Forecast savings (£'K)

£1,671

Achieved / forecast savings by RAD rating



RAD rating



--- £1.78 (2024)

SchemeID	Description	RAG	Plan (£'K)	Forecast (£'K)	Variance
MED-12	Delay in prescribing Sudecomide	Green	£340	£1,671	£1,331
MED-25	Switch Acute 30 bedded ward to Community ward	Red	£128	£0	-£128
Oppo-02	Opportunities (10.3m) - Service Redesign	Amber	£1,640	£0	-£1,640
Total			£2,108	£1,671	-£437

GIG
NHS
W.A.L.E.S.Bwrdd Iechyd Prifysgol
Amhurin Betsan
University Health Board

Continuing Healthcare V&S update February 2026

ABUHB V&SB Executive lead – Chief Operating Officer

Value & Sustainability CHC delivery

As at Month 11 savings of £1.9m have been identified against a plan of £2.563m. These are now all green schemes.

Key Highlights Of Period

Positive Progress During Period

Complex Care

- All Wales Direct Payment work ongoing; indication WG draft guidance will be available mid March; meetings in place to view. Majority of workstreams complete with draft SOP, will require finalisation in line with final published guidance
- Implementation of Care Cubed supported by ED's as per SBAR, possible introduction in May 26 if not sooner
- The Hospital To Home Scheme recently supported by PIP, to be taken forward to Executive Committee for approval

Mental Health & Learning Disabilities

- Additional savings of £30k reported since last V&S board in relation to early cessation of United Welsh Support Contract in relation to Acorn Project
- Options being explored on potential opportunity in Ebbw Vale to block book beds with a view to save money on existing spot purchased commissioned packages

- High cost transition package avoided due to JH being supported by in-patient services whilst local options continue to be pursued - this continues as cost avoidance
- LML continues in core services, with continued savings preparing plan to discharge
- Patient flow work continues to avoid external bed commissioning
- Presentation on opportunities on Care cubed and new CHC database which the Division is keen to progress with

Family & Therapies

- Scrutiny of invoices > £100k
- Partnership working
- Transition Care Focus in CHC
- Not seen the number of high value packages come through panel

Next Steps

Complex Care

- Continue and support Direct Payments work; or workstream complete; provide view & feedback on draft guidance; undertaking a trial Direct Payment in April in Partnership with LA
- Continuing NHS Healthcare (CHC) Database – a Single Stage Business Case has been drafted by Powys THB; awaiting next steps from AB Digital Director

Mental Health & Learning Disabilities

- Approve the revised disputes policy at Complex Care Board
- Continue with review on high-cost Commissioned packages
- H&F meeting this week with Legal, Barrister instructed on H&F side who has pushed back on ordinary residence of patient stating they should be BG not H&F. Option to be explored on next steps
- Link high cost placement review with patient flow pathways & housing opportunities
- Options appraisal to be presented for Mitchell Close
- Working to embed OHFF / six goals works workstream for patient flow

Family & Therapies

- No Dispute Packages of Care that we are aware of
- Ongoing talks around eliminate agenda (shared working with Gwent Heads of Children's Services)
- Reviewing CHC pathway – work on-going
- Deep Dive on delayed reviews of packages of care
- National Database – demo session attended on 10th December 25 by Paul Solloway on the new CHC Database. Attendees Kirsten Gibbons and Jo Butler (3 year funded by WG)

Challenges

Complex Care

- Sickness levels within CAHT
- Winter pressure on discharge via CHC/DTA and RIF funded pathways

Mental Health & Learning Disabilities

- High cost transition cases – alternative plans emerging
- Funding disputes, action plans now in place and proceeding
- Limited in-house repatriation services available
- Change to MSU step down timeline from 3 months to 1 month proving challenging due to MOJ restrictions and timeline to place
- Cost of Legal advice in relation to disputes

Family & Therapies

- Repeated 'over commissioning' of healthcare professionals within social care packages
- Mitigation plans: early planning and no surprises approach with local authority and dispute negotiation
- No new savings plans identified for Children's CHC – LA commissioned packages
- Staffing challenges, 1 wte Case Manager Vacancy

Mitigations

Complex Care

- Efficiency group to continue to identify additional saving opportunities

Mental Health & Learning Disabilities

- Focus on LD high cost cases, long term pathway management planning
- Cross divisional transition group established to ensure oversight and horizon scanning of transition cases and Directorate accountability
- Liaising with JCC regarding MSU step down to ensure all requirements are met to allow step down

Family & Therapies

- £375k funding has been allocated as part of the annual plan
- Our 25/26 forecast is currently £-200 as at M10 - Work undertaken to review open packages on the CHC database
- We are not seeing the level of complex packages of care come through this year as expected but this is a volatile area and can change quite quickly as we do have a few children that flexes up and down due to the child's needs



Value & Sustainability Board – Non-Pay Update February 2026

ABUHB V&SB Executive lead – Director of Finance & Procurement

Established Non-Pay Programme Board chaired by the DOF which meets monthly with representation from all Divisions across the Health Board. This Board supports identification and delivery of procurement opportunities, and the output of this group informs the pack to be presented at the monthly V & SB meeting. The attendees at the Board feeds in information and updates the Board on progress at Divisional level and any updates in terms of National work.

Key updates:

- £20.6m expected delivery for 2025/26 against £20.6m plan as at month 11 – further opportunities progressing in terms of planning for 26-27.
- Medical consumables & Theatre Improvement – Sub-group set up to provide a dedicated focus in this area. Procurement pushing national priorities and local opportunities.
- Contract Management – new process now live in ABUHB which covers any new contracts > £100k in value. 40 contracts identified & working through each of them starting with highest value. Key successes in CCS.
- 2026/27 pipeline of opportunities progressing - £2m current pipeline with further NWSSP workshop in mid April which could potentially increase this number

Challenges:

- Clinical preference & resistance to change
- Lead times for 'pilots'
- Speed of decision making
- Budget holder focus on delivering savings

Value & Sustainability - Procurement & Non pay 2025/26

01/04/2025 28/02/2026



Non pay savings summary 2025/26 (£'000)

Division (Reporting)	Green	Amber	Red	Total
Clinical Support Services	42,700			42,700
Contracting and Commissioning	43,662			43,662
Corporate	45,110			45,110
Estates and Facilities	44,392			44,392
Families and Therapies	41,250			41,250
Medicine	4,984			4,984
Mental Health and Learning Disabilities	4,994			4,994
Primary Care and Community	41,732			41,732
Surgery	4,722		10	4,732
Urgent Care	4,948			4,948
Various		48	10	58
Total	420,534	48	10	420,534

Annual Plan savings (£K)

£20,587

YTD achieved (£K)

£14,642

Total Forecast savings (£K)

£20,534

Achieved / forecast savings by RAG rating



Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Value & Sustainability Board – Prevention Update February 2026

ABUHB V&SB Executive lead – Director of Public Health

Focus on CVD Hypertension and Diabetes and Contraception, working with GPs and key NCN groups to progress. All Wales Diabetes prevention programme being rolled out.



Prevention V&SB
Deck Feb 26.xlsx

Value & Sustainability Board – Digital Update February 2026

ABUHB V&SB Executive lead – Director of Digital

Positive Progress to date:

- Hybrid Mail – Tranche 3 expected to go live by end of April 26
- Managed Print – Estimated Savings of 28%, paper due to go to execs (date tbc)

Challenges:

- M365 VAT reclaim still awaiting treasury decision – 4 year rule July 25 – on hold with DHCW/HMRC – DHCW pursuing.
- Stale devices Laptops 150 Desktops 67 not been used in last 12mths, working with staff to locate
- Heading 14 VAT Charges – affects digital contracts (changes to reclaim rules) – working through as contract renewals arise

- Resources currently allocated to the Microsoft 365 team

Next Steps:

- Continue to monitor expenditure in the relevant cost centres.
- Continue to query and discuss alternative options.
- Continue the audit process for Mobiles and Telephony lines.
- Continue improvement programme using Microsoft 365 tools and features.
- Continue to baseline & measure benefits for all Digital transformation projects
- Managed Print Service Investigation (value still to be configured)

Financial Opportunities:

- Digital Patient Communications - (£20k)
- Telephony - £10k
- SIP/DEL - Telephony Contract Full Tender
- Health board wide monthly spend (cancellation/reallocation of mobile phone contracts)
- Mobile Phone Contract - estimated saving of 30k in year (depending on when phones transfer over to new contract)

Summary

The below graphic presents the overall forecast savings achievement planned for 2025/26. Further work on future opportunities is continuing, and the Quality Impact Assessment process will be considering proposed opportunities as part of the three year route map to recovery.



Bwrdd Iechyd Prifysgol
Amurthlon Bevan
University Health Board

Argymhelliad / Recommendation

The Finance & Performance Committee is requested to note the report for assurance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. Financial Balance
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	National V&SB Board
Rhestr Termau: Glossary of Terms:	V&SB – Value & Sustainability Board WG – Welsh Government SDEC – Same Day Emergency Care O/P – Out patient INNU – intervention not normally undertaken MH – mental health LD – learning disabilities 'k' – thousand Tbc – to be confirmed QIA – quality impact assessment

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

ABUHB VALUE AND

Exec Le	Update as at :
SRO - I	Scope – Public
Clinica	Aims and Obj
Financ	expectancy ar
Positive Progr	Next St
CVD –	CVD
Challenges:	Mitigat
CVD –	CVD &



THEME Area CVD

Opportunity	Proposal and Next Steps	Milestone Date of Delivery	Included in 25/26 Plan	25/26 Opportunity £ ('000s)	26/27 Opportunity	27/28 Opportunity £ ('000s)	V&S Scheduled Update
1	To reduce costs of Hypertension Case Finding Service launched in April 2025. It aims to identify the patients at risk of	apr-26	IMTP Priority: Preventable Premature	This service is expected reach 17,000 at risk patients	CVDRFMS is likely		
2							
3							
4							
5							
6							
7							
	TOTAL		0	0	0	0	

Risks Identified	Mitigations
------------------	-------------

VALUE AND SUSTAINABILITY BOARD MONTHLY UPDATE: March 2025



THEME Area

Opportunity	Proposal and Next Steps	DIVISION IMPACT	Included in 25/26 Plan	25/26 Opportunity £ ('000s)	26/27 Opportunity	27/28 Opportunity £ ('000s)	V&S Scheduled Update
1							
2							
3							
4							
5							
6							
7							
	TOTAL		0	0	0	0	

Continuing Healthcare (CHC) Update

Finance & Performance Committee

23 April 2026

Progress to Date & Approach

- **Set up of CHC Assurance Board (First meeting on 23 March 2026)**
 - Second meeting scheduled for 23 April 2026
 - Clinical & Operational representation from key Divisions (MH&LD, F&T, P&CC) and corporate functions (COO Office & Finance)
- **Reporting into Value & Sustainability Board**
 - Monthly reporting into V&S Board, following CHC Assurance Board
 - Finance & Performance Committee, by request
- **Set up of Direct Payments (CHC) Steering Group**
 - First meeting held on 20 April 2026

What Are We Trying To Achieve?

- **Consistency Of Reporting Across Divisions**
- **Analysis of:**
 - Current years forecast to previous years spend
 - Current years forecast to IMTP forecast
 - Material monthly variations
- **Comprehensive Reports to Separately Identify:**
 - Internal & External Packages
 - Core Funded, Additionally Funded & Ring Fenced Funded
 - Database releases
- **Analysed Between**
 - Price
 - Volume
 - High-Cost Packages

CHC Expenditure & Savings Analysis

EXPENDITURE

DIVISION	19/20 £000	20/21 £000	21/22 £000	22/23 £000	23/24 £000	24/25 £000	25/26 £000	26/27 £000	19/20-26/27 £000
Complex Care	57,846	65,657	65,710	65,881	69,888	71,425	78,440	81,951	24,104
Mental Health & Learning Disabilities	32,032	36,668	39,767	42,684	51,974	54,734	60,483	67,260	35,228
Family & Therapies	2,666	2,430	2,630	2,878	5,332	2,345	2,994	3,868	1,202
TOTAL	92,544	104,755	108,108	111,443	127,194	128,503	141,917	153,079	60,534

SAVINGS

DIVISION	19/20 £000	20/21 £000	21/22 £000	22/23 £000	23/24 £000	24/25 £000	25/26 £000	26/27 £000	Average £000
Complex Care	4,366	986	1,195	774	2,393	3,007	1,031	1,264	1,877
Mental Health & Learning Disabilities	3,858	3,001	2,867	1,707	4,802	4,650	698	362	2,743
Family & Therapies	0	0	0	0	0	0	485	0	61
TOTAL	8,224	3,987	4,061	2,481	7,194	7,656	2,214	1,626	4,680

% SAVINGS

DIVISION	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27
Complex Care	8%	2%	2%	1%	3%	4%	1%	2%
Mental Health & Learning Disabilities	12%	8%	7%	4%	9%	8%	1%	1%
Family & Therapies	0%	0%	0%	0%	0%	0%	0%	0%
TOTAL	9%	4%	4%	2%	6%	6%	2%	1%

CHC Assurance Board March 2026 Overview

Position Overview:

- Complex Care spend - £59.2m (25/26), £63.2m (26/27)
- MH & LD spend - £61.2m (25/26), £67.3m (26/27)
- F&T Spend - £3.3m (25/26), £3.8M (26/27)
- **Total spend - £123.8m (25/26), £134.2m (26/27) + £10.4m (8.4%)**
- Complex Care New Savings – £1.2m
- Mental Health & LD New Savings - £0.4m
- **Total New Savings - £1.6m**
- Patient Numbers – 2,117 (25/26), 2,151 (26/27) +34 (1.6%)

Risks & Mitigating Actions

- Direct Payments Implementation
- High levels of sickness with CAHT (Complex Care)
- Efficiency Group established to identify Savings

Key Drivers of Full-Year Forecast Over / Underspend (£100k threshold):

- Net Price Growth - £7.4m (5.9%)
- Net Volume Growth - £2.0m (1.6%)
- High Cost Placements - £1.1m (0.9%)

Opportunities to Reduce Spend:

- Implementation of Care Cubed - £100k
- Procurement of National Database system - £100k
- Focus on LD High Cost Cases - £150k
- Review Of Care At Home Team - £150k
- Total Savings & Opportunities - £2.102m
- Savings Included In IMTP - £1.602m

Key Identified Risks

- Packages of care that increase or change
- Increased complexity
- Increase in high-cost placements
- Direct Payments Implementation
- High levels of sickness within Complex Care
 - Agency spend on CCN due to staffing issues
- Growth of referrals
- Non achievement of the 2% savings target
- Potential disputes



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Information Governance, Cyber Security, Clinical Coding & Health Records Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway, Director of Digital (Senior Information Risk Owner)
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway, Director of Digital (Senior Information Risk Owner)

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides assurance on the Information Governance, Cyber Security and clinical coding arrangements for the Health Board with an update on recent activity.

Cefndir / Background

The Finance and Performance Committee is provided with performance information regarding the Health Boards compliance with the General Data Protection Regulation (GDPR), Data Protection Act 2018 (DPA 2018) and the Network & Information Systems regulations (2018) (NIS-R). The Health Board must monitor its performance against the regulations and needs to be assured that it's achieving an agreed and acceptable standard and have in place processes and procedures in order to achieve that standard.

Reports from the IG Group are escalated to provide assurance on key performance indicators to the Finance and Performance Committee.

Asesiad / Assessment

1. Data Protection Impact Assessments (DPIA)

DPIA's are developed in conjunction with the Information Governance team, staff and suppliers to assure that information is handled correctly and kept safe in our systems and processes.

There are two stages in the development of these:

- Stage 1 – screening questions are completed to gain a base line understanding of the project and to determine whether a full DPIA is required
- Stage 2 - completion of full DPIA if required

Any risks identified are managed in line with the Health Boards Risk Management framework.

The number of DPIA's completed, including Screening Questions are outlined below for information along with the full detail:

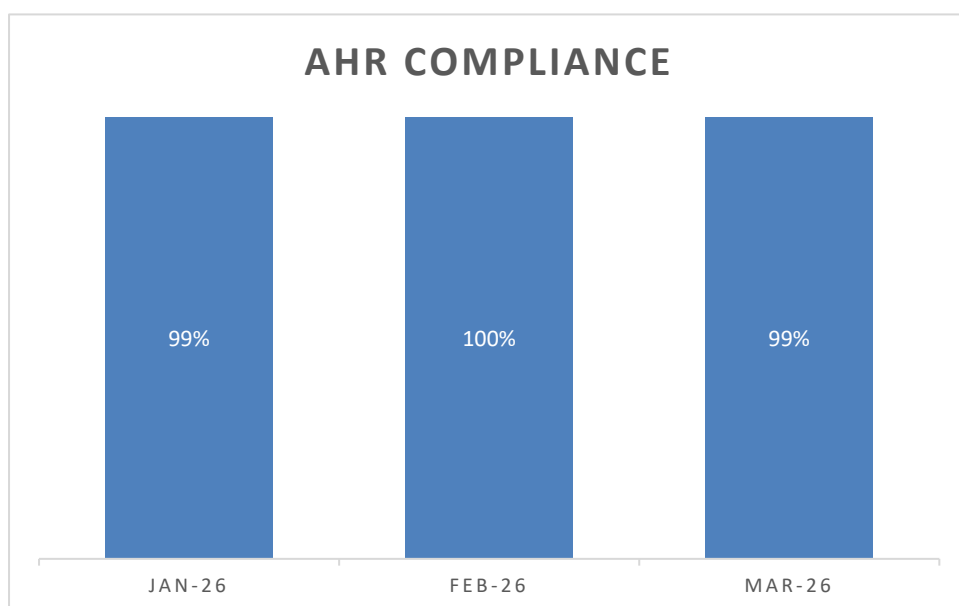
Period	Total number of DPIAs and Screening Questions completed
January 2026-March 2026	51



Information_Governance_Data Protection

2. Subject Access Requests

The compliance rate for subject access requests is below and significant improvement has been made over the last year through improvement support and management of the team and the implementation of the Civica system.



3. Training Compliance

The eLearning training package is a national product containing Cyber Security, Health Records and Information Governance which is taking staff a long time to complete which has affected the compliance rates of all health Boards. Discussions are ongoing on a national basis to review content and to separate the training into individual modules - Information Governance, Cyber Security and Health records which should improve matters.

The Information Governance team continue to work with divisions to ensure mandatory Information Governance and Cyber Security training is undertaken and support through specific induction and bespoke training. A reminder has also been published on the intranet with a poster to remind staff of the need to undertake their training. There has also been a training video created which is posted on the intranet pages.

The training compliance for the Health Board remains at 85%.



4. Information Governance Incidents

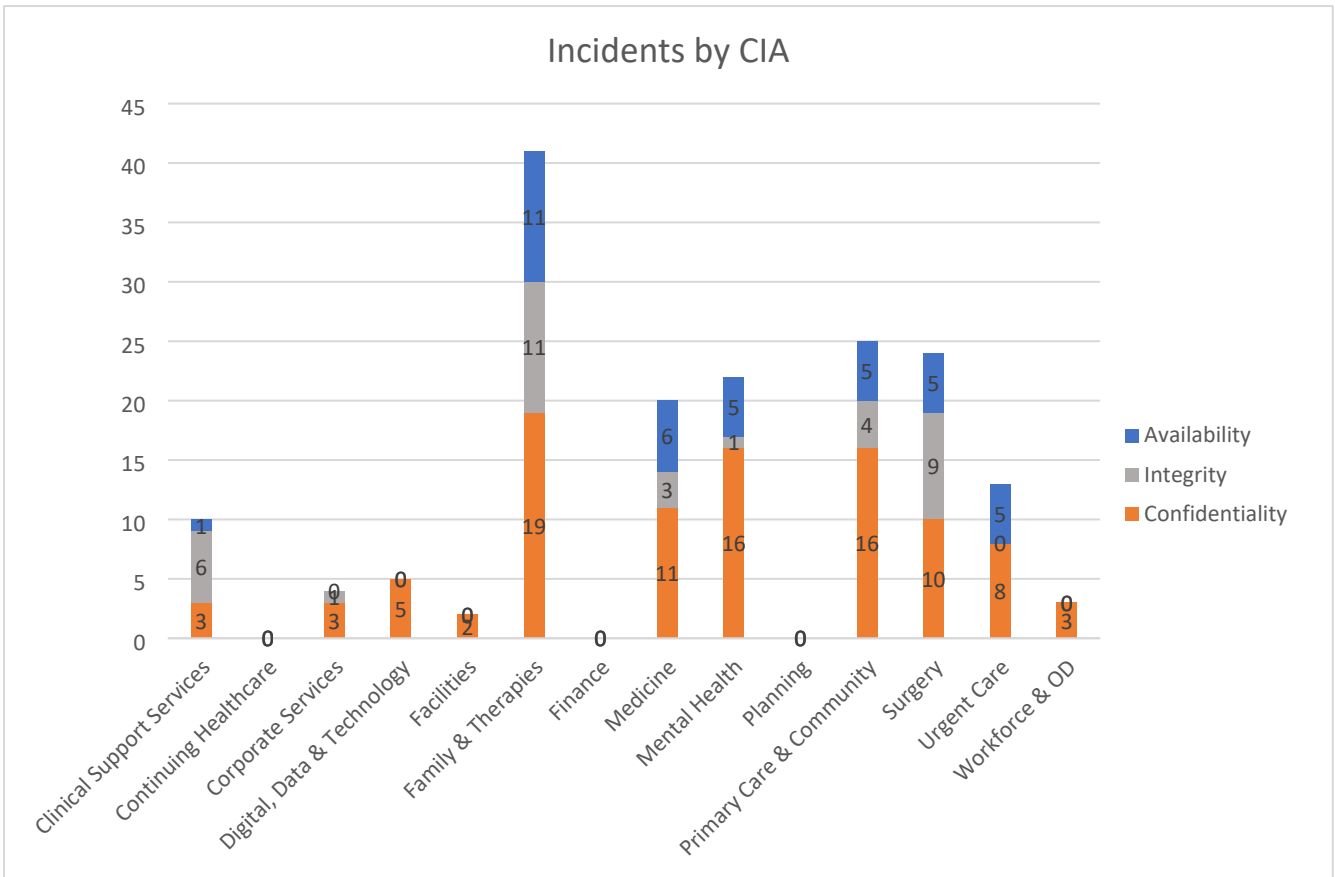
Incidents investigated by the Information Governance team have been risk assessed and all have been assigned as a low risk, the numbers of incidents investigated between November 2025 – January 2026 are shown below :-

Confidentiality – i.e. it has been made available or disclosed to unauthorised entities.

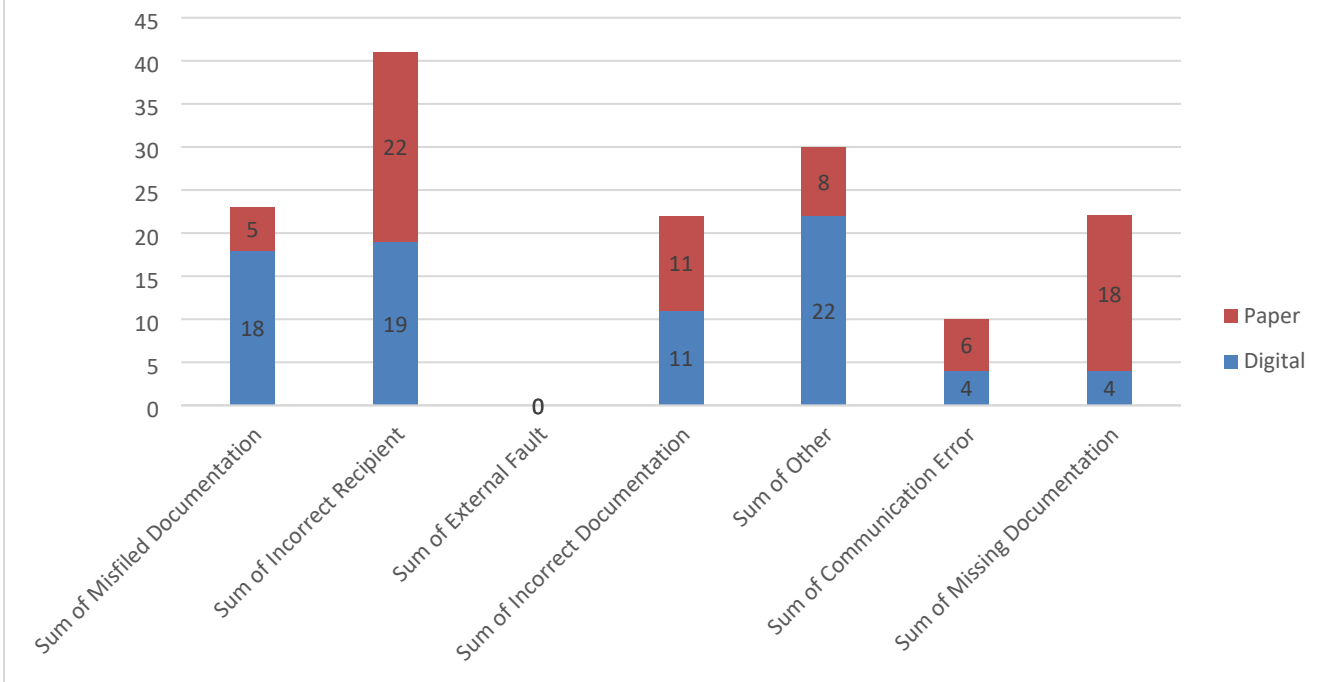
Integrity – i.e. the accuracy and completeness of information has been compromised.

Availability – i.e. the data is not accessible when required by authorised personnel.

Incident Type	Incidents Investigated	Number Reportable to Commissioners Officer (ICO)	Incidents Outstanding
Confidentiality	96	0	20
Integrity	35	0	7
Availability	38	0	4
TOTAL	169	0	31



Incidents by Type



5. Divisional Risk Management

The summary of current Information Governance risks identified through divisional assurance groups are summarised below.

Division	Risk Description	Mitigations	Risk Score
Corporate	ePMA – currently no functionality to allow Access to Health Records to export information for subject access requests.	Currently in discussions with provider, other HB's and DDaT colleagues to provide solution/workaround	9
Corporate	G2 Work Around. Use of WhatsApp for business continuity. Users have been reported adopting personal device voice memo and WhatsApp to dictate letters. This leads to a breach of UK GDPR, misidentification issues, records missing from CWS record and PII being stored on personal devices	Proposal to use audio recordings in one note was rejected as being too onerous a task to be undertaken by clinicians.	15
Corporate / Access to Health Records	Medico legal extract not fit for purpose. Insufficient resource within DDaT to	Develop and submit business case for a digital	8

	develop A&E and WinPath data extract functionality. If resources not available to develop medical legal extract in Admin portal leaves the Health Board at risk of not fully complying with subject access requests.	platform as part of the Health Boards EHCR Delivery Strategy	
Mental Health	Significant data loss within Mental Health. As a result of some files being set up as teams files as opposed to SharePoint files. There is a risk of information being deleted. This will result in significant data loss for the Health Board	New retention policy has been set up that excludes our affected sites from the overall All Wales wide retention policy. Going forward these sites will retain all data their data indefinitely.	9

6. Clinical Coding

There are two Welsh Government Targets in place which form part of the NHS Wales Delivery Framework:

1. 95% of episodes clinically coded within one reporting month post episode discharge end date.
2. 90% percentage of clinical coding accuracy attained in the DHCW national clinical coding accuracy audit programme.

The Health Board consistently achieves the 90% coding accuracy target but has historically struggled to meet the 95% completeness target. In September 2023, a clinical coding improvement plan was submitted and approved by the Executive Committee to enable the clinical coding service to achieve the Welsh Government 95% clinical coding completion target. This improvement plan was predicated on a monthly volume of 18,500 finished consultant episodes per month and the workforce required to clinically code 95% of that volume of episodes monthly. Following the Executive Committees approval of the plan, a recruitment programme ran from January 2024 to July 2025 to ensure that the clinical coding department was fully established to meet the 95% completeness target. Following successful appointments to all posts, the clinical coding service has been operating at full capacity since September 2025.

With the clinical coding department being at full establishment, it was anticipated that the 95% completion target would be achievable with the service being able to consistently clinically code 95% of the anticipated 18,500 episodes on a monthly basis. This expectation however has not come to fruition as the volume of episodes on a monthly basis has increased to over 18,500 episodes since January 2025. The

below table illustrates this increase with the increase since January 2025 highlighted in red font. Highlighted in green font is the volume of episodes coded since the clinical coding service became fully established in September 2025, it should be noted that the 95% target would have been achieved in these months if monthly activity had remained at the anticipated 18,500 episodes per month.

	Epsiodes	Coded Episodes	% Compliance
Apr-24	17986	13864	77.1%
May-24	18826	14601	77.6%
Jun-24	17827	15147	85.0%
Jul-24	18949	13891	73.3%
Aug-24	17777	13622	76.6%
Sep-24	18336	15057	82.1%
Oct-24	19445	15536	79.9%
Nov-24	18581	15078	81.1%
Dec-24	17954	15260	85.0%
Jan-25	19778	17287	87.4%
Feb-25	18792	15384	81.9%
Mar-25	20938	17226	82.3%
Apr-25	19219	15168	78.9%
May-25	19554	15376	78.6%
Jun-25	20323	18051	88.8%
Jul-25	20561	17108	83.2%
Aug-25	18703	16792	89.8%
Sep-25	20241	17515	86.5%
Oct-25	20899	18218	87.2%
Nov-25	19519	17543	89.9%
Dec-25	20421	18454	90.4%
Jan-26	21955	19183	87.4%

Argymhelliad / Recommendation

The Finance & Performance committee is asked to note the content of the report and advice if any further information is required for future reports related to information security.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Information Governance Sub-Committee Divisional Assurance Groups
Rhestr Termau: Glossary of Terms:	DPA – Data Protection Act NIS-R – Network & Information System Regulations CAF – Cyber Assessment Framework NCSC – National Cyber Security Centre DPIA – Data Protection Impact Assessment WASPI – Wales Accord Sharing Personal Information DHCW – Digital Health & Care Wales DHR – Digital Health Record RPA – Robotic Process Automation ICO – Information Commissioners Office
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital, Data & Technology team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper

<ul style="list-style-type: none"> • Financial 	Not Applicable
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Not Applicable</p> <p>Choose an item.</p>

Ticket ID	User	Division	Department	Summary	Ticket Type	Date/Time Logged	Site
277798	Michele M	Family The	Sexual & R	Information	Information	06.01.2026 09:21	Ty Gwent
278692	Natalie Dar	Primary Ca	Pharmacy	DPIA - Revi	Information	08.01.2026 08:58	Ty Gwent
279810	Chace Lewi	Facilities		Information	Information	12.01.2026 15:31	Ty Gwent
282690	Natalie Dar	Complex Care		DPIA - Civic	Information	20.01.2026 11:05	Ty Gwent
278582	Natalie Dar	Primary Ca	Frailty	Screening (	Information	07.01.2026 15:21	Ty Gwent
284422	Rachel Lew	Digital Dat	Digital Pro	CCUBE Dat	Information	26.01.2026 14:34	Ty Gwent
277967	Elleanor Gr	Family The	Maternity	Information	Information	06.01.2026 11:53	Royal Gwer
284312	Joseph Eua	Clinical Sup	Pathology	Screening (	Information	26.01.2026 11:43	Royal Gwer
284271	Chace Lewi	Corporate	Public Heal	Information	Information	26.01.2026 10:44	Ty Gwent
282861	Samantha I	Family The	MSK Transf	Screening (	Information	20.01.2026 14:14	Ty Gwent
279743	Chace Lewi	Family Therapies		Screening (	Information	12.01.2026 13:48	Ty Gwent
281357	Emma Poyi	Urgent Car	GUH Emerg	Teams- He	Information	15.01.2026 12:31	Ty Gwent
281056	Samantha I	Family The	Occupation	Screening (	Information	14.01.2026 15:29	Ty Gwent
280765	Emma Poyi	Corporate		Screening (	Information	14.01.2026 11:13	Ty Gwent
285279	Lloyd Haml	Primary Care & Comm		Screening (	Information	28.01.2026 12:50	Llanarth Hc
288111	Christophe	Medicine	Neurology	NDSR Task	Information	05.02.2026 14:23	Royal Gwer
285798	Chace Lewi	Corporate	Patient Exp	Screening (	Information	29.01.2026 15:36	Ty Gwent
286108	Natalie Dar	MH & LD	Adult Ment	Screening (	Information	30.01.2026 14:11	Ty Gwent
289801	Emma Poyi	Family The	Childrens P	Screening (	Information	11.02.2026 12:37	Ty Gwent
289822	Emma Poyi	Family The	MSK Transf	DPIA - Com	Information	11.02.2026 12:58	Ty Gwent
285070	Chace Lewi	MH & LD	Primary Ca	Screening (	Information	28.01.2026 09:13	Ty Gwent
285257	Natalie Dar	Primary Ca	Torfaen Lo	Screening (	Information	28.01.2026 12:16	Ty Gwent
288399	Emma Poyi	Family The	Maternity	Screening (	Information	06.02.2026 11:17	Ty Gwent
288409	Emma Poyi	Facilities		Screening (	Information	06.02.2026 11:33	Ty Gwent
290569	Michele M	Digital Dat	Digital Pro	Information	Information	13.02.2026 10:39	Ty Gwent
290301	Natalie Dar	MH & LD	Adult Ment	Screening (	Information	12.02.2026 14:01	Ty Gwent
291241	Emma Poyi	Digital Dat	Health Rec	DPIA - Haw	Information	17.02.2026 09:01	Ty Gwent
287451	Emma Poyi	Digital Dat	Health Rec	Screening (	Information	04.02.2026 10:15	Ty Gwent
287679	Samantha I	Family The	CAMHS (Ch	Screening (	Information	04.02.2026 14:26	Ty Gwent
293192	Natalie Dar	Complex Care		DPIA- Care	Information	24.02.2026 12:41	Ty Gwent
286949	Andrea Bo	Clinical Sup	Pathology	Screening (	Information	03.02.2026 10:46	Royal Gwer
290440	Natalie Dar	Primary Ca	Primary Ca	Screening (	Information	13.02.2026 07:47	Ty Gwent
293651	Sam Haworth	Booth (Aneurin Beva		NDSR Task	Information	25.02.2026 13:35	Ty Gwent
293737	Natalie Dar	Clinical Sup	Pathology	ePMA SAR	Information	25.02.2026 14:57	Ty Gwent
287699	Samantha I	Family The	CAMHS (Ch	SQs_Invitin	Information	04.02.2026 15:01	Ty Gwent
290306	Natalie Dar	Primary Ca	Other Pres	Screening (	Information	12.02.2026 14:15	Ty Gwent
295157	Emma Poyi	Corporate	Public Heal	Digital Wei	Information	03.03.2026 11:03	Ty Gwent
296099	Natalie Dar	Surgery	SC Urology	DPIA - GAL	Information	05.03.2026 11:46	Ty Gwent
296107	Natalie Dar	Clinical Sup	Pathology	DPIA - mor	Information	05.03.2026 12:00	Ty Gwent
299238	Emma Poyi	Digital Dat	Health Rec	DPIA - Haw	Information	17.03.2026 14:27	Ty Gwent
290311	Natalie Dar	Primary Ca	Primary Ca	Screening (	Information	12.02.2026 14:21	Ty Gwent
301995	Emma Poyi	Family The	Maternity	(Maternity \	Information	27.03.2026 09:31	Ty Gwent
302026	Kate Bradl	Surgery	Trauma & (	DPIA - Heal	Information	27.03.2026 10:24	Royal Gwer
294406	Samantha I	Surgery	Ophthalmc	SQs_Ophth	Information	27.02.2026 13:52	Ty Gwent
290727	Natalie Dar	Primary Ca	Primary Ca	Screening (	Information	13.02.2026 14:56	Ty Gwent
291399	Emma Poyi	Family The	Maternity	Screening (	Information	17.02.2026 12:24	Ty Gwent

292835	Chace Lewi Primary Ca Primary Ca Screening (Informatio	23.02.2026 13:46 Ty Gwent
293345	Joanne Jarr Surgery NDSR Task: Informatio	24.02.2026 16:19 Royal Gwer
295014	Samantha I Family The CAMHS (Ch SQs_ CAMS Informatio	03.03.2026 09:07 Ty Gwent
293484	Samantha I Medicine Gastroente SQs_ IBD irr Informatio	25.02.2026 09:58 Ty Gwent
301744	Natalie Dar Complex Care Screening (Informatio	26.03.2026 13:30 Ty Gwent

Team	Assigned To	Status
Information	Michele M	Closed
Information	Natalie Dar	New
Information	Michele M	Closed
Information	Chace Lewi	Resolved
Information	Chace Lewi	Closed
Information	Michele M	IG With IGM
Information	Michele M	Closed
Information	Chace Lewi	Closed
Information	Chace Lewi	Closed
Information	Emma Poy	Closed
Business U	Unassigned	In Progress
Information	Emma Poy	Closed
Information	Chace Lewi	Closed
Information	Natalie Dar	Resolved
Information	Chace Lewi	Resolved
Information	Emma Poy	With User
Information	Emma Poy	Closed
Information	Natalie Dar	Closed
Information	Emma Poy	With User
Information	Emma Poy	Resolved
Information	Chace Lewi	Closed
Information	Chace Lewi	Closed
Information	Emma Poy	Closed
Information	Emma Poy	Closed
Information	Chace Lewi	Closed
Information	Chace Lewi	Closed
Information	Emma Poy	On Hold
Information	Emma Poy	Closed
Information	Samantha I	Closed
Information	Michele M	Forwarded In
Information	Natalie Dar	Closed
Information	Natalie Dar	Resolved
Information	Emma Poy	With User
Information	Natalie Dar	In Progress
Information	Emma Poy	With User
Information	Natalie Dar	Closed
Information	Emma Poy	With User
Information	Natalie Dar	Forwarded In
Information	Natalie Dar	With User
Cyber Secu	Marvel Chi	Updated
Information	Chace Lewi	Forwarded In
Information	Michele M	Forwarded In
Information	Natalie Dar	Forwarded In
Information	Samantha I	Resolved
Information	Natalie Dar	On Hold
Information	Emma Poy	Closed

Information Natalie Dar On Hold
Information Natalie Dar Closed
Information Samantha I Resolved
Information Emma Poyı Closed
Information Natalie Dar With User



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Information Performance Report (Financial Year 2025/26)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Dan Davies, Chief Business Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The attached appendix provides the Corporate Information Performance Report for 2025/26, covering the Health Board's handling of:

- Freedom of Information (FOI) requests, and
- Enquiries from Members of the Senedd (MSs) and Members of Parliament (MPs).

This is an agreed routine annual monitoring report to provide the Finance and Performance Committee with assurance on the performance of the Corporate Information function during financial year 2025/2026. In 2024/25, performance was monitored through bi-annual reports (Q1–2 and Q3–4). For 2025/26, this has been consolidated into a single annual report, enabling clearer year-on-year comparison and assurance.

With respect to the Freedom of Information Act (2000) ('the Act'), the Health Board recognises its obligations to provide the public with a general right of access to almost all types of recorded information that it holds. As a public authority with over 100 full time equivalent employees, the Health Board should publish details of its performance on handling requests for information under the Act in line with part 8.5 of the section 45 code of practice, which this report satisfies.

Corporate Information performance is a key component of the Health Board's statutory transparency, public accountability and its relationship with elected representatives. During 2025/26, the Health Board continued to operate in an environment characterised by sustained

public scrutiny and high volumes of Freedom of Information requests, ongoing service pressures that affected the volume and complexity of MS and MP enquiries, and increasing expectations around openness, proactive publication and timeliness.

Asesiad / Assessment

Freedom of Information performance during 2025/26 remained strong and continued to demonstrate a mature, stable and well-controlled corporate function operating in an environment of sustained public interest and scrutiny. The Health Board handled 648 Freedom of Information requests due for response during the year, broadly consistent with the volume seen in 2024/25 and equating to an average of 54 requests per month. While overall volumes were similar year on year, the raw number of requests does not fully reflect the complexity of FOI demand, as the majority of requests contained multiple questions or distinct points requiring detailed consideration, cross-checking and input from several services. Demand remained steady throughout the year, with some seasonal variation, but without significant volatility, reflecting an ongoing and embedded level of public engagement with the organisation.

Overall statutory compliance against the 20-working-day requirement was high, with 96.9% of requests responded to on time. This represents a modest year-on-year improvement compared to 2024/25 and performance remained consistently above the Information Commissioner's Office expectation of 90% throughout the year. Full compliance was achieved in several months and performance exceeded 95% for the majority of the reporting period, with particularly strong delivery in the first quarter. Where responses fell outside statutory timescales, these were limited in number and typically associated with complex or multi-service requests requiring coordination across several operational areas.

The outcomes of FOI requests continue to demonstrate a strong organisational commitment to openness and transparency. The majority of requests resulted in information being disclosed either in full or in part, with almost 80% of all requests leading to some level of disclosure and nearly 88% of completed requests doing so once withdrawn or lapsed cases are excluded. Refusals and exemptions were applied appropriately and proportionately, in line with statutory requirements and ICO guidance, and were concentrated primarily around cost limits, information already in the public domain, protection of personal data and commercially sensitive information.

Escalation and challenge levels remained low and well controlled. Internal review volumes were unchanged from the previous year, representing a small proportion of total FOI activity, and all reviews were completed within statutory timescales. The Health Board received two complaints to the Information Commissioner's Office during the year, neither of which were upheld. This represents a positive improvement compared to 2024/25 and provides independent external assurance that FOI decisions are being applied lawfully, consistently and proportionately.

MS and MP enquiry volumes reduced during 2025/26, with 519 enquiries received compared to 630 in the previous year. While overall volumes have decreased, the nature of enquiries remains complex and frequently sensitive, often involving individual patient circumstances or issues of significant public and political interest. The most common themes continued to relate to access to primary care, waiting times for treatment, and mental health services, mirroring pressures experienced across the wider NHS and providing consistent intelligence on areas of concern for constituents.

Performance against the Health Board's local 20-working-day response target averaged 52% across the year, broadly consistent with 2024/25. This reflects the complexity of enquiries, the reliance on timely and detailed input from operational services, and the need to ensure that responses are accurate, sensitive and appropriately assured before issue. More urgent enquiries relating to direct patient care continued to be prioritised, and the thematic profile of enquiries remains a valuable source of insight to inform awareness and system-wide understanding of patient experience.

Looking ahead to 2026/27, demand for Corporate Information activity is expected to increase and become more complex. The forthcoming Senedd election, together with the planned expansion in the number of Members of the Senedd, is likely to result in a higher volume of MS enquiries, particularly in the early stages of the next political term, with increased expectations around responsiveness, visibility and assurance.

At the same time, the Health Board is strengthening its approach to transparency and proactive publication. The planned launch of Modern.Gov will significantly enhance the publication scheme by improving public access to Board and committee papers, decision-making records and wider corporate business. Over time, this is expected to support greater openness and help reduce FOI demand for information that can be made routinely available.

From 2026/27, the introduction of a Corporate Governance domain within the Performance Management Framework will further strengthen organisational oversight. This will provide operational divisions with clearer, routine visibility of their own performance in relation to Freedom of Information requests and elected representative enquiries, supporting earlier intervention, clearer ownership and improved organisational learning.

In addition, work is underway to review how correspondence sent directly to the Chief Executive by members of staff is captured and overseen. Subject to future decisions, there is an opportunity to align this form of correspondence more closely with Corporate Information reporting, helping to ensure a complete and more joined-up understanding of how the organisation listens to and responds to public and stakeholder concerns.

Overall, these developments provide a strong foundation for managing future demand, strengthening transparency, and maintaining effective assurance over both statutory and non-statutory correspondence in the coming financial year.

Argymhelliad / Recommendation

It is recommended that the Committee:

1. Notes the assurance provided in relation to the performance of the Corporate Information function for 2025/26.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 3.2 Communicating Effectively 3.4 Information Governance and Communications Technology 3.5 Record Keeping
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
<ul style="list-style-type: none"> • Workforce 	Not Applicable
<ul style="list-style-type: none"> • Service Activity & Performance 	Yes, outlined within the paper
<ul style="list-style-type: none"> • Financial 	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Appendix 1: Corporate Information Performance Report for 2025/26

Corporate Information

The Corporate Information Team manages and coordinates the Health Board's response and disclosures to:

1. Requests for information made under the Freedom of Information Act (2000);
2. Enquiries received from Members of the Senedd and Parliament;

This is an agreed routine annual monitoring report to provide the Finance and Performance Committee with assurance on the performance of the Corporate Information function during 2025/2026 financial year.

With respect to the Freedom of Information Act (2000) ('the Act'), the Health Board recognises its obligations to provide the public with a general right of access to almost all types of recorded information that it holds. As a public authority with over 100 full time equivalent employees, the Health Board should publish details of its performance on handling requests for information under the Act in line with part 8.5 of the section 45 code of practice, which this report satisfies.

Freedom of Information Requests

The Freedom of Information Act (FOIA) (2000) allows anyone, anywhere in the world to request recorded information held by public authorities. As a Health Board, we are required to respond to these requests within 20 working days. The Information Commissioner's Office (ICO) requires 90% of our requests to be responded to within the 20-working day period.

As a public authority with over 100 full time equivalent employees, the Health Board should publish details of its performance on handling requests for information under the FOIA in line with part 8.5 of the [section 45 code of practice](#).

This report therefore provides the full year position for requests for information received by Aneurin Bevan University Health Board. The period concerns 1 April 2025 to 31 March 2026.

Freedom of Information Performance

During the 2025/26 financial year, Aneurin Bevan University Health Board received a total of 648 Freedom of Information requests, reflecting a consistently high level of public interest and scrutiny. This equated to an average of 54 requests per month, with monthly volumes ranging from 44 to 68. Demand remained steady throughout the year, with notable peaks during late summer and winter. Despite this sustained and variable demand, the Health Board continued to respond effectively and within statutory requirements.

Overall performance against the 20-working-day statutory timescale was strong, with 628 of 648 requests (96.9%) responded to on time with 20 requests exceeded the statutory deadline across the year. Full compliance was achieved in several months, and performance remained above 95% for the majority of the year. Quarterly analysis shows particularly strong performance in Quarter 1 (99.3%), with modest deterioration, demonstrating the resilience and stability of FOI handling arrangements. Where delays did occur, these were typically associated with complex or multi-service requests and were actively monitored and progressed as a priority through established escalation and oversight processes.

The profile of FOI outcomes further demonstrates a strong commitment to openness and transparency. 466 requests (71.9%) resulted in information being disclosed in full, with a further 49 requests (7.6%) partially disclosed. Taken together, almost 80% of all requests resulted in some level of disclosure. 35 requests (5.4%) were refused in full, one request (0.2%) required a Neither Confirm nor Deny response, and 34 requests (5.2%) were recorded as information not held. 63 requests (9.7%) were withdrawn or lapsed following clarification or engagement with requesters. When withdrawn requests are excluded, nearly 88% of completed requests resulted in full or partial disclosure.

Escalation levels remained low and well controlled. A total of 14 internal review requests were received during the year, representing 2.2% of all FOI requests, and all were completed within statutory timescales. The Health Board received two complaints to the Information Commissioner's Office, and none were upheld, providing independent external assurance regarding the lawfulness and proportionality of FOI handling.

Taken together, these indicators provide strong assurance that Freedom of Information requests during 2025/26 were handled lawfully, efficiently and consistently, in line with both legislative requirements and ICO guidance, despite sustained demand and increasing complexity.

Freedom of Information Annual Performance for 2025/2026

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 25/26	Totals 24/25
RESPONSES	Number of FOI requests due for response	55	45	47	50	66	63	44	52	54	50	54	68	648	646
	Requests processed in 20 working days	55	45	46	47	65	60	42	50	54	46	50	68	628	619
	Monthly Performance	100%	100%	98%	94%	98%	95%	96%	96%	100%	92%	93%	100%	97%	96%
BREAKDOWN BY FULFILLMENT	Information provided in full	43	22	27	39	40	44	36	34	42	40	41	58	466	386
	Information partially provided	1	6	8	3	10	5	2	5	3	0	3	3	49	100
	Information refused in full	0	6	2	2	8	6	0	2	2	0	3	4	35	51
	Neither Confirm nor Deny	0	0	0	0	0	0	0	0	0	1	0	0	1	0
	Information not held	3	5	2	1	1	1	2	2	2	4	7	4	34	34
	Request withdrawn/time lapse	8	6	8	5	7	7	4	9	9	2	3	3	1	63	24
INTERNAL REVIEW	Number of internal review requests	1	0	0	1	1	3	1	2	1	1	0	3	14	14
	Internal review requests processed in 20 working days	1	-	-	1	1	3	1	2	1	1	-	3	14	13
	Monthly Internal Review Performance	100%	-	-	100%	100%	100%	100%	100%	100%	100%	-	100%	100%	93%
ICO	ICO Complaints received	0	0	0	0	0	0	1	0	0	1	0	0	2	4
	ICO Complaints upheld	-	-	-	-	-	-	0	-	-	0	-	-	0	2

Exemptions Applied

The Freedom of Information Act 2000 contains a range of exemptions that allow public authorities to withhold information from disclosure in specific and limited circumstances. Some exemptions relate to categories of information, while others are prejudice-based and apply where disclosure would, or would be likely to, cause harm, for example by prejudicing a criminal investigation or damaging commercial interests.

The table below summarises only those exemptions that were engaged by the Health Board during the 2025/26 financial year. It does not represent an exhaustive list of all exemptions available under the Act, but reflects the specific provisions relied upon in practice during this reporting period. Exemptions are applied on a case-by-case basis and in accordance with statutory requirements and ICO guidance, with a continued emphasis on maximising disclosure wherever possible.

The number of times each exemption was applied is shown below, broken down by quarter.

Exemption	Description	Q1	Q2	Q3	Q4	Totals
Section 12	Applied where the estimated time and cost required to locate, retrieve and extract the information would exceed the statutory limit set by the Act. In such cases, the Health Board will normally offer advice and assistance to help the requester narrow or refine their request.	16	28	12	8	64
Section 21	Applied where the requested information is already publicly available , for example through published reports, websites or disclosure logs. Requesters are directed to where the information can be accessed.	7	11	2	1	21
Section 31	Applied where disclosure would be likely to prejudice law enforcement , regulatory, investigatory or protective functions, including the prevention or detection of crime or the administration of justice.	0	0	1	1	2
Section 40(2)	Applied where disclosure would involve the release of personal data about identifiable individuals and would breach data protection legislation. This exemption protects individuals' privacy rights.	3	6	5	4	18
Section 43	Used where disclosure would, or would be likely to, prejudice the commercial interests of the Health Board or a third party , such as a supplier or contractor. This includes information relating to pricing, negotiations or commercially sensitive arrangements.	1	4	4	1	10

Requests by Handling Division

The table below shows the distribution of Freedom of Information requests handled across divisions during the 2025/26 financial year, broken down by quarter. Requests are allocated to the division best placed to provide the information requested, recognising that some requests require input from multiple areas but are coordinated through a single lead division for response purposes.

The Corporate division handled the largest proportion of requests across all four quarters. This reflects the nature of FOI demand, which frequently relates to corporate governance, performance, policy, finance, estates, information governance and correspondence, and is consistent with patterns seen in previous years.

A significant volume of requests was also handled by Workforce, Medicine, Scheduled Care, and Family and Therapies, reflecting sustained public interest in workforce matters, clinical services, access to care, and service delivery. Requests to these divisions remained relatively stable across the year, with some seasonal variation aligned to overall FOI volumes.

Other divisions, including Clinical Support Services, Mental Health and Learning Disabilities, Primary Care, Facilities, and Urgent Care, handled smaller but consistent numbers of requests. The quarterly distribution demonstrates that FOI demand spans a wide range of services across the organisation, reinforcing the importance of coordinated FOI processes and corporate oversight.

Division	Q1	Q2	Q3	Q4	Totals
Clinical Support Services	5	17	12	16	50
Complex Care/ CHC	1	7	0	1	9
Corporate	44	55	42	54	195
Family and Therapies	16	10	8	18	52
Workforce*	21	28	21	29	99
Medicine	22	27	20	27	96
Mental Health and Learning Disabilities	6	13	9	13	41
Primary Care	6	12	5	14	37
Urgent Care	8	2	3	0	13
Scheduled Care	29	11	14	16	70
Facilities	3	5	10	9	27

* Requests handled by Workforce are reported separately from the corporate category due to the high volume and specialist nature of workforce-related FOI requests, including those relating to staffing, recruitment, pay, and employment matters.

Enquiries from Members of the Senedd and Parliament

A Member of the Senedd (MS) is a representative elected to the Senedd (Welsh Parliament; Welsh: *Senedd Cymru*). Each person in Wales is represented by five MSs: one for their local constituency (encompassing their local area where they reside), and another four covering their electoral region (a large grouping of constituencies). Aneurin Bevan University Health Board covers the South Wales East electoral region.

A Member of Parliament (MP) is a representative elected to serve in the House of Commons within the Parliament of the United Kingdom.

Members of the Senedd and Parliament often hold a 'surgery' in their office, where local people can come along to discuss any matters that concern them. The Health Board has an established process for Members of the Senedd and Parliament to raise health-related enquiries with the Health Board on behalf of their constituents or constituencies.

Whilst there is no statutory or agreed time period to respond to enquiries from Members of the Senedd or Parliament, the Health Board generally aims to respond within 20 working days with more urgent matters that relate to direct patient care being prioritised.

A list of MSs and MPs that represent the Health Board's population is provided below:

Name	Role	Member	Area
Alun Davies	Constituency	Senedd	Blaenau Gwent
Catherine Fookes	-	Parliament	Monmouthshire
Chris Evans	-	Parliament	Caerphilly
Dawn Bowden	Constituency	Senedd	Merthyr Tydfil and Rhymney
Delyth Jewell	Regional	Senedd	South Wales East
Jayne Bryant	Constituency	Senedd	Newport West
Jessica Mordan	-	Parliament	Newport East
John Griffiths	Constituency	Senedd	Newport East
Laura Anne Jones	Regional	Senedd	South Wales East
Lindsay Whittle	Constituency	Senedd	Caerphilly
Lynne Neagle	Constituency	Senedd	Torfaen
Natasha Asghar	Regional	Senedd	South Wales East
Nick Smith	-	Parliament	Blaenau Gwent and Rhymney
Nick Thomas-Symonds	-	Parliament	Torfaen
Peredur Owen Griffiths	Regional	Senedd	South Wales East
Peter Fox	Constituency	Senedd	Monmouth
Rhianon Passmore	Constituency	Senedd	Islwyn
Ruth Jones	-	Parliament	Newport West and Islwyn

MS/MP Enquiries Received

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals 25/26	Totals 24/25
PERFORMANCE	Total enquiries received	47	44	41	36	35	40	57	33	30	48	48	60	519	630
	Average number of working days to respond	-	23	13	21	24	24	22	22	27	28	21	16	22	17
	Monthly Performance <i>(against local 20 working day target)</i>	49%	64%	66%	39%	46%	55%	25%	82%	57%	4%	56%	92%	52%	71%
BREAKDOWN BY OPERATIONAL DIVISION	Clinical Support Services	1	2	1	1	2	1	1	1	3	0	3	2	18	27
	Complex Care/ CHC	2	0	1	3	1	1	2	0	3	5	1	2	21	18
	Corporate	1	0	0	1	2	0	6	1	1	0	3	2	17	35
	Family and Therapies	9	4	5	3	2	1	5	4	0	8	4	10	55	42
	Workforce*	2	1	0	1	0	1	2	0	1	0	0	0	8	-
	Medicine	3	1	2	4	4	0	2	3	1	1	2	3	26	61
	Mental Health and Learning Disabilities	3	2	7	4	7	4	7	4	5	7	6	0	56	44
	Primary Care	15	15	14	7	8	16	11	9	3	12	13	11	134	174
	Urgent Care	7	4	0	1	1	2	4	1	0	1	1	2	24	33
	Surgery	4	15	10	11	7	14	12	10	13	12	14	27	149	144
Estates & Facilities	0	0	1	0	1	0	5	0	0	2	1	1	11	-	

MS/MP Enquiry Top Themes

The table below summarises the main themes arising from enquiries received from Members of the Senedd and Members of Parliament during the reporting period, together with the total number of queries associated with each theme. These enquiries typically reflect issues of concern raised by constituents and provide valuable insight into areas of service pressure, access challenges and patient experience.

The most prominent theme during the period related to access to primary care services, accounting for 107 enquiries. These enquiries commonly focused on difficulties booking GP appointments, communication and administrative issues within individual practices, changes to service provision, and access to NHS dental services, including urgent dental care and veterans' access to dentistry. A number of enquiries also related to specific GP practices, reflecting localised concerns raised by constituents.

Waiting times represented the second most frequent theme, with 93 enquiries. These predominantly related to delays for planned care, including orthopaedic procedures, ophthalmology treatments, and diagnostic pathways. Many enquiries highlighted the impact of prolonged waiting on mobility, pain, quality of life and anxiety, as well as requests for updates on treatment pathways, funding decisions and reimbursement where patients had sought private treatment while awaiting NHS care.

Mental health enquiries were also significant, totalling 77 enquiries across the period. These reflected concerns about access to urgent and routine mental health support, long waits for assessment and treatment, medication delays (including ADHD medication), communication challenges, and support for individuals with complex or escalating needs. A number of enquiries highlighted the particular impact of delays on neurodevelopmental pathways and on individuals experiencing crisis or high levels of distress.

Overall, the thematic distribution of MS/MP enquiries illustrates sustained public and political interest in access, waiting times and mental health services, alongside a broader range of concerns spanning primary, secondary and community care. This intelligence is used to inform executive awareness, support service improvement discussions, and ensure that responses to elected representatives are timely, accurate and sensitive to constituent concerns.

Theme	Details	Number of queries (full period)
Access to Primary care services	<ul style="list-style-type: none"> • Difficulty booking appointments (phone queues, online access, long wait times). • Concerns about surgery administration (lost referrals, communication failures, processing delays). • Complaints about changes in service provision (closures, boundaries, planning changes). • Problems with specific surgeries (Pontypool Medical Centre, Ringland, Cwmbran Village Surgery, Bryngwyn Surgery) • Lack of NHS dental access and removal from patient lists. • Urgent dental care availability concerns. • Complaints about specific practices or treatment delays. • Issues relating to veterans' access to dental care. 	107

Waiting times	<ul style="list-style-type: none"> • Long waiting times for knee, hip, spinal and ankle surgery. • Delays for treatment updates, assessment dates, and referrals. • Reduced mobility and pain while awaiting surgery. • Requests for funding decisions (IPFR) and explanations for treatment pathway delays. • Delays for cataract surgery, corneal transplants, and follow-up appointments. • Concerns regarding sight deterioration (e.g., glaucoma, macular changes). • Requests for reimbursement due to patients paying privately while waiting. 	93
Mental Health	<ul style="list-style-type: none"> • Difficulty accessing urgent mental health support. • Long waits for assessment, diagnosis, and therapy. • ADHD medication delays and medication discontinuity. • Concerns about communication failures between teams and with patients. • Crisis support issues, high-risk cases, and unmet complex needs. • ADHD and neurodevelopmental assessment backlogs. • Anxiety regarding appointment locations, waiting lists, and communication. • Autistic burnout and specialist support gaps. • Escalating behavioural or mental health concerns requiring urgent intervention. 	77
Ongoing care	<ul style="list-style-type: none"> • Delays in CHC assessments and reassessments. • Issues with respite care availability and suitability. • Concerns about the adequacy or reliability of care packages. • Increased pressure on unpaid carers. • Discharge planning failures. 	15
Outpatients	<ul style="list-style-type: none"> • Delays in scheduling. • Concerns about service configuration or communication post-operation. • A&E wait times (Royal Gwent, Grange). • Specific incidents (e.g., HSDU incident). 	12
Access to medication	<ul style="list-style-type: none"> • Delays in supply of medication • Issues relating to pharmacy closures • Problems with dosette boxes and medication management. 	12
Chasing scan and test results	<ul style="list-style-type: none"> • Delays for appointments and treatments. • Access issues for chronic conditions requiring ongoing monitoring. • Long waits for MRI, CT, and PET scans. • Delays in receiving imaging results. 	12

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

The purpose of this report is to provide the Finance and Performance Committee with a comprehensive overview of the strategic risks delegated to it by the Board.

This includes the current status of each risk, the mitigating actions in place, and the associated assurance mechanisms designed to monitor and manage these risks effectively.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation & Cefndir / Background

This report provides the Finance and Performance Committee with an updated assessment of the strategic risks delegated to it, reflecting the most recent position reported to the Board in March 2026.

The Health Board continues to operate within a highly constrained financial and operational environment. Financial sustainability and performance improvement remain the most significant areas of risk within the Committee's remit, with continued pressure arising from structural cost drivers, workforce challenges and demand growth.

The Committee is asked to note that, as set out in the March 2026 Board Strategic Risk Report, the overall strategic risk profile remains broadly stable; however, two

risks within the Committee's remit continue to sit outside the agreed risk appetite, requiring enhanced oversight and assurance.

Asesiad / Assessment

The Finance and Performance Committee retains oversight of the following strategic risks and sub-risks:

- **SRR 001G** – Financial Sustainability
- **SRR 001I** – Performance Improvement
- **SRR 006A, B & C** – Digital Infrastructure and System Delivery
- **SRR 011** – Climate Change / Green Health

Each is summarised below, reflecting the latest position approved by the Board

Table 1

Risk Details	High-Level Risk Description	Sub-Risk	Risk Level L x I	Within Appetite
<p>SRR 001G</p> <p>Director of Finance & Procurement</p> <p>Theme</p> <p>Financial Sustainability</p> <p>Appetite</p> <p>Cautious</p> <p>Score 13 and below</p>	<p>There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.</p>	<p>g) Due to the failure to deliver a sustainable financial position and longer-term financial plan</p>	<p>5 x 4= 20</p> <p>Extreme</p>	<p>N</p>
<p>SRR 001I</p> <p>Director of Strategy, Planning & Partnerships</p> <p>Theme</p> <p>Compliance & safety</p> <p>Appetite</p> <p>Minimal</p> <p>Score 8 and below</p>		<p>i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.</p>	<p>3 x 4= 12</p> <p>High</p>		N
<p>SRR 006 A – C</p> <p>Director of Digital</p> <p>Theme</p>	<p>There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-</p>	<p>a) Due to the full or partial failure of existing digital infrastructure and systems.</p>	<p>3 x 4= 12</p> <p>High</p>	<p>Y</p>



Service Delivery Appetite Open Score 17 and below	quality, safe service delivery.	b) Due to an adverse impact on service delivery in the implementation of new digital systems.	4 x 4 = 16 Extreme	Y
		c) Due to a failure to develop digital solutions that are sustainable and fit for the future	3 x 4 = 12 High	Y
SRR 011 Director of Finance & Procurement Theme Service Delivery Appetite Open Score 17 and below	There is a risk that the Health Board does not adequately anticipate, plan for, and respond to the impacts of climate change, green health requirements, and the need to adapt and decarbonise its services, estate and infrastructure.	Due to an ageing and complex estate, competing capital and revenue pressures, climate-related service demand and the absence of an organisation-wide climate adaptation approach.	4 x 4 = 16 Extreme	Y

Risks Outside of Appetite

SRR 001G: Financial Sustainability

SRR 001G remains outside the Committee’s defined risk appetite, with a current risk score of 20 (Extreme).

The March 2026 Board update confirms that the organisation continues to face a substantial recurrent financial challenge. While strengthened financial governance arrangements are in place, including enhanced oversight through the Value and Sustainability Board, tighter vacancy controls, procurement optimisation activity and improved medium-term financial planning, the scale and structural nature of the recurrent gap means financial risk remains elevated.

The organisation continues to rely on non-recurrent measures to manage in-year pressures, and financial flexibility remains extremely limited. As a result, despite ongoing mitigation, SRR 001G remains outside appetite and requires continued enhanced scrutiny through this Committee.

SRR 001I: Performance Improvement

SRR 001I also remains outside appetite, with a current risk score of 12 (High).

Operational pressures persist across several domains within the Committee’s remit, particularly in relation to urgent and emergency care flow, long waits, diagnostic



recovery and workforce capacity. High sickness absence levels and ongoing recruitment and retention challenges continue to impact performance delivery.

While recovery plans remain in place and some incremental improvements are evident, sustained compliance with Welsh Government performance standards has not yet been achieved. Enhanced oversight through the Performance Management Framework and strengthened divisional accountability arrangements continue, but performance remains fragile.

Risks Within Appetite Requiring Ongoing Oversight

SRR 006 A–C: Digital Infrastructure

Digital risks remain within appetite, but continue to require close monitoring due to their dependency on national digital programmes.

As reported to the Board in March 2026, there has been an increase in the risk score for SRR 006B, reflecting delays to national digital programmes including the Radiology Information System Programme (RISP) and the Laboratory Information Management System (LIMS). Corporate risks have been established for each programme to ensure focused executive oversight and mitigation planning.

While these risks remain within the Committee's delegated appetite, the Health Board's reliance on ageing digital infrastructure and continued uncertainty around national delivery timelines mean that digital risk remains a material concern for financial sustainability, operational resilience and service delivery.

SRR 011: Green Health / Climate Change

The Board approved the reframing and broadening of SRR 011 in March 2026 to reflect the wider strategic climate-related risks facing the organisation.

Oversight of operational decarbonisation targets sits with the Executive Committee, on the Corporate Risk Register. The broader strategic Green Health risk is now owned by the Board, with assurance feeding in from Executive and Committee-level oversight.

SRR 011 remains within appetite, but presents ongoing financial and operational implications, including:

- capital and revenue pressures linked to estate decarbonisation;
- competing investment priorities;
- resilience of infrastructure and services to climate-related impacts; and
- potential for unplanned expenditure arising from extreme weather events.

The Committee should note that financial oversight and assurance relating to decarbonisation delivery and climate resilience will continue to inform the Board-owned strategic risk.



Risk Scoring and Tolerance Assurance

The Committee should note that whilst several risks within its remit remain outside the agreed risk appetite and are therefore being managed at a tolerated level of residual risk in the current operating context.

To ensure that risk exposure is fully understood and appropriately articulated, targeted deep-dive reviews of risks will be undertaken. These reviews will focus on:

- validating that current risk scores accurately reflect the prevailing control environment;
- ensuring that target risk scores remain appropriate, credible and achievable; and,
- providing a clear rationale where risks remain above appetite for a prolonged period.

Overall Committee Assurance Position

As at March 2026:

- SRR 001G (Financial Sustainability) and SRR 001I (Performance Improvement) remain outside appetite and continue to require enhanced oversight; and
- Digital risks (SRR 006 A–C) and Green Health / climate-related risks (SRR 011 delegated elements) remain within appetite, but require continued monitoring.

While governance and mitigating actions continue to strengthen, the Committee is asked to note that the scale and structural nature of the challenges mean residual risk remains elevated.

Argymhelliad / Recommendation

The Finance and Performance Committee is requested to:

- **NOTE** the updated position of strategic risks,
- **NOTE** that SRR 001G and SRR 001I remain outside the agreed risk appetite and continue to be subject to enhanced oversight;
- **CONSIDER** whether it is assured that appropriate governance, mitigation and assurance.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR 001 G & I SRR 006 A, B & C
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item.



	Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. N/A

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Contained within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Board and respective Committees of the Board have considered risks contained within the Strategic Risk Register

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. N/A



Risk ID and Description				IMTP Link	Risk Score													
					2	3	4	5	6	8	9	10	12	15	16	20	25	
SRR 001	Director of Finance and Procurement	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.	g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	Finance							X			◊			•	
	Director of Strategy, Planning and Partnerships.		l) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	Performance Expectations & Workforce & Culture							X ◊				•			
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems	Digital, Data & Technology							X						• ◊	
			b) Due to an adverse impact on service delivery in the implementation of new digital systems						X							◊	•	
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future							X					•		◊	
SRR 011	Director of Finance and Procurement	There is a risk that the Health Board does not adequately anticipate, plan for, and respond to the impacts of climate change, green health requirements, and the need to adapt and decarbonise its services, estate and infrastructure.	Due to an ageing and complex estate, competing capital and revenue pressures, climate-related service demand and the absence of an organisation-wide climate adaptation approach.	Green Health							X						• ◊	

Key	Current Score	•
	Target Score	×
	Appetite Threshold	◊

RISK THEME	FINANCIAL SUSTAINABILITY				
LINK TO IMTP	SECTION 4: ENABLER - FINANCE				
Strategic - SRR 001 G	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to the failure to deliver a sustainable financial position and longer-term financial plan.			Risk Appetite Level – CAUTIOUS Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls	
Impact <i>(Consequences of the threat)</i>	<p style="text-align: center;"><u>Organisation</u></p> <ul style="list-style-type: none"> Breach of statutory duty to breakeven over 3 years. Instigation of NHS Wales Escalation & Intervention Arrangements. Non-delivery of Health Board priorities, required improvements, and achieving longer-term sustainability. Prioritisation and possible disinvestment in service delivery. Reputational damage and loss of public confidence. 			Risk Appetite Threshold – Score 13 and Below Risks relating to all aspects of the Health Board’s financial performance and its ability to manage cost and efficiencies.	
				SUMMARY The current risk level is OUTSIDE of target and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	5 x (Almost certain)	2 x (Unlikely)	
Initial Date of Assessment	June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	April 2026	Risk rating	= 20 (Extreme)	= 8 (Moderate)	
Next Review <i>(Monthly based on risk score)</i>	May 2026				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> IMTP 25/26-27/28 IMTP Delivery Framework Sustainability Route Map revision Accountability Framework Performance Framework 3-year route map to sustainable recovery developed and approved by Board July 24. Scheme of Delegation Standing Financial Instructions (SFIs) Standing Orders (SOs) Final budget delegation Financial Control Procedure (FCP) Budgetary control Financial Budget Intelligence (FBI) Appropriately trained Finance Team (capacity & capability) Budget holder training & other business training tools Cost intervention procedures 25/26 savings plans & opportunities. Health Board financial escalation processes. Health Board Pre-Investment Panel (PIP) process. Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. Executive groups and structures established to deliver statutory duties. Assessment of financial control environment within divisions and corporate teams. Financial Escalation Meetings Regular organisational Recovery plan meetings and briefings Value & Sustainability Board established. Revised accountability arrangements part of Executive governance. Budget holder financial recovery deep dive meetings, Enhanced forecasting and planning processes 	<ul style="list-style-type: none"> Revised V&SB approach for 2025/26 to help drive financial recovery, separating thematic and divisional scrutiny. Service Redesign disaggregated as a V&SB theme Review of programme structures to match V&SB thematic areas Updated Route Map development Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&B structure.

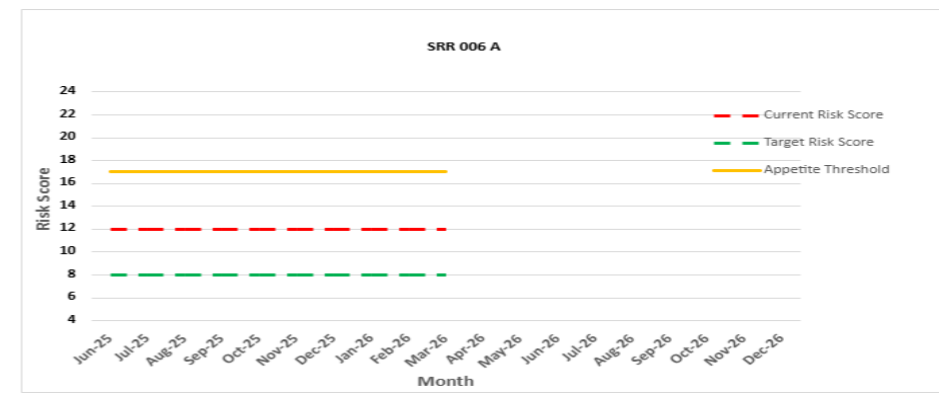
Sources of Assurance <i>(Evidence that the controls/systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Adherence to SO/SFI/FCPs Regular AFD meetings to discuss position and performance. Day 5 comprehensive financial performance review – DoF led. Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance 	None	<ul style="list-style-type: none"> Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. Development of detailed 3-year recovery plan. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. Performance escalation meetings established. Financial assessment and review report to the Board and Finance & Performance Committee 	<ul style="list-style-type: none"> Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. Board Briefing sessions on the financial position. 	<ul style="list-style-type: none"> 2025/26 – 27/28 IMTP plans focussed on ‘living within’ budget levels. 2025/26 savings plan to be delivered. Detailed delivery plans will be a constant development over next 3 years. 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit</p> <ul style="list-style-type: none"> Annual Report 2024/25 Financial Sustainability – Reasonable Assurance Sept 2025 2025/26 - Audit Reviews <p>External Audit Reports</p> <ul style="list-style-type: none"> 2024 -25 – Annual Report 2025/26 - Audit Reviews 	<p>Welsh Government</p> <ul style="list-style-type: none"> Financial assessment and review reports to Welsh Government – monthly Enhanced monitoring T.I. meetings with Welsh Government monthly IMTP plan to WG end of March 2025 	<ul style="list-style-type: none"> Recommendations from audits <ul style="list-style-type: none"> Implement management actions to complete the recommendations from audit reports 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE ASSURANCE

RISK THEME	COMPLIANCE AND SAFETY					
LINK TO IMTP	SECTION 2: DRIVERS – PERFORMANCE EXPECTATIONS		SECTION 4: ENABLERS – WORKFORCE & CULTURE			
Strategic Risk SRR 001 I	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, sustainable services that meet the needs of the population.			Publication Status	Public	
Threat <i>(As a result of)</i>	Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Leadership, Corporate Governance, Operational Performance and Delivery, and Finance.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.		
Impact <i>(Consequences of the threat)</i>	Patient <ul style="list-style-type: none"> Unintended Patient Harm. Negative Public/Patient Experience. 	Staff <ul style="list-style-type: none"> Reduced Staff Morale leading to potential absence from work. 	Organisation <ul style="list-style-type: none"> Loss of patient/public trust and confidence. Scrutiny from external organisations. Adverse publicity. Punitive Actions. Financial implications. 	Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.		
	SUMMARY The current risk level is OUTSIDE of target and the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.					
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level		
Monitoring Committee	Finance and Performance Committee.	Likelihood	3 x (Possible)	2 x (Unlikely)		
Initial Date of Assessment	April 2024	Impact	4 (Major)	4 (Major)		
Last Reviewed	March 2026	Risk rating	= 12 (High)	= 8 (Moderate)		
Next Review <i>(Quarterly based on risk score)</i>	June 2026					

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Performance Management and Assurance Framework- revised, updated and approved in 2025 Executive Accountability letters Divisional Directors Accountability letters Monthly Assurance meetings with weekly meetings for Urgent Care Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reviewed at 6 months with proposed adjustments awaiting sign off Reporting through to Finance and Performance Committee via Executives Specific areas of focus are discussed at Value and Sustainability Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. External scrutiny via Welsh Government and NHS Executive through revised Escalation Framework Capacity to run the performance framework and reporting requirements has been strengthened with revised corporate performance team structure, accountability and reporting processes 	<ul style="list-style-type: none"> 6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation linked to transformation programmes with clear deadlines Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) and revised as part of the Performance Management Framework review Commission external reviews to support improvements where required. Appropriate Business Partnering Support and analytical support Realign capacity and/or redefine roles to provide explicit support and in line with the revised triggers for escalation

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> DMTs in place for all Divisions Divisional oversight arrangements – monthly/fortnightly meetings Divisional plans in place and focussed agendas Cross Divisional meeting monthly – progress the wider system way of working. 	<ul style="list-style-type: none"> System Leadership Team for awareness and updates Divisional Assurance Escalation meetings/Deep Dives as appropriate Revised internal PMF Update National Escalation Framework 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Established reporting to the Executive Committee Established reporting to the Finance and Performance, Quality Management Group, People and Culture Committee and Patient, Quality and Safety and Learning Committee Established reporting to the Board Routine reporting through the IQPD process and Escalation meetings, e.g., Planning monthly Touchpoint and Finance monthly touchpoint 	None	N/A	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Internal Audit 2024/25 Plan Divisional Governance Arrangements HIW Inspections Llais for feedback 	<ul style="list-style-type: none"> Findings and recommendations from the PMF review launched Q4 Findings and recommendations from Directorate Reviews in line with escalation statuses 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE ASSURANCE

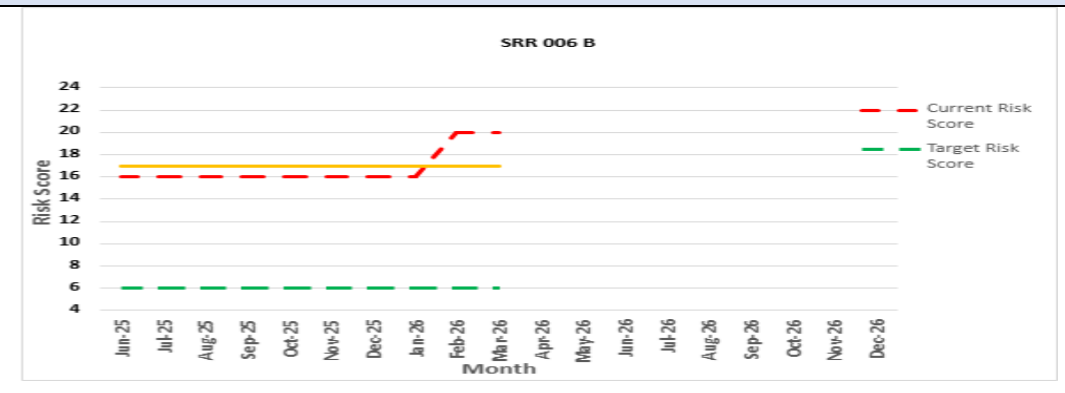
RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk SRR 006 A	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Threat (As a result of)	Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<u>Patient</u>	<u>Staff</u>	<u>Organisation</u>		
	<ul style="list-style-type: none"> Unintended harm or Injury to Patients. 	<ul style="list-style-type: none"> Unintended harm or injury to staff 	<ul style="list-style-type: none"> Data Breaches Litigation and Financial Penalties. Reputational damage and loss of public confidence. 		
				Risk Appetite Threshold – Score 17 and Below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Digital	<u>Risk Exposure</u>	Current Level	Target Level	
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	3 x (Possible)	2 x (Unlikely)	
Initial Date of Assessment	June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	January 2026	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	April 2026				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jun 2025. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed regularly. Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. Information Governance and Cyber Security governance and assurance processes reviewed and implemented. Governance group terms of reference agreed. Meetings started in November 2023. Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff Scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report. Working with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber, and the Teams review compliance levels against policy. Results are captured within the monthly Cyber Report and presented at monthly Service Delivery Management Group. Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. Battle tested ABUHB cyber incident response, communication cascade and reporting to Cyber Resilience Unit. Working with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. Risk impact reduced as recent loss of power at key sites, incorporating our data Centre allowed to failover in a seamless fashion from one DC to the other with no service impact. Microsoft Defender provides inspection and protection from malicious links embedded within emails using telemetry from the whole NHS Wales tenant. Microsoft Sentinel security event and incident management tool in use to analyse systems and provide alerts. At least monthly simulated phishing emails to check email security awareness among staff. Scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber to run quarterly exercises. 	<ul style="list-style-type: none"> Cyber Resilience Audit (CRU) undertaken in June 2025 showed an overall improvement. Some key recommendations such as incident management testing have been actioned, with others progressed and monitored via regular meetings with CRU and reported to Information Governance Group. Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation, aligning with NIS CAF controls, and CIS (Centre for internet security) benchmarks. Internal Audit review on Shadow IT scheduled for 2026. Daily firewall reports on suspicious traffic, internet usage. Stats and trends reported monthly to the Service Delivery Management Group (SDMG) Improvements to Vulnerability Management Service (VMS) to identify vulnerable 3rd party applications Internet of Things reporting to show device security posture now being developed as new firewalls are being deployed. Ingest NHS England Security Operations Centre (SOC) Indicators of compromise (IOC) feed into the Health Boards security tooling to provide additional early warnings. Improvements in mandatory training compliance for Information Governance and Cyber Security. Monthly Phishing simulations have identified colleague susceptibility and additional training requirements - re-procurement of a phishing and education awareness tool in 2026 to support this Health Board involvement in national cyber response exercise in September 2025. Incident management; <ul style="list-style-type: none"> 2x members of Cyber security now CIPR (Cyber Incident Panning & response) accredited Cyber attend regular NHS England hosted Immersive labs tabletop exercises. 2x tabletop exercises for technical teams conducted in 2025 by Tarian (SW Police Cyber unit) Quarterly inhouse scenario-based tabletop exercises hosted by Cyber for technical teams and wider responders.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. <ul style="list-style-type: none"> Single directorate risk registers now in place. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Regular reporting on progress to the Finance & Performance Committee on the cyber security action plan. Annual Senior Information Risk Owner report. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. Oversight from NHS Wales Cyber Resilience Unit. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance		
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
REASONABLE ASSURANCE		

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk SRR 006 B	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Threat (As a result of)	Due to an adverse impact on service delivery in the implementation of new digital systems.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	Patient <ul style="list-style-type: none"> Unintended harm or Injury to Patients. Adverse impacts on delivery of care to patients across acute and non-acute settings. 	Staff <ul style="list-style-type: none"> Unintended harm or injury to staff 	Organisation <ul style="list-style-type: none"> Data Breaches Litigation and Financial Penalties. Reputational damage and loss of public confidence. 	Risk Appetite Threshold – Score 17 and Below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
					SUMMARY The current risk level is OUTSIDE of target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	4 (Major) x	2 (Unlikely) x	
Initial Date of Assessment	June 2023	Impact	5 (Major)	3 (Moderate)	
Last Reviewed	March 2026	Risk rating	= 20 (Extreme)	= 6 (Moderate)	
Next Review (Monthly based on risk score)	April 2026				

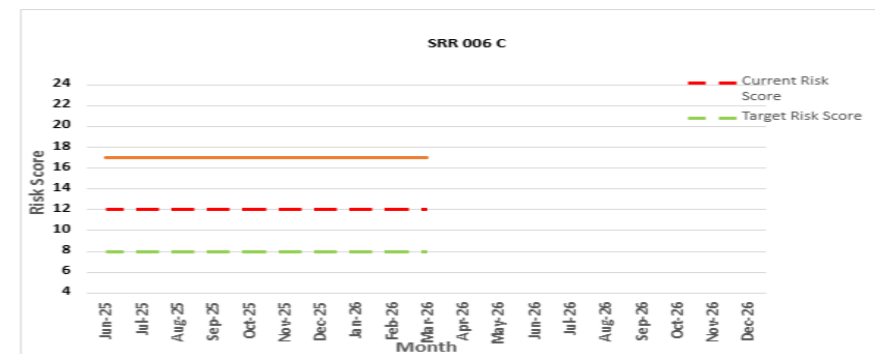


Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Adoption of formal project management methodologies to ensure project plans are developed in conjunction with services. Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated. Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages. Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services. Business change team in place to support services in improvement of clinical and administrative processes. Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery. Projects support backfilling of clinical time where required. Assurance activities included in project framework including clinical safety, information governance, health records and cyber security. An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects. Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements. Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation. Aggregated view of digital Lessons Learned available, and lessons are reviewed during project initiation for best chance of success. Formal divisional engagement meetings in place monthly to discuss new programmes of work and provide update on critical programmes/projects Digital benefits Board development session held in 2025. A Digital Prioritisation and Optimisation Meeting (DPOM) introduced monthly to review capacity and priorities to support decision making and early escalation if required. Digital transformation development programme provided to the Board in January 2026. 	<ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Group which will report to the Finance & Performance Committee – Terms of reference developed. Senior attendance at national contract meetings with RISP and LIMS suppliers

<ul style="list-style-type: none"> Welsh Government strengthening national governance with the introduction of a DDaT Leadership Board and supporting groups. Regular reporting now in place to Chief Executive Management Team and Welsh Government DDaT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP. Local project tolerance levels changed to zero for both RISP and LIMS to ensure immediate escalation processes are enacted for risks or issues impacting delivery / timelines. 	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Project Boards meet monthly and report into the bi-monthly Digital Portfolio Progress Group (DPPG) Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Risk management approach and escalation processes in place in line with the Health Board's Risk Framework Regular escalation reporting in place to Chief Executive Management Team and Welsh Government DDaT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP. 	<ul style="list-style-type: none"> Escalation of risks and issues done on an Ad hoc basis to Director of Digital and Executive Committee in the absence of DdaT Sub-committee. 	<ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee Regular reporting to Executive Committee <p>Corporate risks logged for LIMS and RISP programmes</p>	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Not Applicable 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> Benefits Management review – Outcome Substantial Assurance Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance <p>Internal Audit 2024/25</p> <ul style="list-style-type: none"> Implementation of the Welsh Intensive Care System – future of programme to be decided 	<ul style="list-style-type: none"> Recommendations identified through audit work 	<ul style="list-style-type: none"> Recommendations identified through audit work 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – insufficient evidence that the controls	Reasonable – adequate evidence that the controls in place are working effectively.	Positive – robust evidence that the controls in place are working effectively.	REASONABLE ASSURANCE

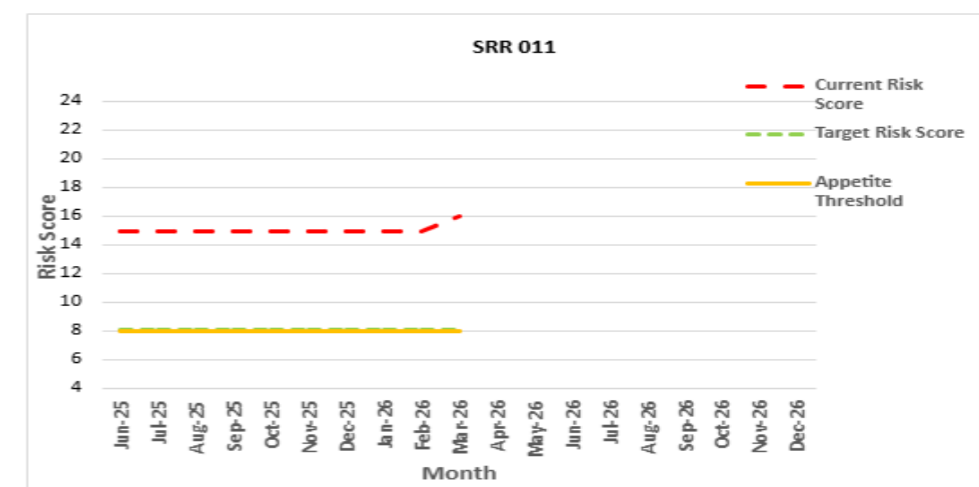
RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY			
Strategic Risk SRR 006 C	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status Public
Threat (As a result of)	Due to failure to develop digital solutions that are sustainable and for the future.			
Impact (Consequences of the threat)	Patient <ul style="list-style-type: none"> Unintended harm or injury to patients. Adverse impacts on delivery of care to patients across acute and non-acute settings 	Staff <ul style="list-style-type: none"> Unintended harm or injury to staff. 	Organisation <ul style="list-style-type: none"> Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 	Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
				Risk Appetite Threshold – Score 17 and Below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	3 x (Possible)	2 x (Unlikely)
Initial Date of Assessment	June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	January 2026	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review (Quarterly based on risk score)	April 2025			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> New Digital Service Request process in place which provides governance in several key areas: Automation of request process via 'Seren' the ICT Portal Information Governance – ensuring new services have appropriate controls to keep patient information safe. Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. Patient Safety – ensuring services do not introduce any patient safety risks. Records – ensuring new systems comply with the requirements of records management. Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require. Business change function which ensures implemented systems are effective and deliver the benefits required. Formal framework in place for the adoption of new digital services and best practice guidance followed. Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process New Digital Request processes include fortnightly senior leadership scrutiny of requests, New prioritisation framework & tool Monthly/quarterly Operational delivery aligned to ITIL standards Annual operational plan completed and aligned with IMTP Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities for Urgent Care, MH & LD, CSS, Division of Surgery & PCCS in place Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints. 	<ul style="list-style-type: none"> Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities to be arranged for Division of Medicine, Portfolio optimisation to ensure the resources of the service are aligned to key priorities New Digital Request quarterly reporting to DDAT Group New governance structures to be put in place further to directorate restructuring Development of product management approach to delivery of core software applications and extending use of agile processes to ICT Development of digital strategies including Digital Transformation Strategy linked to ABUHB 2035 – the new Health Board 10 year strategy and associated component strategies and plans including Electronic Health & Care Record and Infrastructure strategy.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
Quarterly reporting to DDAT Group	<ul style="list-style-type: none"> If the NDSR process delivers anticipated improvements The outcome of the EDRMS audit 	<ul style="list-style-type: none"> Monitor the performance of the NDSR process Audit into the effectiveness and appropriateness of the electronic document and records management solution (EDRMS) in use for the management of digital health records and the provision of scanning services.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Not Applicable
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit 2023/24 <ul style="list-style-type: none"> LINC Programme– Outcome Reasonable assurance Network Infrastructure (VPN) - Outcome Reasonable assurance Internal Audit 2024/25 <ul style="list-style-type: none"> Electronic document and records management solution -planned for Q4 	<ul style="list-style-type: none"> Recommendations identified through audit work 	<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance		
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
REASONABLE ASSURANCE		

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – GREEN HEALTH			
Risk (reframed) SRR 011	There is a risk that the Health Board does not adequately anticipate, plan for, and respond to the impacts of climate change, green health requirements, and the need to adapt and decarbonise its services, estate and infrastructure.			Publication Status Public
Cause (As a result of)	Due to an ageing and complex estate, competing capital and revenue pressures, climate-related service demand and the absence of an organisation-wide climate adaptation approach.			Risk Appetite Level – OPEN: Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure
Impact (Consequences of the threat)	Patient / population	Staff	Organisation	
	<ul style="list-style-type: none"> Increased safety risks to patients arising from inadequately adapted buildings and infrastructure. Reduced access to clinical services Poor patient experience 	<ul style="list-style-type: none"> Increased safety risks to staff arising from inadequately adapted buildings and infrastructure. Low morale Increased workload from staff absences 	<ul style="list-style-type: none"> Disruption to clinical services and business continuity Greater demand on healthcare services Non-compliance with Welsh Government policy and statutory duties under the Well-being of Future Generations (Wales) Act. Increased operational and capital costs due to reactive rather than planned interventions. Reputational damage Missed opportunities to improve population health and prevention through green health approaches. 	
				Risk Appetite Threshold – SCORE 17 AND BELOW. Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	4 x (Likely)	4 x (Likely)
Initial Date of Assessment	November 2025	Impact	4 (Moderate)	2 (Minor)
Last Reviewed	April 2026	Risk rating	= 16 Extreme	= 8 Moderate
Next Review (Monthly based on risk score)	May 2026			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> Integrated Medium Term Plan (IMTP) and Annual Planning processes incorporating sustainability and green health priorities Participation in NHS Wales and Welsh Government climate emergency, decarbonisation and sustainability programmes Decarbonisation Programme Board and reporting arrangements Carbon emissions measurement and reporting (Carbon Neutral metrics) Capital planning, business case approval and estate management processes incorporating sustainability and resilience considerations Estate's maintenance and backlog management Health and safety, emergency planning and business continuity arrangements Statutory environmental and sustainability reporting Regulatory inspection and audit activity Climate adaptation risk embedded in annual business planning Estates Condition Survey (if up to date) Environmental Management System (EMS) controls (ISO 14001) 	<ul style="list-style-type: none"> Development of a Board-approved, organisation-wide climate adaptation and green health strategy and plan Completion of systematic climate risk assessments across all major sites and services Strengthening alignment between capital investment prioritisation and climate resilience risks Completion of bi-annual internal ISO 14001 audit to assess EMS effectiveness Refit investment Prioritise repairing weather damaged buildings. Alteration to planning documents to include consideration of climate adaptation. Adaptation KPI's being developed by Welsh Government with reporting required from 2026/27 Direct reporting of risk assessment and adaptation plan progress to Welsh Government on an annual basis. Review governance structure Develop comms strategy to share adaptation advice, guidance and expectations. Pull together a task and finish group to review and plan Climate Adaptation Risks identified in the Gwent PSB Climate Adaptation Plan

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Minutes of the subgroups to discuss position, monitor and new ideas Minutes from the Estates operational meetings 	<ul style="list-style-type: none"> Detailed level metrics and measures are limited due to data capture equipment. Each Division to identify on their risk register any outstanding climate risks on their risk register and share those risks with the Climate Adaptation Group 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Finance & Performance Committee and Board Papers and Minutes Decarbonisation Programme Board Papers and minutes Executive Committee Papers and minutes Strategic Risk Assessment Corporate risk assessments Audit recommendation tracking report Incident reports 	<ul style="list-style-type: none"> Routine inclusion of Climate Adaptation risks on all Departmental Risk Registers. 	<ul style="list-style-type: none"> Commission baseline climate risk assessment across all divisions Introduce divisional reporting on adaptation progress Develop measurable climate adaptation KPIs Improve real-time monitoring data availability 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Audit Wales reports and management letters Head of Internal Audit Annual Opinion Regulatory inspection outcomes Well-being of Future Generations (Wales) Act Reporting Bi-annual ISO14001 audit report 	<ul style="list-style-type: none"> Funding for a comprehensive ABUHB decarbonisation strategy is not available. No external climate adaptation maturity assessment Limited external validation of climate resilience at site level 	<ul style="list-style-type: none"> REFIT invest to Save capital opportunities being progressed. Commission baseline climate risk assessment across all divisions 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE ASSURANCE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance and Performance Committee – Review of Committee Programme of Business 2026-27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Governance Support Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Finance and Performance Committee is asked to review the agreed Committee Forward Work Plan appended to this report as **Appendix A**.

The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2025/26 and to enable the Committee to:

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

In line with good governance practice, the Finance and Performance Committee has a Forward Work Plan that has been developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The Forward Work Plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

The Forward Work Programme Plan is designed to assist the Committee in the review of its programme of business. It captures the timing of report submissions, identifies items that have been deferred, and captures new requests for reports. The plan also allows the Committee to monitor and review its business at each meeting.

During the period the following requests and/or changes to the forward work plan have been included.

Additional items to the Forward Work Programme:

- There have been no additions to the Forward Work Programme during this reporting period.

Changes to the Forward Work Programme:

The **Stroke Improvement Plan Update Report** was deferred from the April meeting. At the time this report was prepared, no confirmed date had been agreed for its submission to Committee; however, June had been provisionally identified, subject to final confirmation.

These changes have been reflected on the updated Forward Work Programme.

Argymhelliad / Recommendation

The Committee is requested to **NOTE** the updated Finance and Performance Committee Forward Work Plan as provided in **Appendix A**.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business are a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Not Applicable Choose an item. Choose an item. Choose an item.

[Strategic Equality Objectives 2020-24](#)

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.



Annual Programme of Business for 2026-27

Finance and Performance Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2025/26
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

The purpose of the Finance & Performance Committee is to provide assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan. In doing so, the Committee will seek assurance that there is:

- ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework;
- that arrangements for financial management and financial performance are sufficient, effective and robust;
- that services are improving efficiency and productivity and financial plans are being delivered;

- there is timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services; and
- risks are suitably identified, mitigated, residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of citizen experience and the quality and safety of directly provided and commissioned services.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings					
			QTR 1 Apr to June		QTR 2 July to Sept		QTR 3 Oct to Dec	QTR 4 Jan to Mar
			21 st April 2026	10 th June 2026	22 nd Sept 2026	3 rd Nov 2026	26 th Jan 2027	9 th March 2027
Preliminary Matters								
Attendance and Apologies	Chair	SI	✓	✓	✓	✓	✓	✓
Declarations of Interest	All	SI	✓	✓	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓	✓	✓
Committee Action Log	Chair	SI	✓	✓	✓	✓	✓	✓
Committee Governance								
Development of Committee Annual Programme of Business 2027/28	DoCG	AN						✓
Review of Committee Programme of Business 2026/27	DoCG	SI	✓	✓	✓	✓	✓	✓
Committee Risk Report	DoCG	SI	✓	✓	✓	✓	✓	✓
Committee Annual Report 2026/27	DoCG	AN						✓

<ul style="list-style-type: none"> • Annual Review of Committee Terms of Reference 2026/27 • Annual Review of Committee Effectiveness 2026/27 • Outcome of Annual Review of Committee Effectiveness 2026/27 								
Performance Management								
Annual Review of Performance Management Framework	DoSP&P	AN						✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN						✓
Performance Management and Escalation Update.	DoSP&P	SI	✓	✓	✓	✓	✓	✓
AB Escalation Update	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Integrated Performance Report, including performance against Ministerial Priorities	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Reporting on Benefits Realisation Projects	DoF&P/DoSP&P			✓		✓		✓
Financial Performance								
Monthly Finance Report and Monitoring Returns	DoF&P	SI	✓	✓	✓	✓	✓	✓
Financial Outlook for Future Financial Year, including	DoF&P	AN						✓

Revenue Budget Allocation letter								
Value and Sustainability Assurance Reporting	DoF&P	SI	✓	✓	✓	✓	✓	✓
Efficiency Opportunities and Update Report	DoF&P	SI	✓	✓	✓	✓	✓	✓
Commissioning Update Report to include: <ul style="list-style-type: none"> • Primary Care • CHC • Intra NHS Agreements • SLAs 	DoF&P	AN						✓
Service Activity and Performance								
Outpatient Transformation Programme Update	DoSP&P	AN				✓		
Stroke Improvement Plan Update Report	DoT&HS	AN	✓					
Theatres Efficiency	DoSP&P	AN			✓			
HBS Delivery	COO		✓					
Information Management								
Information Governance Report, including SIRO Update	DoD	SI	✓	✓	✓	✓	✓	✓
Corporate Information Performance.	DoCG	AN	✓					
Digital and IM&T								

Commented [GT(BUCS1): Deferred

Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes	DoD	SI	✓	✓	✓	✓	✓	✓
Capital, Estates and Facilities								
Estates Compliance including compliance with Health Technical Memorandums	COO	AN						✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item

An	Annual
1/4ly	Quarterly
BI	1/2 yearly
Schedule of Meetings	
V	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Climate Adaptation Plan update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Director of Finance, Procurement & Value
SWYDDOG ADRODD: REPORTING OFFICER:	Gemma Hobson, Public Health Specialty Registrar, ABUHB Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

As part of their 2024 'Climate Adaptation Strategy for Wales', Welsh Government requires ABUHB to submit an approved Climate Adaptation Risk and Opportunities Assessment and a project plan. Following this, ABUHB must develop a Board-approved Climate Adaptation strategic delivery plan for submission to WG by the 31st March 2026.

This 'ask' from WG provides ABUHB with a valuable opportunity to: enhance the resilience of its services and infrastructure, ensuring continuity of care during climate-related events; proactively manage risks to patient health, thereby reducing potential strain on services and improving patient outcomes; collaborate with other Health Boards to identify and address common challenges to maximise efficiency.

This SBAR seeks support for the Climate Adaption Risk and Opportunities Assessment and Project Plan which is required to be submitted to Welsh Government (attached as Appendix 1). It also outlines current progress, key timelines, and the approvals process to ensure timely submission of the final Climate Adaptation Plan to Welsh Government in March 2026.

Cefndir / Background

The UK Climate Projections 2018 predict that Wales will experience warmer, wetter winters; Hotter, drier summers, with increased extreme weather events and sea level rise. As the climate warms and the incidence of extreme weather events such as intense rainfall increases, harm to health from climate change will also increase with the worst impacts of climate change expected to disproportionately affect those with the least ability to respond.

The Health Board is already experiencing the impacts of climate change, which is exacerbating existing health inequalities and putting pressure on healthcare facilities and delivery systems. This impacts not only the health and wellbeing of our population and staff, but our ability to deliver high quality care. Now more than ever the urgency of this work is clear with increased flooding impacting the Health Board area including extensive flooding from Storm Bert in November 2024 and Storm Éowyn in January 2025.

ABUHB has already made significant progress through its decarbonisation and climate mitigation programme. Building on this foundation, the Health Board has now established a complementary programme of work on climate adaptation, which is focused on the risks and actions to prepare for and respond to the current and future impacts of climate change, such as extreme weather, rising temperatures, and flooding. This work is essential to protect health, wellbeing, and service continuity.

The Climate Change Risk and Opportunity Assessment has sought to understand how we are being impacted and will be impacted in the future. This provides the Health Board with a better understanding of what is needed to be done in the short, medium, and long term to ensure service resilience, and minimising impacts on our staff and population. The process has highlighted the potential to put service delivery at risk, as well as population health, staff, the way in which we work, and likelihood of widening existing inequalities. Investment in adaptation now can avoid significant costs in the future, however, this is challenged by the current financial position and capacity in the system available to meaningfully adapt.

Asesiad / Assessment

The first iteration of the Health Board's CCRA has focused on service delivery, driven by the priorities of those engaged. A total of 67 risks were proposed via engagement with staff across a broad range of roles and service areas. These covered staff, equipment and infrastructure, community-based risks, patients, buildings and estates, access and transport, systems issues e.g. supply chain, primary care specific, partnerships, and population health. These risks were then compared to the existing ABUHB risk registers and contingency plans to establish which were captured within existing risk. 17 risks relevant to climate change within Strategic and Divisional Risk Registers with a further 51 on the Directorate and Local risks recorded on DATIX.

Climate change represents a substantial ongoing risk to the Health Board and, as such, it is proposed that it will be monitored via a newly created overarching strategic risk “There is a risk that the Health Board will not be able to provide safe and effective care if it doesn’t adapt sufficiently to the changing climate”. In addition, the Business Continuity risks posed by extreme weather are to be monitored through an update to risk SRR 004b “There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to Business Continuity incidents.”



ABUHB Climate
Adaptation Risk Asses



DRAFT Adaptation
Risk and Control Asse

This risk assessment is iterative and will grow as our understanding of the impacts increase, scenarios become more accurate, and our population changes. The most important outcome of this work is that the conversation around climate change impacts continues.

Argymhelliad / Recommendation

The Executive Team is *assured* of the progress made in developing the Climate Adaptation Plan in line with the Welsh Government’s timeline on 31st March 2026, noting the ongoing capacity and capability risks and organisational readiness to delivery of the Plan.

The Executive Team is requested to *approve* the Climate Change Adaption Risks & Opportunities Assessment and Project Plan for submission to Welsh Government

The Executive Team is also asked to:

- Ensure risks identified in the ABUHB Adaptation Risk Assessment are integrated and managed within directorate risk registers with newly identified thematic climate-related risks added and monitored accordingly;
- Maintain a continued engagement across all directorates in order to support the co-creation of an achievable and impactful delivery plan;

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a
Sgôr Cyfredol:

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Research, Innovation, Improvement, Value
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.

Equality Impact Assessment (EIA) completed	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

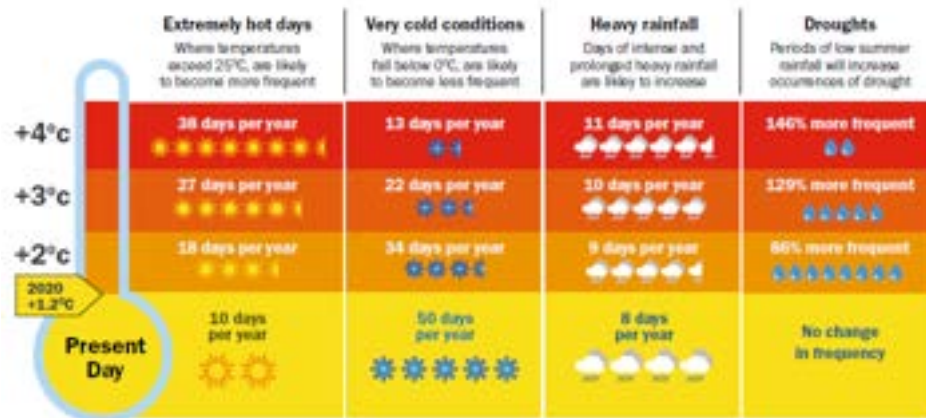
Appendix 1:

**Aneurin Bevan University Health Board
Decarbonisation Programme Board**

Climate Adaptation Project Plan

December 2025

<p>1. Project Aim</p> <p>To ensure Aneurin Bevan University Health Board is climate-ready and resilient; safeguarding patient safety, population health and continuity of care in a changing climate - by embedding adaptation approach across governance, planning, operations and partnerships, in line with the Climate Adaptation Strategy for Wales 2024 and the requirements set out for NHS organisations.</p>
<p>2. Context</p> <p>The Health Board is experiencing the impacts of climate change, which is exacerbating existing health inequalities and putting pressure on healthcare facilities and delivery systems. This impacts not only the health and wellbeing of our population and staff, but our ability to deliver high quality care. Now more than ever the urgency of this work is clear with increased flooding impacting the Health Board area including extensive flooding from Storm Bert in November 2024 and Storm Éowyn in January 2025. Four heatwaves and over 13 days exceeding 25°C made the summer of 2025 the hottest on record.</p> <p>The UK Climate Projections 2018 predict that Wales will experience warmer, wetter winters; Hotter, drier summers, with increased extreme weather events and sea level rise.</p> <p><i>Figure 1: Global warming and future high-impact weather in the UK</i></p>



As the climate warms and the incidence of extreme weather events such as intense rainfall increases, harm to health from climate change will also increase¹. Adaptation measures are particularly crucial for social and health equity, given the worst impacts of climate change are expected to disproportionately affect those with the least ability to respond.

Figure 3: Climate impacts on health and healthcare



3. Situation

In recognition of the impact of the changing climate on the health of our residents, patients and staff ABUHB instigated its' first 'Climate Change Risk and Opportunity Assessment (CCROA)' in 2025. This is in response to the publication, in November 2024, of documents detailing Welsh Government's approach to climate adaptation, including:

- [Climate Adaptation Strategy for Wales 2024 | GOV.WALES](#)
- [Health and social care climate adaptation toolkit | GOV.WALES](#)

The Climate Change Risk and Opportunity Assessment has sought to understand how we are being impacted and will be impacted in the future. This provides the Health Board with a better

¹ Munro A, Boyce B, Marmot M (2020) Sustainable Health Equity: Achieving a Net-Zero UK. Institute of Health Equity. Available from: <https://www.instituteoftheequity.org/resources-reports/sustainable-health-equity-achieving-a-net-zero-uk>.

understanding of what is needed to be done in the short, medium, and long term to ensure service resilience, and minimising impacts on our staff and population. The process has highlighted the potential to put service delivery at risk, as well as population health, staff, the way in which we work, and likelihood of widening existing inequalities. Investment in adaptation now can avoid significant costs in the future, however, this is challenged by the current financial position and capacity in the system available to meaningfully adapt.

The first iteration of the Health Board's CCRA has focused on service delivery, driven by the priorities of those engaged. A total of 67 risks have been identified via engagement with staff across a broad range of roles and service areas. These covered staff, equipment and infrastructure, community-based risks, patients, buildings and estates, access and transport, systems issues e.g. supply chain, primary care specific, partnerships, and population health. These risks were then compared to the existing ABUHB risk registers and contingency plans to establish which were captured within existing risk. 17 risks relevant to climate change within Strategic and Divisional Risk Registers with a further 51 on the Directorate and Local risks recorded on DATIX.

All risks identified, so far, fall within the following 11 areas:

1. Impacts from climate change (heat, flooding, wetter winters, air quality and extreme weather) on **population health and inequalities**, leading to increased demand from different demographic groups, with an unknown impact/spread across Health Board/Clusters
2. **Staff and patient well-being** and health at risk due to climate change and extreme weather events e.g. heat, flooding, wetter winters, air quality and extreme weather
3. **Functional suitability of the Estates** as impacted by climate change and extreme weather e.g. heat, flooding, wetter winters, air quality and extreme weather high heat in our buildings
4. **Access** to sites from flooding and extreme weather – staff, patients, visitors and suppliers, including from travel disruption
5. **Provision of services to community-based patients** during extreme weather including access, equipment etc.
6. **Access to medications, products and services** due to supply chain disruption
7. Increased frequency of business continuity from increased demands on service associated with climate impacts including heat, extreme weather, poor air quality, new diseases, exacerbated conditions
8. Crucial **infrastructure and utilities** (energy, water, IT etc) impacted by heat, extreme weather etc
9. **Risks to medical equipment** (NHS Wales sites & community)
10. **Gaps in knowledge, understanding and resources** to enable the delivery of effective climate adaptation
11. Limited understanding of the cost of adaptations and **limited finances** available to undertake climate adaptation work

Opportunities were identified during the discussions, which focus on utilising nature in both staff wellbeing, patient and wider population wellbeing/treatment. However, these do not compensate for the risks that health and healthcare are facing. These opportunities included:

1. Reduction in slips trips and falls due to warmer winters
2. Use of nature / outdoor spaces to support flood reduction and carbon sequestration also supporting patient wellbeing, rehabilitation & condition management
3. Collaboration and work in partnership spaces e.g. social care

ABUHB will *mitigate* risks within our organisational control (estate, clinical environments, digital/IT, business continuity), *adapt* on a no/low-regret basis with staged investments, *transfer/escalate* shared risks (e.g., national supply chains, transport, flood/coastal processes) for regional or All-Wales solutions, and *accept* defined residual risks with active monitoring where immediate mitigation is impracticable. Lower scoring risks will be initially accepted as the existing risk treatment is understood to be sufficient.

The first iteration of the ABUHB Climate Change Risk and Opportunity Assessment can be found in Appendix A

This approach is supported by the need to:

- Prioritisation of *Critical thresholds* for patient safety and service continuity
- The existence of *External interdependencies* beyond NHS control where our role is influence/partnership not delivery
- *Resource limitations* requiring prioritisation of no/low-regret measures, integration with IMTP/annual planning, and timing to meet WHC/2025/005 milestones.

Thresholds and triggers will be defined using the Local Partnerships Health & Social Care Adaptation Toolkit, aligned to the Climate Adaptation Strategy for Wales 2024 and the CCC’s advice to embed adaptation into core decision making.

This risk assessment is iterative and will grow as our understanding of the impacts increase, scenarios become more accurate, and our population changes. The most important outcome of this work is that the conversation around climate change impacts continues.

2. Actions

Action	Target Date	Owner
Establish governance and leadership for climate adaptation	December 2025	Decarbonisation Programme Board
Complete first iteration of Climate Adaptation Risk and Opportunities Assessment	December 2025	Adaptation Task and Finish Group, supported by Adaptation Lead
Build actions from the climate change risk and opportunity assessment into an ABUHB Climate Action Plan	March 2026	Adaptation Task and Finish Group, supported by Adaptation Lead
Obtain internal approvals from Board level for Climate Action Plan 2026-2030	Board level endorsement of initial plan by March 2026	Adaptation SRO
Build adaptation into Integrated Medium-Term Plan or Annual Plan	TBC	Planning
Develop monitoring and measuring mechanisms for identified risks (>15) and opportunities	March 2026	Risk owner, to be supported by Adaptation Lead
Embed newly identified/ changed recognised risks and opportunities in local risk registers through the formal risk process	Ongoing	Risk owner
Collaborate and share low-cost actions between NHS Wales organisations	Ongoing, initial actions shown in Appendix B	Adaptation SRO

Advocate for the All-Wales approach to NHS Wales common issues	See Appendix 3	Adaptation SRO
Embed monitoring and review by defining KPI's and triggers in line with Welsh Government guidance	By end of 2026	Adaptation SRO

3. Roles and Responsibilities

Executive Sponsor	Overall responsibility for programme delivery.
Senior Responsible Officer (SRO)	Responsibility for adaptation programme oversight and delivery.
Climate Adaptation Task and Finish Group Members	Contribute to the creation of new risks on the adaptation risk register, contribute to the creation of the Adaption Plan, contribute to the creation of an adaptation monitoring dashboard.
Adaptation Preparedness Lead	Oversee the development of the Adaption Plan and monitor progress against risks.
Senior Programme Manager	Oversee the Decarbonisation Board function which includes SDP/ Biodiversity/ Adaptation reporting.
Risk Owner	Update risks on adaptation risk register in line with the review dates.

4. Overarching Risks

1. **Duplication:** Each NHS Wales organisation has several risks that are not geographical. Working on these independently will create extensive duplication and waste resources. Outcomes could lead to inconsistencies of care if things are identified in one part of the system and not others.
 - a. *Potential mitigation:* Climate Preparedness Lead meeting regularly to discuss progress and areas of collaboration.
 - b. *Potential mitigation:* All Wales proposal identifying areas where a national approach is essential.
 - c. *Potential mitigation:* Welsh Government / Health Board run session on pharmaceuticals and heat, to pilot an All-Wales approach
2. **External interdependencies:** The health system is dependent on other organisations and their approach to adaptation could impact the way NHS Wales can deliver healthcare.
 - a. *Potential mitigation n:* Health Boards involvement in Public Services Boards and their associated climate adaptation work.
 - b. *Potential mitigation:* Organisation EPRR teams involved in de-briefs after events with multi-agency partners.
3. **NHS Wales interdependencies:** NHS Wales commissions services between organisations. This means the impacts from climate change and the way in which we adapt could negatively impact partners in the wider system and lead to maladaptation.
 - a. *Potential mitigation:* Climate Preparedness Lead meeting regularly to discuss progress and areas of collaboration.
 - b. *Potential mitigation n:* Climate Preparedness Leads tracking existing actions
 - c. *Potential mitigation:* All Wales proposal identifying areas where a national approach is essential.

4. Insufficient adaptation: Not adapting to climate change within current means could lead to claims to Welsh Risk Pool being rejected, poorer population health, and increased pressure on health systems.

- a. *Potential mitigation:* Identification of no/low-cost approaches
- b. *Potential mitigation:* Identification of opportunities to build climate adaptation into existing systems e.g. capital planning, risk, EPRR etc.

5. Governance and Resource Requirements

The ABUHB Climate Action Plan will be managed through the ABUHB Decarbonisation Board, supported by the Adaptation Task and Finish Group meeting every month to inform action owners of programme updates, reporting, and/or changes to risk level.

Resources for this programme are limited, and the management of risks rely on it being assigned to people’s work in their own directorates through the ‘Action Owners’. This work is currently supported by a Speciality Registrar from Public Health and a Senior Programme Manager – Transformation & Delivery Office with leadership from an SRO.

There are stakeholder collaboration spaces utilised for this programme, including:

- The NHS Wales Climate Preparedness Leads are working together to gain contacts from across the system and raise awareness, sharing back findings to the Teams channel.
- The Climate & Nature Area of Focus group within the Gwent Public Services Board are bringing together stakeholders to produce a PSB level Climate Action Plan.

6. Monitoring and Review

Formal monitoring will be conducted for the risks scoring more than 15. The monitoring framework will be developed by end of 25/26 financial year and be updated annually thereafter.

The Climate Change Risk and Opportunity Assessment is a live document which will be reviewed formally every 5 years, with smaller risk-related reviews in the following circumstances:

- New risk identified
- Findings of the All-Wales further investigation work is shared
- Understanding of climate impacts improves / changes
- Welsh Government reporting requirements alter.

The underlying climate evidence will be reviewed periodically to capture revised climate predictions, improving understanding of risk as further investigation is conducted, and as service change occurs.

7. Success Criteria

Success looks like:

- Climate risks built into planning and decision-making processes
- Awareness of extreme weather events by staff and wider population
- Developing an evidence base across the gaps
- Ability to utilise opportunities

Climate change represents a substantial ongoing risk to the Health Board and, as such, will be monitored via a newly created overarching strategic risk “There is a risk that the Health Board will not be able to provide safe and effective care if it doesn’t adapt sufficiently to the changing climate”. In addition, the Business Continuity risks posed by extreme weather are to be monitored through an update to risk SRR 004b “There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to Business Continuity incidents.”



DRAFT Adaptation
Risk and Control Asses



ABUHB Climate
Adaptation Risk Asses

Appendix B: Examples of actions

Examples of Low-cost actions from across NHS Wales

- Heat impact questionnaire
- Flood/storm impact questionnaire
- Building into Integrated Medium-Term Plan / Annual Plan or local equivalent
- Building into Clinical Services Plan or local equivalent
- Buddy system evident in Estates and Community during extreme weather
- Firm up business continuity procedures for climate impacts
- Linking with Local Resilience Forums
- Reviewing Agile working policy – adjustment of working hours – where feasible during heat / extreme weather
- Consistent Wales-wide advice to staff in the heat and relaxation of uniforms in heat
- Nutrition and Hydration Policy
- Theatre temperature monitoring
- Opportunity to utilise temperature monitoring in BMS
- Thermal Comfort Procedure
- Adverse weather policy
- Weather alerts
- Welsh Health Technical Memorandums
- Preventative maintenance
- Culvert clearing
- Water Safety Group
- Sun safety campaign
- Pharmacy standards and protocols around storage
- Laboratory temperature monitoring
- Cool hubs / warm hubs in community and on warmer sites – Council run
- [Natural Resources Wales / Preparing for a flood](#)
- Sustainable Drainage Systems (Suds) & permeable car park
- 4x4 vehicle access
- Film added to windows to reduce heat
- Hats and sunscreen for gardeners
- Biodiversity projects increasing evapotranspiration on sites and reducing urban heat island effect
- Less hot food and more salads by Catering Teams in warmer periods

- Social prescribing and use of nature for prehab/rehab etc.
- Nature prescription
- Arts in Health and nature-based projects
- Stay well at home
- Shift left / Community by Design
- Sustainable transport
- Public Services Boards
- Corporate Joint Committee
- Community based responses: Torfaen, Crickhowell, Machynlleth
- Cross NHS Wales collaboration

Actions under development across NHS Wales

- Local Partnership led initiative to develop an e-learning module – HEIW learning platform – open to the whole public sector – end of March/April
- Use of an EPRR scenario around heat or flooding – 5 year and 15-year scenarios – scale to an All Wales one, use of an immersive room – pilot in Cwm Taf
- Empathy workshop – Cardiff and Vale
- Third Sector work on ‘Warm Homes’ scheme in Aneurin Bevan
- Swansea Bay City Deal ‘Homes as Power Stations’ scheme in Swansea Bay and Hywel Dda
- New cleaning standards
- Revised ISO14001 and greater links to climate change
- Integrated Impact Assessment – building in climate change
- Transport networks & climate adaptation study in Powys
- Research project at Swansea University, NHS Wales research midwives are involved: [Home - MAGENTA](#)

Future actions for consideration across NHS Wales

- Building into existing training programmes
- Learning from international partners and learning
- IPC policy review to consider climate impacts e.g. warmer summers / wetter winters
- Health Needs Assessments
- Green infrastructure
- Care homes and response to climate change impacts
- Social care and response to climate change impacts
- Regional Partnership Boards role
- Joined up information and sharing between organisations – linked data sets

NOTE: This is not an exhaustive list and will be extended by the wider Climate Preparedness Leads group across NHS Wales organisations.

Appendix C: Wales-wide opportunities for collaboration

Colleagues developing the Climate Change Risk and Opportunity Assessments from across Wales began meeting regularly from September 2025. One aspect that was highlighted was the substantial undertaking and requirement for specialist knowledge to be able to:

- Build an evidence base
- Data development or integration of existing data sources
- Understand risks and opportunities
- Develop actions, based on best practice, that could reduce the risks and enable the opportunities
- Ensure actions are allocated to appropriate responsible parties and held to account on implementation

It is proposed that these topics (outlined below) be approached at an All-Wales level as these are shared areas of concern across NHS Wales organisations. To address each of these at an organisational level would require substantial resources, however, if this could be addressed at an All-Wales level there would be a reduction in duplication and a more consistent approach.

1. **The impact on the treatment of specific clinical conditions** e.g. diabetes, renal, ED, older adults, neurology, oncology, maternity, haematology, radiotherapy, respiratory, nuclear medicine, rheumatology, community, children & young people, mental health. This Requires a coordinated approach to understand the impacts on each discipline including potential increase of demand and ways to manage.
2. **The impact on Population health:** Whilst there is a Health Impact Assessment by Public Health Wales there is a need to extrapolate and understand what the impacts may look like at a local level.
3. **Impact of heat on Pharmaceuticals** including:
 - Storage (onsite, in staff vehicles, in homes)
 - Impacts on body temp/temperature regulation
 - Temperature impacts on the effectiveness of pharmaceuticals
4. **Risk to community-based delivery:** staff such community nursing /therapies are at a higher risk of climate risks from the nature of their role moving across the regions. This will include heat, flooding, and other extreme weather. This could put them at risk and challenge community-based delivery if not considered early.
5. **Changes to Infection Prevention Control & increased microbes / pathogens**
6. **Commissioned services:** The way in which our partners adapt to climate change will impact delivery of our services and potentially limit or elevate the NHS Wales response.
7. **Medical equipment:** It is unclear which medical equipment will be impacted by heat. This includes equipment on Health Board sites, but also equipment loaned to patients for use at home.
8. **Staff uniforms:** Staffing uniform policies for hot weather vary across organisations and this has been consistently raised as a potential cause for staff overheating.
9. **Impact on laboratories** in excess heat.
10. **Advocacy as a broader health system:** NHS Wales, to advocate (and for improved partnership collaboration on climate risk, because of interdependencies.

no. CCR44 risk ref	no. CCR44 Risk Descriptor	ABUHB Risk ID	ABUHB Risk Register	Risk / Opportunity	Specific Risk	Proposed Risk Treatment	Risk Score	Adequacy of controls	Approval	Likelihood	Likelihood	Likelihood	Consequence	Consequence (current)	Consequence (initial)	Rating	Rating (Ta)	Date first identified	Review date	Directorate	Division	Location (Type)	Risk Subtype	Risk Type	Risk Level	Risk level (current)	
		10654	Strategic Risk Register	SRR 011	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government	Quarterly review of projects and workstreams at the Decarbonisation Programme Board. The project structure has 5 key	12	Reasonable	New Risk	Possible (3)	Possible (3)	Major (4)	Major (4)				12	30.10.2024	01.07.2025			ABUHB Wide			High risk	High risk	
	Risks to people from extreme weather, including heat		Strategic Risk Register	SRR 04 B	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to Business Continuity incidents.																						
	Risks to people from extreme weather, including heat		Directorate Risk Register		Climate change poses a rapidly escalating threat to public health	Climate change poses a rapidly escalating threat to public health through multiple perspectives. For example, by intensifying heat exposure, flooding, degrading air quality, increasing the spread of infectious diseases, and disrupting	20	Negative	New Risk	Almost Certain (5)	Major (4)	Major (4)						10.12.2025	31.03.2026	Public Health		ABUHB Wide					
H1	Risks to people from heat	11784	Divisional Risk Register		High temperatures in blood room CPD NMR	This room as no windows and gets extremely hot during warm weather. usually several degrees warmer than	9	Negative	Current	Possible (3)	Rare (1)	Moderate (3)	Moderate (3)				3	11.07.2023	03.11.2023	Pathology	Clinical Support Services	Phlebostomy	Environment	Environment	Low risk	High risk	
		11375	Local Risk Register		Extremely high temperature in DN base	Temperatures in office unbearable, especially first thing in the morning and at lunch time during handover	15	Negative	New Risk	Almost Certain (5)	Rare (1)	Moderate (3)	Moderate (3)				3	25.07.2025	25.08.2025	Caerphilly Borough	Primary Care and Community	DN Team - Caer - Nant	Estates Health and Safety	Estates	Health and Safety	Low risk	Extreme risk
		11307	Local Risk Register		Heat Wave, extremely high temperatures on the ward 3/2	Temperatures recorded in ward environment in excess of 30°C. Potential patient health risks: dehydration	9	Reasonable	New Risk	Possible (3)	Minor (2)	Moderate (3)	Moderate (3)				3	11.07.2025	16.10.2025	General Medicine	Medicine	Ward 3/1 Glen Ebbw (N)	Environment	Environment & Estate	High risk	High risk	
		9610	Directorate Risk Register		Office working environment	Small office space can become overheated and crowded. Offices can also become cold. Lack of ventilation	4	Positive	Current	Unlikely (2)	Unlikely (2)	Minor (2)	Minor (2)				4	14.03.2024	17.12.2025	Therapies	Family and Therapy Services	Internal Building Areas	Environmental & Patient Safety	Health and Safety	Moderate risk	Low risk	
		8583	Local Risk Register		Control of ward temperature	Increased level of stress to both staff and patients due to increased heat and humidity when temperature	6	Positive	Current	Possible (3)	Minor (2)	Minor (2)	Minor (2)				6	21.01.2026	21.01.2026	Adult Mental Health	Mental Health and Learning Disabilities	Beechwood Ward (ST)	Estates	Environment & Estate	Moderate risk	Moderate risk	
		11232	Local Risk Register		Heat stress	Sound proofing and lack of air flow in sound proof rooms combine to create a situation where heat stress	12	Negative	Current	Likely (4)	Rare (1)	Moderate (3)	Moderate (3)				1	10.06.2023	25.09.2025	Scheduled Specialities	Surgical	Internal Building Areas	Environmental & Patient Safety	Health and Safety	High risk	High risk	
		11496	Local Risk Register		Temperature issues	The Ops Risk is based on the first floor of portacabins and area gets excessive hot during summer/heat	6	Reasonable	Current	Possible (3)	Minor (2)	Minor (2)	Minor (2)				1	15.08.2025	13.02.2026	Emergency Medicine / Op	Urgent Care	Internal Building Areas	Estates Health and Safety	Health and Safety	Moderate risk	Moderate risk	
		11310	Local Risk Register		temperatures on ward	ward temperature can become extreme during hot weather due to lack of air conditioning on ward	12	Reasonable	New Risk	Likely (4)	Minor (2)	Moderate (3)	Moderate (3)				6	17.07.2025	17.10.2025	Monmouthshire Borough	Primary Care and Community	Cagwent Ward (Chops)	Environment	Environment & Estate	High risk	High risk	
		8862	Local Risk Register		day to day admin work in small office	No ventilation temperature difficult to adjust. cramped working conditions stress due to environment traps	4	Positive	Current	Unlikely (2)	Unlikely (2)	Minor (2)	Minor (2)				4	03.11.2023	07.12.2023	Therapies	Family and Therapy Services	Internal Building Areas	Health and Safety	Health and Safety	Low risk	Low risk	
		9768	Local Risk Register		Temperature control and monitoring within the Rheumatology Day Unit	Temperature within the unit can fluctuate 1. treatment room very narrow and small with one window can	3	Positive	New Risk	Rare (1)	Minor (2)	Moderate (3)	Moderate (3)				1	06.02.2020	03.07.2025	Scheduled Specialities	Surgical	Rheumatology Clinic /	Environmental & Patient Safety	Health and Safety	Low risk	Low risk	
		11170	Directorate Risk Register		Air conditioning equipment	Sleep Teams are finding that due to more extreme hot weather, patients are having increasing difficulties in	12	Reasonable	Current	Likely (4)	Likely (4)	Moderate (3)	Moderate (3)				12	08.11.2024	15.12.2025	General Medicine	Medicine	Ward 4/4 Llanfyllen (N)	Service and Business Disruption	Service Delivery	High risk	High risk	
		7218	Divisional Risk Register		Confined Spaces	Confined spaces across the health board have not been formally assessed and may not have sufficient safe	12	Negative	Current	Possible (3)	Rare (1)	Major (4)	Major (4)				4	26.07.2021	29.11.2024	Works & Estates	Estates and Facilities	ABUHB Wide	Health and Safety	Health and Safety	Moderate risk	High risk	
		9743	Directorate Risk Register		Failure of MRI chiller	Failure of the MRI chiller would render the MRI scanner down and would run the risk of a quench. This would	16	Negative	Current	Likely (4)	Rare (1)	Major (4)	Major (4)				4	21.06.2024	26.09.2025	Radiology	Clinical Support Services	Radiology - MRI Unit	Estates	Environment	Moderate risk	Extreme risk	
		11223	Directorate Risk Register		Risk of failure of temperature monitoring (Mortuary)	Ensuring temperature is always adequate throughout the fridge storage and freezer storage insufficient if	3	Negative	Current	Rare (1)	Rare (1)	Moderate (3)	Moderate (3)				3	03.10.2023	07.12.2023	Pathology	Clinical Support Services	Mortuary - acute	Legislation (inc Human Tissue A	Compliance with lega	Low risk	Low risk	
		8635	Local Risk Register		HTAB - Major equipment failure within Mortuary	This means major equipment failure which has, or could have, a significant impact on service delivery. This	4	Positive	Current	Rare (1)		Major (4)	Major (4)					17.10.2025		Pathology	Clinical Support Services	Internal Building Areas	Legislation (inc Human Tissue A	Compliance with lega	Low risk	Low risk	
		10725	Local Risk Register		Risk of damage to wax from extreme temperatures in the laboratory	The wax has a storage temperature recommendation of 4-25 degrees C. The area it is stored in has no cur	1	Positive	Current	Rare (1)		Negligible (1)	Negligible (1)					25.02.2025	25.02.2026	Pathology	Clinical Support Services	Pathology - Histopatho	Environment	Environment & Estate	Low risk	Low risk	
		10725	Divisional Risk Register		Risk to safe food storage as fridges and freezers struggle to maintain safe temperatures in periods of hot weather	High risk foods are not being continuously maintained below 5oc as required for food safety. This issue was	12	Negative	Current	Likely (4)	Rare (1)	Moderate (3)	Moderate (3)				3	07.05.2021	29.11.2024	Hotel Services	Estates and Facilities	Kitchen (Main)	Food Safety	Health and Safety	High risk	High risk	
		6373	Directorate Risk Register		Safe Food Storage	Refrigeration and freezer units are struggling to maintain temperatures through the summer at correct	16	Negative	New Risk	Likely (4)	Rare (1)	Major (4)	Major (4)				4	03.07.2025	18.08.2025	Hotel Services	Estates and Facilities	Kitchen (Main)	Legislation (inc Human Tissue A	Compliance with lega	Low risk	Extreme risk	
		7106	Local Risk Register		Temperature Control (food safety in hot weather events)	High risk foods are not being continuously maintained below 5oc as required for food safety. This is an in	12	Negative	Current	Possible (3)	Unlikely (2)	Major (4)	Major (4)				8	02.06.2021	01.10.2025	Hotel Services	Estates and Facilities	Kitchen (Main)	Food Safety	Health and Safety	High risk	High risk	
H6	Risks to health and social care delivery	8675	Divisional Risk Register		Risk to medication efficacy, due to high recorded temperatures in inpatient clinic rooms	Concerns raised for many across DAMH directorate and AMH directorate, in relation to consistently	8	Negative	Current	Likely (4)	Unlikely (2)	Moderate (3)	Minor (2)				6	17.08.2023	28.11.2025	Mental Health Services	Mental Health and Learning Disabilities	Internal Building Areas	Environment	Environment	Moderate risk	Moderate risk	
		8674	Local Risk Register		obtaining and transportation of specimens from patients homes	risk of infection for spilage of specimen correct labelling of specimens specimens exposed to extreme temp	6	Positive	Current	Unlikely (2)	Unlikely (2)	Minor (2)	Moderate (3)				4	17.02.2020	03.09.2025	Monmouthshire Borough	Primary Care and Community	DN Team - Mon - Mon	Health and Safety	Health and Safety	Moderate risk	Moderate risk	
H2	Risks to people from extreme weather, excluding heat	7171	Divisional Risk Register		Extreme weather affecting normal business in the ED	When there is severe weather, heat or cold this disrupts normal business potentially putting patients and s	9	Positive	Current	Possible (3)		Moderate (3)	Moderate (3)					01.10.2025		Emergency Medicine / Op	Urgent Care	Emergency Department	Service and Business Disruption	Service Delivery	High risk	High risk	
		6551	Directorate Risk Register		Violence and Aggression outside of workplace lone worker between department and vehicle Working in	Violence and aggression training for all ED staff. High visibility jackets supplied for staff to wear. 24/7 Security presence fr	12	Negative	Current	Likely (4)	Possible (3)	Moderate (3)	Moderate (3)				9	21.12.2020	14.11.2025	Emergency Medicine / Op	Urgent Care	Emergency Department	Patient Safety	Patient Sa	High risk	High risk	
		11259	Divisional Risk Register		Staff working in adverse weather conditions (PRU)	Staff working on PRU are exposed to all aspects of adverse weather while attending patient calls in commu	8	Reasonable	Current	Likely (4)	Minor (2)	Minor (2)	Minor (2)				4	08.07.2025	08.10.2025	Emergency Medicine / Op	Urgent Care	Community	Environment	Environment	Moderate risk	Moderate risk	
		8183	Divisional Risk Register		Extreme weather affecting normal business within the M&U's	When there is severe weather, heat or cold this disrupts normal business potentially putting patients and s	9	Positive	Current	Possible (3)		Moderate (3)	Moderate (3)					14.03.2023	01.10.2025	Divisional Risk	Urgent Care	ABUHB Wide	Service and Business Disruption	Service Delivery	High risk	High risk	
		3550	Directorate Risk Register		Blissau Gwent often experiences heavy snowfall during winter which impinges upon the ability of staff to	The Health Board has an adverse weather policy which covers extremes of heat and cold and also periods of drought and	4	Negative	Current	Unlikely (2)	Unlikely (2)	Minor (2)	Minor (2)				4	15.07.2019	03.12.2025	Blissau Gwent Borough	Primary Care and Community	ABUHB Wide	Service and Business Disruption	Service Delivery	Moderate risk	Low risk	
		8872	Directorate Risk Register		WORKING ON THE MOBILE DENTAL VANS	WORKING ON THE MOBILE DENTAL VANS - Hazards involved. Risk of break-down risk of being unable to	3	Positive	Current	Possible (3)		Negligible (1)	Negligible (1)					01.08.2017	07.07.2026	COMMUNITY DENTAL SER	Primary Care and Community	Internal Building Areas	Transport	Environment & Estate	Low risk	Low risk	
		10430	Local Risk Register		Temp cold Temperature in outpatient department	As weather has become colder, the temperature within the main treatment area (and in individual rooms)	4	Negative	Current	Unlikely (2)	Rare (1)	Negligible (1)	Minor (2)				1	29.11.2024	20.01.2026	Therapies	Family and Therapy Services	Physiotherapy M&A OP	Environment	Environment	Low risk	Low risk	
H6	Risks to health and social care delivery	8760	Strategic Risk Register (SRR 006 A)		Risk of full or partial failure of existing digital infrastructure and systems due to extreme weather	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-qu	12	Reasonable	Current	Likely (4)	Likely (4)	Minor (2)	Moderate (3)				8	01.06.2021	01.07.2025			ABUHB Wide	Relating to lack of/or failures of	Service Del	Moderate risk	High risk	
		11186	Local Risk Register		Nursing access to rural areas in inclement weather and amount of fuel	Consider access for 4x4 vehicles that could be shared between teams, identify costs for 2 4x4 vehicles. Re	15	Negative	Current	Possible (3)	Possible (3)	Major (4)	Catastrophic (5)	Catastrophic (5)			15	12.06.2025	21.10.2025	Monmouthshire Borough	Primary Care and Community	Grounds/External	Service and Business Disruption	Service Del	High risk	Extreme risk	
		8335	Local Risk Register		Adverse Weather	Key factors for consideration: Excessive rain fall Flooding Strong winds Ice and or snow Excessive	9	Positive	Current	Possible (3)		Moderate (3)	Moderate (3)					31.03.2020	17.11.2023	Public Health	Corporate Services	Elwernere	Health and Safety	Health and Safety	High risk	High risk	
		6133	Local Risk Register		driving in inclement weather	driving in inclement weather	6	Negative	Current	Almost Certain (5)	Unlikely (2)	Moderate (3)	Moderate (3)				15	21.01.2017	04.02.2026	Monmouthshire Borough	Primary Care and Community	ABUHB Wide	Health and Safety	Health and Safety	Moderate risk	Moderate risk	
		11562	Local Risk Register		Home visits during inclement/hazardous weather	Risk to staff whilst completing community based visits during inclement/hazardous weather	9	Reasonable	Current	Rare (1)	Unlikely (2)	Catastrophic (5)	Catastrophic (5)					04.03.2025	04.03.2026	Blissau Gwent Borough	Primary Care and Community	Internal Hospital and S	Health and Safety	Health and Safety	Moderate risk	Moderate risk	
		8309	Local Risk Register		Domiciliary Visits	Community visits to undertake sampling. 1. Community visits 2. Unknown environment - pests, exposure	9	Positive	Current	Possible (3)		Moderate (3)	Moderate (3)					26.01.2021	22.11.2023	Public Health	Corporate Services	ABUHB Wide	Health and Safety	Health and Safety	High risk	High risk	
		8851	Local Risk Register		11 - DRIVING AT WORK DURING PERIODS OF INCLEMENT WEATHER	DRIVING AT WORK DURING PERIODS OF INCLEMENT WEATHER Hazards involved when task is performed	3	Negative	Current	Possible (3)	Unlikely (2)	Moderate (3)	Negligible (1)				6	03.08.2015	07.07.2026	COMMUNITY DENTAL SER	Primary Care and Community	Internal Building Areas	Health and Safety	Health and Safety	Moderate risk	Low risk	
H6	Risks to health and social care delivery	8757	Strategic Risk Register (SRR 002 B)		There is a risk that there will be significant failure of the Health Board's estate. B) Due to significant levels	Health Board Estates Rationalisation Strategy. Health Board Estates Strategy. Health Board policies and procedu	12	Reasonable	Current	Possible (3)	Possible (3)	Minor (2)	Major (4)				12	01.06.2023	01.08.2025	Corporate Services	Corporate Services	ABUHB Wide	Environmental & Patient Safety	Health and Safety	High risk	High risk	
		3823	Divisional Risk Register		Maintenance of buildings & Engineering services	Risk of failure of services that will have an impact on the ability to deliver safe patient care. Maintenance	15	Negative	Current	Possible (3)	Rare (1)	Catastrophic (5)	Catastrophic (5)				5	14.08.2012	30.09.2024	Works & Estates	Estates and Facilities	ABUHB Wide	Health and Safety	Health and Safety	Extreme risk	Extreme risk	
		10271	Divisional Risk Register		Leakage in many areas of the building	water being released in many areas, resulting in flooding and unfit walking conditions. Rains on leak breaks	16	Negative	Current	Likely (4)	Likely (4)	Major (4)	Major (4)				16	15.10.2024	15.11.2024	Works & Estates	Estates and Facilities	Internal Building Areas	Estates	Environment	High risk	Extreme risk	
		8979	Local Risk Register		Leaking roof causing floods and beds to close on Adfear, Pilmawr and kemeys (Glen Usk Wing) Roof	The roof at St Cadoc's, mainly over Adfear Ward 4E this has been a long standing problem and has cause	12	Negative	Current	Possible (3)	Possible (3)	Moderate (3)	Major (4)			12	26.06.2020	17.12.2025	Adult Mental Health	Mental Health and Learning Disabilities	Adfear Unit (ST Cadoc)	Estates	Environment	Moderate risk	High risk		
		10100	Local Risk Register		Ageing Building	Severe weather-Aging building, building - heavy rain Heavy snow Gale force winds - risk of damage/distruc	16	Negative	Current	Likely (4)	Possible (3)	Major (4)	Major (4)				12	08.12.2023	23.09.2024	Works & Estates	Estates and Facilities	Day Hospital - Mental	Estates Health and Safety	Estates	High risk	Extreme risk	
		10100	Local Risk Register		Structural degradation and damage throughout the ground floor of SCH	Throughout the ground floor circular corridor loop in St Cadoc's there are visible signs of damage and struc	12	Negative	Current	Possible (3)	Unlikely (2)	Major (4)	Major (4)				8	04.09.2024	04.12.2024	Works & Estates	Estates and Facilities	Wentwood Salter - Outp	Estates	Environment	High risk	High risk	
		11222	Local Risk Register		Failed Boilers	2 out of 5 boilers working in St Cadoc's Main building, the site needs at least 2 boilers to run in colder mo	20	Negative	New Risk	Almost Certain (5)	Almost Certain (5)	Major (4)	Major (4)				20	03.06.2025	22.08.2025	Works & Estates	Estates and Facilities	Plant Room	Estates	Environment	Extreme risk	Extreme risk	
		10110	Directorate Risk Register		Budget Constraints	The current budget allocation is insufficient to maintain the estate correctly or safely, given the ageing sta	12	Negative	Current	Likely (4)	Rare (1)	Moderate (3)	Moderate (3)				3	05.09.2024	05.12.2024	Works & Estates	Estates and Facilities	Workshop	Estates	Environment	Low risk	High risk	
		8363	Local Risk Register		Window Upgrades at County Hospital	Around the estate many of the windows around site are existing wooden frame, single glaze pane. Due to c	16	Negative	Current	Likely (4)	Rare (1)	Major (4)	Major (4														

Risk Type	Risk ID
Health and wellbeing	H1
	H2
	H3
	H4
	H5
	H6
	H7
Built Environment	BE1
	BE2
	BE3
	BE4
	BE5
	BE6
	BE7
	BE8

	BE9
Economy	E1
	E2
	E3
	E4
	E5
	E6
	E7
	E8
Infrastructure	I1
	I2
	I3
	I4
	I5
	I6
	I7
	I8
	I9
	I10
	N1
	N2

Land, nature and food

N3

N4

N5

N6

N7

N8

N9

N10

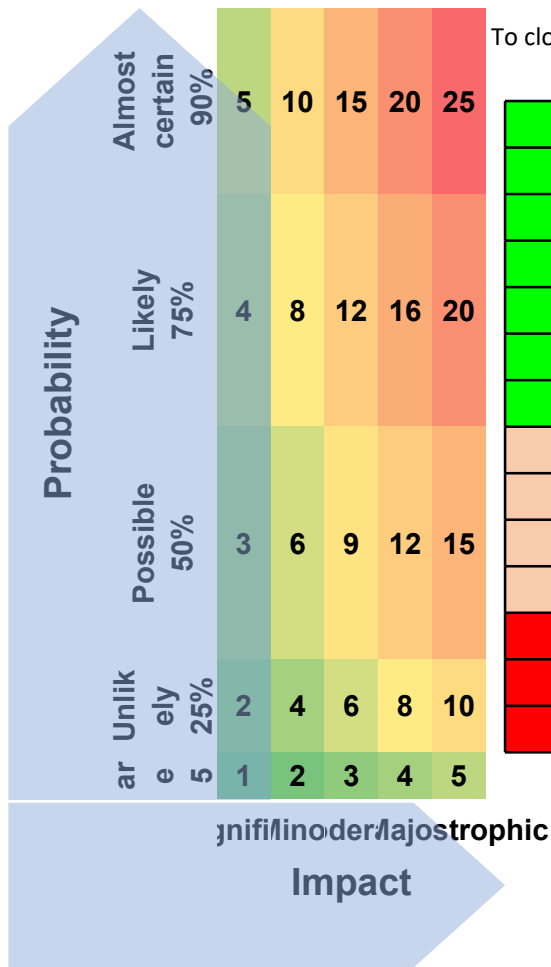
N11

Risk / Opportunity	Urgency (CCRA defined)
Risks to people from heat	HIGH
Risks to people from extreme weather, excluding heat	MED
Risks to people from changes in air quality	MED
Risks to people from climate-sensitive diseases	HIGH
Risks to food safety and nutrition	HIGH
Risks to health and social care delivery	HIGH
Opportunities for health and wellbeing	HIGH
Risks to buildings and communities from heat	HIGH
Risks to buildings and communities from flooding	LOW
Risks to buildings and communities from coastal change	HIGH
Risks to buildings and communities, excluding from heat, flooding and coastal change	HIGH
Risks to indoor environmental quality	HIGH
Risks to cultural heritage and landscapes	HIGH
Risks to facilities delivering public services, excluding health and social care	HIGH
Risks to local resilience planning and emergency service response capabilities	HIGH

Risks and opportunities to households from changing energy demand	MED
Risks to UK macroeconomic performance and stability	MED
Risks to domestic and overseas physical assets of UK businesses	MED
Risks to domestic and international supply chains and resource inputs of UK businesses	HIGH
Risks to Productivity and Availability of Labour in the UK	HIGH
Risks to financial institutions and the financial system	HIGH
Risks to public finances	HIGH
Risks to household finances	HIGH
Opportunities to UK businesses and financial institutions from delivering adaptation goods and services	HIGH
Risks to the delivery of infrastructure services from interdependencies with other infrastructure systems	MED
Risks to electricity generation assets	HIGH
Risks to electricity transmission and distribution	HIGH
Risks to fuel supply systems	HIGH
Risks to road transport systems	HIGH
Risks to rail transport systems	HIGH
Risks to aviation, shipping and other transport systems	HIGH
Risks to digital and communications systems	HIGH
Risks to water supply and wastewater systems	HIGH
Risks to waste management systems, excluding wastewater systems	HIGH
Risks to terrestrial and coastal ecosystems	MED
Risks to freshwater ecosystems	HIGH

Risks to marine ecosystems	HIGH
Risks to soil ecosystems	HIGH
Risks to natural carbon stores and sequestration	HIGH
Risks to agriculture	MED
Risks to fisheries and aquaculture	HIGH
Risks to forestry	MED
Opportunities for agriculture, fisheries, aquaculture and forestry	HIGH
Opportunities for species and ecosystems	HIGH
Risks to food security	HIGH

Sector		Risk to			Data Owner				
Health	Social	Patients	Staff	Assets	Health Board	Public Health Wales	Welsh Ambulance Service Trust	Local Authority	Digital Health Care Wales
X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X
X	X	X	X		X	X		X	
X	X	X	X		X	X		X	
X	X	X	X		X	X		X	
X	X	X	X		X	X		X	
X		X	X		X	X		X	



To close a risk, enter 0 into Probability and Impact

		Elimination Factor %
1	Green	0,04
2	Green	0,08
3		0,12
4		0,16
5		0,20
6		0,24
8		0,32
9		Amber	0,36
10	Amber	0,40
12		0,48
15		0,60
16		Red	0,64
20	Red	0,80
25		1,00

Risk ID	Risk / Opportunity	Specific Risk	Proposed Risk Treatment	Risk Source	Risk Owner	CCC required outcomes	Probability	Consequence	Risk Score	Type of decision	Longevity of decision	Decision makers
aa. CCRA4 risk ref	aa. CCRA4 Risk Descriptor	aa. Specific risk examples relevant to the data owner - when completing you will need to add additional risks relevant to your service area/asset, considering locally specific issues, geography, demographics and stakeholders/partners. Refer to Steps 2 (current vulnerability) and 4 (future vulnerability) in the toolkit for guidance. You may need to further break the risk examples down - which may impact the data/indicator owner	aa. Proposed actions to mitigate the risk, e.g. business continuity procedures, flood protections etc., relevant to the data owner, local knowledge and available data. Refer to Step 4 (adaptation options) in the toolkit for guidance	aa. Where the risk comes from? Internal - Risks that originate within the health board and are largely within its control. External - Risks that arise from outside the health board and are typically beyond direct control. Shared - Risks that involve both internal and external factors, requiring coordinated action across boundaries.	aa. Who has overall accountability for this risk? Is it the data owner or external partners? Refer to the stakeholder mapping for guidance	aa. Assess which of the CCC's required outcomes this risk relates to: a) improved public health b) continued healthcare delivery c) continued social care delivery	aa. Probability of the impact occurring 1) rare 2) unlikely 3) possible 4) likely 5) almost certain	aa. Consequence of the impact occurring 1) insignificant 2) minor 3) moderate 4) major 5) catastrophic	aa. Probability x Consequence (higher score = higher risk)	aa. Financial (capital investment required, revenue impacts), Structural /Service Redesign, Other (please state)	aa. Consider the permanence of the response or decision - can it be undone? Time horizons for decision making may correspond with Corporate Plans, Strategic Delivery Plans	aa. Who needs to sign off on this action? Consider this alongside the type and longevity of decision, and who the accountable risk owner is
H1	Risks to people from heat	Greater demand on primary care services - GPs, Pharmacies - due to vulnerable groups affected by the heat, e.g. people suffering from heat stroke, fainting.	Submitting responses to Local Development Plans across Gwent to highlight need for cool homes, tree cover, green spaces, shade as part of future planning proposals.						0			
H1	Risks to people from heat	Greater demand for A&E/ Increased admissions to hospitals / increased heat-related mortality							0			
H1	Risks to people from heat	Increased frailty from dehydration and admissions to secondary care	Fluids, physio, Public health advice to care homes and carers in relation to extreme heat						0			
H1	Risks to people from heat	Staff unable to work during periods of high temperatures or reduced productivity. - risk of duty of care breaches.							0			
H1	Risks to people from heat	Front line staff unable to work in extreme heat conditions. Areas not air conditioned becoming too uncomfortable to work	- Only certain areas can receive AC - comfort cooling is not provided outside of clinical areas unless there has been an assessment by the Estates Department that determines a significant issue			A & B			0			
H1	Risks to people from heat	Use of fans in areas without sufficient cooling creates a risk of viral/ bacterial infection spread such as COVID or Measles.	- IP&C Guidance that fans should not be used in clinical areas						0			
H1	Risks to people from heat	Risk of hospital buildings (specific wards / areas) overheating, and not having sufficient cooling for people to continue to work and/or be treated in. Leading to cancellations of services / treatments for patients and the impacts of this on their health & wellbeing, as well as the health and wellbeing of the staff working in these hot	- Only certain areas can receive AC - comfort cooling is not provided outside of clinical areas unless there has been an assessment by the Estates Department that determines a significant issue. Fans are not allowed due to electrical safety and IP&C concerns						0			
H1	Risks to people from heat	Greater demand on works, estates and facilities departments to try and create a cooler environment	- Only certain areas can receive AC - comfort cooling is not provided outside of clinical areas unless there has been an assessment by the Estates Department that determines a significant issue. Fans are not allowed due to electrical safety and IP&C concerns						0			
H6	Risks to health and social care delivery	Greater demand on works, estates and facilities departments to try and create a cooler environment.	- Buildings have HVAC or natural ventilation as prescribed by WHITMs - Newer builds are compliant with BREEAM standards						0			
H6	Risks to health and social care delivery	Large glass areas such as the entrance to the Grange are liable to overheat in hot weather and lose heat in cold weather events.	- Only certain areas can receive AC - comfort cooling is not provided outside of clinical areas unless there has been an assessment by the Estates Department that determines a significant issue						0			
H1	Risks to people from heat	Risks to maternal health and infants. Women and their unborn baby are more vulnerable to a number of health impacts arising from climate change during pregnancy including higher temperatures and extreme heat, air pollution, mental health impacts arising from extreme weather and flooding, and disrupted access to							0			
H1	Risks to people from heat	Ambulances parked in Ambulance bays outside A&E departments running their engines to power AirCon contributing to excess heat and poor air quality within the department							0			
H1	Risks to people from heat	Medical equipment failure from heat across Health Board sites e.g. secondary care, community/district etc. delaying care and putting patients at risk							0			
H1	Risks to people from heat	Medical equipment failure/ Increased problems with medical devices in domestic environments due to overheating putting patients at risk							0			
H1	Risks to people from heat	Risk of refrigerated vans overheating compromising integrity of medical supplies e.g. vaccines, pharmaceuticals etc.	Vans are currently air conditioned						0			
H5	Risks to food safety and nutrition	Risk of the contents of refrigerated vans overheating in transit, compromising integrity of food carried	Daily temperature checks, ensure appropriate and correct storage of food						0			
H1	Risks to people from heat	Risk of mortuary overheating in extreme hot weather	Air conditioning in place						0			
H1	Risks to people from heat	Risk of medicine storage areas overheating compromising integrity of medical supplies e.g. vaccines, pharmaceuticals etc.	Omniceils and Pharmacy areas are temperature controlled.						0			
H1	Risks to people from heat	Medications performing differently in heat conditions incl. diabetes, blood pressure, mental health, Alzheimer's etc.							0			
H1	Risks to people from heat	Risk of existing medications increasing patients core temperature and exacerbated by increased heat leading to increased risk of heat related illness and dehydration	Public Health Advice shared in periods of extreme heat						0			
H1	Risks to people from heat	Increased energy costs and increased electrical risk as patients/staff bring in cooling devices from home							0			
H1	Risks to people from heat	Care homes at risk from overheating and/or flooding leads to impacts on delivery of services / access for patients / staff resulting in ill health and higher admissions to secondary care	Public health advice to care homes and carers in relation to extreme heat						0			
H1	Risks to people from heat	Risk of reduced engagement with place based community model during hot weather, especially from vulnerable groups.							0			
H1	Risks to people from heat	Risk of concurrent crisis e.g. heat/flood during pandemic							0			
H1	Risks to people from heat	mental health impacts from increasing isolation due to e.g. heat /flooding	Melo website offering mental health advice, support and signposting/ Suicide and self harm prevention strategy/ Connect 5 Training						0			
H7	Opportunities for health and wellbeing	People spending more time outdoors due to the high temps may improve physical and mental health							0			
H7	Opportunities for health and wellbeing	A decrease in the frequency and intensity of cold weather will help reduce the mortality and morbidity impacts of cold weather to some extent, and potentially reduce admissions to hospital							0			
H7	Opportunities for health and wellbeing	People spending more time outdoors due to the high temps may improve physical and mental health and reduce demand on services / admissions to hospital							0			
H7	Opportunities for health and wellbeing	Opportunity for positive communications on the benefits of spending time outdoors / physical exercise etc.							0			
H6	Risks to health and social care delivery	Access to primary care services / people unable to see a doctor/nurse or collect their prescriptions,							0			
H6	Risks to health and social care delivery	Staff unable to get into work leading to cancellations and patients not receiving care							0			
H6	Risks to health and social care delivery	Staff unable to get into work at Health Board GP surgeries leading to cancellations and patients not receiving care							0			
H6	Risks to health and social care delivery	Access to hospitals impacted / people unable to make appointments / staff unable to get to work / cancellations of services and treatments	Use of hospital transport (i.e. 4x4 provision for staff) to ensure critical response is staffed.						0			
H6	Risks to health and social care delivery	Increased number of admissions due to injury from flood events e.g. water intrusion / car accident	Critical incident plans shared pan-Wales for re-distribution of demand across Emergency Departments when incident declared.						0			
H6	Risks to health and social care delivery	Mental health impacts of people who have to relocate from their homes / lose possessions due to flooding	Melo website offering mental health advice, support and signposting/ Suicide and self harm prevention strategy/ Connect 5 Training						0			
H6	Risks to health and social care delivery	Risk of IT infrastructure being damaged							0			
H6	Risks to health and social care delivery	NHS Health Courier Service (HCS) unable to transport specimens, pathology blood etc to health boards and trusts, impacting on patient care							0			
H6	Risks to health and social care delivery	Flooding outside A&E impacting patients arriving and ambulance transfers							0			
H2	Risks to people from extreme weather, excluding heat	Low-income groups: Reduces resource availability for adaptation. Less likely to have insurance and resources to cope with emergencies. Larger relative financial impacts from flooding. Exacerbates health inequalities.	Gwent Marmot Region tackling health inequalities						0			
H2	Risks to people from extreme weather, excluding heat	Vulnerable populations such as those who are homeless more vulnerable in the event of heavy rainfall and flooding.	Gwent Health Protection Partnership?						0			
H2	Risks to people from extreme weather, excluding heat	Potential impact on those reliant on substances (drugs, alcohol) being more vulnerable to health impacts from increased heat							0			
H2	Risks to people from extreme weather, excluding heat	Areas of greater deprivation face disproportionately higher flood risk and poorer quality housing.							0			
H3	Risks to people from changes in air quality	People spending more time outdoors and subject to poor air quality (e.g. increased emissions from vehicles) presenting at pharmacies and GPs with respiratory issues							0			
H3	Risks to people from changes in air quality	Moisture risks are more likely with changing precipitation patterns - inadequate ventilation in buildings can lead to a build-up of moisture that can lead to damp and mould growth, contributing to poorer indoor environment quality and reduced health and wellbeing	Ongoing projects for site refurbishment. Capital support in place						0			
H3	Risks to people from changes in air quality	Poorer air quality generally on very hot days, particularly around sources of pollution leading to higher admissions esp. those with existing respiratory conditions incl. asthma	Warm Homes initiatives established to target households with people with long term conditions impacted by damp						0			

H3	Risks to people from changes in air quality	Changes in temperatures can affect the performance of building fabric of primary care sites, which can impact indoor environmental quality and occupant health - resulting in increased respiratory problems	
H4	Risks to people from climate-sensitive diseases	Increased heat making Wales more suitable for vectors of infectious diseases which would increase the populations' potential risks of exposure to conditions such as Lyme disease and dengue fever, resulting in more people presenting at hospitals for treatment	Gwent Health Protection Partnership / Trained specialist health protection capacity/ Public Communications
H5	Risks to food safety and nutrition	Changes in rainfall patterns, prolonged periods of drought can lead to decrease in food production and people not having access to enough / healthy food / it being too expensive, impacting on health / increasing instances of obesity	Working with Food Partnerships across Gwent to support establishment of resilient food systems and food poverty programmes.
H5	Risks to food safety and nutrition	Increase of food-borne diseases, leading to increased admissions at hospitals	Public facing resources as required.
H5	Risks to food safety and nutrition	Low-income groups: Reduces resource availability for adaptation. Less likely to have insurance and resources to cope with emergencies more at risk of food poverty.	Working to support existing food poverty programmes run by local authorities across Gwent. / Cost of Living / Emergency Support grants
H5	Risks to food safety and nutrition	Community food sector not able to respond to increased demand in times of increasing crisis, more likely to struggle with food safety issues.	
H5	Risks to food safety and nutrition	Increased likelihood of periods of water scarcity, may lead to interruptions of household water supplies, which could lead to instances of dehydration, and increased admissions to hospital	
H5	Risks to food safety and nutrition	Risks to health from contact with contaminated drinking water and/or bathing water (sea, lakes and rivers) and increased admissions to hospital	Health Protection Messaging and Resources.
H5	Risks to food safety and nutrition	Increased likelihood of interruptions to community sector / voluntary sector water supplies impacting ability of sector to deliver health programmes.	
H6	Risks to health and social care delivery	Increases in winter energy demand at primary care buildings may lead to unaffordable energy bills, which may result in buildings not being heated properly, and staff / patients becoming sick	
H6	Risks to health and social care delivery	Changes in temperatures can affect the performance of building fabric, which can impact indoor environmental quality and occupant health - impacting staff and patients	- Buildings have HVAC or natural ventilation as prescribed by WHTMs - Newer builds are compliant with BREEAM standards
H6	Risks to health and social care delivery	Air conditioning units failing from extreme heat - impacting cooling of treatment areas	
H6	Risks to health and social care delivery	Increased maintenance and adaptation costs for cooling and ventilation systems in healthcare buildings.	- Buildings have HVAC or natural ventilation as prescribed by WHTMs - Newer builds are compliant with BREEAM standards - Only certain areas can receive AC - comfort cooling is not provided outside of clinical areas unless there has been an assessment by the Estates Department that determines a significant issue - Ongoing maintenance of gullies and soffets
H6	Risks to health and social care delivery	Damage to roof material, especially older estate, from severe storms.	
H6	Risks to health and social care delivery	Flood zone risk 3 (highest risk) such as on approach to Neville Hall which risks access to the site being cut off in severe weather.	
H6	Risks to health and social care delivery	Risk to site security when windows and doors are propped open in hot weather.	
H6	Risks to health and social care delivery	Risk of reduced engagement with place based community model during and after flooding, especially from vulnerable groups.	#VALUE!
H6	Risks to health and social care delivery	Risk of damage to community assets e.g. leisure facilities, sports grounds, community buildings, social infrastructure.	#VALUE!
H6	Risks to health and social care delivery	Risk to ABUHB Office buildings being flooded and unusable.	#VALUE!
H6	Risks to health and social care delivery	Secondary care sites at risk of being displaced	No secondary care sites in ABUHB in areas at risk from sea level rise. Consideration in place to prevent future sites being constructed in such areas.
H6	Risks to health and social care delivery	Primary care sites at risk of being displaced	#VALUE!

RISK THEME	USE RISK APPETITE DOCUMENT TO DETERMINE				
LINK TO IMTP / ANNUAL PLAN	USE IMTP 2025 - 28				
Strategic/ Corporate Risk SRR XXX / CRR XXX	There is a risk that the Health Board will not be able to provide safe and effective care if it doesn't adapt to the changing climate.			Publication Status	Public
Threat <i>(As a result of)</i>	➤ Due increasing global temperatures and increasing extreme weather events there is a need to adapt to reduce the risk of these events disrupting business continuity. However, there is insufficient organisational readiness, capacity, and capability to embed adaptation measures across strategic, operational, and capital programmes.			Risk Appetite Level – Use Risk Appetite Document Open - Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact <i>(Consequences of the threat)</i>	Patient Worsening Health Inequalities: Climate change disproportionately affects vulnerable populations, potentially leading to an increase in health disparities. Delays in patient pathways in the event of cancellations which may worsen outcomes. Increased admissions or prolonged length of stay due to heat exacerbation of conditions.	Staff Increase to staff sickness due to excessive heat and temperature increases in some parts of the organisation.	Organisation ➤ Reputational damage and loss of public confidence ➤ Increased staffing costs and potential use of agency staff in the event of staff sickness or increased patient demand. ➤ Loss of resources such as clinic space from flooding or IT due to overheating.	Risk Appetite Threshold – Risks relating to all aspects of patient safety SUMMARY - The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Finance and Procurement	Risk Scoring Guidance	Current Level	Target Level	
Monitoring Committee / Group	Decarbonisation Programme Board	Likelihood	4. Likely	4. Likely	
Initial Date of Assessment	October 2025	Impact	3. Moderate	2. Minor	
Last Reviewed	December 2025	Risk rating	12 (High)	8 (Moderate)	
Next Review <i>(Monthly based on risk score)</i>	March 2026				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Quarterly review of projects and workstreams at the Decarbonisation Programme Board Business continuity plan across key areas EPRR Group Extreme weather policy Prioritisation of Maintenance log for high-risk areas Funding from Welsh Government to support adaptation rollout across Wales, working towards standard awareness raising and process for monitoring and evaluation. Capital programme to prioritise works. Refit investment pending for over £8million of capital investment to reduce carbon footprint Target Estate funding also includes capital schemes which will improve estate and some specifically will reduce carbon Working towards the Future Generations Act recommendation 14: Climate resilience and adaptation must become a core public service priority. By the end of 2027, Public Services Boards should assess climate risks for their communities, updating their findings every five years as part of their well-being assessments. Public bodies must integrate these findings into their corporate and strategic planning. Management of Building Management Systems 	<ul style="list-style-type: none"> Funding of estates to repair outstanding weather damage. Alteration to planning documents to include consideration of climate adaptation. Development of Green Strategy which will include climate adaptation Adaptation KPI's being developed by Welsh Government with reporting required from 2026/27 Creation of Climate Adaptation Plan Direct reporting of risk assessment and adaptation plan progress to Welsh Government on an annual basis. Each Division to identify on their risk register any outstanding climate risks on their risk register and share those risks with the Climate Adaptation Group Review governance structure Develop comms strategy to share adaptation advice, guidance and expectations. Pull together a task and finish group to review and plan Climate Adaptation Risks identified in the Gwent PSB Climate Adaptation Plan

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		

<ul style="list-style-type: none"> Regular meetings of the Adaptation Task and Finish Group to discuss position, monitor and new ideas Annual Report of Climate Adaptation Plan to Welsh Government 	What information would give you assurance. e.g., dashboards, report data,	What do you need to implement in to provide you with the assurance e.g., develop a dashboard, pull report data from ESR, local audit of process Incorporate Climate Adaptation KPI's into reporting once they are available from Welsh Government	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Incident reporting of issues caused or exacerbated by extreme weather. Issues on frontline reported via RLDatix. Annual updates to the Board Executive Committee (Clinical Futures Board) updates – Quarterly Six monthly updates to the Finance & Performance Committee Decarbonisation Programme Board – Quarterly reporting 	<ul style="list-style-type: none"> Routine inclusion of Climate Adaptation risks on all Departmental Risk Registers. 	<ul style="list-style-type: none"> Development of Adaptation Risk Assessment monitoring progress via Decarbonisation Board 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Outcome and feedback from national review from CMO 	<ul style="list-style-type: none"> The planned annual reporting to Welsh Government via the Climate Adaptation Plan return is the main source of information for adaptation progress by the Health Board. However, this is a new and untested proposal, so its value is unknown. 	<ul style="list-style-type: none"> Partnership working with the PSB to gauge progress on Adaptation across all partners and all interdependent risks. 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Negative Assurance



Finance and Performance Committee

Annual Report for 2025-26

DATE: MARCH 2026

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Chair's Foreword

I am pleased to present the Finance and Performance Committee's Annual Report for the year ended 31 March 2026.

During 2025–26 the Committee increased the frequency of its meetings and strengthened its scrutiny of financial sustainability, organisational performance, productivity and efficiency, digital delivery, estates compliance, and delivery of Welsh Government priorities.

The year has continued to present significant challenges for the Health Board, with sustained operational pressures, rising demand and a difficult financial environment across NHS Wales. In response, the Committee has maintained a strong focus on financial discipline, robust assurance, and constructive challenge, supporting the organisation in meeting its statutory duties and improving performance.

Particular attention has been given to maintaining financial grip and control, oversight of urgent and emergency care performance, recovery of planned care and cancer pathways, and ensuring that investment and transformation programmes are supported by clear benefits realisation, appropriate risk management, and transparent reporting.

The Committee has sought to ensure that its work provides effective assurance to the Board, while supporting the Executive in addressing system pressures and delivering sustainable improvements in services.

I would like to thank Committee members, Executive Directors and officers for their continued professionalism, openness and commitment in supporting the work of the Committee throughout the year.

Neil Patrick

Chair, Finance and Performance Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Terms of Reference of the Finance and Performance Committee (referred to throughout this document as 'FPC' or the 'Committee') were approved by the Board in May 2025 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 The purpose of the FPC is to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee has sought assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. Included within this, the Committee has sought assurance that arrangements for financial management and financial performance are sufficient, effective and robust.
- 1.3 This report describes how the FPC discharged its role and responsibilities during the period 1 April 2025 to 31 March 2026.

2. 2025-26 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for the Finance and Performance Committee in 2025-26 is attached to this report (see **Appendix 2**).

- 2.2 The Work Programme was designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The

Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3 FPC Committee Meetings and Membership

- 3.1 During 2025-26, the FPC met five times via Microsoft Teams, June 2025, July 2025, September 2025, December 2025 and February 2026 and detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.
- 3.2 The Committee comprised the following Independent Members:
- Neil Patrick, Chair (From September 2025)
 - Richard Clark, Chair (Until September 2025)
 - Iwan Jones Vice Chair
 - Dafydd Vaughan
 - Akmal Hanuk (from July 2025)
- 3.3 3.3 In line with the Public Bodies (Admissions to Meetings) Act 1960, public bodies are ordinarily required to conduct meetings in public. Throughout 2025/26, Committee meetings were held virtually, which meant that public attendance was not facilitated. To maintain transparency and public accountability, and following agreement with Audit Wales from October 2025, the Health Board implemented an alternative arrangement whereby summaries of Committee meetings were published on the Health Board's website. These summaries provide an overview of the key discussions, decisions and outcomes of each meeting, ensuring continued openness in the conduct of the Committee's business.

4 FPC Reporting Arrangements

- 4.1 Following each meeting, the Committee provided assurance reports to the Board, highlighting key issues, risks and areas requiring escalation or further assurance. Minutes and papers were published in line with the Health Board's commitment to openness and transparency.

All Board papers can be accessed via the following [link](#)

5. FPC Work Programme: 2025-26

Amongst the key issues considered by the Committee during 2025-26 were the following:

5.1 Financial Management and Performance

The Committee received monthly Finance Reports and Monitoring Returns throughout the year. Key areas of focus included delivery against the agreed in-year financial plan, the identification and management of financial risks, including workforce costs, non-pay expenditure, winter pressures and income uncertainty and, Capital expenditure and cash management.

The Committee maintained close oversight of forecast positions and mitigation actions, recognising the ongoing challenge of balancing financial sustainability with service delivery.

5.2 Value, Sustainability and Efficiency

The Committee received regular assurance from the Value and Sustainability Board (VSB), outlining progress against savings plans and efficiency programmes, thematic reviews, particularly non-pay, medicines management and planned care productivity and, scrutiny of recurrent and non-recurrent savings and their full-year impact.

5.3 Performance Management and Escalation

The Committee reviewed Performance Management and Escalation Reports, including national and internal escalation status, the progress against Escalation Criteria and assurance on divisional improvement actions. The Committee noted de-escalation in some areas during the year, alongside continued enhanced monitoring for urgent and emergency care and finance. Sustaining improvement and avoiding re-escalation remained a key theme.

5.4 Integrated Performance and Ministerial Priorities

The Integrated Performance Report was a standing item, providing assurance on delivery against Ministerial priorities, including:

- Urgent and Emergency Care;
- Planned Care and Long waits;
- Cancer and Diagnostics;
- Mental Health;
- Prevention and Population health;
- Workforce and Productivity.

The Committee recognised areas of progress, particularly in reducing long waits and recovery in cancer and diagnostics, while noting ongoing pressures arising from demand growth, workforce constraints and national supply issues.

5.4 Business Cases and Benefits Realisation

The Committee strengthened its focus on benefits realisation, receiving reports on the progress against approved business cases, the post-implementation review arrangements and, clarity of anticipated quality, performance, workforce and financial benefits.

Notable deep dives included the Ophthalmology Diagnostic Hub, which demonstrated quality-led service redesign and tangible patient safety benefits, alongside ongoing financial and workforce considerations.

5.5 Digital, Data and Information Governance

The Committee received regular assurance on digital delivery and information governance, including the progress and risks associated with major digital programmes, Information Governance incidents, training compliance and cybersecurity and, national digital dependencies and delivery risks. The Committee acknowledged the scale and complexity of the digital portfolio and emphasised the need for realistic planning, strong governance and clear escalation of national risks.

5.6 Estates and Capital

An Estates Compliance Assurance Report was considered, providing oversight of statutory compliance, estate condition and backlog maintenance and, governance and risk management arrangements.

The Committee recognised the challenge of managing an ageing estate within constrained capital resources and supported a risk-based approach to prioritisation.

5.7 Commissioning and Externally Provided Services

The Committee reviewed commissioning arrangements, highlighting, the scale and financial significance of commissioned services, the emerging risks associated with national contractual changes, particularly in primary care and, the importance of monitoring quality, performance and value for money.

6. Self-assessment and Evaluation

As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of Committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment enables the Committee to identify areas of development and focus for the coming year, including any training and development needs, as well as changes to processes and procedures.

The Finance and Performance Committee undertook its statutory annual self-assessment between November 2025 and January 2026, achieving a 38% response rate. The results demonstrated a generally positive position, with strong assurance across a number of areas including understanding of conflicts of interest, clarity of the Committee's role in relation to other committees, the quality and timeliness of papers, meeting conduct, and the level of challenge provided to management and assurance providers.

The assessment identified some areas for further development, including the need to ensure that Committee membership remains sufficient and resilient to discharge its responsibilities effectively; to enhance the balance of experience, knowledge and skills within the Committee; to strengthen arrangements for consistent attendance of the relevant Executive Directors to support effective assurance; to establish a clearer set of annual objectives; to introduce a more consistent approach to end-of-meeting reflection; to improve the consistency of action follow-through; and to strengthen Board-level understanding of, and challenge to, the assurance and reporting provided by the Committee.

The Committee reviewed the findings in February 2026 and actions were confirmed to address the areas for development, including the introduction of pre- and post-meeting discussions for Independent Members, consideration of arrangements to strengthen Executive attendance and accountability for performance, and the continued alignment of Committee practice with emerging best practice across the Board's committee structure. It was also acknowledged that the limited number of responses should be taken into account when interpreting the results.

Overall, the Committee concluded that it remains effective and well-supported, with clear strengths in governance, financial and performance assurance, and operational scrutiny, and has therefore agreed to take forward a programme of improvement for 2026/27 focused on strengthening membership resilience and Executive engagement, formalising objectives, embedding reflective practice, improving action delivery, and supporting clearer and more effective reporting and challenge at Board level.

7. Key Areas of focus in 2026-27

As a result of the work of the Committee the following areas of focus were identified for 2026/27:

- Providing assurance to the Board on the achievement of the Health Board's strategic aims and objectives through effective oversight of financial performance, efficiency and value for money, ensuring that financial plans are robust and deliverable.
- Overseeing the development and maintenance of a strong performance management and escalation framework, including scrutiny of integrated performance against Ministerial priorities and delivery of the Integrated Medium-Term Plan.
- Monitoring service activity, access and productivity to support timely and appropriate access to healthcare services and improved health outcomes across directly provided and commissioned services.
- Maintaining oversight of efficiency and sustainability programmes, including benefits realisation and the identification of opportunities to improve productivity and financial resilience
- Scrutinising arrangements for information governance, digital delivery and data quality, ensuring that information is reliable, secure and supports effective decision-making.

8. Committee Oversight of Risk

During 2025/26 the Finance and Performance Committee received regular Strategic Risk and Assurance Reports, providing oversight of the strategic risks delegated to it by the Board. At the time of writing the Committee had responsibility for oversight of **3** organisational risks that relate to various aspects of Finance and Performance. A high-level breakdown of the themes are as follows:

- There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.
- There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.

- There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (*16% reduction by 2025 and a 34% reduction by 2030.*)

9. Conclusion

This report summarises the work undertaken by the Finance and Performance Committee during 2025–26 and demonstrates how the Committee has supported the Board and complied with its Terms of Reference in discharging its responsibilities for finance and performance during a challenging year.



Appendix One



Finance and Performance Committee

Terms of Reference – 2025/26

Version: Approved
Date: May 2025

Document Title:	Finance and Performance Committee Terms of Reference – 2025/26
Date of Document:	May 2025
Current version:	Approved
Previous version:	March 2022
Approved by:	Board
Review date:	May 2026

1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Finance and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

- 2.1 The purpose of the Finance & Performance Committee will be to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

2.2 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

2.3 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. that services are improving efficiency and productivity and financial plans are being delivered;
- c. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

- A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:
 - the allocation of revenue budgets, based on allocation of funding and other forecast income;
 - the monitoring of financial performance against revenue budgets and statutory financial duties;
 - the monitoring of performance against capital budgets;
 - the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
 - the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
 - the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
 - the monitoring of arrangements to ensure efficiency, productivity and value for money, including delivery of the Health Board's Efficiency Framework; and
 - the monitoring of delivery against the agreed Discretionary Capital Programme
- B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:
 - the implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
 - the monitoring of performance information against the Board's Priorities and Objectives and associated outcomes;

- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
 - the monitoring of performance information across directly provided services including scheduled care, urgent and emergency care, medicine, family and therapies, primary, community care and mental health services;
 - the monitoring of performance information across commissioned services including Primary Care Contractors, complex care, specialist mental health and CAMHS services, Joint Commissioning Committee and NHS Wales Shared Services Partnership;
 - the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
 - the review of performance through comparison to best practice and peers and identifying areas for improvement.
- C. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:
- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
 - the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
 - the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
 - the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
 - the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and
 - the monitoring of arrangements to support the continued development of business intelligence and capacity.
- D. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:
- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Priorities; and
 - the monitoring of the annual business plan for IM&T.
- E. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:

- the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
 - the monitoring of compliance with Health Technical Memorandums;
 - the monitoring of progress in delivery Board-approved capital business cases and programmes of work.
- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
 - any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.
- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	2 x Independent members of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

- 4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance, Procurement and VBHC
- Director of Strategy, Planning and Partnerships
- Director of Digital
- Chief Operating Officer

- 4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

- 4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly** and in line with the Health Board's annual plan of Board Business.

- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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Appendix Two

Annual Programme of Business for 2025-26

Finance and Performance Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2024/25
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

The purpose of the Finance & Performance Committee is to provide assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan. In doing so, the Committee will seek assurance that there is:

- ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework;
- that arrangements for financial management and financial performance are sufficient, effective and robust;
- that services are improving efficiency and productivity and financial plans are being delivered;
- there is timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services; and

- risks are suitably identified, mitigated, residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of citizen experience and the quality and safety of directly provided and commissioned services.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings					
			QTR 1 Apr to June		QTR 2 July to Sept		QTR 3 Oct to Dec	QTR 4 Jan to Mar
			8 th April 2025	17 th June 2025	31 st July 2025	29 th Sept 2025	15 th Dec 2025	23 rd Feb 2026
Preliminary Matters								
Attendance and Apologies	Chair	SI	✓	✓	✓	✓	✓	✓
Declarations of Interest	All	SI	✓	✓	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓	✓	✓
Committee Governance								
Development of Committee Annual Programme of Business 2025/26	DoCG	AN	✓					
Review of Committee Programme of Business 2025/26	DoCG	SI	✓	✓	✓	✓	✓	✓
Committee Risk Report The cause/effect of the relationship between staff absence and financial risk to be clarified in the risk	DoCG	SI	✓	✓	✓	✓	✓	✓

paper (Action for December's meeting) FPC/0929/07								
Annual Review of Committee Terms of Reference	DoCG	AN	✓					
Corporate Information Report	DoCG	AN	✓					
Annual Review of Committee Effectiveness 2025/26	DoCG	AN	✓				✓ D	✓
Outcome of annual Review of Committee Effectiveness 2025/26	DoCG	AN						✓
Committee Annual Report 2025/26	DoCG	AN						✓
Performance Management								
Annual Review of Performance Management Framework	DoSP&P	AN						✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN						✓
Performance Management and Escalation Update.	DoSP&P	SI	✓	✓	✓	✓	✓	✓
AB Escalation Framework	DoSP&P	AN					✓	
Integrated Performance Report, including performance against Ministerial Priorities	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Reporting on Benefits Realisation Projects	DoF&P/DoSP&P							✓
Ophthalmology Business Care Progress	COO	Ad hoc						✓

Financial Performance								
Monthly Finance Report and Monitoring Returns	DoF&P	SI	✓	✓	✓	✓	✓	✓
Financial Outlook for Future Financial Year, including Revenue Budget Allocation letter	DoF&P	AN						✓
Value and Sustainability Assurance Reporting	DoF&P	SI	✓	✓	✓	✓	✓	✓
Efficiency Opportunities and Update Report	DoF&P	SI	✓	✓	✓	✓	✓	✓
Commissioning Update Report to include: <ul style="list-style-type: none"> • Primary Care • CHC • Intra NHS Agreements • SLAs 	DoF&P	AN						✓
Audit Wales Eye Care report							✓	
Service Activity and Performance								
Outpatient Transformation Programme Update	DoSP&P					✓		
Stroke Improvement Plan Update Report	DoT&HS		✓					
Theatres Efficiency	DoSP&P				✓			
Information Management								
Information Governance Report, including SIRO Update	DoD	SI	✓			✓		✓

Freedom of Information Act Report	DoCG	AN							✓
Digital and IM&T									
Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes	DoD	SI	✓	✓	✓	✓	✓	✓	✓
Capital, Estates and Facilities									
Estates Compliance including compliance with Health Technical Memorandums	COO	AN							✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	1/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

Appendix Three

Finance and Performance Committee: Attendance at meetings in 2025-26

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	17 June 2025	31 July 2025	29 September 2025	15 December 2025	23 February 2026
Independent Members					
Richard Clark					
Iwan Jones					
Helen Sweetland					
Dafydd Vaughan					
Neil Patrick					
Akmal Hanuk					
Executive Directors					
Nicola Prygodzicz					
Robert Holcombe					
Hannah Evans					
Paul Solloway					