

# Finance and Performance Committee

Mon 15 December 2025, 09:30 - 12:30

Microsoft Teams



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

## Agenda

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### 1. PRELIMINARY MATTERS

#### 1.1. Welcome and Introductions

Oral      Chair

#### 1.2. Apologies for Absence

Oral      Chair

#### 1.3. Declarations of Interest

Oral      Chair

#### 1.4. Draft Minutes of the last Meeting held on 29 September 2025

Attached      Chair

FPC 20251215 1.4 FPC 20250929 Minutes - Draft.pdf (12 pages)

#### 1.5. Committee Action Log

Attached      Chair

FPC 20251215 1.5 Action Log.pdf (2 pages)

### 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

### 3. ITEMS FOR DISCUSSION

#### 3.1. Committee Risk Report

Attached      Director of Corporate Governance

FPC 20251215 3.1 Committee Risk Report.pdf (6 pages)

FPC 20251215 3.1 Committee Risk Report - Appendix A FPC Strategic Risk Assessments.pdf (13 pages)

FPC 20251215 3.1 Committee Risk Report - Appendix B Strategic People Risk Assessments.pdf (6 pages)

#### 3.2. Performance Management and Escalation Update

Attached      Director of Strategy, Planning & Partnerships

FPC 20251215 3.2 Aneurin Bevan Escalation Framework.pdf (8 pages)

FPC 20251215 3.2a Aneurin Bevan Escalation Framework Acrobat Document.pdf (11 pages)

#### 3.3. Integrated Performance Report, including performance against Ministerial Priorities



Attached      Director of Strategy, Planning & Partnerships

FPC 20251215 3.3 Integrated Performance Report.pdf (8 pages)

FPC 20251215 3.3a Intergrated Performance Report.pdf (52 pages)


### **3.4. Monthly Finance Report and Monitoring Returns**

*Attached*                      *Director of Finance, Procurement & VBHC*

-  FPC 20251215 3.4 Monthly Finance Report and Monitoring Returns.pdf (27 pages)
-  FPC 20251215 3.4 Monthly Finance Report and Monitoring Returns - Appendix 1.pdf (31 pages)

### **3.5. Value and Sustainability Board**

*Attached*                      *Director of Finance, Procurement & VBHC*

- a) Assurance Report
- b) Deep Dive into Medicines Management
-  FPC 20251215 3.5 - Value and Sustainability Assurance Reporting Update (002).pdf (7 pages)

### **3.6. Feedback from Public Accountability Meeting held 4th December 2025**

*Oral*                      *Director of Finance & Procurement / Director of Strategy, Planning & Partnerships*

## **4. ITEMS FOR INFORMATION**



### **4.1. Assurance reports from the Digital, Data and Technology Group**

*Attached*                      *Director of Digital*

-  FPC 20251215 4.1 Assurance Report from Digital, Data and Technology Group.pdf (14 pages)

### **4.2. Review of Committee Programme of Business 2025/26**

*Attached*                      *Director of Corporate Governance*

-  FPC 20251215 4.2 Committee Programme of Business 2025-26.pdf (3 pages)
-  FPC 20251215 4.2 Committee Programme of Business 2025-26 - Appendix 1 Forward work plan.pdf (7 pages)

### **4.3. Audit Wales Eye Care report**

*Attached*                      *Director of Finance, Procurement & VBHC*

-  FPC 20251215 4.3 ABUHB Eye Care Review Report.pdf (32 pages)

## **5. OTHER MATTERS**

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

*Oral*                      *Chair*

### **5.2. Any Other Urgent Business**

*Oral*                      *Chair*

### **5.3. Date of the Next Meeting: 23rd February 2026**

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE**

|                        |   |
|------------------------|---|
| <b>DATE OF MEETING</b> | 29 September 2025 09.30-12.30   |
| <b>VENUE</b>           | Microsoft Teams   |
| <b>PRESENT</b>         | <p>Neil Patrick, Chair</p> <p>Dafydd Vaughan, Independent Member</p> <p>Iwan Jones, Independent Member</p> <p>Akmal Hanuk, Independent Member</p>   |
| <b>IN ATTENDANCE</b>   | <p>Robert Holcombe, Director of Finance and Procurement</p> <p>Hannah Evans, Director of Strategy, Planning and Partnerships</p> <p>Rani Dash, Director of Corporate Governance</p> <p>Paul Solloway, Director of Digital</p> <p>Sara Utley, Audit Wales</p> <p>Julie Poole, Associate Director Planned Care</p> <p>Carla Hiscott, Deputy Outpatient Transformation Lead</p> <p>Greg Bowen, Assistant Finance Director</p> <p>Lucy Windsor, Head of Corporate Risk &amp; Assurance</p> <p>Naomi Murtagh, Board Business Manager</p> <p>Gavin Thomas, Governance Support Officer</p> |
| <b>APOLOGIES</b>       | None  |

| <b>Preliminary Items</b> |   |
|--------------------------|---|
| <b>FPC/0929/01</b>       | <b>Welcome and Introductions</b><br>Neil Patrick (NP), Chair, welcomed everyone to the meeting.               |
| <b>FPC/00929/02</b>      | <b>Apologies for Absence</b><br>Neil Patrick (NP), Chair, <b>NOTED</b> that there were no apologies received. |
| <b>FPC/0929/03</b>       | <b>Declarations of Interest</b><br>There were no Declarations of Interest to record.                          |



|  |   |
|--|---|
| <b>FPC/0929/04</b>   | <p><b>Draft Minutes of the last Meeting held on 31<sup>st</sup> July 2025</b></p> <p>The Committee received and reviewed the previous draft minutes, and these were <b>AGREED</b> as a true and accurate record of the meeting.</p>   |
| <b>FPC/0929/05</b>   | <p><b>Committee Action Log</b></p> <p>The Committee received the Committee action log and Neil Patrick (NP), Chair, <b>NOTED</b> that there were no outstanding actions.</p>  |
| <p><b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b></p>         |   |
| <p>There were no items for discussion during this section.</p> |   |
| <p><b>ITEMS FOR DISCUSSION</b></p>                             |   |
| <b>FPC/0929/06</b>   | <p><b>Review of Committee Programme of Business 2025/26</b></p> <p>Rani Dash (RD), Director of Corporate Governance, presented the report to the Committee and highlighted the updates made to the Programme of Business since the previous meeting.</p> <p>The Committee <b>NOTED</b> the updated Committee Programme of Business for 2025/26.</p>   |
| <b>FPC/0929/07</b>   | <p><b>Committee Risk Report</b></p> <p>Rani Dash (RD), Director of Corporate Governance, introduced Lucy Windsor (LW), Head of Corporate Risk &amp; Assurance, who presented the report to the Committee.</p> <p>LW reported changes in two risks, namely, financial sustainability and digital infrastructure. Neil Patrick (NP), Independent Member, explained that these two changes would be discussed further in their respective owner’s agenda items later in the agenda.</p> <p>Iwan Jones (IJ), Independent Member, questioned the relationship between staff absence and financial risk and the Committee agreed to clarify the cause/effect in risk papers in readiness for the next Committee meeting.</p> <p><b>Action: Director of Corporate Governance</b></p> <p>The Committee <b>NOTED</b> the report.</p> |



**Performance Management & Escalation Report**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee and reported on national and internal escalation arrangements. HE explained that the new framework emphasized sustaining improvements and included more support from Welsh Government, with changes to monitoring arrangements and meeting structures.

Internally, HE reported that there had been no review since July, but Urgent Care remained in escalation for operational delivery and quality/safety. HE acknowledged that while some improvements had been seen, they had not been sustained.

HE referenced the "Your Next Patient" project and Task Force 45, which had shown positive early results at the Grange University Hospital (GUH), though it was too soon to confirm sustainability.

Iwan Jones (IJ), Independent Member, queried data on patient appropriateness at the GUH and HE shared the results from a recent patient survey. The Committee discussed opportunities for better GP engagement and communication.

In addition, Paul Solloway (PS), Director of Digital, informed the Committee that work was ongoing with both the Welsh Ambulance Service and Welsh Government for further evaluation and improvement.

The Committee noted that the new performance management framework would be implemented from January, with ongoing opportunities to review escalation levels as needed. HE informed the Committee that the Executive team would be reviewing escalation status and risks in the neonatal service, with updates to follow.

HE referenced recent budgetary meetings led by the Chief Executive and the Director of Finance and Procurement, which had helped reduce the financial gap but had not yet resulted in any divisions being de-escalated for finance.

IJ questioned the effectiveness of support for divisions in escalation and whether improvement plans or coaching were in place. HE detailed how training, governance, and assurance processes, were in place and utilized, but acknowledged that while structures were robust, more focus



was needed on solutions rather than explanations from the budget holder.

The Committee **NOTED** the Divisional Escalation levels and **NOTED** the Health Boards National Escalation Status.

**FPC/0929/09**

**Integrated Performance Report, including performance against Ministerial Priorities**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report to the Committee, and provided an overview of current performance against the 2025/26 IMTP Key Performance Metrics whilst noting that the Committee had received updated data since the previous board meeting, with some metrics now including August figures.

HE highlighted the ongoing challenges with the timeliness of data, especially for prevention and population health, where most information was only available up to Q4 of the previous year. HE explained that operational teams had more current management information and that work was underway to incorporate this into future reports, even if only in narrative form.

HE reported improvements in several areas, including smoking cessation rates, child health checks (notably at six and eight weeks), and diabetes care processes, with July and August data showing a bounce back in performance. In addition, primary and community care continued to show progress, particularly in the use of the Common Ailment Scheme and Pharmacy Independent Prescribing Service, which performed well compared to other areas. Improvements were also noted in optometry and other professions.

For urgent and emergency care, HE referenced earlier discussions about the Grange and noted that future reports would include data on the sustainability of recent improvements. HE drew further attention to stroke care, explaining that national dashboard challenges had delayed timely data, but that NHS Professionals (NHSP) and the Health Board were working to improve this.

In terms of planned care, HE reported that activity under the national outpatient contract and 104-week treatment



trajectories would be rerun once funding and assurance were clarified.

Neil Patrick (NP), Chair, asked about the reach of KPIs and dashboards into operational areas, and HE confirmed that data was cascaded to general managers, clinical leads, and directorates, with regular meetings and self-service dashboards supporting local ownership. HE noted that most metrics were nationally defined, but some emerging measures still required standardization, and confirmed this was being addressed through national governance.

Paul Solloway (PS), Director of Digital, added that dashboards were designed in collaboration with services to ensure relevance and ownership, and that a new national Data Standards Board was being established to formalize data definitions and consistency.

The Committee discussed benchmarking and the importance of national standards for consistent measurement and reporting, especially in relation to Ministerial Priorities.

Iwan Jones (IJ), Independent Member, raised concerns about managerial controls over medical staff, referencing data on late starts, early finishes, job planning, and absence rates. HE acknowledged ongoing challenges and referenced previous deep dives into theatre efficiency, improvement initiatives, and the need for better alignment of resources.

The Committee **NOTED** the performance of the Health Board including performance against Ministerial Priorities.

## FPC/0929/10

### Outpatient Transformation Programme Update

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, introduced Julie Poole (JP), Associate Director Planned Care, and Carla Hiscott (CH), Deputy Outpatient Transformation Lead, as leads for the Outpatient Transformation Programme and invited them to present the update.

JP summarized the programme's aim to integrate Welsh Government, internal, and benchmarking initiatives to improve outpatient performance. It was noted that while the Health Board led Wales in several metrics, there were areas needing further progress. JP highlighted the 26-week outpatient programme's benefits in reducing waiting times and validating waiting lists, explaining that a hybrid system



had already reduced demand by about 5%, with potential for further reduction once full integration with clinical workstation was achieved. In addition, JP described the GP interface work in 11 specialties, emphasizing its dual role in referral management and learning, with ENT as an early adopter, and noted that as the programme expanded, richer data would inform targeted improvements.

JP further discussed efficient resource use, focusing on discharge rates, SOS (see on symptom), and PIFU (patient-initiated follow-up), noting that while the Health Board performed well, attention was needed on re-engagement rates, which were higher than average and could limit capacity gains.

JP addressed DNA (did not attend) rates, reporting that the Health Board was among the best in Wales, but raised the possibility of overbooking clinics to compensate for DNAs, and explained how this had prompted debate among clinicians due to associated risks. In addition, JP explained that follow-up ratios must be considered alongside waiting list lengths, as low ratios could mask unmet demand, citing glaucoma as an example where lifelong follow-up was necessary, and described ongoing work to shift care to optometrists and develop new facilities.

HE advised the Committee that initiatives focused on appropriate management and advice, and that Health Pathways and GP engagement were designed to improve patient navigation and avoid unnecessary appointments.

Iwan Jones (IJ), Independent Member, raised concerns about maximizing workforce efficiency, particularly regarding overbooking and asset utilization. HE acknowledged cultural and operational barriers, including workforce variability and professional standards, and agreed that specialty-specific solutions were needed.

Akmal Hanuk (AH), Independent Member, queried the impact of DNAs on waiting list reporting and Ministerial Priorities. HE explained that DNA management was consistent across core and additional activity, but acknowledged a potential gap in reporting that could exaggerate waiting list figures.

The Committee thanked JP and CH for their contributions and acknowledged the progress and ongoing challenges in outpatient transformation.



The Committee **NOTED** the progress against Outpatient efficiency metrics and further **NOTED** the ongoing transformational work.

**FPC/0929/11**

### **Monthly Finance Report and Monitoring Returns**

Robert Holcombe (RH), Director of Finance, presented the report to the Committee noting that the content was largely consistent with the previous board report but included updated Value and Sustainability Board (VSB) savings dashboards as an appendix.

RH provided an update on the all-Wales financial position, highlighting that while some organizations had improved their forecasts, Aneurin Bevan's position had worsened by £20 million, significantly impacting the overall NHS Wales deficit forecast.

RH informed the Committee of a new risk regarding the Welsh Risk Pool, explaining that contributions might need to increase to £14–16 million. RH stated that the Welsh Government had advised they would not cover any increase in this national pressure, and that further clarity would be provided to the Board once more information was available.

RH confirmed to the Committee that efforts to mitigate this risk were ongoing, but much of the position was driven by historical settlements and actuarial provisions.

Iwan Jones (IJ), Independent Member, asked about the breakdown of temporary staffing costs between vacancies and absence. RH referred to the report's appendix, explaining that variable pay requests were categorized by sickness, enhanced care, or vacancy cover, but noted that the data was based on reasons given at the time of request and might not strictly separate holidays from vacancies.

RH clarified that the reduction in vacancy cover reflected successful recruitment, while sickness cover costs continued to rise.

RH introduced the non-pay and procurement thematic review, explaining that the VSB had moved from a general overview to thematic reviews, with the current focus on non-pay. RH summarized progress in identifying and delivering



|                           |   |
|---------------------------|---|
|                           | <p>savings, reporting an increase in firm savings from £20.5 million to £21.5 million following the mid-year review.</p> <p>RH outlined to the Committee the key divisional and corporate initiatives, including efficiency gains in Clinical Support Services, energy savings, PFI buyouts, and national procurement opportunities. RH described ongoing efforts to rationalize supplier choice and leverage national contracts, while acknowledging challenges related to clinical preference and retraining.</p> <p>The Committee <b>NOTED</b> the report of monthly finances and monitoring returns and the ongoing work to address financial risks and deliver savings.</p>  |
| <p><b>FPC/0929/12</b></p> | <p><b>Value and Sustainability Assurance Reporting</b></p> <p>Robert Holcombe (RH), Director of Finance, presented the report to the Committee noting that the report included updated dashboards for all VSB programmes as an appendix.</p> <p>RH summarized divisional and corporate initiatives contributing to non-pay savings, such as efficiency improvements in Clinical Support Services, energy savings, PFI buyouts, and national procurement opportunities.</p> <p>RH reported that firm savings had increased from £20.5 million to £21.5 million following the mid-year review, reflecting progress in identifying and delivering savings and emphasized the importance of monthly non-pay meetings with divisional representatives for surfacing and progressing further savings opportunities, sharing best practices, and ensuring divisions were aware of both local and national initiatives.</p> <p>The Committee <b>NOTED</b> the report and the ongoing work to address financial risks and deliver savings.</p> |
| <p><b>FPC/0929/13</b></p> | <p><b>Efficiency Opportunities and Update Report.</b></p> <p>Robert Holcombe, (RH) Director of Finance, presented the Efficiency Opportunities and Update Report, noting that the month 5 report included comprehensive value and sustainability savings dashboards as an appendix. RH provided an update on financial performance since the last board meeting, highlighting changes in the Welsh NHS deficit forecast and the impact of the organisation's revised financial</p>  |



position. It was reported that the savings delivery had increased from an initial estimate of £20.5 million to £21.5 million following the mid-year review, with firm figures now in place. RH explained that unidentified savings in the IMTP had been allocated to the non-pay area until further development.

The Committee was informed that efficiency work was ongoing across all divisions, with specific focus areas including key efficiencies in clinical support services, energy savings, accountancy provisions, income generation, stock control in medicines, and reviews of service level agreements in primary and community services.

RH described the national procurement strategy, which aimed to rationalise supplier selection and product choice to secure market share deals and greater discounts, while acknowledging the challenges posed by clinical choice and retraining requirements.

Greg Bowen (GB), Assistant Finance Director, informed the Committee that monthly non-pay meetings with all divisions were crucial for identifying and progressing efficiency opportunities, supporting divisions with challenges, and ensuring awareness of national initiatives and emphasized the value of sharing ideas and best practices across divisions.

RH confirmed that benchmarking and management response processes had been enhanced to better identify, monitor, and act on efficiency opportunities, with responsible officers and target dates assigned for key actions.

The Committee **NOTED** the report, the progress made, and the ongoing work to identify and deliver further efficiency opportunities before year end.

**FPC/0929/14**

### **Information Governance Report, Including SIRO Update**

Paul Solloway (PS) Director of Digital presented the report to the Committee and reported that subject access requests remained at 100% compliance. Mandatory training rates remained static in the high 70% range, with ongoing efforts to provide bespoke training and the commencement of work on a new national training module, which was expected to improve completion rates once available.



PS informed the Committee that there had been 213 information governance incidents during the reporting period, with the main themes being information sent to incorrect recipients and general documentation issues. These incidents were managed through divisional engagement meetings and would inform improvements following the recent records management audit.

In addition, PS reported that clinical coding performance for the period was just over 87.5%, with a year-on-year increase from 77% to 82%. It was noted that the number of monthly episodes requiring coding had increased to 19,000, making the organisation an outlier in Wales, and this was being investigated, as it was not solely attributable to the Grange University Hospital (GUH) model.

The Committee noted that additional coding support had been brought in from Powys Health Board to help clear backlogs.

In relation to cybersecurity, PS reported desktop patching compliance at 73%, with progress being made on patching for home workers. It was further noted that Windows 11 deployment had surpassed 50%, and server patching performance was broadly positive. The Committee heard that a phishing exercise had been completed throughout the Health Board, with targeted training provided to staff who clicked on suspicious links.

PS confirmed to the Committee that cybersecurity remained a significant concern, given the evolving threat landscape, and emphasized the importance of technical improvements, staff training, and robust incident response.

The Committee **NOTED** the report and the ongoing work to maintain and improve information governance and cybersecurity.

## ITEMS FOR INFORMATION

FPC/0929/15

### **Assurance reports from the Digital, Data and Technology Group.**

Paul Solloway (PS), Director of Digital, presented the report to the Committee providing an update on the digital programme of work, which included 52 active projects across the organisation and summarised progress and key risks within each programme area.



In the acute programme, PS highlighted ongoing decisions regarding the OpenEyes ophthalmology electronic health record, delays in the national intensive care system due to patient safety concerns, and the accelerated procurement of a new digital dictation and speech recognition platform. In terms of the digital ward programme, PS reported completion of the CareFlow Connect pilot and the implementation of digital solutions to support the NEWS tool.

PS noted that a re-procurement for the digital health communications platform was underway after a previous failed procurement. In addition, PS updated the committee on ICT infrastructure, including the replacement of firewalls, continued deployment of Windows 11, and support for ICT refurbishments

PS further confirmed that procurement for the replacement of WCCIS had concluded, with Welsh Government funding secured for initial implementation costs and further funding discussions ongoing and noted continued work on Microsoft 365 and Copilot, and the scoping of new projects such as electronic consent and a high-cost drug system.

Dafydd Vaughan (DV), Independent Member, asked if there was anything the Committee could do to support the management of programme risks. PS advised that escalation was already at the highest level and that lessons learned from national programme's should be applied to future projects.

In addition, DV raised concerns about the lack of digital expertise in Welsh Government leadership and the implications of recent structural changes. PS acknowledged these concerns and noted that new governance structures were being established to address them.

The Committee **NOTED** the report and the ongoing work to manage digital risks and deliver the digital programme.

## OTHER MATTERS

FPC/0929/16

### Items to be Brought to the Attention of the Board and Other Committees

The Committee **AGREED** there were no items to be brought to the attention of the Board or other Committees.



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|--------------------|--|
| <b>FPC/0929/17</b> | <p><b>Any Other Urgent Business</b></p> <p>There was no other Urgent Business.</p> |
| <b>FPC/0929/18</b> | <p><b>Date of the Next Meeting</b></p> <p>15 December 2025</p>                     |



|                    |                    |                |                  |   |
|--------------------|--------------------|----------------|------------------|---|
| <b>Outstanding</b> | <b>In Progress</b> | <b>Not Due</b> | <b>Completed</b> | <b>Transferred to another Committee</b> |
|--------------------|--------------------|----------------|------------------|---|

| <b>Committee Meeting</b> | <b>Minute Reference</b> | <b>Agreed Action</b>   | <b>Lead</b>                             | <b>Target Date</b>   | <b>Progress/ Completed</b>  |
|--------------------------|-------------------------|--|---|----------------------|---|
| September 2025           | <b>FPC/0929/07</b>      | <p><b>Committee Risk Report</b></p> <p>The cause/effect of the relationship between staff absence and financial risk to be clarified in the risk paper</p> | <b>Director of Corporate Governance</b> | <b>December 2025</b> | <p><b>Completed</b></p> <p><u>November update</u><br/>Action has been included in the Committee forward work plan.</p> <p>The Risk Report will include the cause/effect of the relationship between staff absence and financial risk.</p> |

*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.*

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

|  |                                      |
|--|--------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 15 December 2025                     |
| <b>CYFARFOD O:<br/>MEETING OF:</b>               | Finance and Performance Committee    |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Committee Risk and Assurance Report  |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Director of Corporate Governance     |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | 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 (the 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 Committee with an assessment of the Health Board's strategic risks delegated to it as at December 2025.

The overall strategic risk profile remains broadly stable; however, the operating environment continues to present significant pressures. Of the six sub-risks within the Committee's remit, two currently exceed the agreed risk appetite. Both are subject to targeted management actions and enhanced oversight to support mitigation and progress toward acceptable levels.

The Committee is asked to note this position and the ongoing measures in place to address these risks.

## Asesiad / Assessment

### Committee Strategic Risk Register (SRR)

The current risk portfolio for the Committee, outlined in Table 1, contains three high-level strategic risks with six sub-risks. Detailed information is provided in **Appendix A** (Strategic Risk Dashboard and individual risk assessments).

**Table 1**

| Risk Details  | High-Level Risk Description  | Sub-Risk   | Risk Level<br>L x I                 | Within Appetite |
|---|--|--|-------------------------------------|-----------------|
| <b>SRR 001G</b><br>Director of Finance & Procurement<br><b>Theme</b><br>Financial Sustainability<br><b>Appetite</b><br>Cautious<br><b>Score 13 and below</b>      | 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. | <b>g)</b> Due to the failure to deliver a sustainable financial position and longer-term financial plan  | <b>5 x 4 = 20</b><br><b>Extreme</b> | <b>N</b>        |
| <b>SRR 001I</b><br>Director of Strategy, Planning & Partnerships<br><b>Theme</b><br>Compliance & safety<br><b>Appetite</b><br>Minimal<br><b>Score 8 and below</b> |  | <b>i)</b> 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. | <b>3 x 4 = 12</b><br><b>High</b>    | <b>N</b>        |
| <b>SRR 006 A – C</b><br>Director of Digital<br><b>Theme</b><br>Service Delivery<br><b>Appetite</b><br>Open<br><b>Score 17 and below</b>                           | There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.                                 | <b>a)</b> Due to the full or partial failure of existing digital infrastructure and systems.   | <b>3 x 4 = 12</b><br><b>High</b>    | <b>Y</b>        |
|   |  | <b>b)</b> Due to an adverse impact on service delivery in the implementation of new digital systems.   | <b>4 x 4 = 16</b><br><b>Extreme</b> | <b>Y</b>        |
|   |  | <b>c)</b> Due to a failure to develop digital solutions that are sustainable and fit for the future  | <b>3 x 4 = 12</b><br><b>High</b>    | <b>Y</b>        |



|   |   |  |   |          |
|---|---|--|---|----------|
| <b>SRR 011</b><br>Director of Finance & Procurement<br><b>Theme</b><br>Service Delivery<br><b>Appetite</b><br>Open<br><b>Score 17 and below</b> | There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government<br><br>(16% reduction by 2025 and a 34% reduction by 2030.) | The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected. | <b>5 x 3 = 15</b><br><br><b>Extreme</b> | <b>Y</b> |
|---|---|--|---|----------|

### **Risks Outside of Appetite**

Table 2 sets out the two sub-risks that currently exceed the acceptable thresholds for their respective domains, both of which are under active management. Ongoing assessments are in place to monitor residual risk, ensuring that new threats and vulnerabilities are promptly identified and addressed.

**Table 2**

| Risk ID & Score Threshold                 | Sub Risk Description   | Current Score | Management of the Risk   |
|---|--|---------------|--|
| <b>SRR 001G</b><br><br>Score 13 and below | Due to the failure to deliver a sustainable financial position and longer-term financial plan.   | <b>20</b>     | The residual risk is being <b>treated</b> through strengthened financial controls, while <b>opportunities are being taken</b> to redesign services for long-term sustainability. |
| <b>SRR 001I</b><br><br>Score 8 and below  | 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. | <b>12</b>     | The residual risk is being <b>treated</b> and opportunities taken to strengthen services and accountability structures.  |

### **Cross Risk Dependencies and Collective Mitigation**

The financial risk (SRR 001G) and the performance improvement risk (SRR 001I) are closely interrelated, sharing common drivers and impacts that require a coordinated mitigation approach.

#### **Key Drivers:**

- **Staff Absence:** Sustained sickness rates (typically 6–7%) reduce workforce capacity, leading to missed objectives across Quality, Safety, and Operational Delivery domains, while escalating pay costs through agency and overtime.
- **Operational Pressure:** Underperformance against key trajectories (e.g., elective recovery, access targets) reduces income streams and increases



reputational risk, compounding financial pressures.

- **Cultural and Morale Factors:** Organisational change and uncertainty impact staff engagement, which in turn affects productivity, service quality, and achievement of performance standards.

Elevated staff absence directly reduces operational capacity, leading to delayed or reduced service delivery and failure to meet performance trajectories. This results in lost income, reduced efficiency, and increased expenditure on agency and overtime to maintain safe staffing.

The combination of increased cost and reduced productivity drives an adverse financial variance and contributes to the escalation of the strategic financial risk (SRR 001G). Prolonged absence also places additional pressure on remaining staff, which can drive further absence and lower performance, creating a cycle of rising financial exposure.

### **Collective Mitigation Actions**

- **Integrated Workforce Strategy:** Target absence and retention through wellbeing initiatives, flexible staffing models, and focused recruitment to stabilise both financial and performance risks.
- **Performance Management Framework (PMF):** Strengthen accountability and monitoring to ensure timely escalation of underperformance, linking recovery plans to financial sustainability objectives.
- **Service Redesign:** Align improvement plans with financial recovery programmes to deliver efficiency gains without compromising quality or safety.
- **Enhanced Governance:** Joint oversight through the sub-committees and strategic forums, triangulating financial, operational, and quality metrics to ensure risks are managed holistically.

By improving workforce resilience and embedding robust performance management, the Health Board can reduce cost pressures, enhance operational delivery, and maintain compliance with quality standards, mitigating both SRR 001G and SRR 001I collectively.

Appendix B contains risk assessments for the two strategic people risks relating to recruitment, retention, and staff wellbeing. These include controls and assurances for mitigating absence and vacancies, which have a direct and indirect impact on financial stability and organisational performance.

There is a clear relationship between staff absence, financial\_risk, and performance delivery. Effective management of these dependencies requires a coordinated approach across HR, Finance, and Governance functions to ensure timely identification, escalation, and mitigation. A comprehensive programme of mitigation is being implemented to stabilise the financial position and strengthen



organisational resilience and performance. Enhanced scrutiny and reporting are delivered through the Value and Sustainability Board, chaired by the Chief Executive Officer and supported by the Director of Finance and Procurement with targeted focus on efficiency delivery, cost control, and procurement optimisation.

### **Forward Look**

Focused monitoring of individual risk areas will remain a priority in the year ahead. Ongoing surveillance, combined with strengthened control measures, will be essential to managing associated risks and ensuring alignment between resources, performance targets, and patient outcomes.

### **Argymhelliad / Recommendation**

The Committee is requested to:

- **NOTE** the delegated Committee risks as detailed within the Strategic Risk Register, ensuring alignment with the Board's Strategic Objectives;
- **NOTE** the continued efforts to bring all risks to within the agreed threshold for the risk appetite;
- **CONSIDER** whether it has sufficient assurance that the strategic risks are being assessed, managed, and reviewed appropriately and effectively, considering the detailed analysis and ongoing mitigation efforts outlined in this report.

| <b>Amcanion: (rhaid cwblhau)<br/>Objectives: (must be completed)</b>  |  |
|---|--|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                    | SRR 001 G & I<br>SRR 006 A, B & C  |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):  | Governance, Leadership and Accountability<br>2.1 Managing Risk and Promoting Health and Safety<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>  | Choose an item.<br><br>The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.          |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP  | Governance   |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br>N/A  |



| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>  |   |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base:  | N/A   |
| Rhestr Termau:<br>Glossary of Terms:  | Contained within the report.  |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>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 |

| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b>   |  |
|---|--|
|   | <b>Is EIA Required and included with this paper</b>  |
| <b>Asesiad Effaith Cydraddoldeb<br/>Equality Impact Assessment (EIA)</b><br>completed   | <b>No does not meet requirements</b><br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a> |
| <b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio<br/>Well Being of Future Generations Act – 5 ways of working</b><br><br><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> | Choose an item.<br>Choose an item.<br>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 which meet the changing 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 will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030).            | a) The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected  | Green Health                                   |            |   |   |   |   |   |     |    | X  |    | ●  | ◇  |     |  |

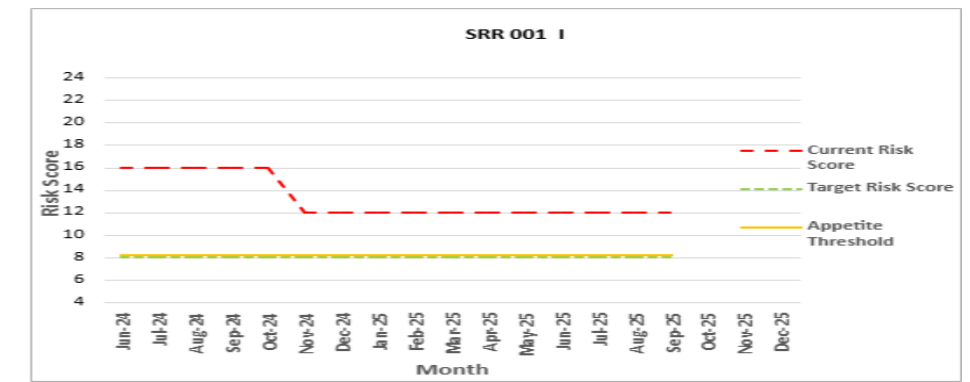
|     |                    |   |
|-----|--------------------|---|
| Key | Current Score      | ● |
|     | Target Score       | × |
|     | Appetite Threshold | ◇ |

| 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<br><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<br>Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls |  |
| Impact<br><i>(Consequences of the threat)</i>       | <p style="text-align: center;"><u>Organisation</u></p> <ul style="list-style-type: none"> <li>Breach of statutory duty to breakeven over 3 years.</li> <li>Instigation of NHS Wales Escalation &amp; Intervention Arrangements.</li> <li>Non-delivery of Health Board priorities, required improvements, and achieving longer-term sustainability.</li> <li>Prioritisation and possible disinvestment in service delivery.</li> <li>Reputational damage and loss of public confidence.</li> </ul> |                               |                          | Risk Appetite Threshold – Score 13 and Below<br>Risks relating to all aspects of the Health Board’s financial performance and its ability to manage cost and efficiencies.       |  |
| Lead Director                                       | Director of Finance and Procurement   | <a href="#">Risk Exposure</a> | Current Level            | Target Level   | <p style="text-align: center;"><b>SRR 001G</b></p> |
| Monitoring Committee / Group                        | Finance and Performance Committee   | Likelihood                    | 5 (Almost certain)<br>x  | 2 (Unlikely)<br>x  |  |
| Initial Date of Assessment                          | June 2023   | Impact                        | 4 (Major)                | 4 (Major)  |  |
| Last Reviewed                                       | November 2025   | Risk rating                   | = 20<br><b>(Extreme)</b> | = 8<br><b>(Moderate)</b>   |  |
| Next Review<br><i>(Monthly based on risk score)</i> | December 2025   |                               |                          |  |  |

| Current Key Controls<br><i>(What controls/ systems &amp; 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<br><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"> <li>IMTP 25/26-27/28</li> <li>IMTP Delivery Framework</li> <li>Sustainability Route Map revision</li> <li>Accountability Framework</li> <li>Performance Framework</li> <li>3-year route map to sustainable recovery developed and approved by Board July 24.</li> <li>Scheme of Delegation</li> <li>Standing Financial Instructions (SFIs)</li> <li>Standing Orders (SOs)</li> <li>Final budget delegation</li> <li>Financial Control Procedure (FCP) Budgetary control</li> <li>Financial Budget Intelligence (FBI)</li> <li>Appropriately trained Finance Team (capacity &amp; capability)</li> <li>Budget holder training &amp; other business training tools</li> <li>Cost intervention procedures</li> <li>25/26 savings plans &amp; opportunities.</li> <li>Health Board financial escalation processes.</li> <li>Health Board Pre-Investment Panel (PIP) process.</li> <li>Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs.</li> <li>Executive groups and structures established to deliver statutory duties.</li> <li>Assessment of financial control environment within divisions and corporate teams.</li> <li>Financial Escalation Meetings</li> <li>Regular organisational Recovery plan meetings and briefings</li> <li>Value &amp; Sustainability Board established.</li> <li>Revised accountability arrangements part of Executive governance.</li> <li>Budget holder financial recovery deep dive meetings,</li> <li>Enhanced forecasting and planning processes</li> </ul> | <ul style="list-style-type: none"> <li>Revised V&amp;SB approach for 2025/26 to help drive financial recovery, separating thematic and divisional scrutiny.</li> <li>Service Redesign disaggregated as a V&amp;SB theme</li> <li>Review of programme structures to match V&amp;SB thematic areas</li> <li>Updated Route Map development</li> <li>Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&amp;B structure.</li> </ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>   | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>  | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>   |                   |
|---|--|--|-------------------|
| <b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>  |  |  |                   |
| <ul style="list-style-type: none"> <li>Adherence to SO/SFI/FCPs</li> <li>Regular AFD meetings to discuss position and performance.</li> <li>Day 5 comprehensive financial performance review – DoF led.</li> <li>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</li> </ul> | None   | <ul style="list-style-type: none"> <li>Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability.</li> <li>Development of detailed 3-year recovery plan.</li> </ul> |                   |
| <b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>   |  |  |                   |
| <ul style="list-style-type: none"> <li>Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments.</li> <li>Performance escalation meetings established.</li> <li>Financial assessment and review report to the Board and Finance &amp; Performance Committee</li> </ul>  | <ul style="list-style-type: none"> <li>Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee.</li> <li>Board Briefing sessions on the financial position.</li> </ul>  | None   |                   |
| <b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>   |  |  |                   |
| <p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>Annual Report</li> <li>2024/25 Financial Sustainability – Reasonable Assurance Sept 2025</li> <li>2025/26 - Audit Reviews</li> </ul> <p><b>External Audit Reports</b></p> <ul style="list-style-type: none"> <li>2024 -25 – Annual Report</li> <li>2025/26 - Audit Reviews</li> </ul>   | <p><b>Welsh Government</b></p> <ul style="list-style-type: none"> <li>Financial assessment and review reports to Welsh Government – monthly</li> <li>Enhanced monitoring T.I. meetings with Welsh Government monthly</li> <li>IMTP plan to WG end of March 2025</li> </ul> | <ul style="list-style-type: none"> <li>Recommendations from audits</li> </ul>  |                   |
| <b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>   |  |  |                   |
| <b>Negative</b> – Insufficient evidence that the controls   | <b>Reasonable</b> - adequate evidence that the controls in place are working effectively.  | <b>Positive</b> - robust evidence that the controls in place are working effectively.  | <b>REASONABLE</b> |

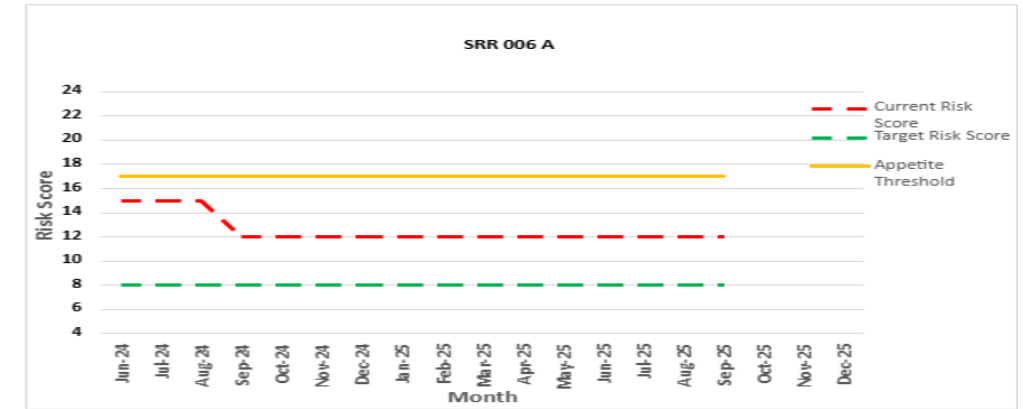
| RISK THEME                                     | COMPLIANCE AND SAFETY  |  |   |  |
|--|--|--|---|--|
| LINK TO IMTP                                   | SECTION 2: DRIVERS – PERFORMANCE EXPECTATIONS  |  | SECTION 4: ENABLERS – WORKFORCE & CULTURE   |  |
| Strategic Risk<br>SRR 001 I                    | 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<br>Public   |
| Threat<br>(As a result of)                     | 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. |  |   | Risk Appetite Level – MINIMAL<br>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<br>(Consequences of the threat)         | <ul style="list-style-type: none"> <li>Unintended Patient Harm.</li> <li>Negative Public/Patient Experience.</li> </ul>  | <ul style="list-style-type: none"> <li>Reduced Staff Morale leading to potential absence from work.</li> </ul> | <ul style="list-style-type: none"> <li>Loss of patient/public trust and confidence.</li> <li>Scrutiny from external organisations.</li> <li>Adverse publicity.</li> <li>Punitive Actions.</li> <li>Financial implications.</li> </ul> | <b>Risk Appetite Threshold – SCORE 8 AND BELOW</b><br>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.<br><br><b>SUMMARY</b><br>The current risk level is <b>OUTSIDE</b> of target and the appetite threshold. The target level to be achieved is <b>WITHIN</b> 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 (Possible)<br>x   | 2 (Unlikely)<br>x  |
| Initial Date of Assessment                     | 19 April 2024.   | Impact   | 4 (Major)   | 4 (Major)  |
| Last Reviewed                                  | 01 July 2025   | Risk rating  | = 12<br>(High)  | = 8<br>(Moderate)  |
| Next Review<br>(Quarterly based on risk score) | 01 October 2025  |  |   |  |



| Current Key Controls<br>(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<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)  |
|--|--|
| <ul style="list-style-type: none"> <li>Performance Management and Assurance Framework</li> <li>Executive Accountability letters</li> <li>Divisional Directors Accountability letters</li> <li>Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&amp;LD Divisions in place</li> <li>Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas.<br/>Reviewed post End of Year and proposed adjustments awaiting sign off</li> <li>Reporting through to Finance and Performance Committee via Executives</li> <li>Specific areas of focus are discussed at Value and Sustainability Board</li> <li>System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc.</li> <li>External scrutiny via Welsh Government and NHS Executive</li> <li>Capacity to run the performance framework and reporting requirements has been strengthened with the appointment of the Head of Systems Planning and Performance and analytical team who will fully be in place by January 2025 alongside the Business Partnering Support</li> </ul> | <ul style="list-style-type: none"> <li>6-month review of Performance Management and Assurance</li> <li>Alignment of internal mechanisms to national escalation</li> <li>Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach.</li> <li>Standardised Divisional Assurance Templates (pre-populated)</li> <li>Commission external reviews to support improvements where required.</li> <li>Appropriate Business Partnering Support and analytical support</li> <li>Realign capacity and/or redefine roles to provide explicit support</li> </ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>  | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>   | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                           |                   |
|--|---|--|-------------------|
| <b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>   |   |  |                   |
| <ul style="list-style-type: none"> <li>DMTs in place for all Divisions</li> <li>Divisional oversight arrangements – monthly/fortnightly meetings</li> <li>Divisional plans in place and focussed agendas</li> <li>Cross Divisional meeting monthly – progress the wider system way of working.</li> </ul>  | <ul style="list-style-type: none"> <li>System Leadership Team for awareness and updates</li> <li>12-month Performance Management Framework review in the Autumn</li> </ul>  | <ul style="list-style-type: none"> <li>Outcome if the review will determine if further action is required</li> </ul>                     |                   |
| <b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>  |   |  |                   |
| <ul style="list-style-type: none"> <li>Established reporting to the Executive Committee</li> <li>Established reporting to the Finance and Performance and Patient, Quality and Safety Committee</li> <li>Established reporting to the Board</li> <li>Routine reporting through the IQPD process</li> </ul> | None  | N/A  |                   |
| <b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>  |   |  |                   |
| <ul style="list-style-type: none"> <li>Internal Audit 2024/25 Plan</li> <li>Directorate Review - Mental Health and Learning Disabilities (Q2)</li> <li>Divisional Governance Arrangements (Q2)</li> <li>HIW Inspections</li> <li>Llais for feedback</li> </ul>   | <ul style="list-style-type: none"> <li>Internal Audit 2024/25 Plan</li> <li>Findings and recommendations from the Divisional Governance Arrangements (Q2)</li> <li>Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2)</li> </ul> | <ul style="list-style-type: none"> <li>Implementation of the management responses set out in the final Internal Audit Reports</li> </ul> |                   |
| <b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>  |   |  |                   |
| <b>Negative</b> – Insufficient evidence that the controls  | <b>Reasonable</b> - adequate evidence that the controls in place are working effectively.   | <b>Positive</b> - robust evidence that the controls in place are working effectively.  | <b>REASONABLE</b> |

| RISK THEME                                     | SERVICE DELIVERY   |  |   |   |
|--|--|--|---|---|
| LINK TO IMTP                                   | SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY  |  |   |   |
| Strategic Risk<br>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<br><b>Public</b>   |
| Threat<br>(As a result of)                     | Due to the full or partial failure of existing digital infrastructure and systems.   |  |   | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.   |
| Impact<br>(Consequences of the threat)         | <b>Patient</b><br><ul style="list-style-type: none"> <li>Unintended harm or Injury to Patients.</li> </ul>                               | <b>Staff</b><br><ul style="list-style-type: none"> <li>Unintended harm or injury to staff</li> </ul> | <b>Organisation</b><br><ul style="list-style-type: none"> <li>Data Breaches</li> <li>Litigation and Financial Penalties.</li> <li>Reputational damage and loss of public confidence.</li> </ul> | <b>Risk Appetite Threshold – Score 17 and Below</b><br>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.<br><br><b>SUMMARY</b><br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold. |
| Lead Director                                  | Director of Digital  | <a href="#">Risk Exposure</a>  | Current Level   | Target Level  |
| Monitoring Committee / Group                   | Finance and Performance Committee  | Likelihood   | 3 (Possible)<br>x   | 2 (Unlikely)<br>x   |
| Initial Date of Assessment                     | 01 June 2023   | Impact   | 4 (Major)   | 4 (Major)   |
| Last Reviewed                                  | 01 October 2025  | Risk rating  | = 12<br><b>(High)</b>   | = 8<br><b>(Moderate)</b>  |
| Next Review<br>(Quarterly based on risk score) | 01 January 2025  |  |   |   |



| Current Key Controls<br>(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<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)   |
|--|---|
| <ul style="list-style-type: none"> <li>Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jan 2024. 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 annually.</li> <li>Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained.</li> <li>New Information Governance and Cyber Security governance and assurance processes reviewed and implemented.</li> <li>Governance group terms of reference agreed. Meetings started in November 2023.</li> <li>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</li> <li>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.</li> <li>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.</li> <li>Implement the recommendations from Templar report:</li> <li>Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation.</li> <li>Battle tested OUR cyber incident response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan.</li> <li>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 is to failover in a seamless fashion from one DC to the other with no service impact. ·</li> <li>Maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. ·</li> <li>Begun the roll out simulated phishing campaigns. The initial phishing has been tested on the ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff.</li> <li>·Introduced scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023.</li> </ul> | <ul style="list-style-type: none"> <li>Cyber Resilience Audit (CRU) undertaken in June 2025 showed an overall improvement is assessment. Some key recommendations have been identified which will be progressed and monitored via regular meetings with CRU and reported to Information Governance Group.</li> <li>Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation.</li> <li>Updated audit from Cyber Resilience Unit to be undertake in Q2 2025.</li> <li>Internal Audit review on Shadow IT scheduled for 2025/2026.</li> <li>Improvements in mandatory training compliance for Information Governance and Cyber Security.</li> <li>Health Board involvement in national cyber response exercise in September 2025.</li> </ul> |

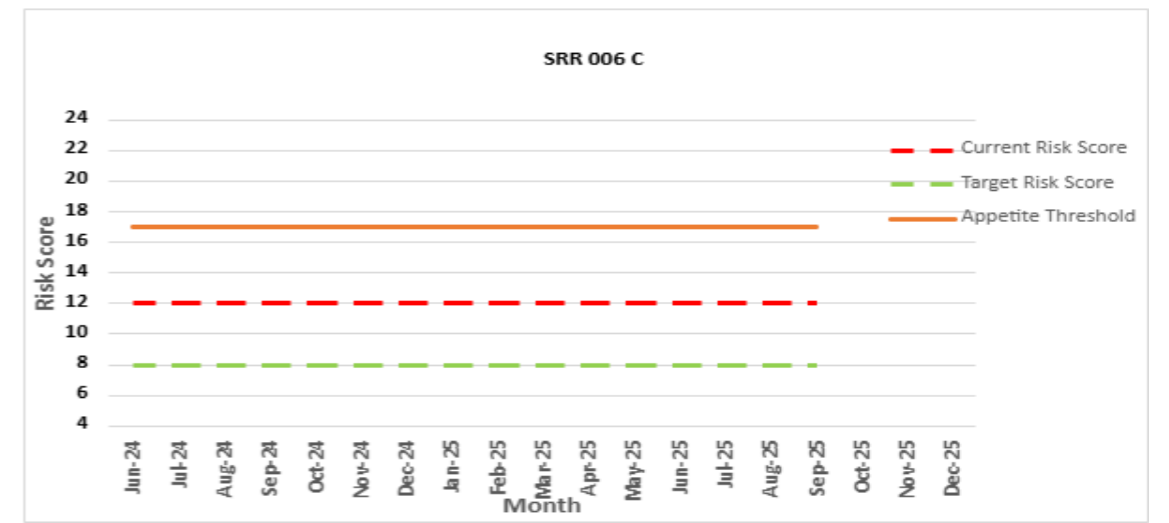
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>   | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |                   |
|---|---|--|-------------------|
| <b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>  |   |  |                   |
| <ul style="list-style-type: none"> <li>Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.</li> <li>Single directorate risk registers now in place.</li> </ul>                                   | <ul style="list-style-type: none"> <li>None</li> </ul>  | <ul style="list-style-type: none"> <li>N/A</li> </ul>  |                   |
| <b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>   |   |  |                   |
| <ul style="list-style-type: none"> <li>Regular reporting on progress to the Finance &amp; Performance Committee on the cyber security action plan.</li> <li>Annual Senior Information Risk Owner report.</li> </ul>   | <ul style="list-style-type: none"> <li>None</li> </ul>  | <ul style="list-style-type: none"> <li>N/A</li> </ul>  |                   |
| <b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>   |   |  |                   |
| <ul style="list-style-type: none"> <li>Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. Internal Audit 2024/25</li> <li>Oversight from NHS Wales Cyber Resilience Unit.</li> </ul> | <ul style="list-style-type: none"> <li>None</li> </ul>  | <ul style="list-style-type: none"> <li>N/A</li> </ul>  |                   |
| <b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>   |   |  |                   |
| <b>Negative</b> – Insufficient evidence that the controls   | <b>Reasonable</b> - adequate evidence that the controls in place are working effectively.                         | <b>Positive</b> - robust evidence that the controls in place are working effectively.                          | <b>REASONABLE</b> |

| RISK THEME                                   | SERVICE DELIVERY  |   |  |  |   |
|--|---|---|--|--|---|
| LINK TO IMTP                                 | SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY   |   |  |  |   |
| Strategic Risk<br>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<br>(As a result of)                   | Due to an adverse impact on service delivery in the implementation of new digital systems.  |   |  | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.  |   |
| Impact<br>(Consequences of the threat)       | <b>Patient</b> <ul style="list-style-type: none"> <li>Unintended harm or Injury to Patients.</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings.</li> </ul> | <b>Staff</b> <ul style="list-style-type: none"> <li>Unintended harm or injury to staff</li> </ul> | <b>Organisation</b> <ul style="list-style-type: none"> <li>Data Breaches</li> <li>Litigation and Financial Penalties.</li> <li>Reputational damage and loss of public confidence.</li> </ul> | <b>Risk Appetite Threshold – Score 17 and Below</b><br>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. |   |
|  |   |   |  |  | <b>SUMMARY</b><br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> 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  | 4 (Major)<br>x   | 2 (Unlikely)<br>x  |   |
| Initial Date of Assessment                   | 01 June 2023  | Impact  | 4 (Major)  | 3 (Moderate)   |   |
| Last Reviewed                                | 01 November 2025  | Risk rating   | = 16<br>(Extreme)  | = 6<br>(Moderate)  |   |
| Next Review<br>(Monthly based on risk score) | 01 December 2025  |   |  |  |   |

| Current Key Controls<br>(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<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)   |
|--|---|
| <ul style="list-style-type: none"> <li>Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services.</li> <li>Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated.</li> <li>Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages.</li> <li>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.</li> <li>Business change team in place to support services in improvement of clinical and administrative processes.</li> <li>Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery.</li> <li>Projects support backfilling of clinical time where required.</li> <li>Assurance activities included in project framework including clinical safety, information governance, health records and cyber security.</li> <li>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.</li> <li>Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements.</li> <li>Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation.</li> <li>Aggregated view of digital Lessons Learned available, and lessons are reviewed during project initiation for best chance of success.</li> <li>Formal divisional engagement meetings in place monthly to discuss new programmes of work and provide update on critical programmes/projects</li> </ul> | <ul style="list-style-type: none"> <li>Additional governance being put in place with the Digital, Data and Technology Group which will report to the Finance &amp; Performance Committee.</li> <li>Terms of reference developed, and meeting will be put in place during Q2 2025.</li> <li>Digital benefits Board development session planned for 2025.</li> <li>Digital transformation development programme to be provided to the Board in 2025/2026.</li> <li>Welsh Government strengthening national governance with the introduction of a DDaT Leadership Board and supporting groups.</li> <li>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.</li> <li>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.</li> </ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>   |   | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>   | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |
|---|---|---|--|
| <b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>  |   |   |  |
| <ul style="list-style-type: none"> <li>○ Project Boards meet monthly and report into the bi-monthly Digital Portfolio Progress Group (DPPG)</li> <li>○ Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.</li> <li>○ Risk management approach and escalation processes in place in line with the Health Board's Risk Framework</li> </ul> | <ul style="list-style-type: none"> <li>• 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.</li> </ul> | <ul style="list-style-type: none"> <li>• Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance &amp; Performance Committee</li> <li>• Welsh Government implementing stronger national governance for national project and programmes</li> </ul> |  |
| <b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>   |   |   |  |
| <ul style="list-style-type: none"> <li>• Regular Reporting to the Finance &amp; Performance Committee</li> </ul>  | <ul style="list-style-type: none"> <li>• None</li> </ul>  | <ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>  |  |
| <b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>   |   |   |  |
| <b>Internal Audit 2023/24</b> <ul style="list-style-type: none"> <li>• Benefits Management review – Outcome Substantial Assurance</li> <li>• Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance</li> </ul>  | <b>Internal Audit 2024/25</b> <ul style="list-style-type: none"> <li>• Implementation of the Welsh Intensive Care System – future of programme to be decided</li> </ul>                         | <ul style="list-style-type: none"> <li>• Recommendations identified through audit work</li> </ul>   | <ul style="list-style-type: none"> <li>• Recommendations identified through audit work</li> </ul>              |
| <b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>   |   |   |  |
| <b>Negative</b> – Insufficient evidence that the controls   | <b>Reasonable</b> - adequate evidence that the controls in place are working effectively.   | <b>Positive</b> - robust evidence that the controls in place are working effectively.   | <b>REASONABLE</b>  |

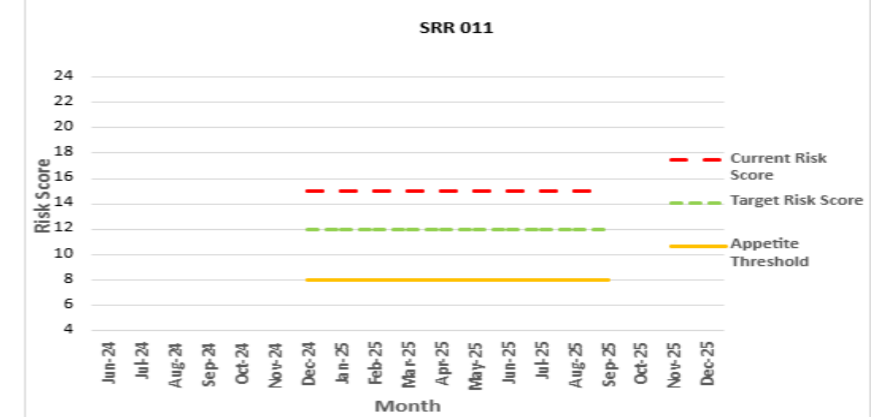
| RISK THEME                                     | SERVICE DELIVERY   |  |  |  |
|--|--|--|--|--|
| LINK TO IMTP                                   | SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY  |  |  |  |
| Strategic Risk<br>SRR 006 C                    | There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.   |  |  | Publication Status<br><b>Public</b>  |
| Threat<br>(As a result of)                     | Due to failure to develop digital solutions that are sustainable and fir for the future.   |  |  | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.  |
| Impact<br>(Consequences of the threat)         | <b>Patient</b> <ul style="list-style-type: none"> <li>Unintended harm or injury to patients.</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul> | <b>Staff</b> <ul style="list-style-type: none"> <li>Unintended harm or injury to staff.</li> </ul> | <b>Organisation</b> <ul style="list-style-type: none"> <li>Data breaches</li> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of public confidence</li> </ul> | <b>Risk Appetite Threshold – Score 17 and Below</b><br>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. |
|  | <b>SUMMARY</b><br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.        |  |  |  |
| Lead Director                                  | Director of Digital  | <a href="#">Risk Exposure</a>  | Current Level  | Target Level   |
| Monitoring Committee / Group                   | Finance and Performance Committee  | Likelihood   | 3 (Possible)<br>x  | 2 (Unlikely)<br>x  |
| Initial Date of Assessment                     | 01 June 2023   | Impact   | 4 (Major)  | 4 (Major)  |
| Last Reviewed                                  | 01 September 2025  | Risk rating  | = 12<br><b>(High)</b>  | = 8<br><b>(Moderate)</b>   |
| Next Review<br>(Quarterly based on risk score) | 01 December 2025   |  |  |  |



| Current Key Controls<br>(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<br>(What further controls are required to reduce the risk exposure to within a tolerable range?)<br>(Short, Medium, and Long-Term Plans need to be included)  |
|--|--|
| <ul style="list-style-type: none"> <li>New Digital Service Request process in place which provides governance in several key areas:</li> <li>Automation of request process via 'Seren' the ICT Portal</li> <li>Information Governance – ensuring new services have appropriate controls to keep patient information safe.</li> <li>Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework.</li> <li>Patient Safety – ensuring services do not introduce any patient safety risks.</li> <li>Records – ensuring new systems comply with the requirements of records management.</li> <li>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.</li> <li>Business change function which ensures implemented systems are effective and deliver the benefits required.</li> <li>Formal framework in place for the adoption of new digital services and best practice guidance followed.</li> <li>Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process</li> <li>New Digital Request processes include fortnightly senior leadership scrutiny of requests,</li> <li>New prioritisation framework &amp; tool Monthly/quarterly Operational delivery aligned to ITIL standards</li> <li>Annual operational plan completed and aligned with IMTP</li> <li>Divisional Digital Oversight meetings with senior Digital &amp; Divisional staff to support identification of digital alignment with service priorities for Urgent Care, MH &amp; LD, CSS, Division of Surgery &amp; PCCS in place</li> <li>Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints.</li> </ul> | <ul style="list-style-type: none"> <li>Monthly/quarterly Divisional Digital Oversight meetings with senior Digital &amp; Divisional staff to support identification of digital alignment with service priorities to be arranged for Division of Medicine,</li> <li>Portfolio optimisation to ensure the resources of the service are aligned to key priorities</li> <li>New Digital Request quarterly reporting to DDAT Group</li> <li>New governance structures to be put in place further to directorate restructuring</li> <li>Development of product management approach to delivery of core software applications and extending use of agile processes to ICT</li> <li>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 &amp; Care Record and Infrastructure strategy.</li> </ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>  | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                               | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>   |                   |
|--|---|--|-------------------|
| <b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>   |   |  |                   |
| <ul style="list-style-type: none"> <li>Quarterly reporting to DDAT Group</li> </ul>  | <ul style="list-style-type: none"> <li>If the NDSR process delivers anticipated improvements</li> <li>The outcome of the EDRMS audit</li> </ul> | <ul style="list-style-type: none"> <li>Monitor the performance of the NDSR process</li> <li>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.</li> </ul> |                   |
| <b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>  |   |  |                   |
| <ul style="list-style-type: none"> <li>Regular Reporting to the Finance &amp; Performance Committee</li> </ul>   | <ul style="list-style-type: none"> <li>None</li> </ul>  | <ul style="list-style-type: none"> <li>Not Applicable</li> </ul>   |                   |
| <b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>  |   |  |                   |
| <p><b>Internal Audit 2023/24</b></p> <ul style="list-style-type: none"> <li>LINC Programme– <b>Outcome Reasonable assurance</b></li> <li>Network Infrastructure (VPN) - <b>Outcome Reasonable assurance</b></li> </ul> <p><b>Internal Audit 2024/25</b></p> <ul style="list-style-type: none"> <li>Electronic document and records management solution - planned for Q4</li> </ul> | <ul style="list-style-type: none"> <li>Recommendations identified through audit work</li> </ul>   | <ul style="list-style-type: none"> <li>Regular Reporting to the Finance &amp; Performance Committee</li> </ul>   |                   |
| <b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>  |   |  |                   |
| <b>Negative</b> – Insufficient evidence that the controls  | <b>Reasonable</b> - adequate evidence that the controls in place are working effectively.   | <b>Positive</b> - robust evidence that the controls in place are working effectively.  | <b>REASONABLE</b> |

| RISK THEME  | SERVICE DELIVERY  |               |                          |   |
|---|---|---------------|--------------------------|---|
| LINK TO IMTP  | SECTION 4: ENABLER – GREEN HEALTH   |               |                          |   |
| Strategic Risk<br>SRR 011                           | 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)<br><i>This is common to all Health Bodies across the country.</i>   |               |                          | Publication Status<br><b>Public</b>   |
| Threat<br><i>(As a result of)</i>                   | Due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected. <i>(The effect of a failure to meet this target is on the wider environment.)</i>  |               |                          | 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<br><i>(Consequences of the threat)</i>       | <p style="text-align: center;"><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Failure to meet the target set on Welsh Health bodies for reducing carbon output</li> <li>Non-delivery of health board priority in this regard, required improvements, and achieving longer-term sustainability for the Health Board and nationally.</li> <li>Reputational damage and loss of public confidence.</li> <li>Opportunity cost of reduced energy costs</li> </ul> |               |                          | <p><b>Risk Appetite Threshold – SCORE 17 AND BELOW.</b></p> <p>Risk driven by the likelihood of the HB missing this target with some cause for optimism regarding making some progress towards reducing carbon emissions in some areas such as ReFit and changes in clinical practice. The impact locally is relatively small.</p> <p><b>SUMMARY</b></p> <p>The current risk level is <b>OUTSIDE</b> of target level and <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p> |
| Lead Director                                       | Director of Finance and Procurement   | Risk Exposure | Current Level            | Target Level  |
| Monitoring Committee / Group                        | Finance and Performance Committee   | Likelihood    | 5 (Almost Certain)<br>x  | 4 (Likely)<br>x   |
| Initial Date of Assessment                          | 30 October 2024   | Impact        | 3 (Moderate)             | 3 (Moderate)  |
| Last Reviewed                                       | 01 October 2025   | Risk rating   | = 15<br><b>(Extreme)</b> | = 12<br><b>(Moderate)</b>   |
| Next Review<br><i>(Monthly based on risk score)</i> | 01 November 2025  |               |                          |   |



| Current Key Controls<br><i>(What controls/ systems &amp; 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<br><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"> <li>Quarterly review of projects and workstreams at the Decarbonisation Programme Board</li> <li>The project structure has 5 key workstreams each with a Health Board Lead covering clinical, communications, resources, waste and facilities and estates</li> <li>Regular reporting of financial data available</li> <li>Significant work already with the ReFit programme and Investment Grade Proposal (IGP) which aims to secure funding for projects of £7.4m, to reduce carbon emissions by 995 tonnes Co2 with a 10-year payback on investment.</li> <li>Refreshed Decarbonisation Action Plans for 2024-25. The DAPs are integrated with other sustainability plans and were approved at the Decarbonisation Project Board in July 24.</li> <li>Annual net zero return submitted to Welsh Government</li> <li>Regular reporting of success stories in this area communicated across the Health Board (e.g., “Gloves R off”)</li> <li>Decarbonisation Action Plans reported annually Executive lead and publicised on the green health website</li> <li>SUS Qi training</li> <li>Met office training</li> <li>Carbon literacy training HEIW</li> <li>4 modules on carbon reduction and net zero ESR</li> <li>Spread &amp; Scale academy training sessions</li> </ul> | <ul style="list-style-type: none"> <li>Project structure regularly reviewed should action be needed.</li> <li>Controls will be implemented further as part of the ReFit programme when it progresses following approval of the Investment Grade Proposal.</li> </ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>   | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>  |                 |
|---|--|---|-----------------|
| <b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>  |  |   |                 |
| <ul style="list-style-type: none"> <li>Regular meetings of the subgroups to discuss position, monitor and new ideas</li> <li>Bi-annual ISO14001 audit to be undertaken in October 2024.</li> </ul> Estates operational meetings   | <ul style="list-style-type: none"> <li>Detailed level metrics and measures are limited due to data capture equipment.</li> </ul> | <ul style="list-style-type: none"> <li>All opportunities for funding will be optimised</li> <li>Training opportunities will be maximised.</li> </ul>  |                 |
| <b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>   |  |   |                 |
| <ul style="list-style-type: none"> <li>Six monthly updates to the Board</li> <li>Executive Committee (Clinical Futures Board) updates – Quarterly</li> <li>Six monthly updates to the Finance &amp; Performance Committee</li> </ul> Decarbonisation Programme Board – Quarterly reporting  | <ul style="list-style-type: none"> <li>None</li> </ul>   | <ul style="list-style-type: none"> <li>The annual reporting to Welsh Government via the net zero return is the main source of information for carbon output by the Health Board. However, it provides a relatively simplistic picture of output of total tonnes per carbon and so its value is limited.</li> <li>Funding is the greatest limitation on achieving targets. All opportunities for funding will be optimised</li> <li>Training opportunities will be maximised.</li> </ul> |                 |
| <b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>   |  |   |                 |
| <b>Internal Audit Report in July 24.</b> <ul style="list-style-type: none"> <li>Received “limited assurance” but not because of controls – the issues were largely around funding limitations.</li> </ul> <b>External Audit Reports 2023 -24</b> Periodic reports from Audit Wales – considered by the Audit and Risk Assurance committee | <ul style="list-style-type: none"> <li>Funding for a comprehensive ABUHB decarbonisation strategy is not available.</li> </ul>   | <ul style="list-style-type: none"> <li>As above - REFIT invest to Save capital opportunities being progressed.</li> </ul>   |                 |
| <b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>   |  |   |                 |
| <b>Negative</b> – Insufficient evidence that the controls   | <b>Reasonable</b> - adequate evidence that the controls in place are working effectively.  | <b>Positive</b> - robust evidence that the controls in place are working effectively.   | <b>NEGATIVE</b> |

| RISK THEME                                     | PEOPLE   |  |  |   |        |
|--|--|--|--|---|--------|
| LINK TO IMTP                                   | SECTION 4: ENABLER – WORKFORCE AND CULTURE   |  |  |   |        |
| Strategic - SRR 001 A                          | 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<br>(As a result of)                     | Due to an inability to recruit and retain staff across all disciplines and specialties.  |  |  | Risk Appetite Level – Open<br>Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.   |        |
| Impact<br>(Consequences of the threat)         | <u>Patient</u> <ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>             | <u>Staff</u> <ul style="list-style-type: none"> <li>Non-compliance with safe staffing principles and standards.</li> <li>Increased Workload</li> </ul> | <u>Organisation</u> <ul style="list-style-type: none"> <li>Operational Disruptions</li> <li>Quality of Services</li> <li>Reputational Damage</li> <li>Financial strain – use of agency and bank staff</li> </ul> | <b>Risk Appetite Threshold - Score 17 and below.</b><br>Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. |        |
|  |  |  |  | <b>SUMMARY</b><br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.   |        |
| Lead Director                                  | Director of Workforce & Organisational Development   | <u>Risk Exposure</u>   | Current Level  | Target Level  |        |
| Monitoring Committee / Group                   | People & Culture Committee   | Likelihood   | 3 (Possible)   | 3 (Possible)  |        |
| Initial Date of Assessment                     | 01 June 2023   | Impact   | 4 (Major)  | 2 (Minor)   |        |
| Last Reviewed                                  | 01 October 2025  | Risk rating  | = 12 (High)  | = 6 (Moderate)  |        |
| Next Review<br>(Quarterly based on risk score) | 01 January 2026  |  |  |   |        |

| Current Key Controls<br>(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<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)  |
|--|--|
| <ul style="list-style-type: none"> <li>Monitoring Framework to support roll-out of the People Plan.</li> <li>Workforce Dashboard to track activity – recruitment, turnover, sickness absence.</li> <li>Supply and demand tracker (Nursing and HCSW).</li> <li>People Plan tracker to support delivery of actions within the People Plan 2022-25.</li> <li>Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board.</li> <li>Management of attendance through All Wales Management Attendance at Work Policy.</li> <li>Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture.</li> <li>Nurse Staffing Levels (Wales) Act 201625b/25c.</li> <li>Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP.</li> <li>Workforce planning supported by Compendium of new roles to support innovative workforce models.</li> <li>Recruitment KPI's.</li> <li>IMTP (Integrated Medium-Term Plan) Educational Commissioning.</li> <li>Workforce Establishment controls national working group has been instigated.</li> <li>Value and Sustainability Board.</li> <li>Implementation of the Collective Agreement (Non-Pay Deal) 2022/24.</li> <li>Real Living Wage Employer.</li> </ul> <p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>Engagement with national recruitment campaigns such as BAPIO, M&amp;D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor.</li> </ul> | <p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>Approval to overrecruit to newly qualified nurses in September 2025 resulting in zero forecasted RN vacancies in rostered areas.</li> <li>Consideration of Lateral Move Scheme to provide flexible internal movement of staff.</li> <li>Approval to overrecruit to newly qualified nurses in March 2026 to maintain zero forecasted RN vacancies in rostered areas and to reduce Variable Pay.</li> <li>Introduction of Rotational Nurse posts in MHL D for newly qualified nurses in March 2026 to test concept. Benefits are more highly skilled workforce, engaged workforce rotating through 4 x 6-month placements in 2 years and reduction of variable pay due to hard to fill areas being included in rotations.</li> <li>Exploring potential of Overseas clinical attachments in other Divisions at both Junior and Senior grades (currently only Medicine) offering NHS experience to IMGs and provides a pipeline of suitable candidates to fill vacancies in future, particularly senior grades.</li> <li>Working closely with HEIW for earlier notification of unfilled and part-time training posts.</li> </ul> <p><b>Retention</b></p> <ul style="list-style-type: none"> <li>Development of career pathways (e.g., non-clinical to clinical).</li> <li>Implementation of Talent Management and succession planning workshops.</li> <li>NHS Wales Nurse Retention Plan quarterly updates being reviewed, submission update in September 2025.</li> <li>HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover being reviewed monthly.</li> <li>Short project completed with an MSc student to develop a retention dashboard, using a regression model to better understand and predict retention. Data analysis currently being undertaken to review findings.</li> </ul> |

- Annual programme of Apprentice recruitment.
- Overseas Nursing (All Wales Recruitment programme).
- Nursing Workforce Strategy 2023 – 2026
- Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022)
- Partnerships with employability schemes and FE/HE to widen access.
- Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board.
- Working with partners to improve visibility and attraction.
- DBS Policy in place with DBS risk assessment form.
- Introduced centralised HCSW talent pools from September 2023.
- Future Nurse Academy introduced in January 2024.

#### Retention

- Retention lead appointed with programme action plan in place for the next two years.
- Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR.
- Week of events planned to support retention agenda in 2025. This will include a mixed method of online webinars, videos and retention materials.
- Internal Retention group has been established with a view to 1) interrogating data from multiple sources to fully understand the issues 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts.
- Changes in pension regulation and flexile retirement options from October 2023 and reduced break in service required following retire and return.
- Development of HCSW skills matrix and career framework has commenced.
- Talent management and succession planning framework and resources now live and available on SharePoint. Framework signed off by Executive Committee.
- Career conversations and succession planning resources designed; Talent management succession planning workshop dates available with spaces for 120 people (with monthly training sessions available). Sessions are nearly fully booked with 114/120 places booked. Further workshops planned until the end of the year.
- All Wales self-assessment retention tool completed and submitted to HEIW with assessment at organisational level for Nursing and Midwifery to provide a baseline.
- Launch and support of the NHS Wales Staff Survey (October and November 2025).

#### Variable pay reduction

- Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board.

#### E- Systems

- Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. E-Locum Bank, E-Job Planning, E-Agency systems are all 'live' and rolled out within the Health Board.
- E-Rostering is planned to go live shortly following ESR interface testing and following increase in e-job planning compliance, provisionally scheduled for the end of July 2025.

#### Development of Alternative and New Roles

- Development of alternative and new roles.
- A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care.
- The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management.
- Mental Health Workforce plan development in line with new Models of Care.

#### Training

- The HEIW Education & Training Plan 2025/26 continues the investment in education and training in Wales that has been increasing over past years.
- The 2025/26 education training plan demonstrated increases in a number of medical training places in medical, surgical, diagnostics and mental health specialities. This is to support areas of high vacancies, population health predictions and Welsh Government Priorities. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all

#### Variable Pay Reduction

- Development of action plan based on WHC to support the reduction in bank and agency usage.

#### E- Systems

- Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas.
- Roll out of medical rostering will resume in October 2025. This will help to predict junior doctor gaps and look for alternative ways to fill.
- Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision.
- E-Job Planning compliance has increased to 59.2% as of 01 September 2025.
- Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles.

#### Development of alternative and new roles

- Continued implementation of new roles such as Physician Associates, CAAPs, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP.
- Establishment of Mental Health Workforce Planning through HEIW leadership of Mental Strategic Workforce Plan and allocation of workforce planning resources and training programme currently being delivered to Health Boards.
- Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal.
- Looking to increase Assistant band 4 in Community/Mental Health and areas such as Cardiology Physiology.
- Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity.
- Increasing consultant therapy and nurse practitioners.
- RCN introduction of Registered Nursing Associate role to help build the capacity of the nursing workforce with placements from September 2027.
- Development of new roles and career pathways to support hard to fill roles in Health Visiting.
- Re-design of the Health Board's work experience programme with 246 applicants since March 2024 and 75 placements confirmed
- Development of Medical & Dental Recruitment & Retention Strategy 2025 – 2030.
- Looking to further widen access by partnering with DWP to offer 12-week unpaid placements to the unemployed with a view to offering training, support and guaranteed interviews – further promoting ABUHB as an employer of choice at entry level roles. This programme attracts £1000\* per candidate and there is a maximum of 50 candidates we can support per year (\*as at July 2025).
- Regional planning supporting a number of strategic workforce plans (Orthopaedics, Endoscopy, Women's Health Units, Vascular).

#### Workforce Supply and Demand Modelling

- 10-year draft predictions undertaken for future workforce requirements based on previous trends and training pipelines.
- HEIW leading several workforce initiatives to improve supply and demand modelling.

#### Training

- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy.
- Workforce planning training prospectus of local and online training launched May 2025 and HEIW Workforce Planning Hub launched June 2025.
- Development opportunity being scoped for Business support staff.
- Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR.
- Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire.
- Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies.
- A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention.
- 31 staff enrolled on workforce planning online training modules level 1. 15 managers enrolled on level 2 training delivered locally March 2025. A capacity and capability workforce planning action plan are being developed to support 25/26 programme of activity.
- Launch of Admin Together staff network (now at 100 members) supporting administrative staff to connect, develop and address organisational challenges. Continued support of all staff networks.

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| <p>branches of Nursing (adult, health visiting, practice. Training numbers in Therapies and Health Care Science programmes will remain static at previous year's numbers.</p> <ul style="list-style-type: none"> <li>• HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.</li> <li>• Ongoing investment in the Primary and Community Care Academy Network will be a key enabler to delivering innovation and transformation through the Strategic Workforce Plan for Primary Care and the Strategic Programme for Primary Care.</li> <li>• Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active.</li> <li>• K102 bridging model now being offered to support HCSW pathways into registered nursing.</li> <li>• Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx). Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024 with cohort 2 launching June 2025. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff per year.</li> <li>• Delivery of workforce planning training.</li> </ul> <p><b>Vacancy Numbers and establishment control</b></p> <ul style="list-style-type: none"> <li>• Quarterly reporting of vacancy numbers to WG as of 30 June 2025 was 442 WTE, a significant decrease of 220 WTE since March 2025.</li> <li>• Development of ESR establishment control model commenced. Local delivery action plan has been agreed by the Executive Committee with expected 90% roll out completed by 31 October 2025.</li> </ul> <p><b>Staff attendance</b></p> <ul style="list-style-type: none"> <li>• Support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work.</li> <li>• "Hot spot" areas identified and plans in place to support.</li> </ul> |  |
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| <b>Sources of Assurance</b><br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>   | <b>Gaps in Assurance</b><br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>   | <b>Actions to Address Gaps</b><br><i>(What further evidence is required to provide the effectiveness of controls)</i>   |
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| <b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>   |  |   |
| <ul style="list-style-type: none"> <li>• Workforce reports to the Nurse Strategic Workforce Group.</li> <li>• Monthly sickness monitoring reports.</li> <li>• Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN.</li> <li>• Medical Staffing Co-ordinator review of medical rotas.</li> <li>• Cross site operational calls.</li> </ul>   | <ul style="list-style-type: none"> <li>• Occupational Health and Wellbeing dashboards report KPIs.</li> <li>• Recruitment KPIs</li> <li>• Medical &amp; Dental and Student Streamlining fill rate reports</li> </ul>                                     |   |
| <b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>  |  |   |
| <ul style="list-style-type: none"> <li>• Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25</li> <li>• Workforce Dashboard presented to the Executive Committee, P&amp;CC Committee, and the Board.</li> <li>• Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation.</li> <li>• Measurements of Wellbeing through the ABUHB</li> </ul> | <ul style="list-style-type: none"> <li>• (Aneurin Bevan University Health Board) Staff Survey</li> <li>• Routine Reporting against nurse staffing levels.</li> <li>• Variable Pay Programme Board reporting to Value and Sustainability Board</li> </ul> | <ul style="list-style-type: none"> <li>• Governance processes</li> <li>• risk management input (register, risk assessment)</li> </ul> <ul style="list-style-type: none"> <li>• Support from Corporate Governance</li> </ul> |
| <b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>  |  |   |

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| <ul style="list-style-type: none"> <li>• Internal Audit Reviews 2023 -24</li> <li>• Long Term Sickness Absence Management (Q4)</li> <li>• Flexible Working (Q4)</li> <li>• External quarterly vacancy reporting to WG</li> <li>• National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative.</li> </ul> | <ul style="list-style-type: none"> <li>• External reporting on Nursing Staffing Levels</li> <li>• National Acuity Audits (Nursing)</li> <li>• Workforce planning external audit action plan 2024 and Structured Assessment Response August 2025</li> <li>• Resident Doctor Contract Reform</li> </ul> | <ul style="list-style-type: none"> <li>• Latest local survey saw a reduction in staff wellbeing</li> </ul> | <ul style="list-style-type: none"> <li>• Internal Audit Staff Culture Q3 2024/25</li> </ul> |
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**Assurance Rating** (Overall Assessment of controls and assurances) [Guidance](#)

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| <b>Negative</b> – Insufficient evidence that the controls | <b>Reasonable</b> - adequate evidence that the controls in place are working effectively. | <b>Positive</b> - robust evidence that the controls in place are working effectively. | <b>POSITIVE</b> |
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| RISK THEME  | PEOPLE   |   |  |   |        |
|---|--|---|--|---|--------|
| LINK TO IMTP  | SECTION 4: ENABLER – WORKFORCE AND CULTURE   |   |  |   |        |
| Strategic - SRR 001 B                                 | 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<br><i>(As a result of)</i>                     | Due to a deterioration in, and a failure to improve, the well-being of staff.  |   |  | Risk Appetite Level – Open<br>Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.   |        |
| Impact<br><i>(Consequences of the threat)</i>         | <p><b>Patient</b></p> <ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>      | <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>High absence levels, with some sustained long periods</li> <li>Non-compliance with safe staffing principles and standards</li> </ul> | <p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Reputational damage to the health board as an employer</li> <li>Work-related claims</li> <li>Financial Implications</li> </ul> | <p><b>Risk Appetite Threshold - Score 17 and below.</b> Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p><b>SUMMARY</b><br/>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p> |        |
| Lead Director   | Director of Workforce & Organisational Development   | Risk Exposure   | Current Level  | Target Level  |        |
| Monitoring Committee / Group                          | People & Culture Committee   | Likelihood  | 3 (Possible)<br>x  | 3 (Possible)<br>x   |        |
| Initial Date of Assessment                            | 01 June 2023   | Impact  | 4 (Major)  | 3 (Moderate)  |        |
| Last Reviewed   | 01 October 2025  | Risk rating   | = 12<br>(High)   | = 9<br>(High)   |        |
| Next Review<br><i>(Quarterly based on risk score)</i> | 01 January 2025  |   |  |   |        |

| Current Key Controls<br><i>(What controls/ systems &amp; 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<br><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>   |
|---|---|
| <p><b>General</b></p> <ul style="list-style-type: none"> <li>Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard</li> <li>Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity</li> <li>Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority</li> <li>Strategic Equality Plan</li> <li>Rest and Facilities Charter – monitoring and compliance</li> <li>Staff related policies</li> <li>National Staff Survey and Health Board Employee Experience Survey</li> <li>External Employee Assistance Programme</li> <li>Speaking up Safely Action Plan</li> <li>Race/LGBT groups</li> <li>Wellbeing resources</li> <li>Staff diversity networks</li> <li>Regular Schwartz rounds arranged across the Health Board</li> <li>Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own</li> <li>Close links with the Arts in Health programme</li> <li>Chaplaincy service for staff</li> </ul> | <p><b>General</b></p> <ul style="list-style-type: none"> <li>Increase wellbeing initiatives, including long term strategic programmes within large departments (e.g., Maternity)</li> <li>Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders)</li> <li>Take a data-based approach to improve our approach to Respect and Resolution processes, and supporting resources</li> <li>Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues</li> <li>Trained mediators so there is team and organisational resilience and network</li> <li>Enhanced our financial well-being offer</li> <li>Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate</li> <li>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership &amp; Management</li> <li>The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has consistently resulted in a 60-70% reduction in investigations and a wide range of other organisational benefits over 3 years. The next phase of this programme will involve transferring the benefits to Respect and Resolution processes.</li> <li>Implement, develop and embed the Speaking up Safely process in line with the Welsh Government Framework</li> <li>We are planning a series of events to celebrate 10 Years of Schwartz Rounds within ABUHB</li> <li>'Safe atmospheres' training has been piloted to support the ongoing psychological safely focused work taking place in theatres and linked to 'never events' and team debriefing</li> <li>Working with trade union and national partners to improve attendance at work and prevent absence through a variety of initiatives including Wellbeing Passport, alternative roles and health promotion.</li> </ul> <p><b>Occupational Health.</b></p> |

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| <ul style="list-style-type: none"> <li>Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate</li> <li>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership &amp; Management.</li> <li>The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits</li> <li>The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB</li> <li>An externally commissioned SUS hotline</li> <li>An external Employee Assistance Programme (Vivup) has been commissioned for a further 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative</li> </ul> <p><b>Occupational Health</b></p> <ul style="list-style-type: none"> <li>Additional occupational health resources secured to reduce waiting times</li> <li>Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes</li> <li>Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19</li> <li>Support equality and diversity of workforce</li> <li>A part time Disability Inclusion Officer has been seconded to the EDI Team and made permanent in December 2024</li> <li>Band 5 EDI Officer appointed and commenced in post at the end of March 2024</li> <li>Inclusive Leadership sessions embedded in the Leading People Programme</li> <li>Reverse Mentorship Programme launched February 2024</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC</li> <li>Reducing fatigue poster developed</li> </ul> | <ul style="list-style-type: none"> <li>Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Current Demand and Capacity review completed.</li> <li>Regional occupational health partnership working being explored with Cardiff and Vale and also Cwm Taff, Phase 1 collaborative physician procurement process underway.</li> <li>Submission of response to All Wales KPI delivery and ongoing data analysis review in place</li> <li>Support equality and diversity of workforce</li> <li>Review of staff diversity networks</li> <li>Review of National Staff survey to understand variations within diverse workforce demographic profile</li> <li>Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms</li> <li>Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing</li> </ul> <p><b>Staff Survey Action Plan</b></p> <ul style="list-style-type: none"> <li>Findings from the staff survey 2024/25 indicate improvements with culture and diversity</li> <li>An ABUHB action plan is in development to address staff engagement, work related stress and to improve retention of staff</li> <li>Planning for 2025 staff survey underway to improve compliance and value of outcomes</li> </ul> |
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| <b>Sources of Assurance</b><br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>  | <b>Gaps in Assurance</b><br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | <b>Actions to Address Gaps</b><br><i>(What further evidence is required to provide the effectiveness of controls)</i>                |                 |
|---|--|--|-----------------|
| <b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>  |  |  |                 |
| <ul style="list-style-type: none"> <li>Dashboard reporting</li> <li>Reporting to monitor the rollout of the People Plan 22-25</li> <li>Reporting to monitor of demand on wellbeing services</li> </ul>  | <ul style="list-style-type: none"> <li>Understand if support is reaching all staff</li> </ul>                            | <ul style="list-style-type: none"> <li>Meetings with Divisions ongoing to ensure all areas are aware of what's available.</li> </ul> |                 |
| <b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>   |  |  |                 |
| <ul style="list-style-type: none"> <li>People and Culture Committee reports (People Plan 22-25)</li> <li>Local wellbeing surveys</li> <li>LNC – reporting of compliance of BMA Rest and Facilities</li> </ul>   |  |  |                 |
| <b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>   |  |  |                 |
| <ul style="list-style-type: none"> <li>National workforce surveys</li> <li>Monitoring and compliance of BMA Rest and Facilities via NHS Employers</li> <li>Staff Welfare Charter</li> <li>Sickness Absence Audit 2023/24 – Outcome: Reasonable Assurance</li> </ul> | <ul style="list-style-type: none"> <li>Latest local survey saw a reduction in staff wellbeing</li> </ul>                 | <ul style="list-style-type: none"> <li>Internal Audit Staff Culture Q3 2024/25</li> </ul>  |                 |
| <b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>   |  |  |                 |
| <b>Negative</b> – Insufficient evidence that the controls   | <b>Reasonable</b> - adequate evidence that the controls in place are working effectively.                                | <b>Positive</b> - robust evidence that the controls in place are working effectively.  | <b>POSITIVE</b> |

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|--|---|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>            | 15 December 2025  |
| <b>CYFARFOD O:</b><br><b>MEETING OF:</b>                         | Finance and Performance Committee                             |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>            | Escalation – Update on national escalation position           |
| <b>CYFARWYDDWR</b><br><b>ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Hannah Evans, Director of Strategy, Planning and Partnerships |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>              | Trish Chalk, Assistant Director Planning and Performance      |

**Pwrpas yr Adroddiad**  
**Purpose of the Report**

Er Sicrwydd/For Assurance

The purpose of this report is to update the Finance and Performance Committee on the Health Board National Escalation Level.

Specifically, the Finance and Performance Committee is asked to:

- **NOTE** the national escalation position and de-escalation criteria and requirements

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

As part of the Welsh Government NHS Oversight and Escalation Framework, escalation levels are considered at least twice a year. This includes an assessment of each health organisation against the six escalation domains, and discussions with Audit Wales and Health Inspectorate Wales about the current issues, concerns and progress since the last review.

The purpose of this update report is to confirm the escalation levels of the Health Board following recent publication in August 2025.

**Cefndir / Background**

The Welsh Government NHS Oversight and Escalation Framework (Jan 2024) set out the approach to national escalation of NHS organisations.

[NHS Oversight, Assurance, Escalation and Intervention Framework](#)

Following an assessment against the NHS Wales oversight and escalation framework in July 2025, Aneurin Bevan University Health Board escalation levels are as follows:

- Level 3 for finance, strategy and planning
- Level 3 for performance and outcomes related to urgent and emergency care at the Grange University Hospital.

Positively, this status demonstrates a de-escalation from level 4 (Targeted Intervention) for strategy, planning and finance.

Notwithstanding the de-escalation in one domain, level 3 (enhanced monitoring) means the Welsh Government still has concerns relating to the Health Board which will require monitoring that is more frequent than that carried out under routine arrangements and will include regular interactions and meetings in addition to written progress updates and submissions as evidence of progress.

### Escalation History

#### Finance, strategy and planning

In September 2023, Aneurin Bevan University Health Board was escalated to level 3 (enhanced monitoring) for finance and planning.

In January 2024, the health board was escalated from enhanced monitoring to level 4 (targeted intervention) for finance, strategy and planning and to level 3 (enhanced monitoring) for performance and outcomes related to urgent and emergency care at the Grange University Hospital Emergency Department.

In July 2025, the health board was de-escalated to level 3 for finance, strategy and planning.

### Assessment

Following the Cabinet Secretary's statement in the Summer confirming the new status, a new Aneurin Bevan Escalation Framework was published on 22<sup>nd</sup> October and is attached in **Appendix 1**.

In terms of a comparison with the previous Aneurin Bevan Escalation Framework, the following changes and criteria are noted in the revised Escalation Framework:

#### **Oversight arrangements**

Quarterly escalation meetings have been removed in line with Ministerial Advisory Group recommendations. Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.

The inclusion in the Framework is further support from NHS Performance and Improvement who will carry out analysis and deep dives on our centrally held data. This information will be used to inform support directed to national priorities and programmes.

This framework sets out the expectations for de-escalation against each area. It is highlighted that where possible, these de-escalation criteria are consistent with other health organisations in escalation. To be considered for de-escalation, an organisation must demonstrate that progress towards the de-escalation criteria is being made.

The framework has been updated to include reviews of status levels following Welsh Government, and HIW meetings. It is also noted that de-escalation can happen automatically at any point if the Health Board achieve the numerical triggers, for example if the three month UEC improvements are achieved it is possible to be automatically de-escalated at any point of the year.

The de-escalation criteria for Finance, Planning and Urgent and Emergency Care (Grange University Hospital) are as follows:

| <b>DOMAIN</b>  | <b>De-Escalation CRITERIA</b>  | <b>COMMENTARY OF CHANGES</b>   |
|--|--|--|
| FINANCE  | <ol style="list-style-type: none"> <li>1. Sustain improvement in minimising the underlying deficit, controlling identified key cost drivers and realising savings.</li> <li>2. Develop, approve and deliver a deliverable and balanced three-year medium-term plan.</li> <li>3. Delivery of financial balance.</li> </ol>  | No significant change. Consolidation of wording.   |
| Strategy and planning                                  | <ol style="list-style-type: none"> <li>1. Deliver the milestones and actions within the three-year medium-term plan</li> <li>2. Evidence a clear roadmap and implementation of the health board's clinical services plan.</li> <li>3. Increase Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix.</li> </ol>   | Changes: <ul style="list-style-type: none"> <li>• Consolidation of the actions</li> <li>• Removal of submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework, this criterion now sits within the finance criteria</li> </ul> |
| Urgent and Emergency Care (Grange University Hospital) | <ol style="list-style-type: none"> <li>1. A three-month continuous reduction of at least 15% in each month from the November 2023 baseline of 859) for Ambulance handovers over an hour.</li> <li>2. Continuous monthly improvement towards achieving no more than 5% of patients waiting over 12 hours</li> <li>3. A median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and</li> </ol> | Changes <ul style="list-style-type: none"> <li>• Removal of the criterion relating to Datix and Civica, patient experience and quality improvement</li> </ul>  |

|  |   |  |
|--|---|--|
|  | <p>maintained for three months</p> <p>Enabling metrics for de-escalation are</p> <ol style="list-style-type: none"> <li>1. a three-month continuous reduction of at least 5% in each month (from the November 2023 baseline) in the number of people admitted as an emergency who remain in hospital over 21 days since admission.</li> <li>2. A three-month continuous reduction of at least 5% in each month in pathways of care assessments issues (from the November 2023 baseline).</li> </ol> |  |
|--|---|--|

The role and responsibilities of the Health Board under the Framework have not changed.

The following actions are in place to respond to the escalation:

- ABUHB must appoint an SRO(s) for all areas of escalation (Table 1).
- Internal oversight for UEC provided via weekly COO led Safety Flow meetings which are whole system and are CEO led on a monthly basis.
- De-escalation metrics are embedded into the Integrated Performance Reports with regular updates to Finance and Performance Committee.
- Plan delivery is tracked through Quarterly reports with a monthly finance report.
- The Value and Sustainability Programme arrangements reporting to Executive Committee also provides divisional and thematic oversight on financial plan delivery.
- The development of the plan for 26/27 is overseen by an Executive steering group with regular reports to Executive Committee, PHPP Committee and Board.

**Table 1**

| <b>ROLES</b>             | <b>LEAD</b>             |
|--------------------------|-------------------------|
| AB Lead                  | CEO – Nicola Prygodzicz |
| AB SRO                   | DOP – Hannah Evans      |
| Finance Lead             | DOF – Rob Holcombe      |
| Strategy - Planning Lead | DOP – Hannah Evans      |

|                               |                      |
|-------------------------------|----------------------|
| GUD ED Lead                   | COO – Leanne Watkins |
| Governance and Assurance Lead | DoCG – Rani Dash     |

It should be noted there is no reference of accountability through the Public Meetings with Cabinet Secretary, and these meetings have not been included in the Framework.

### Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the status of the Health Board’s national escalation levels and the AB specific escalation framework.
- **NOTE** the arrangements for responding to framework and agree they are proportionate and appropriate.

### APPENDIX 1

Aneurin Bevan University Health Board Escalation Framework

| <b>Amcanion: (rhaid cwblhau)<br/>Objectives: (must be completed)</b>   |   |
|--|---|
| Cyfeirnod Cofrestr Risg<br>Corfforaethol a Sgôr Cyfredol:<br>Corporate Risk Register<br>Reference and Score:                         | 007   |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):   | All Health & Care Standards Apply<br>All Health & Care Standards Apply<br>Choose an item.<br>Choose an item.  |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>   | Adults in Gwent live healthily and age well<br>Every Child has the best start in life   |
| Galluogwyr allweddol o fewn y<br>CTCI<br>Key Enablers within the IMTP  | Governance  |
| Amcanion cydraddoldeb<br>strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives<br/>2020-24</a> | 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<br><br>Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services |

|  |  |
|--|--|
|  | <p>Improve the access, experience and outcomes of those who require mental health and learning disability services</p> <p>Choose an item.</p>  |
| <p><b>Gwybodaeth Ychwanegol:<br/>Further Information:</b></p>  |  |
| <p>Ar sail tystiolaeth:<br/>Evidence Base:</p>   |  |
| <p>Rhestr Termau:<br/>Glossary of Terms:</p>   |  |
| <p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br/>Parties / Committees consulted prior to University Health Board:</p>  |  |
| <p><b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b></p>   |  |
| <p><b>Resource Assessment:</b></p>   | <p>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:</p>                    |
| <ul style="list-style-type: none"> <li>• <b>Workforce</b></li> </ul>   | <p>Yes, outlined within the paper</p>  |
| <ul style="list-style-type: none"> <li>• <b>Service Activity &amp; Performance</b></li> </ul>  | <p>Yes, outlined within the paper</p>  |
| <ul style="list-style-type: none"> <li>• <b>Financial</b></li> </ul>   | <p>Yes, outlined within the paper</p>  |
| <p><b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b></p>  | <p><b>No does not meet requirements</b></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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p> |
| <p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p> | <p>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</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>   |



# Appendix 1 – Enhanced Monitoring metrics

| The Grange University Hospital Emergency Department, Aneurin Bevan UHB   |                                | Baseline Nov-23                    | De-escalation Requirement Dec-23 | Jan-24 |                                | Feb-24 |                                | Mar-24 |                                | Apr-24   |                                | May-24   |                                | Jun-24   |                                | Jul-24   |                                | Aug-24   |                                | Sep-24   |                                | Oct-24   |                                | Nov-24   |                                | Dec-24   |                                | Jan-25   |                                | Feb-25   |                                |  |  |
|--|--------------------------------|------------------------------------|----------------------------------|--------|--------------------------------|--------|--------------------------------|--------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|--------------------------------|--|--|
| Actual   | Difference from previous month | Actual                             | Difference from previous month   | Actual | Difference from previous month | Actual | Difference from previous month | Actual | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month | Actual   | Difference from previous month |  |  |
| Resuscitation handovers over 1 hour  | 859                            | 528                                | 821                              | 903    | 100% increase                  | 728    | 19.4% reduction                | 691    | 5.1% reduction                 | 881      | 26.1% increase                 | 830      | 5.1% reduction                 | 721      | 13.1% reduction                | 697      | 3.3% reduction                 | 832      | 19.4% increase                 | 767      | 7.5% reduction                 | 788      | 2.7% increase                  | 759      | 6.2% reduction                 | 797      | 7.5% increase                  | 845      | 8.5% increase                  | 768      | 9.1% reduction                 |  |  |
| % of patients waiting 12 hours or more in ED   | 15.8%                          | 5%                                 | 19.0%                            | 16.6%  | 0.7 percentage point increase  | 19.2%  | 0.5 percentage point reduction | 16.6%  | 0.6 percentage point reduction | 21.2%    | 4.6 percentage point increase  | 20.6%    | 0.6 percentage point reduction | 18.5%    | 2.2 percentage point reduction | 16.4%    | 2.1 percentage point reduction | 17.2%    | 0.8 percentage point increase  | 15.4%    | 1.8 percentage point reduction | 17.5%    | 2.1 percentage point increase  | 15.3%    | 2.2 percentage point reduction | 18.3%    | 3.0 percentage point increase  | 17.7%    | 0.6 percentage point reduction | 18.0%    | 0.3 percentage point increase  |  |  |
| Median time from arrival of ED to assessment by a clinical decision maker (min)  | 142                            | 60                                 | 178                              | 179    | 2 mins slower                  | 189    | 10 mins quicker                | 171    | 2 mins slower                  | 185      | 14 mins slower                 | 206      | 21 mins slower                 | 202      | 4 mins quicker                 | 185      | 37 mins quicker                | 174      | 51 mins quicker                | 150      | 15 mins slower                 | 177      | 48 mins slower                 | 158      | 19 mins quicker                | 160      | 2 mins slower                  | 140      | 20 mins quicker                |          |                                |  |  |
| GUH Emergency Department only - Enabling measure   |                                |                                    |                                  |        |                                |        |                                |        |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |  |  |
| Number of people admitted as an emergency who remain in an acute or community hospital over 24 days since admission for elective device <sup>1</sup> | 754                            | 643                                | 744                              | 811    | 9.0% increase                  | 789    | 2.7% reduction                 | 768    | 0.4% reduction                 | 772      | 1.8% reduction                 | 807      | 4.5% increase                  | 782      | 3.1% reduction                 | 794      | 1.5% increase                  | 762      | 1.5% reduction                 | 788      | 1.8% reduction                 | 788      | 2.6% increase                  | 758      | 4.1% reduction                 | 773      | 2.2% increase                  |          |                                |          |                                |  |  |
| Number of pathways of care delays due to awaiting completion of nursing / AMP / Medical / Pharmacy admission   | 18                             | 15                                 | 13                               | 19     | 46.2% increase                 | 23     | 21.1% increase                 | 27     | 17.4% increase                 | 7        | 74.1% reduction                | 13       | 65.7% increase                 | 9        | 30.8% reduction                | 14       | 55.6% increase                 | 10       | 28.6% reduction                | 6        | 40.0% reduction                | 11       | 83.3% increase                 | 6        | 45.5% reduction                | 2        | 66.7% reduction                | 5        | 150.0% increase                |          |                                |  |  |
| Proportion of all Wales responses to ED Patient Experience Survey received by Aneurin Bevan  | 0.1%                           | 19%                                | 0.4%                             | 0.2%   | 0.1 percentage point reduction | 0.1%   | 0.1 percentage point reduction | 0.6%   | 0.4 percentage point increase  | 0.7%     | 0.1 percentage point increase  | 0.6%     | 0.0 percentage point reduction | 2.4%     | 1.8 percentage point increase  | 1.1%     | 1.3 percentage point increase  | 1.1%     | 0.1 percentage point increase  | 0.5%     | 0.7 percentage point reduction | 0.4%     | 0.04 percentage point increase | 1.0%     | 0.8 percentage point increase  | 1.4%     | 0.4 percentage point increase  | 1.1%     | 0.52 percentage point increase |          |                                |  |  |
| Average Experience Rating to ED Patient Experience Survey  | 3.0                            | 2.47                               | 3.53                             | 3.00   | 2.5% decrease                  | 3.50   | 0.5% decrease                  | 3.50   | 0.0% increase                  | 3.50     | 0.0% increase                  | 3.42     | 3.7% increase                  | 3.75     | 1.3% increase                  | 3.75     | 0.4% increase                  | 3.82     | 1.6% increase                  | 3.68     | 1.6% decrease                  | 3.68     | 0.0% increase                  | 4.03     | 0.0% increase                  | 4.03     | 0.0% increase                  | 4.07     | 2.0% increase                  | 4.04     | 0.07% increase                 |  |  |
| Measure  | Baseline Q3 23/24              | De-escalation Requirement Q3 23/24 |                                  |        |                                |        |                                |        |                                | Q4 23/24 | Q1 24/24                       | Q2 24/24 | Q3 24/24                       | Q4 24/24 | Q1 25/25                       | Q2 25/25 | Q3 25/25                       | Q4 25/25 | Q1 26/26                       | Q2 26/26 | Q3 26/26                       | Q4 26/26 | Q1 27/27                       | Q2 27/27 | Q3 27/27                       | Q4 27/27 | Q1 28/28                       | Q2 28/28 | Q3 28/28                       | Q4 28/28 |                                |  |  |
| Number of new complaints received during the quarter/month where the complaint relating to the emergency department                                  | 48                             |                                    | 48                               |        |                                |        |                                |        |                                | 57       | 18.8% increase                 |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |          |                                |  |  |



Llywodraeth Cymru  
Welsh Government

PUBLICATION, DOCUMENT

# **Aneurin Bevan University Health Board oversight and escalation framework: August 2025**

Escalation framework, including intervention and de-escalation criteria, for Aneurin Bevan University Health Board.

**First published:** 24 September 2025

**Last updated:** 24 September 2025

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# Introduction

Following an assessment against the NHS Wales oversight and escalation framework in July 2025, Aneurin Bevan University Health Board escalation levels are as follows:

- level 3 for finance, strategy and planning
- level 3 for performance and outcomes related to urgent and emergency care at the Grange University Hospital

Level 3 (enhanced monitoring) occurs when Welsh Government has identified serious concerns related to the NHS organisation. Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data. The NHS organisation will need to demonstrate that it is taking a proactive response to the escalation and will need to put in place effective processes to address the issues and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

## Escalation history

### Finance, strategy and planning

In September 2023, Aneurin Bevan University Health Board was escalated to level 3 (enhanced monitoring) for finance and planning.

In January 2024, the health board was escalated from enhanced monitoring to level 4 (targeted intervention) for finance, strategy and planning.

In July 2025, the health board was de-escalated to level 3 for finance, strategy and planning.

## **Performance and outcomes**

In January 2024, Aneurin Bevan University Health Board was escalated to level 3 (enhanced monitoring) for performance and outcomes related to urgent and emergency care at the Grange University Hospital Emergency Department.

## **NHS Wales oversight and escalation framework**

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the 5 levels of escalation and the domains against which each health board will be assessed.

During escalation, interventions will be:

- collaborative: we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes
- collective: we will maximise shared knowledge by sharing common approaches, tools, guidance
- impact focussed: we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions
- undertaken with openness, transparency, and mutual trust and respect between the health board, Welsh Government, and the NHS Wales Performance and Improvement

Whilst the health board is in escalation:

- Normal performance management arrangements will continue through the integrated quality, planning and delivery board (IQPD) and joint executive team (JET) meetings.
- Formal assessment of progress against the escalation criteria will be undertaken at the bi-annual JET meetings will be chaired by the Director General of the health, social care and early years group and Chief Executive

NHS Wales.

- The monthly IQPD meetings led by Welsh Government will be utilised to ensure effective ongoing oversight against the concerns related to performance and outcomes domain. This will incorporate the monthly oversight for urgent and emergency care.

## De-escalation

This framework sets out the expectations for de-escalation against each area and domain of escalation. Where possible, these de-escalation criteria are consistent with other health organisations in escalation.

De-escalation will be no more than one level at a time with reduced oversight and intervention at each stage of de-escalation. De-escalation from level 3 (enhanced monitoring) will typically be to level 1 (routine arrangements).

To be considered for de-escalation, an organisation must demonstrate that progress towards the de-escalation criteria is being made.

There are 2 approaches to de-escalation:

- Welsh Government will coordinate activity to closely monitor, challenge and review progress made by the NHS organisation. If the NHS organisation can provide evidence of sufficient and timely improvement, then the Welsh Government and external review bodies will share knowledge to enable them each to consider whether de-escalation of the intervention arrangements placed on the NHS organisation is appropriate. For de-escalation to occur, the NHS body may not have achieved all of the de-escalation criteria, but they will need to demonstrate sustained improvements with a credible improvement plan to maintain improvements.
- De-escalation for those areas with quantifiable outcomes and targets such as performance and outcomes will take place once the de-escalation criteria have been met and sustained for the agreed period of time. If the NHS organisation meets the de-escalation criteria for a specific domain or sub-domain then they will be de-escalated to the next level on the escalation

scale. This de-escalation will be automatically triggered outside of the normal escalation cycle and will be confirmed in writing to the organisation.

## Roles and responsibilities

The roles and responsibilities of Welsh Government are to:

- support a formal structure for reviewing and reporting progress
- signpost relevant best practice guidance and frameworks
- act as a critical friend and sounding board on existing practices and new developments
- review and provide feedback on developed products
- undertake and share relevant analysis and deep dives of national data
- enable shared approaches to key national issues across Welsh NHS organisations and promote shared learning
- direct the NHS Performance and Improvement or make alternative arrangements to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives
- work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings)

The roles and responsibilities of the health board are to:

- appoint an SRO for all areas of escalation
- ensure board ownership and oversight with a clear governance structure, ensure that the board is appraised of the escalation plan and evidence regular progress updates to the board on progress against de-escalation criteria
- produce an escalation intervention plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved
- provide progress reports and evidence against the escalation plan to Welsh Government
- give assurance that there are formal review mechanisms in place within the health board to monitor and deliver the required improvements

# Finance, strategy and planning

## Finance

The finance intervention and focus, whilst in level 3, covers 5 areas:

- financial governance and control environment
- understanding the existing deficit and key drivers
- development and realisation of opportunities
- clear financial plan and strategy
- delivery of the financial plan

The health board will be required to action and demonstrate financial governance and control environment through:

- financial reports, including the analysis and narrative explanation required to enable management and board to discharge their duties, for example through feedback or self-assessment approaches
- integrated performance reports that clearly identify and monitor metrics against a comprehensive selection of key workforce and activity cost drivers
- the Internal Audit work programme that continually encompasses and reports on control environment and financial governance arrangements

The health board will be required to action and demonstrate understanding the existing deficit and key drivers and must:

- demonstrate clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver
- review prior year investments to assess whether the planned benefits have been delivered
- implement a robust process for challenging underlying deficits reported at local divisional levels
- understand the cost drivers and investment decisions responsible for the growth in specific areas, to include particular focus on workforce and non-pay

As a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

The health board will be required to action and demonstrate development and realisation of opportunities and must:

- translate national opportunities identified through the value and sustainability board into local savings schemes
- have a clear process for the development and delivery of strategic opportunities to support the health boards sustainability

The health board will be required to action and demonstrate a clear financial plan and strategy through:

- an integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery

The health board will be required to action the delivery of the financial plan and must:

- deliver the planned breakeven position for 2025 to 2026, including further progress around identification and delivery of recurring opportunities to support a balanced 3 year plan

## **De-escalation criteria**

In order for the health board to be de-escalated to the next level of intervention, they must meet the criteria set out below:

- sustain improvement in minimising the underlying deficit, controlling identified key cost drivers and realising savings
- develop, approve and deliver a deliverable and balanced 3 year medium-term plan
- delivery of financial balance

## **Strategy and planning**

The strategy and planning intervention and focus whilst in level 3 escalation covers the following areas.

The health board will be required to action and demonstrate delivery of milestones within the approved plan and must:

- deliver a credible and financially balanced IMTP
- make good progress in delivering the ministerial targets, enabling actions, accountability criteria and the enhanced monitoring requirements

The health board will be required to demonstrate how the delivery of a clinical strategy and must:

- demonstrate how plan is driving decision making across the organisation

## **De-escalation criteria**

In order for the health board to be de-escalated to the next level of intervention, they must meet the criteria set out below:

- deliver the milestones and actions within the 3 year medium-term plan
- evidence a clear roadmap and implementation of the health board's clinical services plan
- increase Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix

# Performance and outcomes

## Urgent and emergency care at the Grange University Hospital

The performance and outcomes level 3 intervention and focus for urgent and emergency care (UEC) at the Grange University Hospital covers the following areas.

The health board will be required to action and demonstrate sustainable services and must:

- ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements
- ensure patients can access safe, timely and effective unscheduled care services
- deliver activity in line with agreed trajectories and implement any necessary changes, where performance falls below trajectory
- demonstrate how the health board responds and handles concerns, complaints, incidents and patient experience feedback related to UEC (assessment of declared BCIs, including reasons why, actions taken, and lessons learnt)
- deliver the UEC enabling actions in the 2025 to 2028 planning guidance
- ensure that patients are clear where they can and should access support, signposting away from emergency services

The health board will be required to action and demonstrate working with national programmes and respond to external reviews and must:

- work with and implement the recommendations from national programmes including, but not limited to, the:
  - strategic programme of primary care
  - 6 goals for emergency care
  - national diagnostic and endoscopy programmes

- support the implementation and realisation of the GIRFT and the national programme reviews opportunities
- develop a prompt response to any HIW unannounced inspections, Audit Wales, and Royal College recommendation, and developing and completing action plans that demonstrate sustainable evidence

## De-escalation criteria

In order for the health board to be de-escalated to the next level of intervention, they must meet the criteria set out below:

- a 3 month continuous reduction of at least 15% in each month (from the November 2023 baseline of 859) for ambulance handovers over an hour
- continuous monthly improvement towards achieving no more than 5% of patients waiting over 12 hours
- a median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for 3 months

The enabling metrics for de-escalation are:

- a 3 month continuous reduction of at least 5% in each month (from the November 2023 baseline) in the number of people admitted as an emergency who remain in hospital over 21 days since admission
- a 3 month continuous reduction of at least 5% in each month in pathways of care assessments issues (from the November 2023 baseline)

**This document may not be fully accessible.**

For more information refer to our [accessibility statement](/accessibility-statement-govwales) (/accessibility-statement-govwales).

|  |   |
|--|---|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>            | 15 December 2025  |
| <b>CYFARFOD O:</b><br><b>MEETING OF:</b>                         | Finance and Performance Committee   |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>            | Performance Report – December 2025/26   |
| <b>CYFARWYDDWR</b><br><b>ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Hannah Evans, Director of Strategy, Planning and Partnerships   |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>              | Trish Chalk, Assistant for Director Planning and Performance<br>Paul Steynor, Head of System Planning & Performance |

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

Er Sicrwydd/For AssuranceEr 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 Q2 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.

## 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

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

### Embedding Prevention and Population Health

Performance against prevention and population health priorities shows mixed progress. Uptake of COVID-19 vaccinations remains below target, with the spring booster reaching 56.45% and the autumn booster at 52.9%, despite both figures being slightly above the all-Wales average. Influenza vaccination for those aged 65 and over stands at 69.1%, closing in on the 75% national target, while childhood immunisation rates dipped marginally to 85% against an 86% target. HPV uptake remains a concern at 66.4%, prompting targeted interventions in schools and the development of a Gwent Data Dashboard to identify and address inequalities.

Smoking cessation efforts continue, with quit attempts rising to 664 in Q2, though carbon monoxide-validated quits fell slightly to 20.5%. A comprehensive improvement programme is underway, including a smoke-free hospital strategy and the creation of the Gwent Nicotine Control Alliance to tackle underage and illicit tobacco use. Meanwhile, performance for newborn hearing screening and six-week physical examinations continues to exceed national standards, reinforcing strong delivery in early-life health measures.

Significant progress has been made in weight and measurement at eight weeks, now at 90.2%, a dramatic improvement from 16.8% three years ago and well ahead of the Q4 trajectory. Diabetes care processes remain stable but slightly below target, with October performance just under the 46% trajectory. To address this, Value-Based Healthcare initiatives are expanding across GP practices, focusing on prevention and early intervention for those at risk of developing diabetes. These

actions reflect a clear commitment to embedding prevention in all aspects of care, even as challenges in vaccination uptake and lifestyle interventions persist.

### Primary and Community Services

Pharmacy and optometry services have delivered strong results this quarter. The Pharmacist Independent Prescribing Service (PIPS) is performing well ahead of trajectory, surpassing 70% of its annual target by Q2 and exceeding Q3 expectations by October. Similarly, the Common Ailment Scheme (CAS) remains on track, with full practice participation and high uptake of services such as sore throat testing, UTI treatment, and emergency contraception. Optometry services have exceeded planned activity by over 10,000 patients, supported by the publication of the Eye Health Needs Assessment and the development of an Integrated Eye Care Plan. Emergency dental access has improved following a slow start, now reaching 92.4% of planned activity for Q2.

Community-based services show contrasting performance. Enhanced Community Care (ECC) referrals have consistently exceeded trajectory, with Q3 targets met early in November, reflecting strong delivery across Rapid Response, Ready to Go Ward, and Emergency Care at Home. In contrast, weekend community nursing activity remains significantly below expectations, requiring a major shift in service delivery to meet ministerial standards. Palliative care reporting is in transition following the adoption of the Welsh Clinical Portal system, with local validation underway to ensure data accuracy. Meanwhile, GP referrals to Rapid Response remain static despite increased hospital pathway referrals, prompting the launch of a Navigation Hub pilot to improve accessibility and streamline referrals.

These developments highlight both progress and persistent challenges in community and primary care transformation. While pharmacy and optometry initiatives demonstrate strong delivery and innovation, gaps in weekend nursing capacity and palliative care reporting underline the need for sustained operational focus. The Navigation Hub pilot represents a key opportunity to improve system flow and integration, ensuring patients are directed to the most appropriate services and reducing pressure on acute care settings.

### Urgent and Emergency Care

Urgent and emergency care performance has seen significant gains following the introduction of the 45-minute handover protocol and the "Our Next Patient" initiative at GUH. September and October recorded the lowest levels of delayed handovers and lost crew hours since the hospital opened, despite unprecedented demand. These improvements were achieved through a continuous flow model and enhanced use of transfer lounges, even as November brought early winter pressures and higher patient acuity. While performance dipped slightly, it remained well above pre-intervention levels, underscoring the resilience of the new approach.

Emergency department flow indicators also show encouraging trends. Four-hour compliance reached its second-highest level since July 2025, and breaches of the 12-hour target have fallen for four consecutive months. Analysis of time spent beyond 12 and 24 hours reveals marked improvement, with October figures less than a third of those recorded in March. Triage performance has consistently exceeded trajectory, and although median waits to be seen remain variable, targeted action plans are in place to address overnight and surge periods. Urgent

Primary Care contacts exceeded Q2 targets and are on track for Q3, reflecting strong uptake of alternative pathways. However, stroke performance remains a concern, with direct admission within four hours at just 3.8%, largely due to operational definitions that exclude patients routed via Acute Medical Units.

Pathway of Care Delays (POCDs) continue to trend downward, with both volume and associated days significantly reduced compared to early 2024/25. Initiatives such as criteria-led discharge pilots, weekly scrutiny panels for the longest-staying patients, and the rollout of the Optimal Hospital Flow Framework are supporting improvements in patient flow. Nonetheless, subsets of POCDs linked to nursing and AHP assessments have risen, and 21-day length-of-stay measures have increased slightly, reflecting seasonal pressures. These areas remain under close review as part of enhanced monitoring and operational workstreams, ensuring that gains in system flow are sustained through winter.

### Cancer and Planned Care

Cancer pathway performance remains a significant challenge. Single Cancer Pathway (SCP) compliance fell to 57.5% in September, the lowest level in 12 months, despite stable treatment volumes and some improvement in median time from suspicion to treatment. Backlog management has seen progress, with the 62-day backlog returning to around 10% of the total patient tracking list, but the overall SCP census remains high. While 104-day breaches reduced through Q2 and decision-to-treat performance remains strong, sustained improvement will require tighter pathway management and increased treatment capacity within the 62-day window.

Planned care recovery shows mixed results. The 104-week RTT position improved in October due to targeted funding and insourcing initiatives, with forecasts suggesting further reductions by year-end. The 26-week outpatient programme is delivering above plan, contributing to reductions in 52-week breaches, and outpatient transformation work is stabilising follow-up waiting lists. DNA rates have dropped to their lowest level since February 2025, supported by targeted validation and pilot schemes. However, diagnostic breaches remain above trajectory, driven by non-obstetric ultrasound capacity constraints, and audiology breaches have increased over recent months. Therapies performance improved after a summer spike in physiotherapy waits, and elective theatre protection continues to meet national standards.

Theatres and day surgery metrics show encouraging progress. Session utilisation has reached the national standard of 85%, with September and October performance at 86.1% and 85.2% respectively. British Association of Day Surgery (BADs) rates exceeded the 80% ambition in June, though subsequent months saw slight dips. Initiatives such as autosend and golden patient scheduling are beginning to improve late starts and efficiency, while early finishes remain an area for improvement. Overall, these gains reflect a strong operational focus on maximising capacity and improving productivity, though continued attention is needed to sustain performance and address remaining bottlenecks in diagnostics and outpatient follow-up.

### Mental Health

Mental health services continue to perform strongly against core access standards. Adult measures for initial assessments and therapeutic interventions remain compliant with national targets, consistently exceeding 90% and tracking ahead of IMTP trajectories. While performance for Adults Part 2 dipped slightly in October, it remains above target, supported by ongoing work to improve dashboard use, documentation, and data quality. Psychological therapies show gradual improvement following a dedicated August review session, with actions focused on pathway flow, escalation for long waiters, and centralised booking processes.

CAMHS performance mirrors this positive trend for most measures. Choice assessments and initial interventions remain well above the 80% national standard, and compliance with Care and Treatment Plans (CTPs) has recovered to 100% after a September dip. However, neurodevelopmental services remain under significant pressure, with October performance falling to 57.2% against a trajectory of 80%, driven by rising demand and reduced capacity. A funded action plan is in place to target the over-26-week cohort and accelerate RTT recovery, alongside consideration of appointing a dedicated Clinical CTP Lead to strengthen governance and oversight.

Overall, mental health access standards for both adults and children demonstrate resilience and strong delivery, despite isolated challenges in neurodevelopmental pathways. Continued focus on backlog clearance, data validation, and operational improvements will be essential to sustain compliance and address areas of vulnerability. These efforts reflect a clear commitment to improving timely access and quality of care across all mental health services.

### Enabling Actions

#### *Operational Productivity – Planned Care*

Work to implement national outpatient transformation standards is progressing. SOS/PIFU pathways are being embedded, with Q2 performance reaching 14.5% before closing at 12.8%, alongside a rise in discharge rates to 20.2%. Direct listing for cataract referrals is being implemented, with patient communications updated and SOP development underway. DNA rates have fallen to 5.4%, the lowest since February 2024, supported by deep dives, targeted validation, and pilots to prevent automatic rebooking. Clerical validation continues across specialties, with Gastroenterology introducing dedicated clinical validation sessions.

Elective capacity protection remains strong, with compliance consistently above 96%. Theatre efficiency initiatives such as autosend and golden patient scheduling have delivered measurable improvements in late starts, while early finishes remain above trajectory and under review by the Theatres Utilisation Group. Session utilisation has improved to 86.2%, meeting national standards, and BADS day surgery rates exceeded 80% in June, supported by planning for NHH's Day Case Centre of Excellence.

### *Workforce Productivity*

Agency spend reduction remains challenging due to competing priorities, though Q2 performance indicates a 13% improvement on a straight-line basis. Recruitment campaigns and retention initiatives are ongoing, with additional agency use required to support RTT and planned care recovery. Job planning compliance is being driven through divisional reviews, vacancy approval controls, and strengthened accountability measures, aiming for 90% consultant compliance by September 2025. Sick leave reduction is supported by a new People Plan and occupational health capacity review, with regional collaboration underway.

### *Maximising Value for Money*

Non-pay savings initiatives are progressing through theatre innovation groups, targeting high-cost consumables such as sutures and stapling devices, alongside orthopaedic product reviews. Medicines management actions remain on track, with monthly monitoring of biosimilar adoption, generic switching, and prescribing optimisation. CHC reviews have delivered some success in reducing costs, though demand for enhanced care remains high; legal advice has been sought for complex cases, and procurement of a new national digital system is planned. Estate utilisation work is ongoing, with updates awaited.

### *Improving Value, Optimising Outcomes & Minimising Variation*

Cancer pathway optimisation remains incomplete, with head and neck pathways retained locally due to efficiency, while compliance against 62-day targets continues to fall. Straight-to-test implementation is largely in place, with bespoke work ongoing for sarcoma. Diabetes pathway improvements are progressing well, with engagement materials distributed to GP practices and pharmacies, and early data showing positive impacts on urine ACR compliance. Bone health initiatives are delivering against fragility fracture identification and treatment targets, supported by PROMs collection and service redesign to improve medication adherence.

Digital priorities are advancing, with maternity system implementation complete and mental health procurement underway. NHS Wales app integration is progressing, with clinic codes and narratives shared for surfacing in the app. Cyber resilience measures are being strengthened through enhanced monitoring and compliance reporting. INNU implementation is ongoing, with coding corrections and patient engagement materials in development. Health Pathways adoption has reached 142 live pathways, ahead of schedule, with integration work continuing through clinical interface groups.

### **Argymhelliad / Recommendation**

The Committee is asked to:

- **NOTE** the performance of the Health Board as of the latest, validated reportable positions.

| <b>Amcanion: (rhaid cwblhau)</b><br><b>Objectives: (must be completed)</b>   |   |
|--|---|
| Cyfeirnod Cofrestr Risg<br>Corfforaethol a Sgôr Cyfredol:<br>Corporate Risk Register<br>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:<br>Health and Care Standard(s):   | All Health & Care Standards Apply<br>Choose an item.<br>Choose an item.<br>Choose an item.  |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>   | Choose an item.<br>Choose an item.<br>All IMTP Priorities Apply   |
| Galluogwyr allweddol o fewn y<br>CTCI<br>Key Enablers within the IMTP  | Governance  |
| Amcanion cydraddoldeb<br>strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives<br/>2020-24</a> | Improve the Wellbeing and engagement of our staff<br>Improve the Wellbeing and engagement of our staff<br>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<br>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<br>Improve the access, experience and outcomes of those who require mental health and learning disability services<br>Improve the access, experience and outcomes of those who require mental health and learning disability services<br>Choose an item. |

| <b>Gwybodaeth Ychwanegol:</b><br><b>Further Information:</b> |     |
|--|-----|
| Ar sail tystiolaeth:<br>Evidence Base:                       | N/A |
| Rhestr Termau:<br>Glossary of Terms:                         | N/A |

|   |     |
|---|-----|
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | N/A |
|---|-----|

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b>   |  |
|---|--|
| <b>Resource Assessment:</b>   | 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:   |
| • <b>Workforce</b>  | Not Applicable   |
| • <b>Service Activity &amp; Performance</b>   | Not Applicable   |
| • <b>Financial</b>  | Not Applicable   |
| <b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>  | <b>No does not meet requirementsNo does not meet requirements</b><br><br>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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a> |
| <b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b><br><br><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> | Not ApplicableNot Applicable<br>Choose an item.  |



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Finance & Performance Committee

## Performance Report December 2025/2026





## 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 Q2 update provided as an appendix at to this report.



## What went well?

- The implementation of the 45-minute handover protocol and Our Next Patient initiative at GUH has delivered record improvements in ambulance handover times and reduced lost hours in September and October, despite unprecedented demand, ensuring faster ambulance turnaround and better care for Gwent citizens.
- The Healthy Child Wales metric for weight and measurement at 8 weeks has improved again, consolidating a huge improvement trend over the past 4 years.
- Pharmacy measures for Common Ailment Scheme (CAS) Pharmacist Independent Prescribing Service (PIPS) are delivering well in excess of trajectory.
- Pathway of Care Delays (POCDs), both by volume and days delayed, remain on a downward trajectory with days delayed reaching a record low in November.
- Theatres session utilisation (Enabling Action) is meeting the national standard of 85%

## What were the challenges?

- Single Cancer Pathway compliance has decreased through the course of Q2, with September performance the lowest for 12 months.
- Whilst ambulance performance has seen a step change, 12hr EDMIU breaches and Waits to be Seen at GUH ED remain largely static.
- The CAMHS Neurodevelopmental service is facing significant pressure from rising demand and reduced capacity, with September performance falling to 57.2% against a 75% target and increasing waits over 26 weeks, prompting a funded action plan to clear backlog and improve RTT compliance.
- It remains a challenge to increase weekend Community Nursing contacts to the level required for the ministerial delivery expectation.
- Stroke 4hr HASU admit compliance decreased to 3.8% in Q1 (SSNAP data publication) against a trajectory of 20%.

## What actions are we taking to improve?

- As the Health Board moves into winter, there are significant areas of focus to ensure that improvements in system flow (particularly ambulance handovers) can be embedded and sustained. The pilot of the Single Point of Access/Navigation Hub will be critical to ensuring that patients are directed to the most appropriate services for their care needs, and that front door capacity is protected for those that need it most. The Winter Sprint fortnight has brought a huge organisational drive on discharge, in collaboration with LA partners.
- PALS bedside sticker rollout is improving visibility and accessibility of support across the Health Board, with teams actively assisting patients in boarding spaces and collaborating with the deaf community to establish PALS as a recognised accessible contact point.
- The Health Board has strengthened falls prevention by introducing a revised review process for severe injury cases, publishing an updated Hospital Falls Policy, and implementing ward-level quality improvement projects.

## What are our risks to delivery?

- The national insourcing outpatient programme has placed further strain on the 8 week diagnostic position, however a return detailing this impact has been submitted to WG with the potential of additional funding.
- Winter pressures are already being experienced with higher than normal demand for Urgent and Emergency Care, and public health indications that winter respiratory viruses will exacerbate pressures on all parts of the health and social care system across Gwent. As experienced in November performance, sustaining the ambulance handover improvement that was observed in September and October will be even more challenging in the context of winter pressures.
- Audiology 14wk breaches for adult pathways have increased significantly over the past 4 reportable months, now standing at 5,061, and are not only marginally below IMTP trajectory. The national expectation for this measure for 26/27 is likely to be zero.



| 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   | <b>47%</b><br>Mar-26     | <b>Yes</b>             | <b>43.8%</b><br>Oct-25<br>(Q3 Trajectory: 46%)   |
|                                | Achievement of vaccinations targets in the performance framework  | <b>Yes</b><br>Mar-26     | <b>Yes</b>             | <b>Off Track</b><br>3 seasonal: <b>1 not met target</b> , 2 ongoing.<br>2 CYP: <b>1 borderline</b> , <b>1 not meeting trajectory</b> . |
| 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  | <b>160</b><br>Mar-26     | <b>Yes</b>             | <b>165</b><br>Nov-25<br>(Nov Trajectory: 160)  |
|                                | 100% of GP practices achieving all National Access Standards for In hours GMS   | <b>100%</b><br>Mar-26    | <b>Yes</b>             | <b>Reported Q4</b>   |
|                                | 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        | <b>24,065</b><br>Mar-26  | <b>Yes</b>             | <b>19,975</b><br>Oct-25<br>(Q3 Trajectory: 17,131)   |
|                                | 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 | <b>128,347</b><br>Mar-26 | <b>Yes</b>             | <b>50,972</b><br>Oct-25<br>(Q3 Trajectory: 96,260)   |
|                                | Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible   | <b>5,277</b><br>Mar-26   | <b>Yes</b>             | <b>3,790</b><br>Oct-25<br>(Q3 Trajectory: 3,899)   |
| Women's Health                 | Establishment of one Women's Health Hub in each health board area by March 2026   | <b>Yes</b><br>Mar-26     | <b>Yes</b>             | <b>Reported Q4</b>   |



| 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  | <b>500</b><br>Mar-26   | <b>No</b>              | <b>658</b><br>Nov-25<br>(Nov Trajectory: 602)            |
|  | <u>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</u> | <b>750</b><br>Mar-26   | <b>No</b>              | <b>1,130</b><br>Nov-25<br>(Nov Trajectory: 937)          |
|  | No patients waiting more than 104 weeks for referral to treatment.  | <b>3,291</b><br>Mar-26 | <b>No</b>              | <b>839</b><br>Oct-25<br>(Internal Q3-Q4 Trajectory: 852) |
|  | 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.   | <b>70%</b><br>Mar-26   | <b>No</b>              | <b>57.5%</b><br>Sep-25<br>(Sep Trajectory: 68%)          |
|  | No patients waiting more than 8 weeks for a specified diagnostic  | <b>1,077</b><br>Mar-26 | <b>No</b>              | <b>1,540</b><br>Oct-25<br>(Oct 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  | <b>80%</b><br>Mar-26   | <b>Yes</b>             | <b>92.9%</b><br>Oct-25<br>(Q3 Trajectory: 80%)           |
|  | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s  | <b>80%</b><br>Mar-26   | <b>Yes</b>             | <b>94%</b><br>Oct-25<br>(Q3 Trajectory: 80%)             |
|  | 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s   | <b>80%</b><br>Mar-26   | <b>Yes</b>             | <b>100%</b><br>Oct-25<br>(Q3 Trajectory: 80%)            |
|  | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s   | <b>80%</b><br>Mar-26   | <b>Yes</b>             | <b>75.9%</b><br>Oct-25<br>(Q3 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: 52.9% (as of 03/12/25)

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 | 81,618                  | 43,177         | 52.90        | 71   |
| Blaenau Gwent                         | 9,318                   | 4,326          | 46.43        | 5  |
| Caerphilly                            | 23,463                  | 11,526         | 49.12        | 10   |
| Monmouthshire                         | 16,742                  | 11,470         | 68.51        | 42   |
| Newport                               | 18,879                  | 9,411          | 49.85        | 10   |
| Torfaen                               | 13,216                  | 6,444          | 48.76        | 4  |

### 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. More broadly on seasonal, respiratory vaccination campaigns, a review of booking processes has been completed and as part of a PhD project to enhance uptake with several options being explored ahead of winter campaigns (e.g. use of text messaging services, improvement in letter wording to enhance engagement).

- COVID-19 autumn booster: Campaign commenced on 1<sup>st</sup> October, performance data includes vaccinations given and recorded on the Welsh Immunisation System up to the end of 03/12/2025. Current performance of 52.9% puts ABUHB marginally higher than the all Wales figure of 51.85%.



## 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: 69.1% (as of 02/12/25)

Trajectory: 75% (Q4 25/26)

National target: 75%

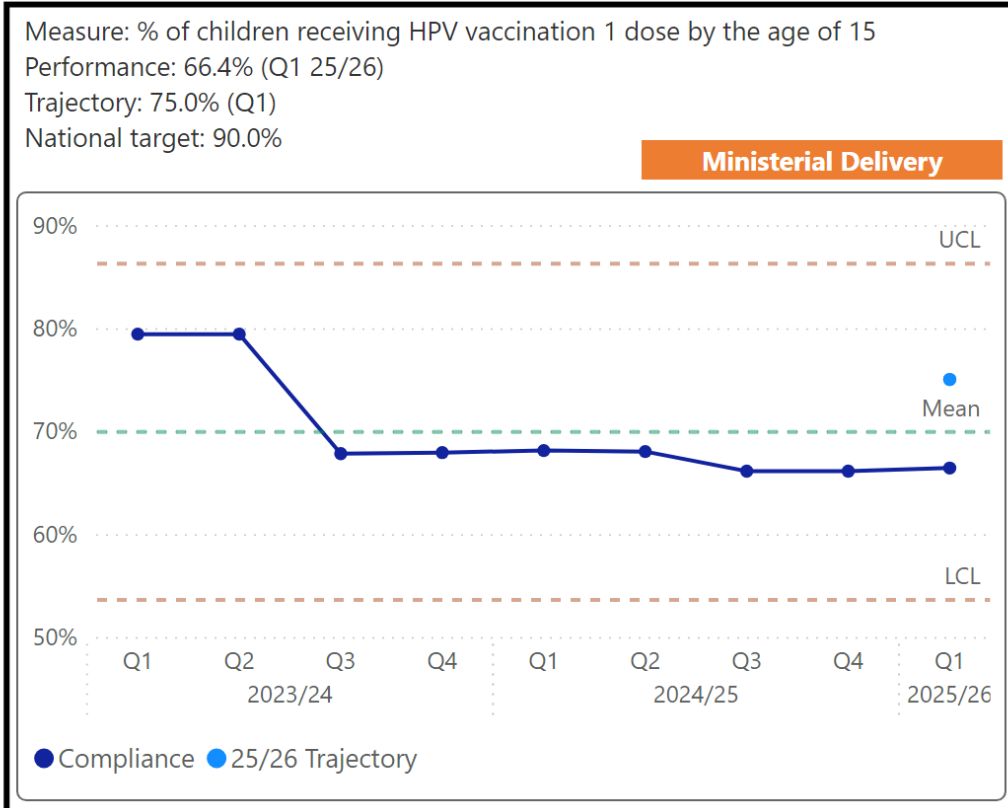
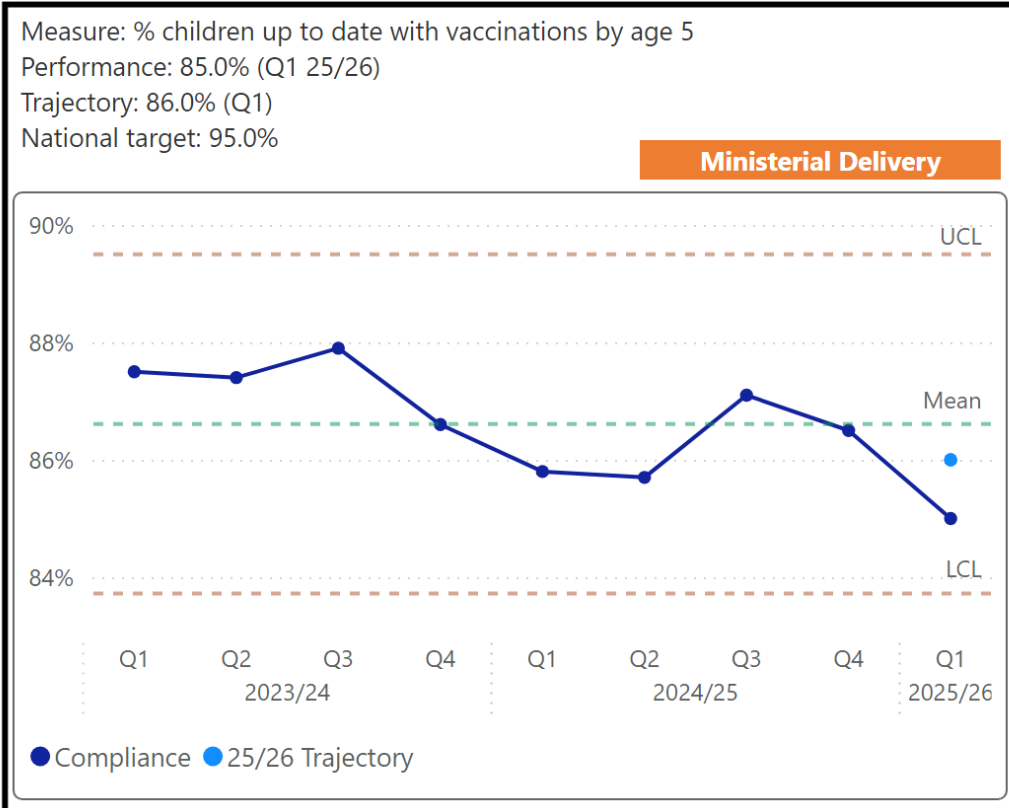
|                      |               | 65y and older |             |            |
|----------------------|---------------|---------------|-------------|------------|
|                      |               | Immunised     | Denominator | Uptake (%) |
| Aneurin<br>Bevan UHB | Blaenau Gwent | 10,232        | 15,364      | 66.6%      |
|                      | Caerphilly    | 26,934        | 39,605      | 68.0%      |
|                      | Monmouthshire | 21,165        | 28,229      | 75.0%      |
|                      | Newport       | 19,443        | 29,433      | 66.1%      |
|                      | Torfaen       | 14,771        | 21,360      | 69.2%      |
|                      | AB Total      | 92,545        | 133,991     | 69.1%      |

### Insight & Actions:

- Influenza vaccination: ABUHB performance for residents aged 65 years and older 59.1% as of 4<sup>th</sup> November, higher than the all Wales figure of 55.9% and second only to BCU by 0.1%. The campaign remains ongoing and the vaccination programme continuing through Winter.



## Embedding Prevention and Population Health in all that we do

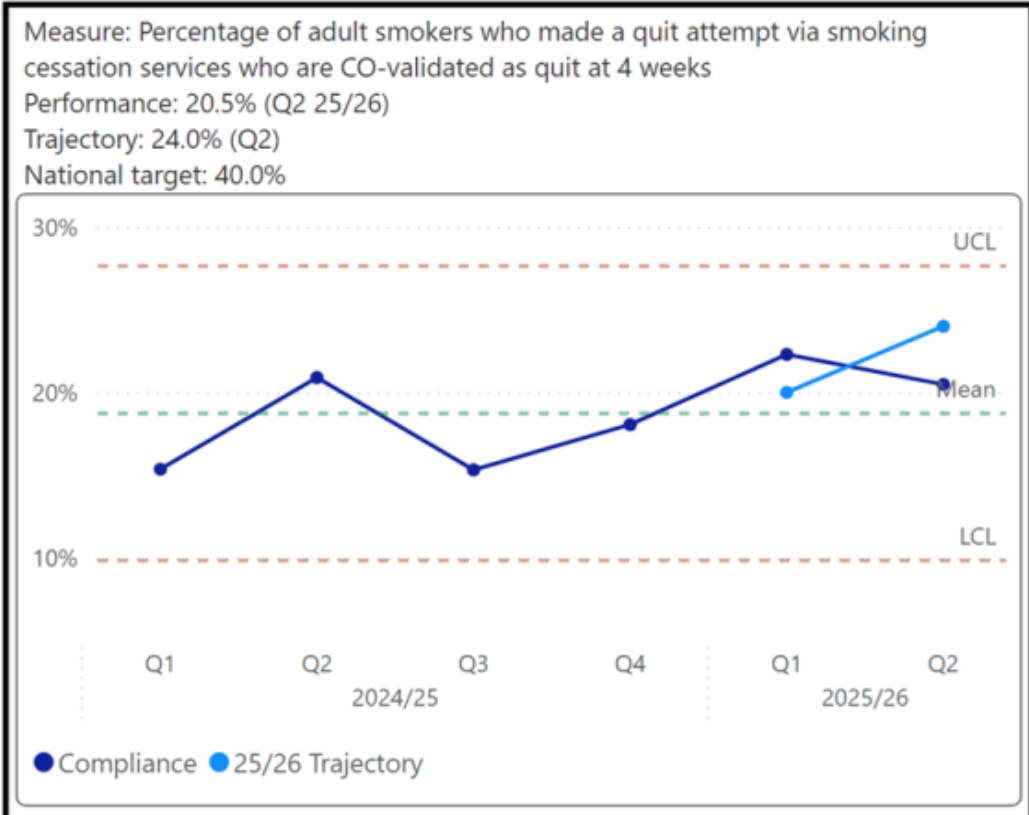
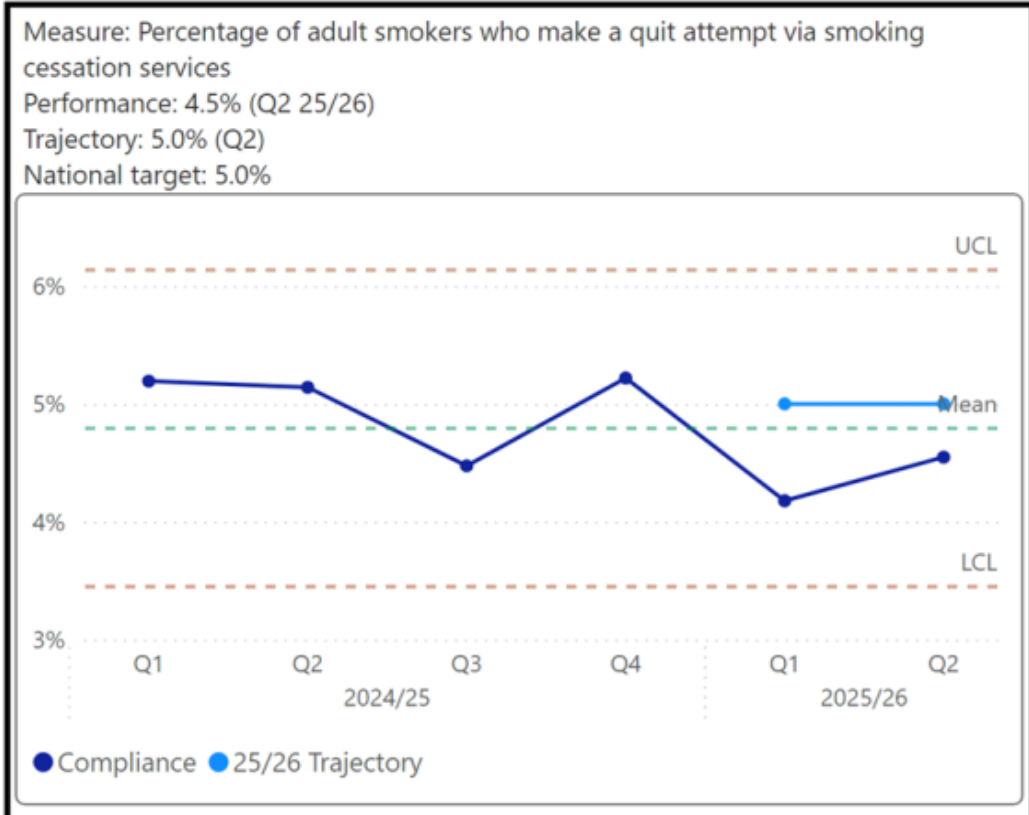


**Insight and Actions**

- Childhood vaccinations: Q1 performance decreased slightly to 85%, marginally lower than trajectory (86%).
- HPV: Q1 performance increased slightly but remains broadly static at 66.4% and significantly below trajectory of 75%.
- As part of the Vaccine Equity Strategy, work is underway to develop a Gwent Data Dashboard focused on childhood immunisations. This dashboard will provide detailed analysis to identify populations and programmes that require attention, enabling the co-design of targeted interventions with both communities and clinical teams. By presenting data at the highest possible level of granularity, the dashboard will support swift, responsive approaches aimed at improving vaccine uptake across the region. For 2025/26, the key priorities are to improve vaccine uptake and reduce inequalities. Collaborative work is underway with other areas to boost uptake, while the Public Health team is investigating the reasons behind vaccination refusals. In line with a Welsh Government directive, eleven schools have been identified as areas of concern regarding HPV uptake. Action plans have been developed for each of these schools to address the issues and increase vaccination rates.



## Embedding Prevention and Population Health in all that we do

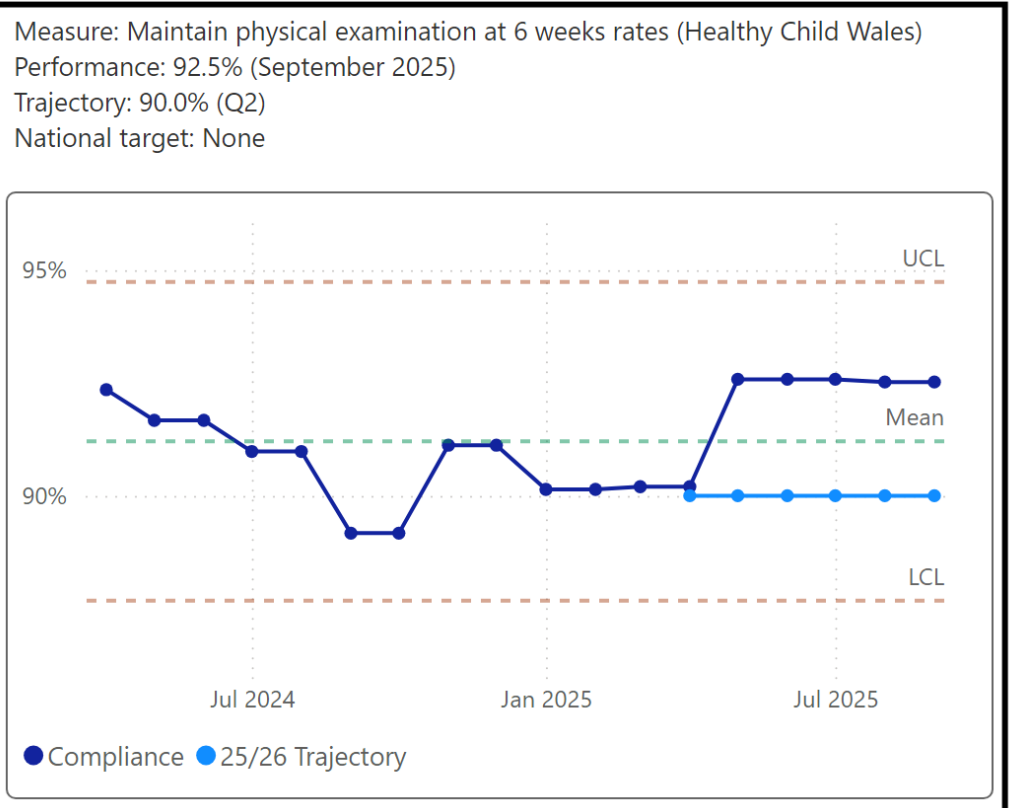
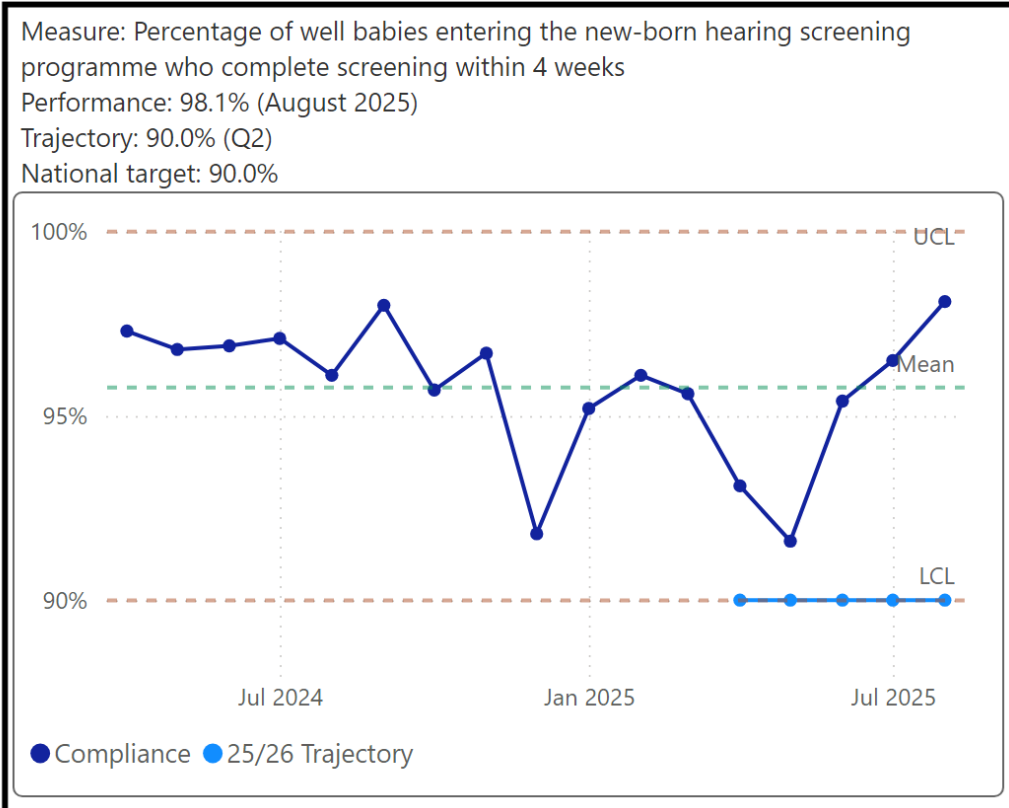


**Insight and Actions**

- Smoking cessation performance across the two measures are based on annualised targets, however are presented here quarterly to give assurance on progress. There were 664 quit attempts in Q2 (610 in Q1) against a quartered target of 730. Of the 664 quit attempts, 136 were CO validated (same number as Q1) which decreased performance from 22.3% to 20.5%.
- As part of the public health commitment to delivering place-based care, behaviour change practitioners responsible for 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, placing greater emphasis on supporting individuals to achieve carbon monoxide-validated quits at four weeks rather than relying on self-reported outcomes. Executive approval has been secured for the smoke-free hospital strategy, which includes re-establishing a clinically led implementation group and launching a bold communications campaign. In addition, the Gwent Nicotine Control Alliance has been established to tackle underage and illicit tobacco use, with plans for targeted local messaging to reinforce this work.



## Embedding Prevention and Population Health in all that we do

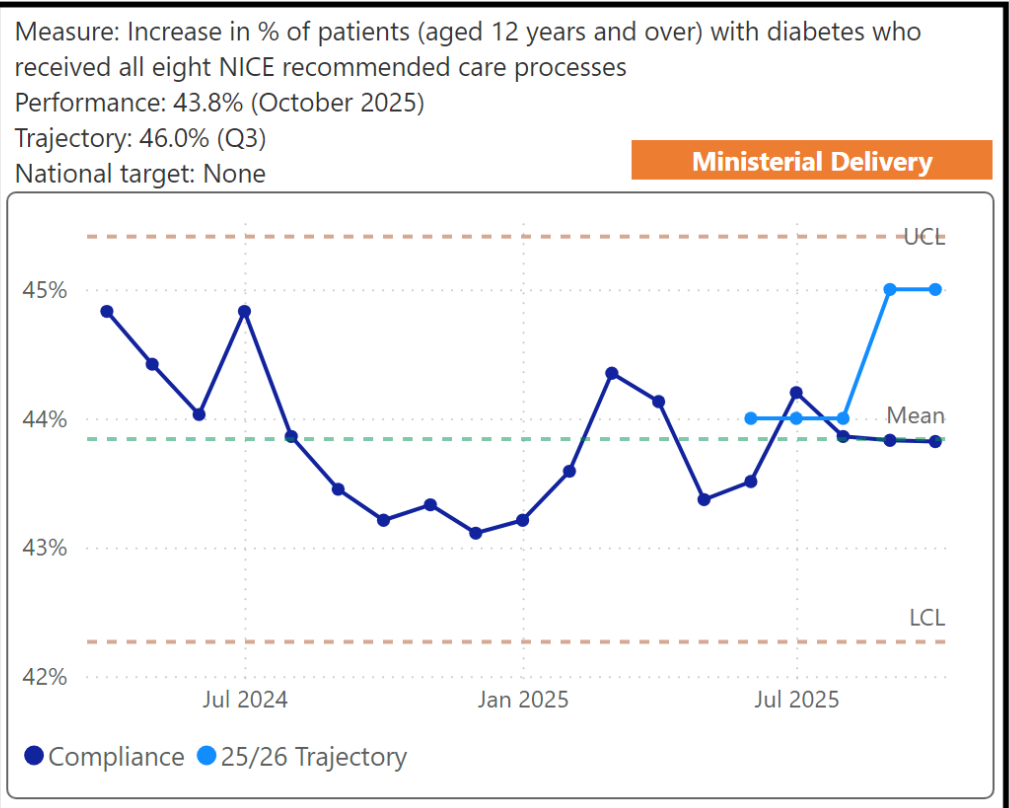
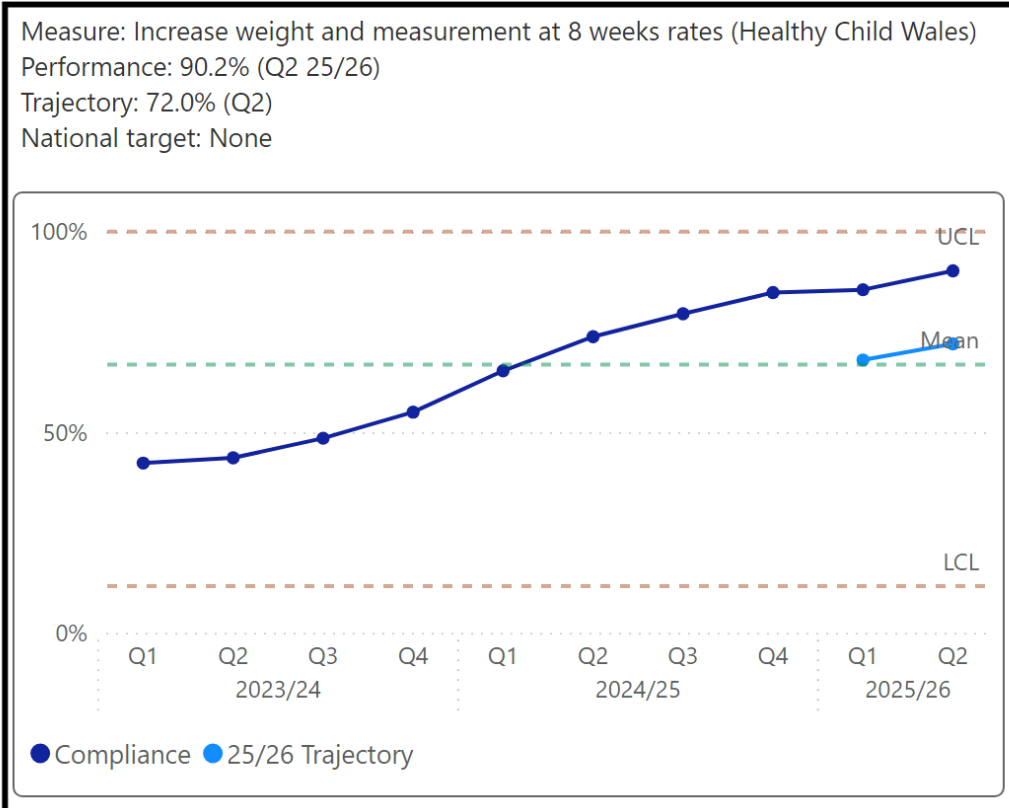


**Insight and Actions**

- Performance for both the new born 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**

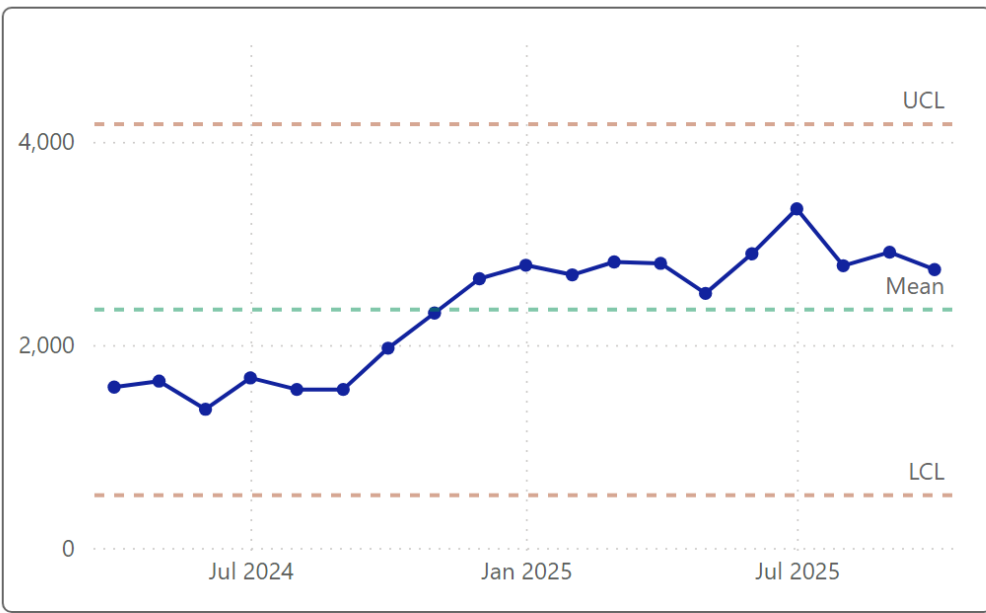
- Weight and measurement at 8 weeks: Q1 and Q2 25/26 data shows further improvement in performance up to 90.2% and huge increase over the past three years (16.8% in Q1 22/23), indicating capability to deliver against 25/26 IMTP trajectory of 80% by Q4.
- 8 Diabetes processes: Performance remain within a relatively tight range (<2%) over the past 18 months, with October performance marginally below the Q3 trajectory of 46%. Value-Based Healthcare are leading initiatives focused on diabetes prevention, including urinary ACR screening and annual foot checks. During the first quarter, activity commenced in three surgeries in Newport West for individuals identified within the pre-diabetic range. This work is expanding in the second quarter, with three additional surgeries in Newport East coming on stream.



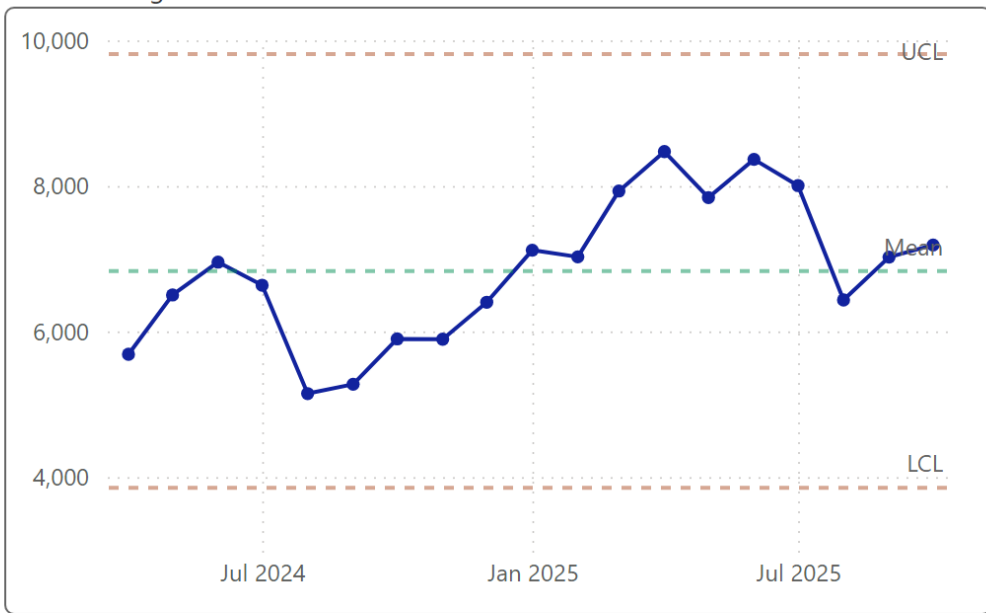
## Progressing place based models of care and sustainability in primary and community services

Measure: Increase in people accessing PIPs where they would have visited their GP  
 Performance: 19,975 (October 2025)  
 Trajectory: 17,131 (Q3)  
 National target: None

### Ministerial Delivery



Measure: Maintain the number of consultations undertaken by community pharmacy under CAS  
 Performance: 53,316 (October 2025)  
 Trajectory: 61,604 (Q3)  
 National target: None



### Insight and Actions

- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations are delivering significantly ahead of trajectory, having delivered over 70% of annualised target as of Q2 and already in excess of the Q3 target as of October. The number of Community Pharmacies providing the PIPs service has increased to 62 (from 49 in April).
- Common Ailment Scheme (CAS): CAS claims remain on track against trajectory as of October, with the Q2 target having been met. 100% of practices are delivering CAS, within which: 99% offering CAS Sore Throat Test and Treat; 86% offering CAS UTI service; 100% offering emergency contraception, and; 100% offering EC-Bridging and quick start.



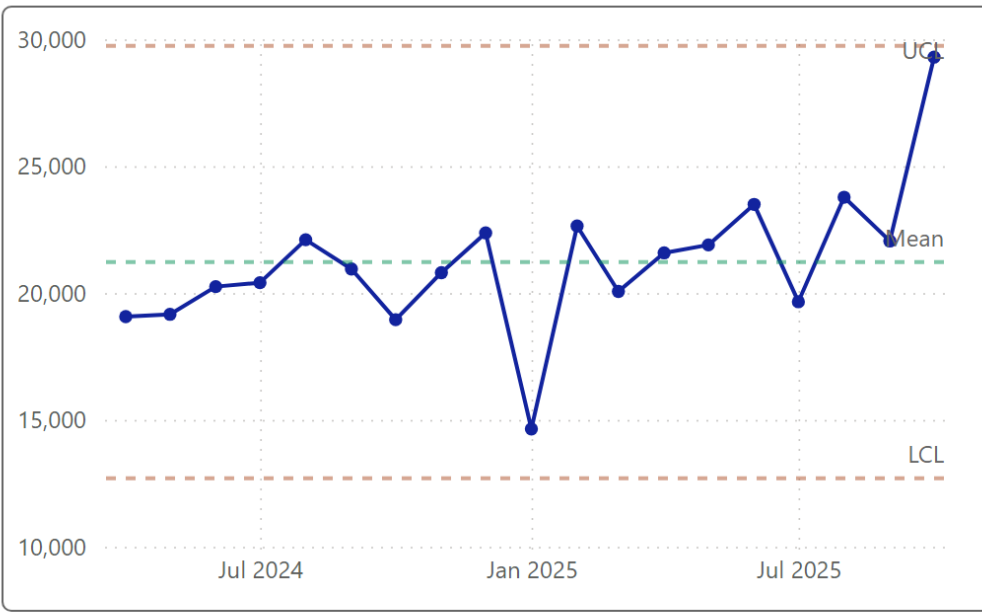
## Progressing place based models of care and sustainability in primary and community services

Measure: Maintain the number of patients accessing NHS Optometry Services

Performance: 161,721 (October 2025)

Trajectory: 184,023 (Q3)

National target: None

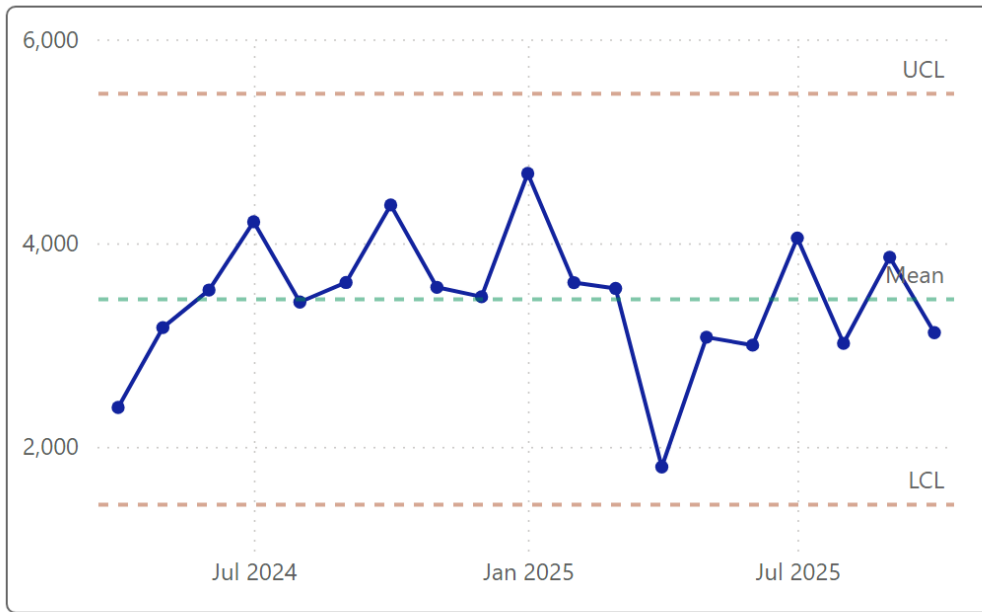


Measure: Number of patients accessing urgent emergency services - Dental

Performance: 21,918 (October 2025)

Trajectory: 31,743 (Q3)

National target: None



### Insight and Actions

-Optometry Services: Performance remains on track as of Q2, delivering ahead of trajectory with over 10,000 more patients having accessed optometry services than was planned. Q3 began with October seeing record levels of patients accessing services. The Eye Health Needs Assessment has been published, and an Integrated Eye Care Plan has now been developed. To support delivery, Task and Finish groups are being established, with implementation beginning in Q2.

- Emergency Dental: Following the low start to the year in April, which is an observable trend in previous years, the number of patients accessing emergency dental service has been close to the mean value and, whilst still below trajectory, is 92.4% of the total number planned as of Q2.



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

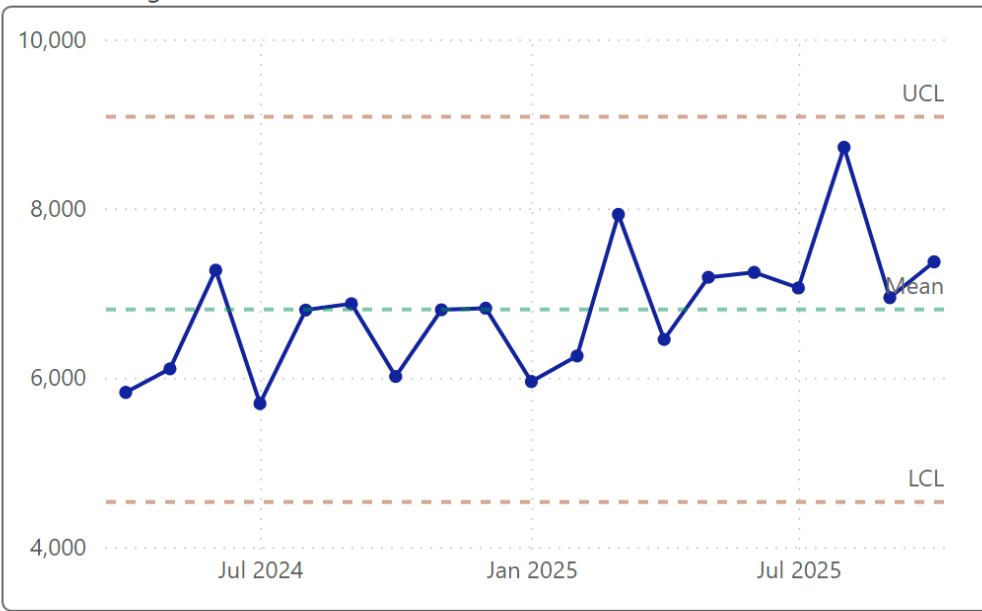
Measure: Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25

Performance: 50,972 (October 2025)

Trajectory: 96,260 (Q3)

National target: None

Ministerial Delivery



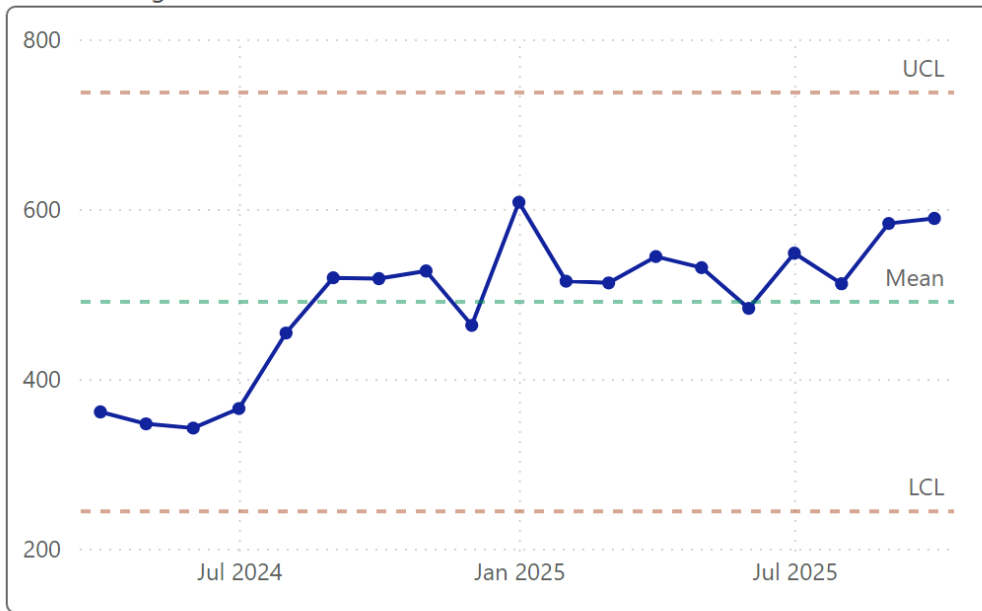
Measure: Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25

Performance: 3,790 (October 2025)

Trajectory: 3,899 (Q3)

National target: None

Ministerial Delivery



### Insight and Actions

- Community Nursing: Current performance remains significantly behind the expected trajectory. Ministerial expectations require that weekend activity reaches 80% of an average weekday level. Although weekend activity as a proportion of total activity is increasing, 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 have remained relatively consistent over the past 12 months, Q2 delivery exceeding the IMTP trajectory (3,201 actual compared to 2,573 planned). Q3 began with another high level of accepted referrals, meaning the quarterly trajectory will be surpassed in a month early in November. 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.



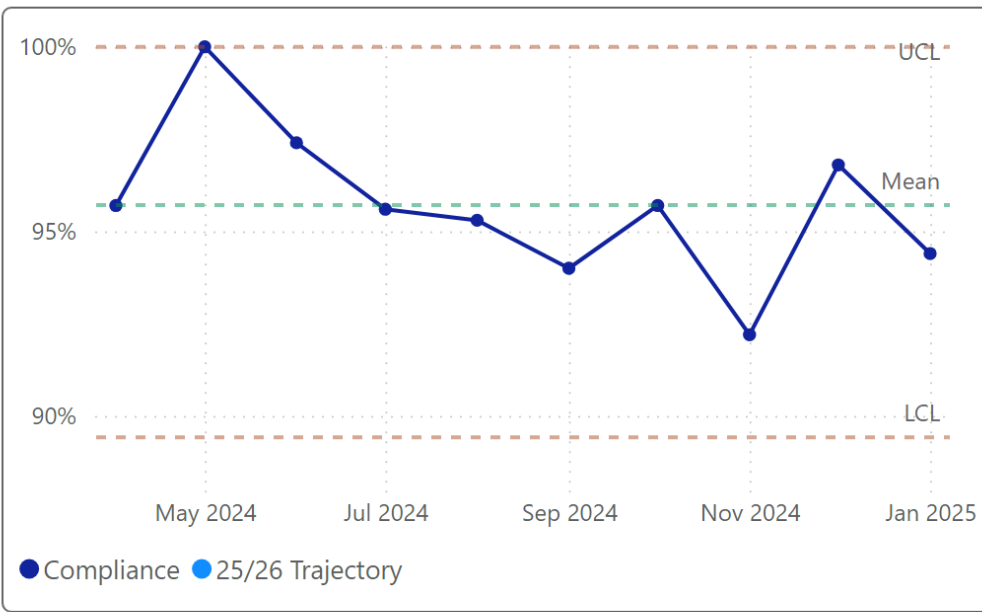
## Progressing place based models of care and sustainability in primary and community services

Measure: Maintain 95% of Palliative Care referrals assessed within 2 days

Performance: 94.4% (January 2025)

Trajectory: 95.0% (Q1)

National target: 95.0%

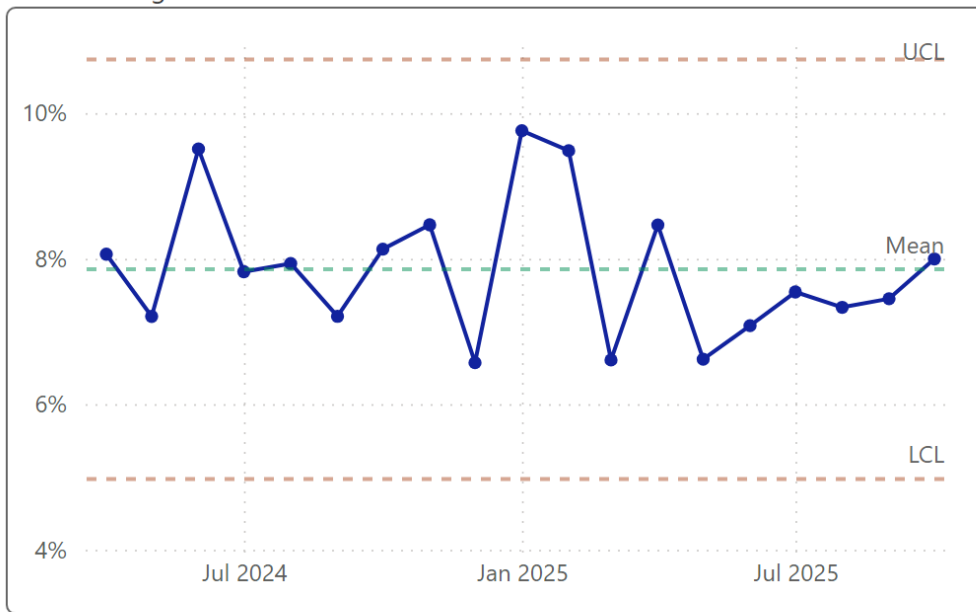


Measure: Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s

Performance: 8.0% (October 2025)

Trajectory: 8.5% (Q3)

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) from Feb '25 and the decommissioning of the previous system, the National team are currently working on reporting requirements to develop a dashboard for performance indicators for palliative care. In the interim, local options have been explored and a dataset recently identified, however there is a requirement to validate the WCP data therefore quality assurance is underway to ensure accuracy of the data before this can be shared; the updated data will be available from mid-December.

- GP referrals to Rapid Response: Performance over the past 18 months has fluctuated but the overall proportion has remained relatively stable, with a median value of 8%. There has been a noticeable increase in referrals to Rapid Response services from both front-door and back-door hospital pathways, while GP referrals have remained static. 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.



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

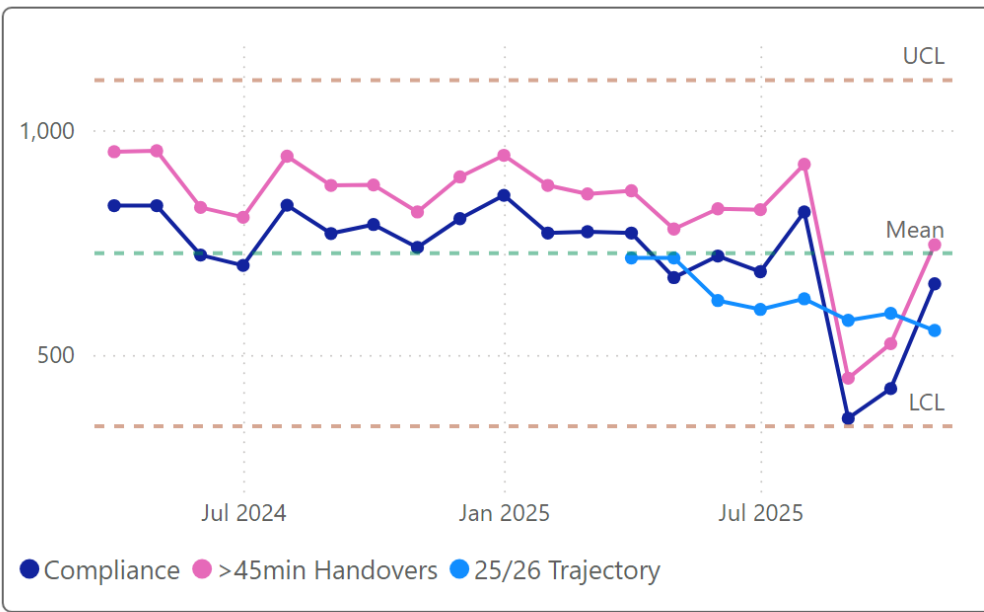
Measure: Reduce the number of ambulance patient handovers over 1 hour

Performance: 658 (November 2025)

Trajectory: 602 (Q3)

National target: 0

### Ministerial Delivery

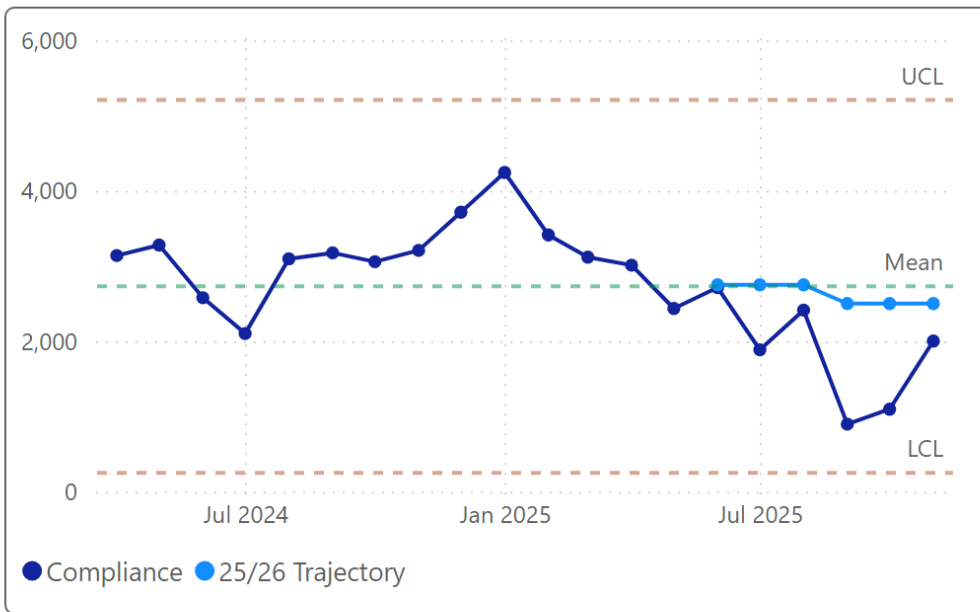


Measure: Reduce the number of ambulance crew hours lost at GUH ED (per month)

Performance: 2,002 (November 2025)

Trajectory: 2,750 (Q3)

National target: None



### Insight and Actions

- Ambulance handovers and lost hours: The 45-minute handover protocol and the Our Next Patient (ONP) initiative were implemented at GUH on 9 September, marking a significant milestone in improving ambulance handover performance. This achievement reflects an extraordinary level of focus and effort across the organisation, and the impact during September and October has been significant. Both the proportion and actual volume of handovers exceeding 45 minutes and one hour have fallen to their lowest full-month levels since GUH opened. Similarly, crew hours lost and average handover times also reached record lows. These improvements have been delivered against a backdrop of exceptionally high demand at GUH ED, with September attendances significantly exceeding previous years and October ranking among the busiest months since GUH opened. November was significantly more challenged, with the ability to maintain a continuous flow model made more challenging by an earlier than expected onset of winter pressures and anecdotal increase in patient acuity. Despite this, performance for November was still at the lower levels when put in the context of the past two years and pre ONP monthly performance.



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

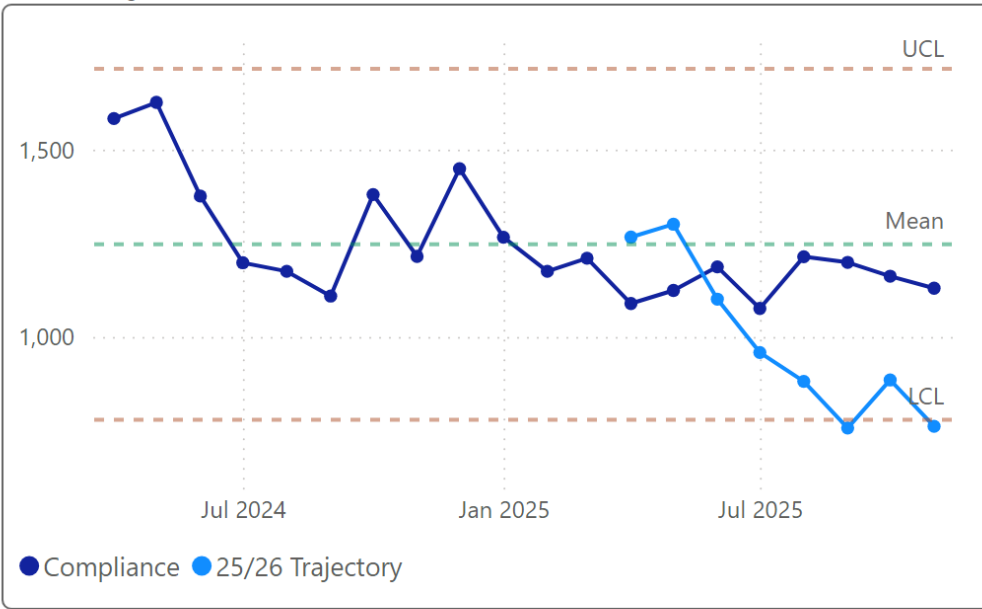
Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target c'

Performance: 1,130 (November 2025)

Trajectory: 937 (Q3)

National target: 0

### Ministerial Delivery

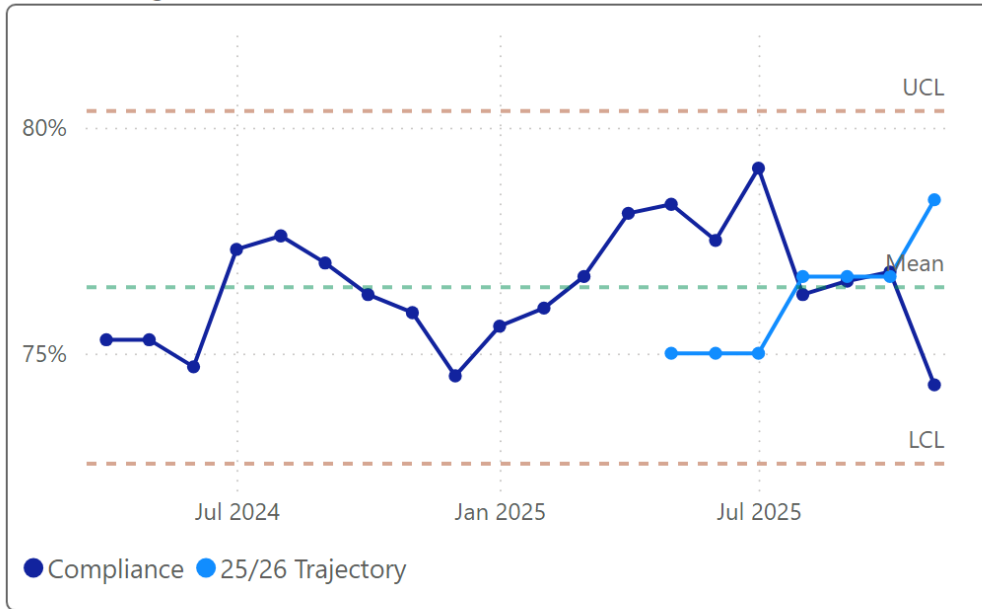


Measure: Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU

Performance: 74.3% (November 2025)

Trajectory: 78.4% (Q3)

National target: 95.0%



### Insight and Actions

- 12hr ED/MIU and 4hr compliance: Patient spending more than 12hrs across our ED and MIUs remains higher than anticipated although there has been a reduction for four consecutive months through to November. In the context of the demand profile there has been an improvement in 12hr compliance, with GUH ED performance through 25/26 at its highest levels since June 2021 and October reaching 85.8%, the second highest since July 2025 at 86.31%. The same is largely true when looking at 12hr compliance under the ED/MIU definition, with July performance of 93.8% (the highest since the opening of GUH) and October at 92.9%. Additionally, when undertaking analysis of 12hr breaches and looking at the hours patients spend above and beyond 12hrs in the department, there has been a significant reduction through 25/26 to date. In April the average number of hours above the 12hrs was 15.2; this had reduced to 8.7hrs in October. When looking at the data in the same way but for hours over 24hrs the improvement is even more stark, with a March value of 9,315 and October performance of less than a third of this at 3,028.



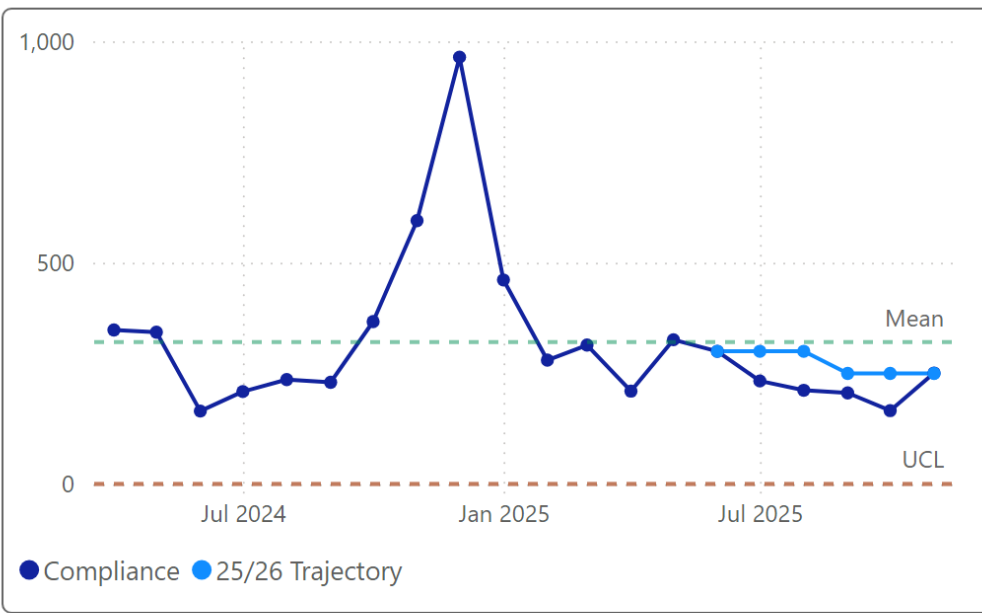
## Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Reduction in time from arrival to ED triage - no waits over 60 minutes

Performance: 251 (November 2025)

Trajectory: 250 (Q3)

National target: None



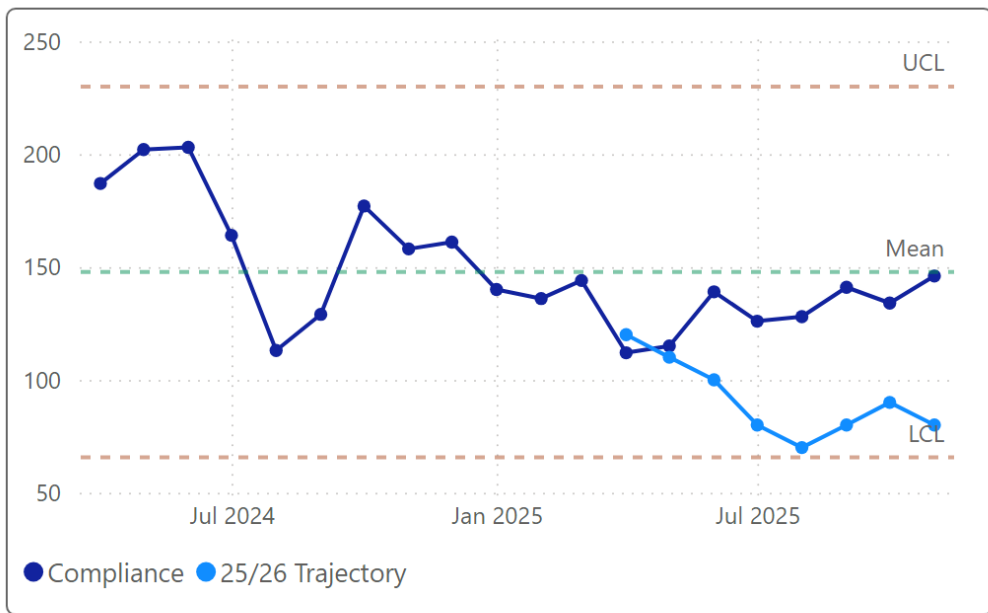
Measure: Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.

Performance: 146 (November 2025)

Trajectory: 90 (Q3)

National target: 60

### Organisational Escalation



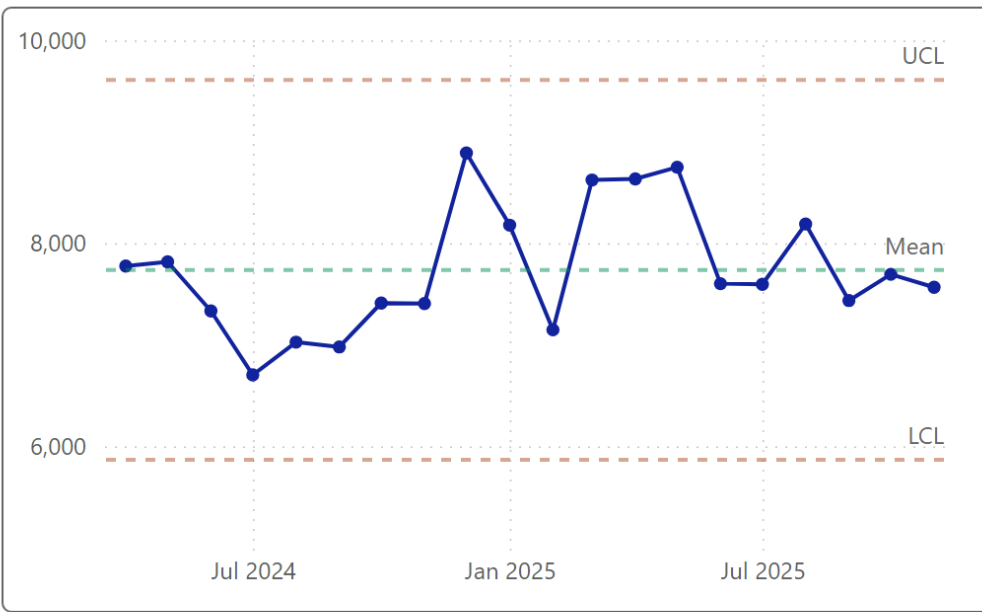
### Insight and Actions

- Triage: Triage performance has been ahead of trajectory for the past four months and with waits over 60 minutes continuing to reduce through the course of 25/26. November performance was just above trajectory but still well below the November 24 performance.
- Wait to be seen (WTBS): Clinician median wait appears to be on a slight upward trend and continues to track below trajectory. There have been some better performing days since the launch of Our Next Patient, with median, daily performance regularly under 90 min. This however is balanced with more challenging days, as well as overnight performance which can often deteriorate. There remains significant Divisional focus and an action plan in place to ensure there is sufficient capacity to meet the demand and ensure that patients are seen in a timely fashion.

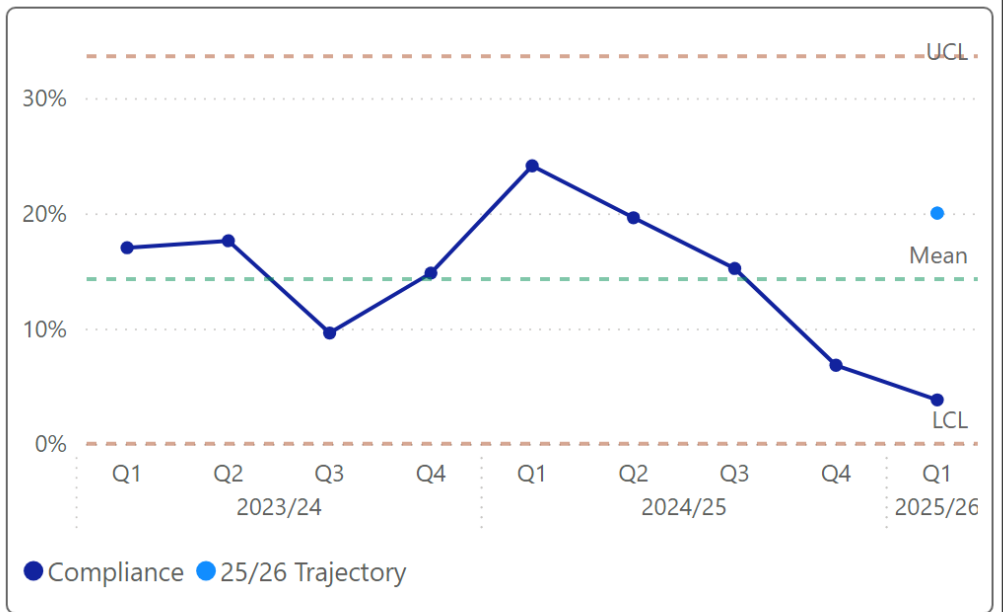


## Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Maintain the number of Urgent Primary Care contacts (inc. virtual)  
 Performance: 63,461 (November 2025)  
 Trajectory: 68,488 (Q3)  
 National target: None



Measure: % of patients directly admitted to an acute stroke ward <4hrs of clock start  
 Performance: 3.8% (Q1 25/26)  
 Trajectory: 20.0% (Q1)  
 National target: 50.0%



### Insight and Actions

- Urgent Primary Care (UPC): UPC contacts exceeded the Q2 trajectory by ~4,500 and are on track to meet the Q3 target. The planned contacts for the second part of the year are ~12,000 contacts more than in the first half, reflecting the additional activity the service is expected to pick up through the winter period.
- Stroke 4hr target: Q1 25/26 SSNAP data released showing further decrease in performance in direct admission to acute stroke ward within four hours, at 3.8% in Q1. If a patient goes to the Acute Medical Unit at GUH first 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. Therefore, this operational distinction will therefore limit the ability to improve this measure.



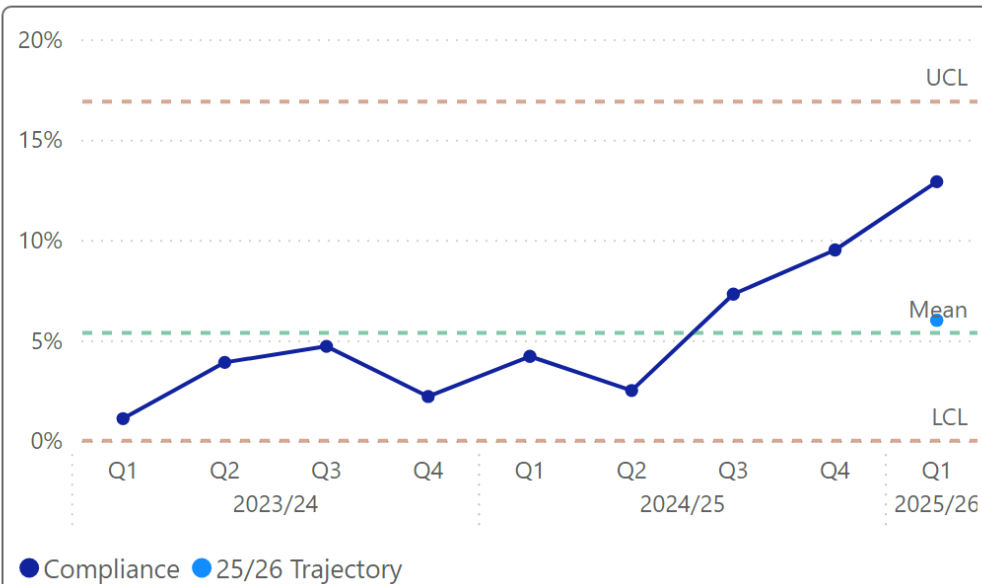
## Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: % of unique stroke patients given thrombectomy (all stroke types)

Performance: 12.9% (Q1 25/26)

Trajectory: 6.0% (Q1)

National target: 10.0%



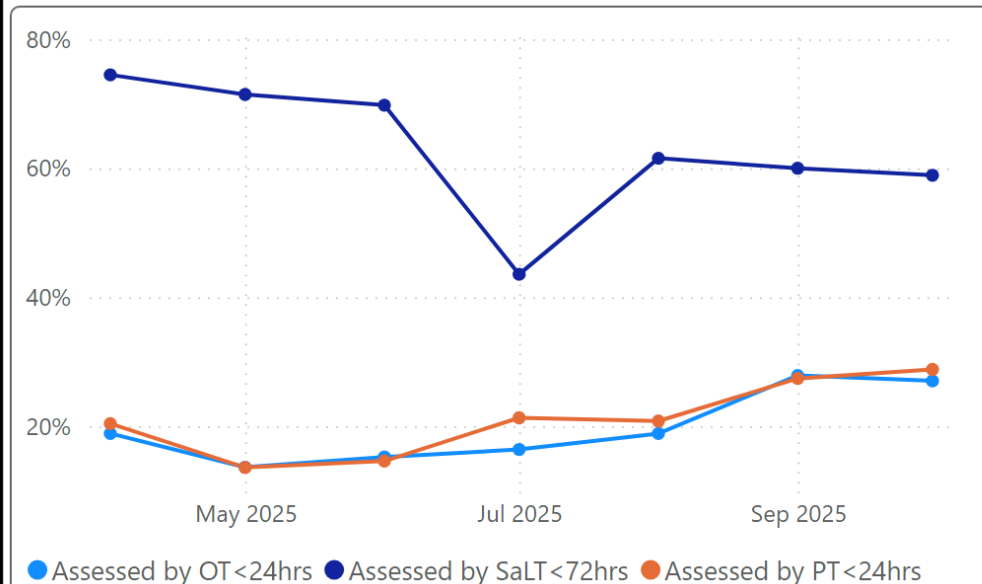
Measure: % Assessed by OT <24hrs, PT <24hrs, SaLT <72hrs

Performance:

27.0% OT <24hrs, 28.8% PT <24hrs, 58.9% SaLT <72hrs (October 2025)

Trajectory: 70.0% (Q2)

National target: None



### Insight and Actions

- Stroke thrombectomy: Again taken from the latest SSNAP data, thrombectomy rates improved in Q1 to 12.9% and well in excess of the Q1 trajectory (6%).
- 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. OT and PT performance have improved from Q2 to date, however SaLT performance continues to decrease.



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

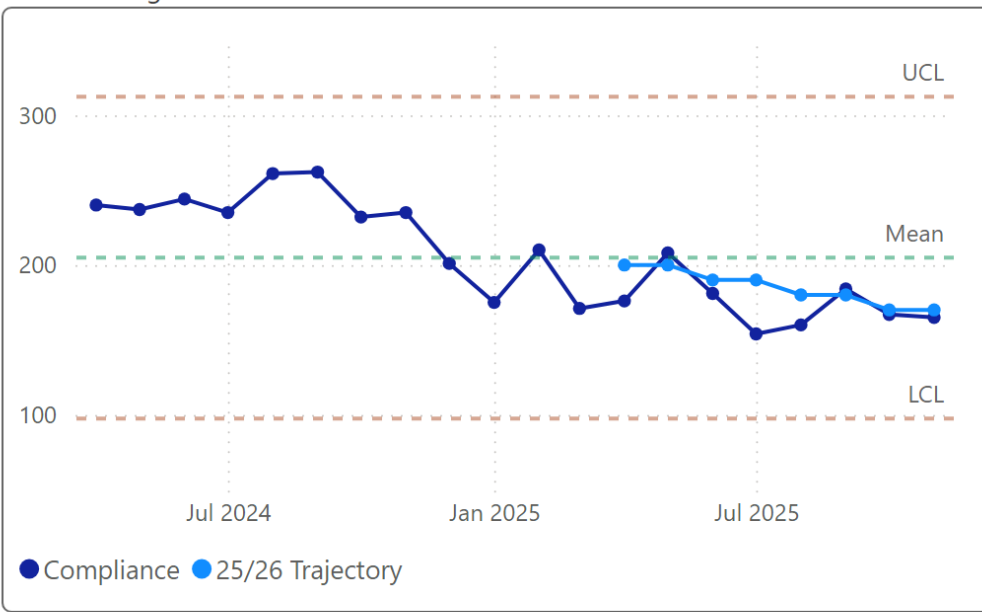
Measure: Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard

Performance: 165 (November 2025)

Trajectory: 160 (Q3)

National target: None

### Ministerial Delivery

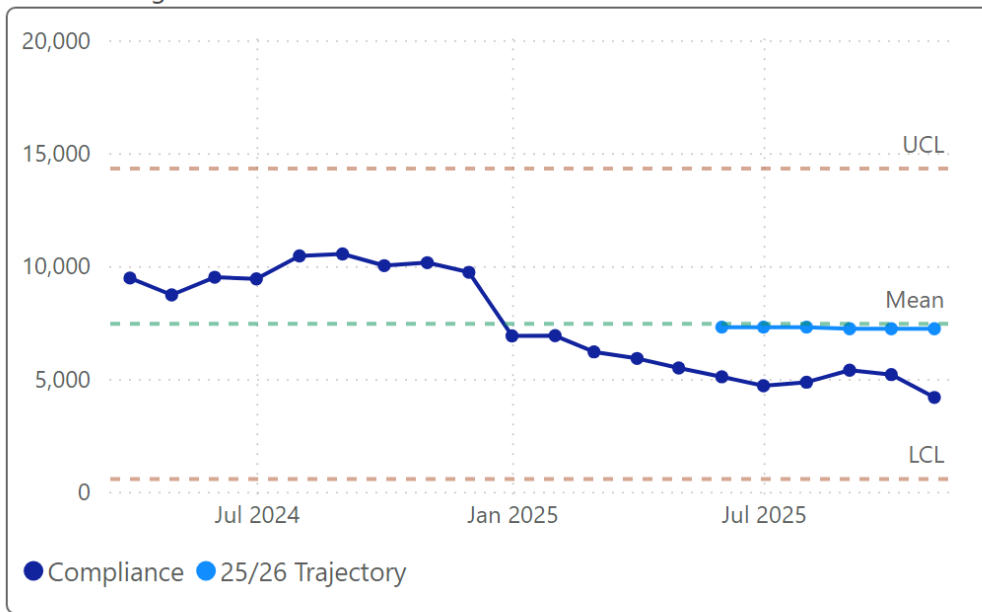


Measure: Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard

Performance: 4,177 (November 2025)

Trajectory: 7,184 (Q3)

National target: None



### Insight and Actions

- Pathway of Care Delays (POCDs): POCDs by volume are marginally below trajectory as of November and continues the broader improvement trend through 2025. The total days associated with delays has entered a period of relative stability and remains greatly reduced from the number in the first part of 24/25, consistently tracking below trajectory. A criteria-led discharge pilot is underway on three wards at GUH, supporting efforts to improve patient flow. The optimal hospital flow framework has also been rolled out at GUH, aligned with the 45-minute handover protocol. To address delays, a weekly scrutiny panel now reviews the top 27 longest-staying patients, alongside a review of the discharge policy ahead of winter to ensure timely discharge. Weekly length-of-stay meetings are being held across both acute and community sites, with a strong focus on assessing the next steps from the POCD data to further support timely patient discharge.



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

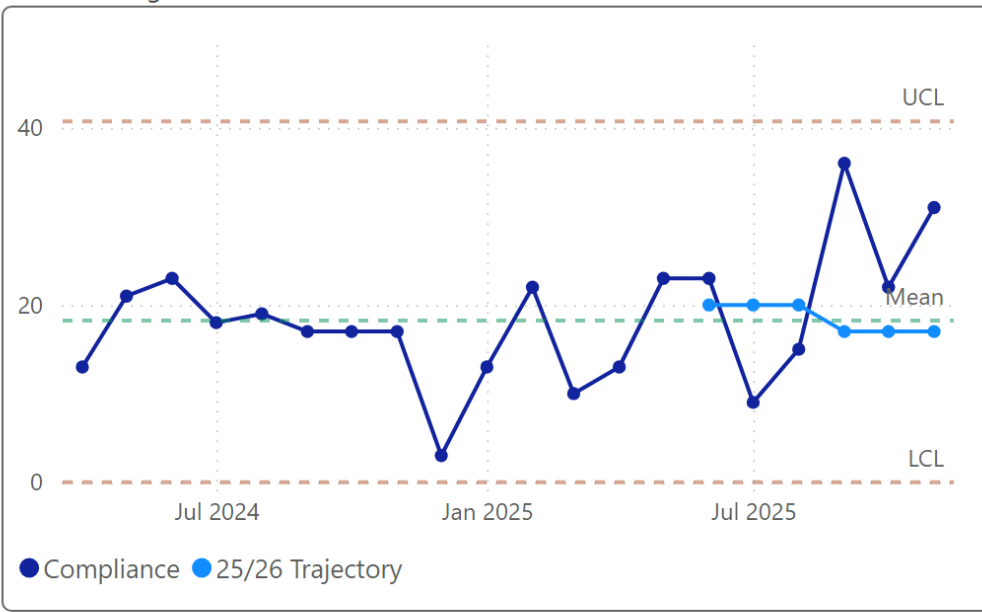
Measure: Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment

Performance: 31 (November 2025)

Trajectory: 14 (Q3)

National target: None

**Organisational Escalation**



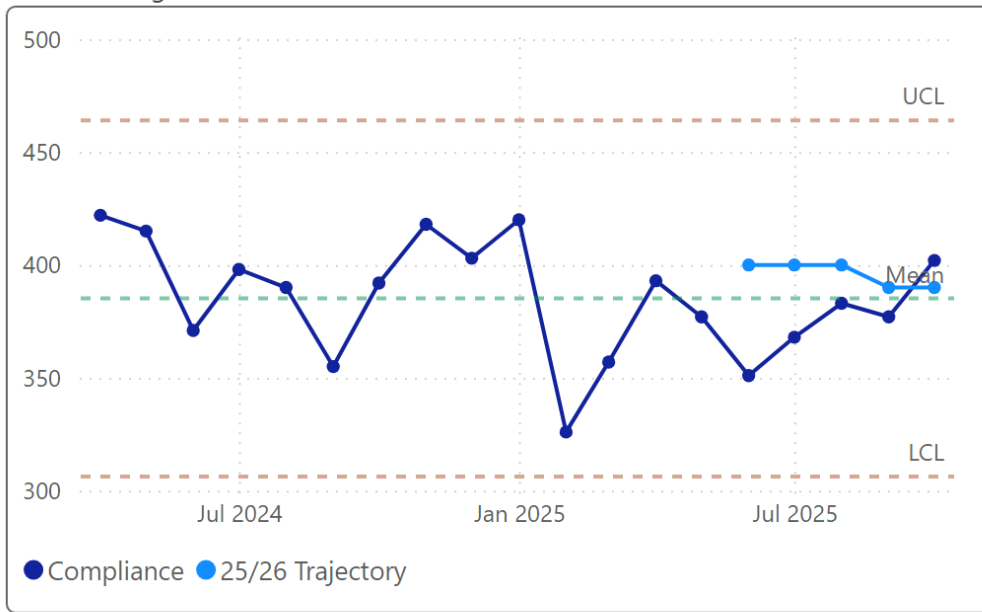
Measure: Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission

Performance: 402 (October 2025)

Trajectory: 380 (Q3)

National target: None

**Organisational Escalation**



### Insight and Actions

- POCD subset: The POCD subset measure, which is a condition of UEC enhanced monitoring status, is above trajectory having seen a significant increase in November, from 22 to 31. This was driven by an increase in delays associated with awaiting assessment of nursing (17) and AHPs (14). Ongoing reviews of these delays have formed actions as part of the ONP initiative.

- 21 day Length of Stay: another measure as part of UEC enhanced monitoring status, October performance is above trajectory for the first time since June, and likely reflects the seasonal winter increase seen in previous years. This measure is another relevant to the ongoing work of the longest staying patients operational workstream.



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

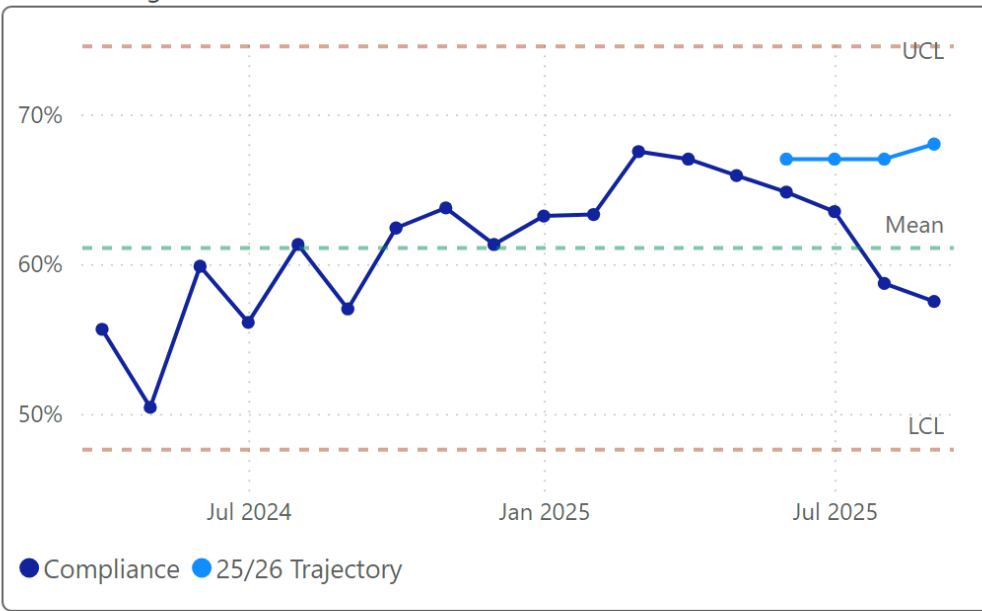
Measure: 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion

Performance: 57.5% (September 2025)

Trajectory: 68.0% (Q2)

National target: 80.0%

### Ministerial Delivery

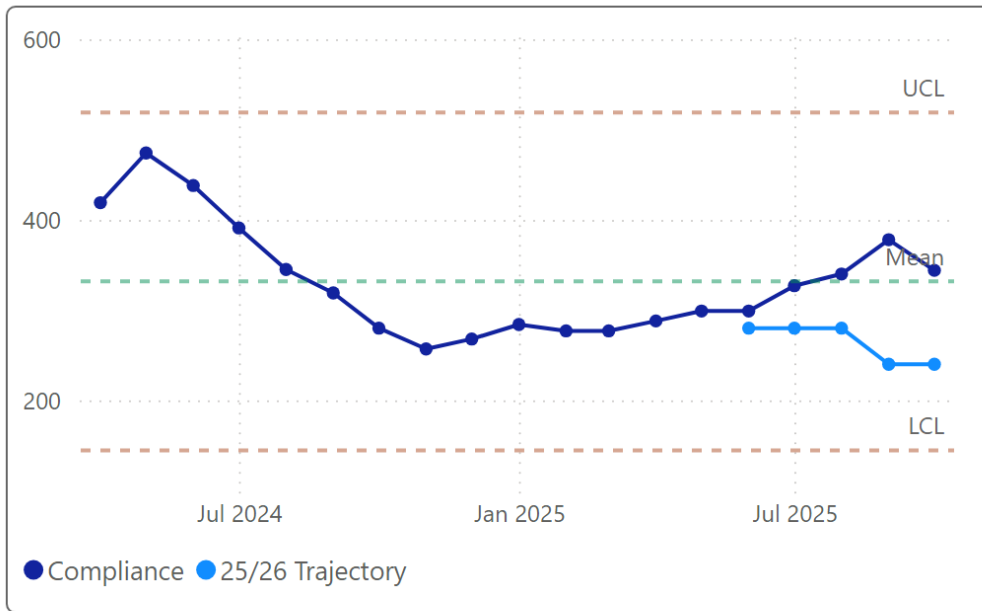


Measure: Reduction in backlog of patients waiting over 62 days (SCP)

Performance: 344 (October 2025)

Trajectory: 220 (Q3)

National target: None



### Insight and Actions

- SCP compliance: Performance has decreased through 25/26, with September performance at 57.5% which is the lowest value for 12 months. Whilst there are some challenges over the summer months with annual leave, the number of SCP treatments within 62 days in Q1 was 692 and in Q2 it was similar but actually slightly higher at 704. There was a small decrease in the volume of first outpatient appointments in August, but the median days from suspicion to decision to treatment reduced over the quarter (42 day in July to 27 in September). A refocussing on forensic pathway management as well as ensuring treatment capacity within the 62 day period will be central to ensuring that compliance improves again in the second part of the year.
- 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 ~3,800 in July. This reduced slightly through to October and a backlog of 344 now represents 10% of the total PTL again.



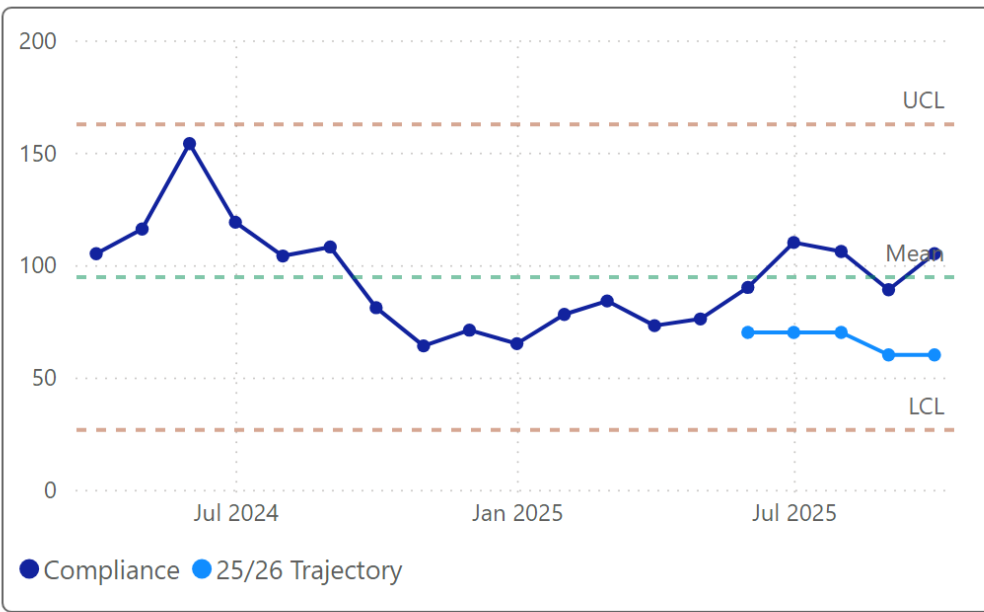
## Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

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

Performance: 105 (October 2025)

Trajectory: 55 (Q3)

National target: None

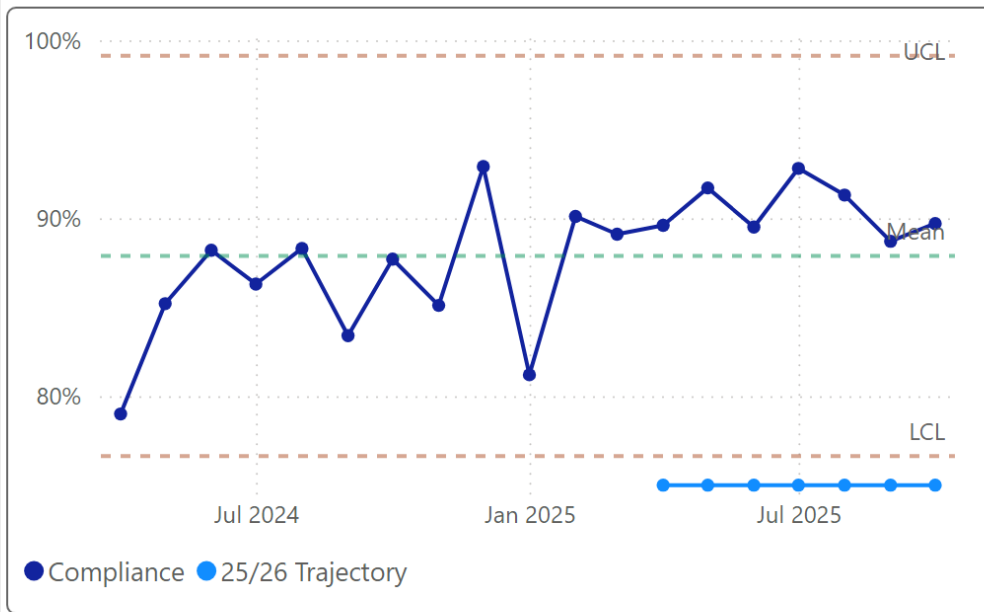


Measure: Increase in rate of cancer diagnosis or discharges within 28 days

Performance: 89.7% (October 2025)

Trajectory: 75.0% (Q3)

National target: None



### Insight and Actions

- 104 day backlog: This has reduced through Q2 and was broadly tracking against the IMTP trajectory albeit at a higher level, however it needs to be considered in the context of the total PTL.
- 28 day decision to treat (DTT): Whilst rates decreased slightly through Q2, it was only a marginal deterioration and performance remains well above IMTP trajectory and has been broadly stable since February 2025.



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

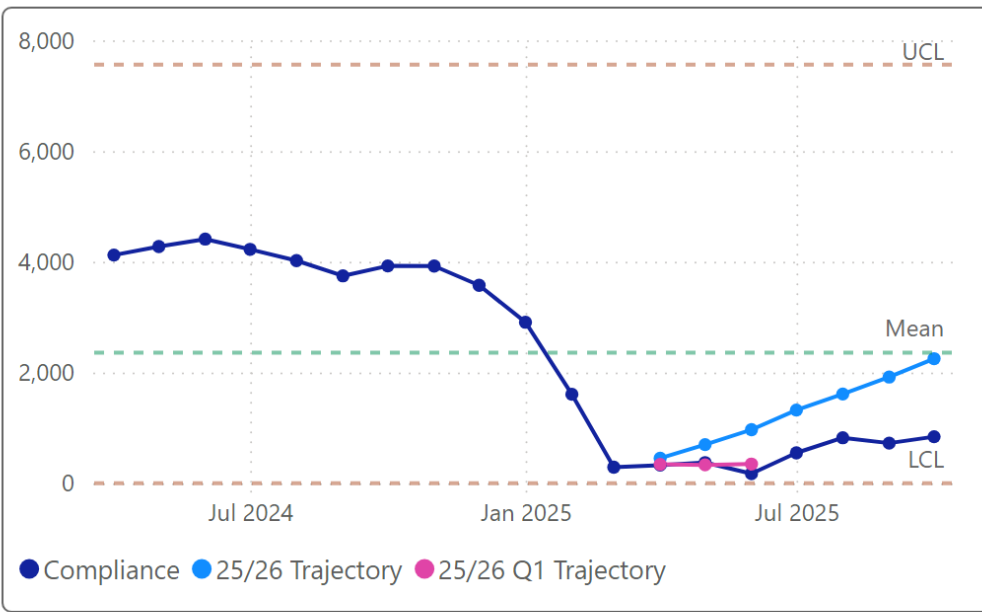
Measure: Numbers of patients waiting over 104 weeks (all stages)

Performance: 839 (October 2025)

Trajectory: 2,680 (Q3)

National target: 0

### Ministerial Delivery

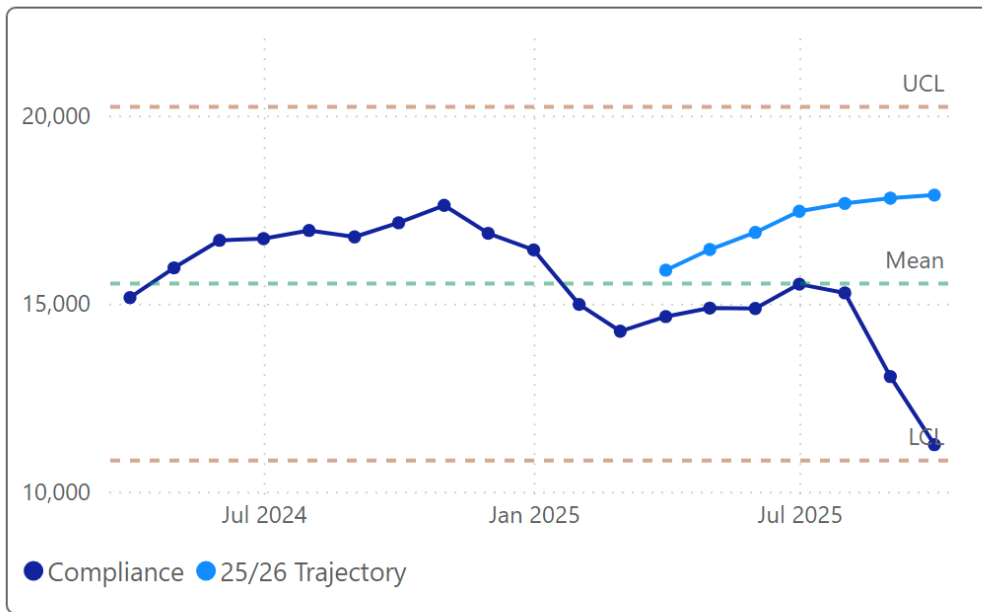


Measure: Number of patients waiting over 52 weeks for Outpatients

Performance: 11,250 (October 2025)

Trajectory: 17,655 (Q3)

National target: 0



### Insight and Actions

- 104 weeks RTT: Following the Q1 funding, 104 week performance had been tracking against the IMTP trajectory with regards to monthly growth albeit at a lower level by volume. Positive deviation occurred in September, driven by internally funded WLIs and backfill in Orthopaedics as well as the first implications of the 26 week OP programme in ENT. Current, internal forecast, on the basis recent funding for Q3 and factoring in implications of the 26 week OP programme project a year end breach profile of up to 600 with further review ongoing. Funding has been received for Q3 for Orthopaedics, and Q3&Q4 funding for ENT, Ophthalmology (non cataract), Max Fax, and General Surgery. Once Divisional delivery plans are finalised, a new end of year trajectory will be derived.

- 52 week new Outpatient: The 26 week OP programme is now beginning to significantly impact on the 52 week breach profile, as evidenced by the significant reduction on the September and October RTT submissions. The 26 week programme is volume based and there has been no request from WG to reprofile the 52 week position through the end of the year, although clearly there should be significant, further reductions as the Health Board works towards the national target of zero for this measure. As of the first weekend of December, the Health Board was delivering in line with it plans for the 26 week programme (activity was 107% delivered against the plan to date).



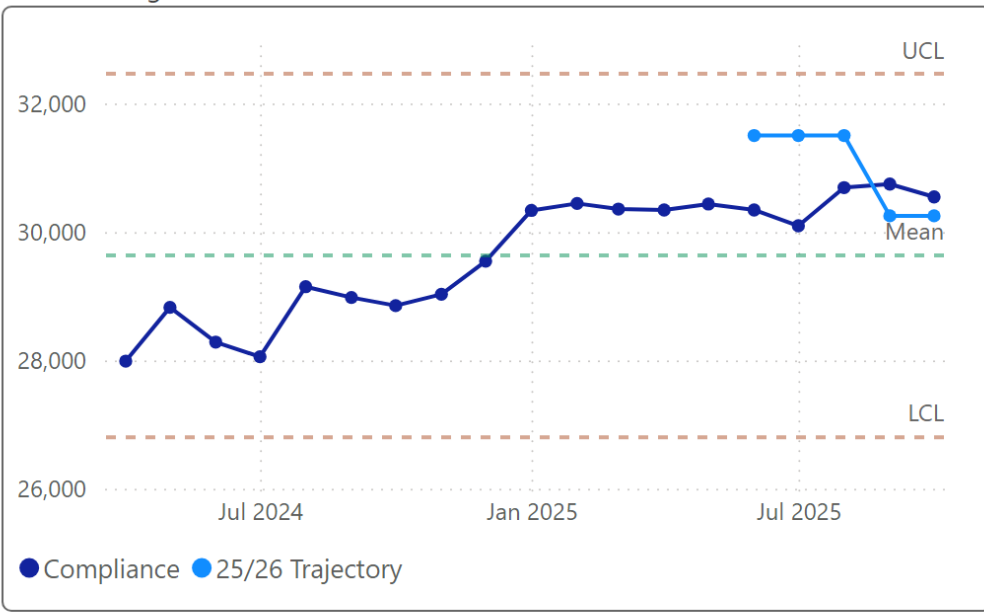
## Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Reduction in the number of patients waiting 100% past Outpatient follow-up target date

Performance: 30,544 (October 2025)

Trajectory: 28,750 (Q3)

National target: None

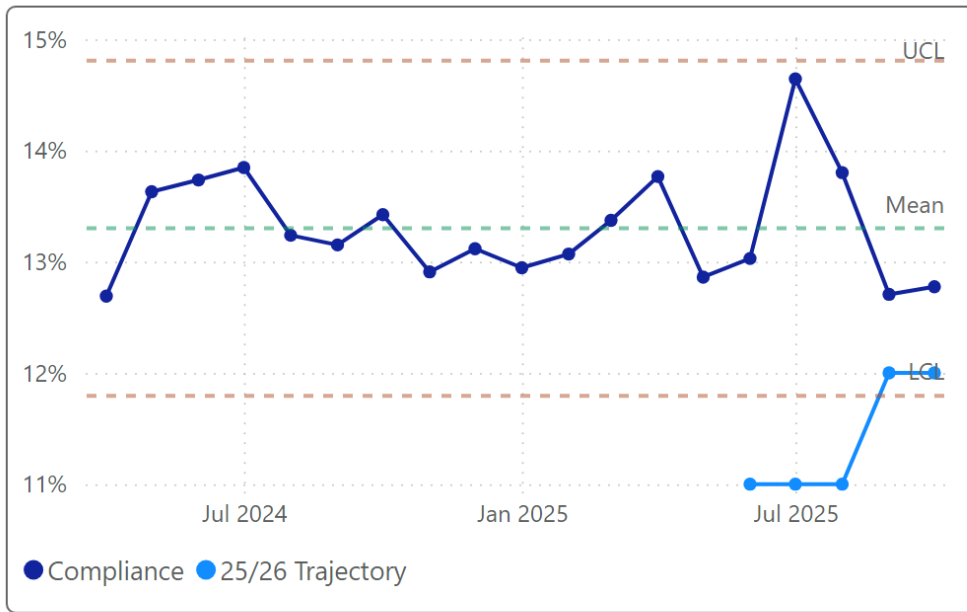


Measure: Increase in the rate of See On Symptom and Patient Initiated Follow-ups

Performance: 12.8% (October 2025)

Trajectory: 13.0% (Q3)

National target: None



### Insight and Actions

- 100% past Follow Up Target Date: Follow-Up Waiting Lists (FUWL) have seen significant growth since 2020/21, however the position has stabilised through the first half of 2025/26. There were 30,544 patients past the 100% target as of October, which is tracking just under 2000 above the IMTP trajectory. The Outpatient Transformation Team is actively monitoring long-waiters and supporting clerical validation, with a focus on those way in excess of 100% past target. A pilot is being developed to use CWS coding to retrospectively shift patients to SOS/PIFU pathways, aligning with CIN protocols.
- SOS/PIFU: Implementation is tracked via outpatient appointment outcomes. Q2 started strongly at 14.5%, closing at 12.7%, with a slight increase to 12.8% in October. Discharge rates have risen to 20.2% in 25/26 to date, from a 24/25 baseline of 18.1%. Significant work underway within the Division of Surgery in this area, including validation of 1,040 one-year post op T&O patients to identify patients who can be moved to SOS/PIFU retrospectively. The longest delayed follow up patients are reviewed on rolling basis within ENT and MaxFax, with patients being discharged or added to SOS or PIFU list retrospectively where appropriate; pilot of Consultant Connect to support PIFU pathway in Neurology, supporting measurement of activity and outcomes. Most CIN pathways are in place, with further work in ophthalmology under way.



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

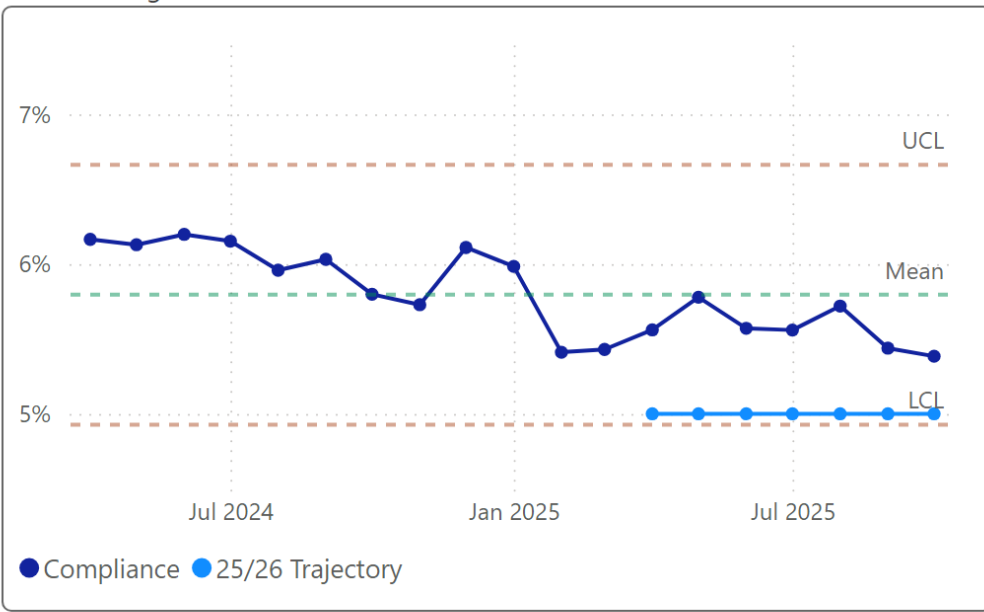
Measure: Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA

Performance: 5.4% (October 2025)

Trajectory: 5.0% (Q3)

National target: 5.0%

### Enabling Action



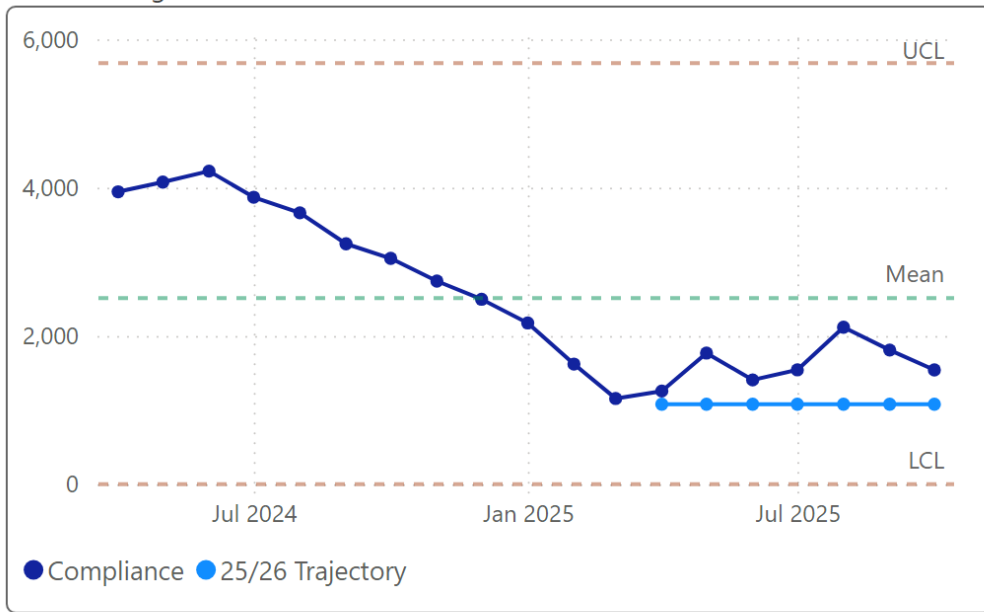
Measure: Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic

Performance: 1,540 (October 2025)

Trajectory: 1,077 (Q3)

National target: 0

### Ministerial Delivery



### Insight and Actions

- DNA/CNA rates: DNA rates have dropped for the past two months, reaching 5.4% in October, the lowest since February 2025. As there remains variation across specialties, deep dives are underway in high-rate areas, and pilots are exploring overbooking and targeted validation of frequent non-attenders.

- Diagnostics: 8 week diagnostic breaches increased over the summer which was largely due to a lack of capacity to meet demand for non obstetric ultrasound (NOUS). The Division developed an action plan and breach number have decreased for the past two months. Additions to the diagnostic waiting list as a result of the 26 week OP programme are beginning to have a material impact, with the Health Board having to submit a report to WG in early November of the additionality that this programme is having.



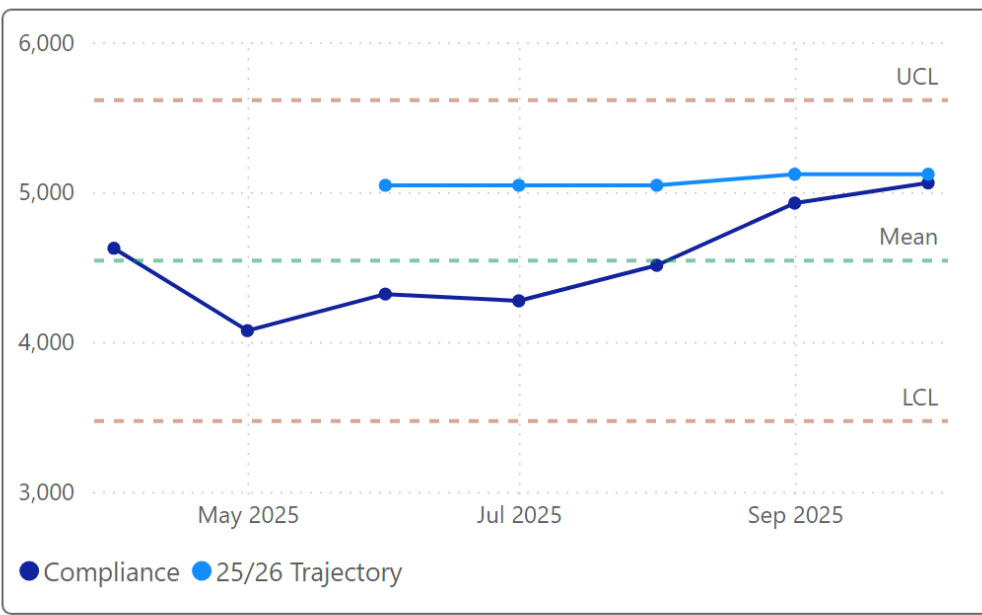
## Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Number of adults waiting more than 14 weeks for all audiology pathways

Performance: 5,061 (October 2025)

Trajectory: 5,366 (Q3)

National target: None

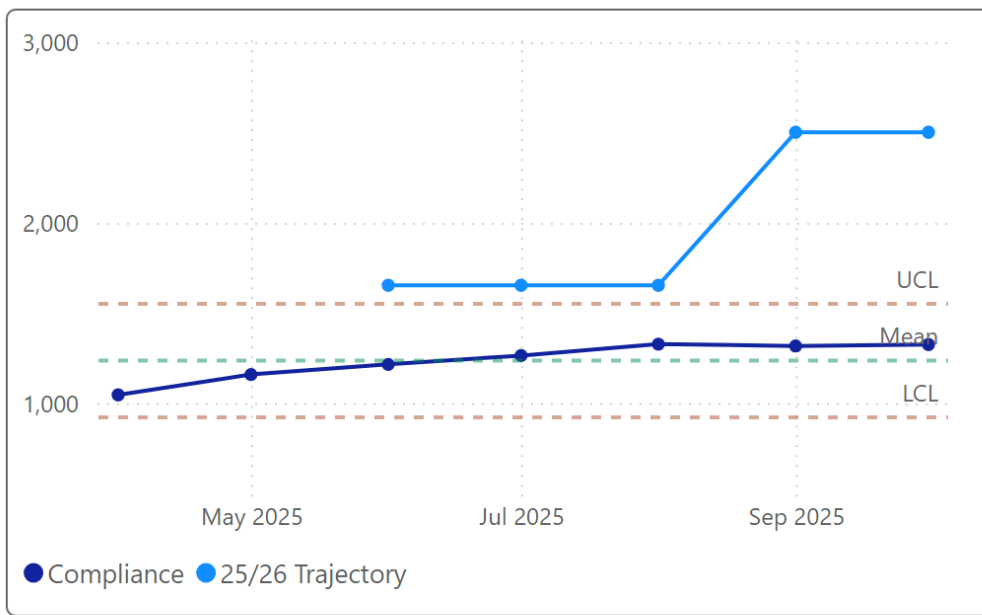


Measure: Number of children waiting more than 6 weeks for all audiology pathways

Performance: 1,326 (October 2025)

Trajectory: 2,783 (Q3)

National target: None



### Insight and Actions

- Audiology: Having been relatively stable through the first four months of 25/26, 14 week breaches for adult audiology pathways have increased over the past three months meaning that the gap to the IMTP has significantly reduced as of the Q2 position although it does remain below the forecast levels. Paediatric pathway breaches are increasing although at a much slower rate than forecast in the IMTP trajectory.



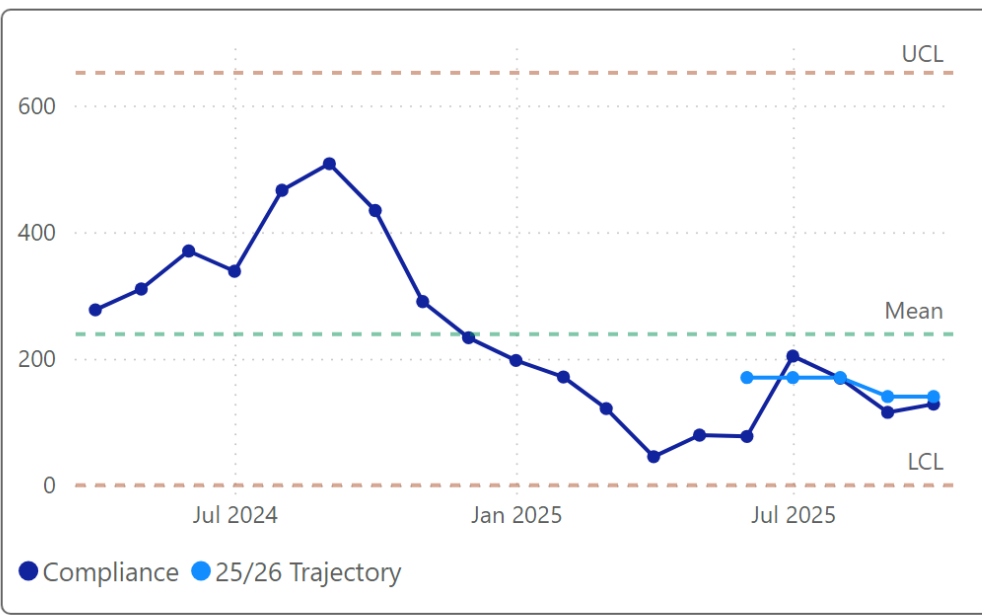
## Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: No patient waiting more than 14 weeks for a therapeutic assessment

Performance: 128 (October 2025)

Trajectory: 110 (Q3)

National target: 0



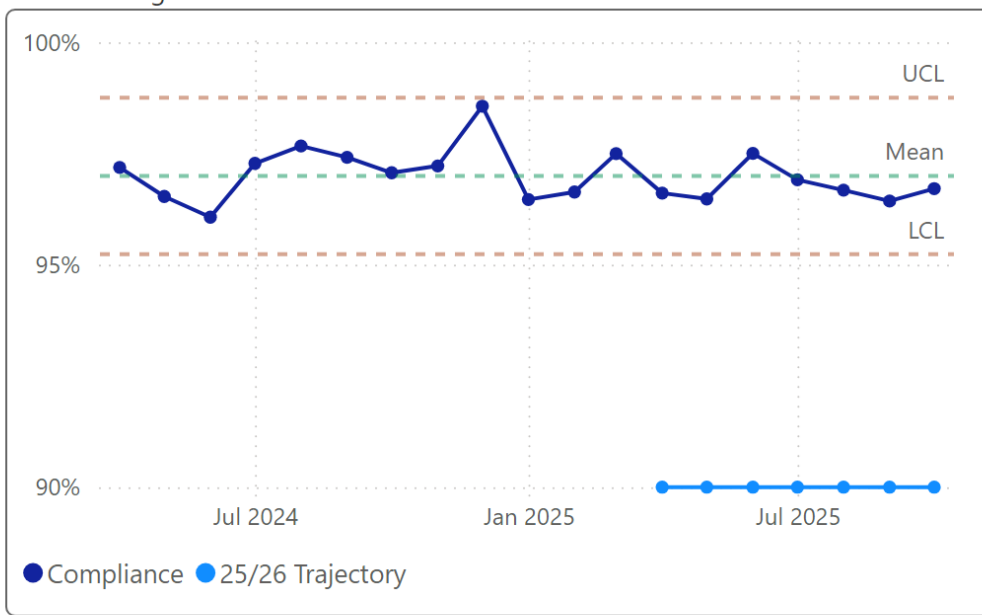
Measure: On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers

Performance: 96.7% (October 2025)

Trajectory: 90.0% (Q3)

National target: 90.0%

I Enabling Action



### Insight and Actions

- Therapies: July breaches saw a sharp increase to 204 patients, primarily driven by longer waits for Physiotherapy, which in turn resulted from an unexpected and substantial increase in spinal and knee backlog referrals. These referrals were forwarded to the Physiotherapy waiting list following triage by Trauma and Orthopaedics (T&O). The breach position was reduced through the next two months, reaching 115 in September with a slight increase to 128 in October, but still performing below the IMTP trajectory of 140.

- Elective theatre protection: Performance has remained compliant with this measure for the past 18 months. As highlighted in the GUH/Hospital System report, this reflects a key advantage of the unique system in Gwent. 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, the Health Board is currently awaiting a final, validated position on the national Enabling Actions dashboard before aligning its approach.



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

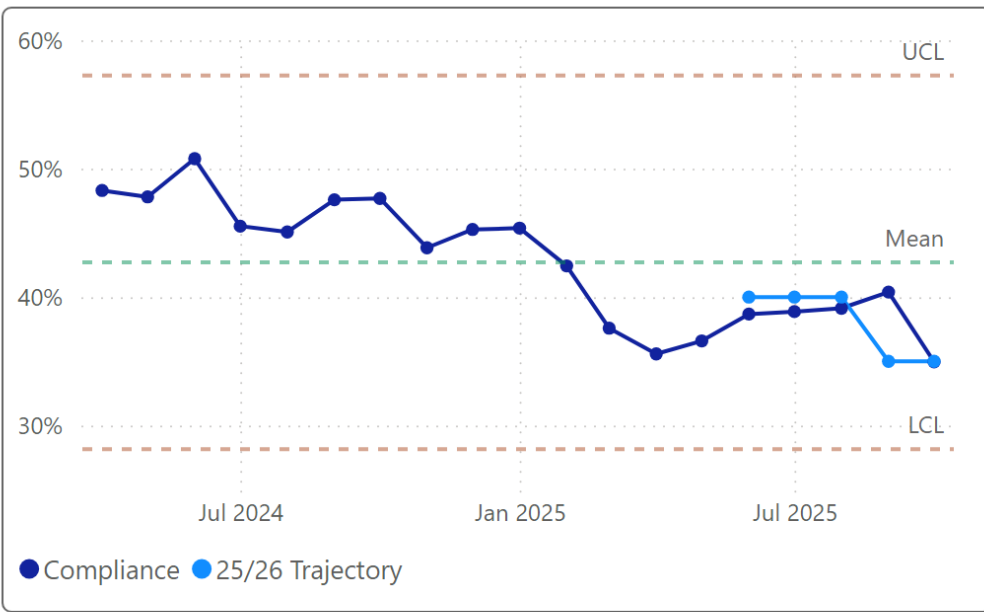
Measure: Theatre Utilisation late starts to less than 20%

Performance: 35.0% (October 2025)

Trajectory: 30.0% (Q3)

National target: 20.0%

Enabling Action



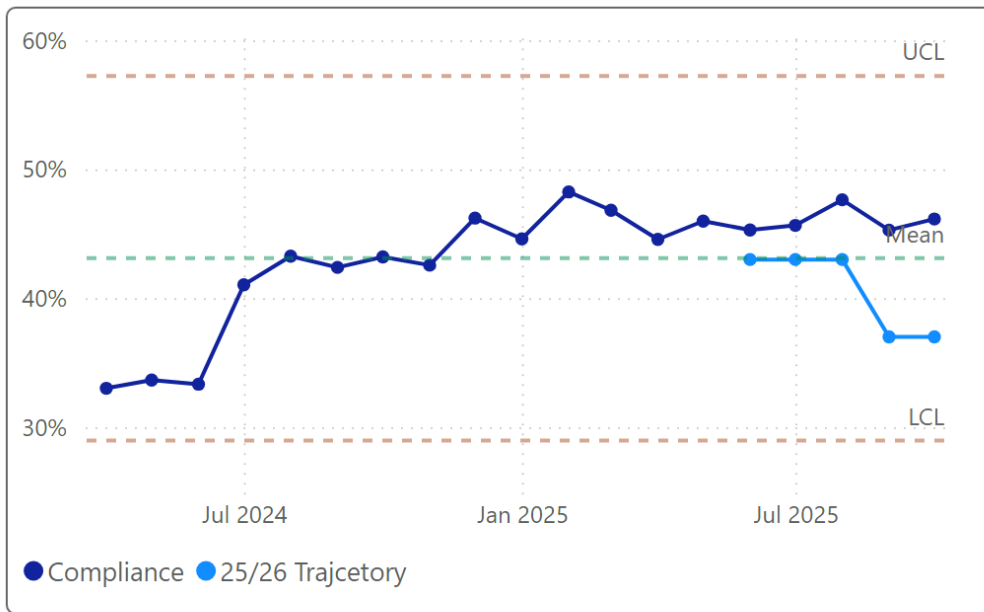
Measure: Theatre Utilisation early finishes to less than 10%

Performance: 46.1% (October 2025)

Trajectory: 31.0% (Q3)

National target: 10.0%

Enabling Action



## Insight and Actions

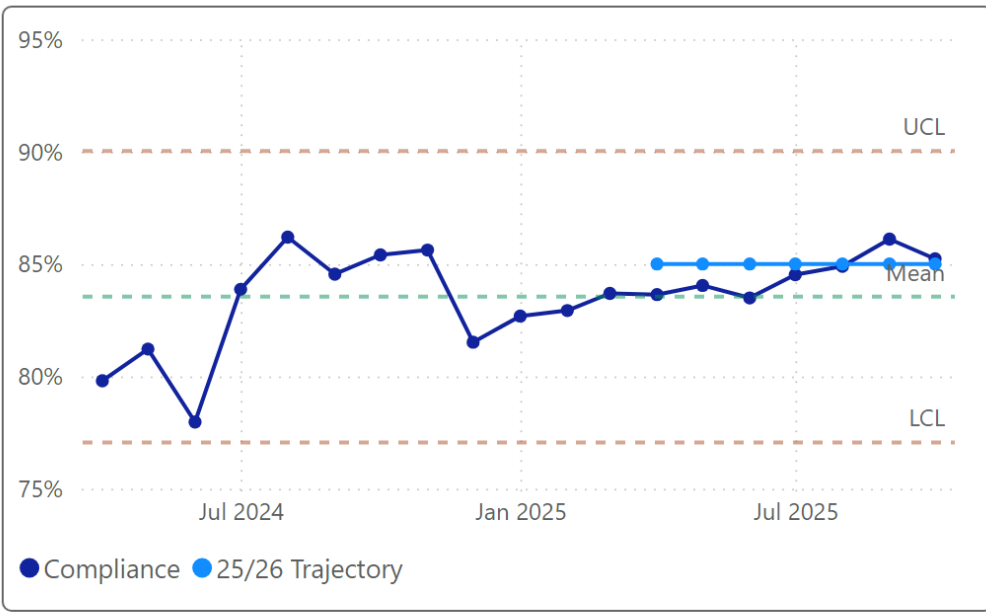
- Theatres late starts & early finishes: Late starts performance has deteriorated slightly through the first part of 25/26, with the Q2 position of 40.4% not meeting the planned improvement as set out in the IMTP of 35%. However, an improvement to 35% in October has resulted in the IMTP trajectory being met. Early finishes performance has been relatively static through 25/26, and similarly the Q2 position of 45.3% has not met the IMTP trajectory of 37%. The Theatres Utilisation Group (TUG) will be focussed on closer analysis of the underlying data for these measures at a sessional level, to identify improvements that can be made through the second half of the year. The autosend and golden patient initiatives have shown some initial, positive results for improving late starts and theatre efficiency at RGH, with YYF and GUH now implementing; analysis will be undertaken to quantify the benefit.



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

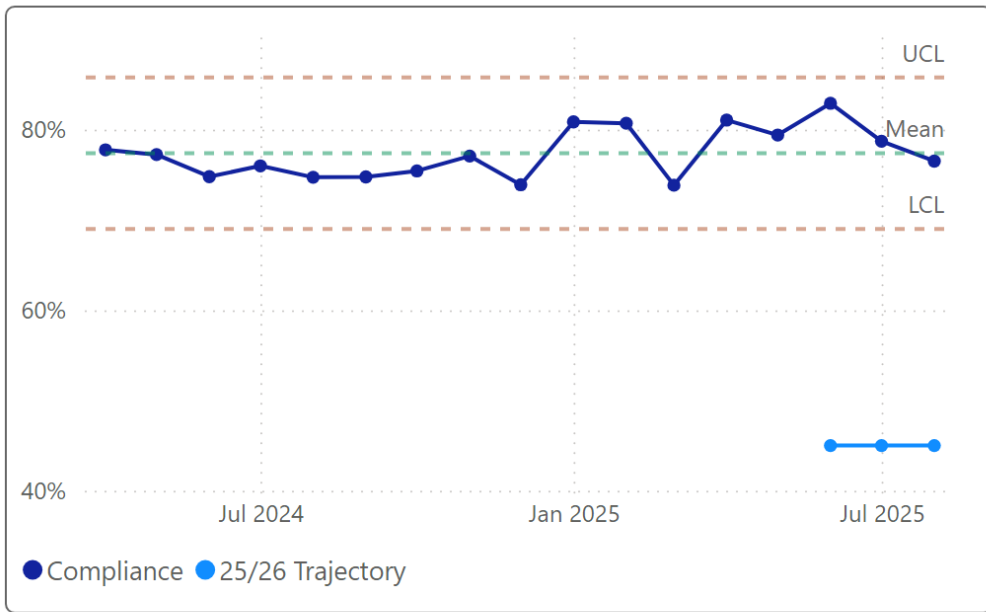
Measure: Theatre Utilisation session utilisation to 85%  
 Performance: 85.2% (October 2025)  
 Trajectory: 85.0% (Q3)  
 National target: 85.0%

Enabling Action



Measure: Deliver improvements in day surgery rates, achieving a BADS daycase rate  
 Performance: 76.5% (August 2025)  
 Trajectory: 50.0% (Q2)  
 National target: 80.0%

Enabling Action



## Insight and Actions

- Session utilisation: Performance has been relatively close to the national standard of 85% over the course of the past 12 months, but there has been incremental improvement through 25/26 with September and October performances reaching 86.1% and 85.2% respectively and meeting the IMTP trajectory.
- British Association of Day Surgery (BADS) rates: BADS rates exceeded the national ambition of 80%, reaching 82.9% in June. A focus has been on increasing day surgery activity in NHH. Rates decreased slightly in Jul and Aug (78.7% and 76.5%), however a lag on the coding can sometimes mean these figures are not yet absolutely final.



## Improving our Mental health services

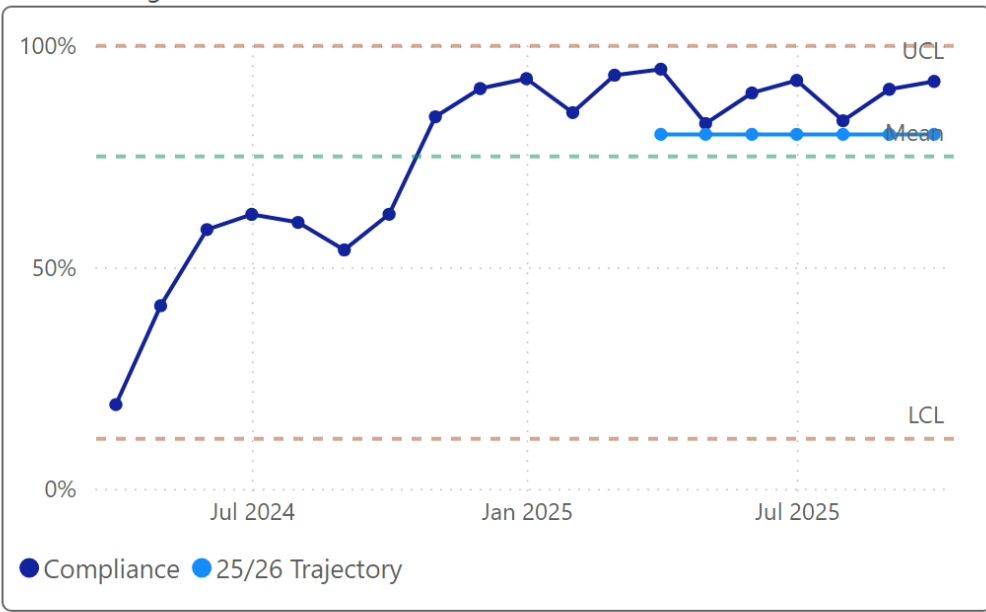
Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)

Performance: 92.0% (October 2025)

Trajectory: 80.0% (Q3)

National target: 80.0%

Ministerial Delivery



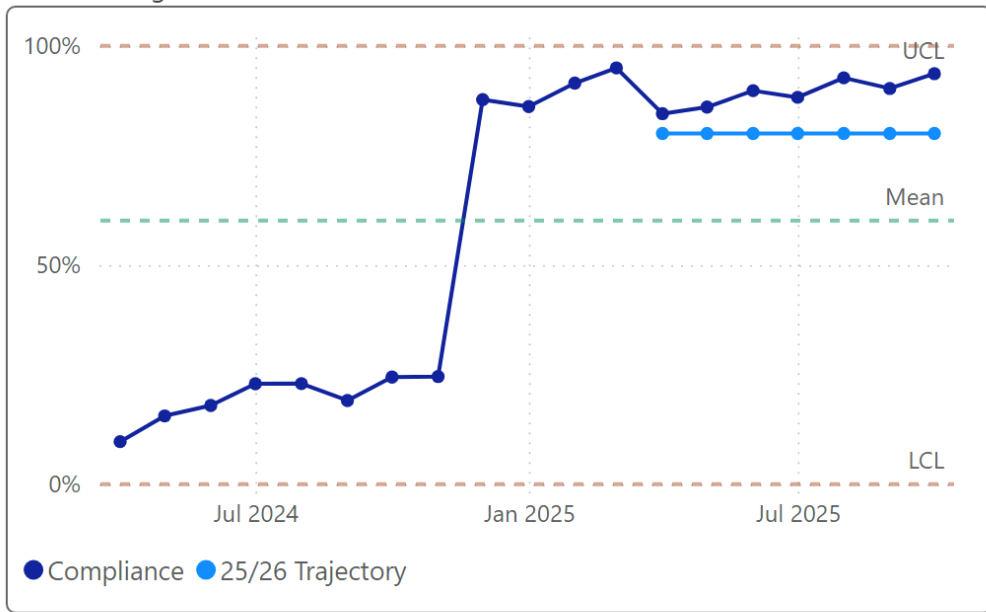
Measure: Maintain Adults Part 1b to national target (interventions completed within 28 days)

Performance: 93.6% (October 2025)

Trajectory: 80.0% (Q3)

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.



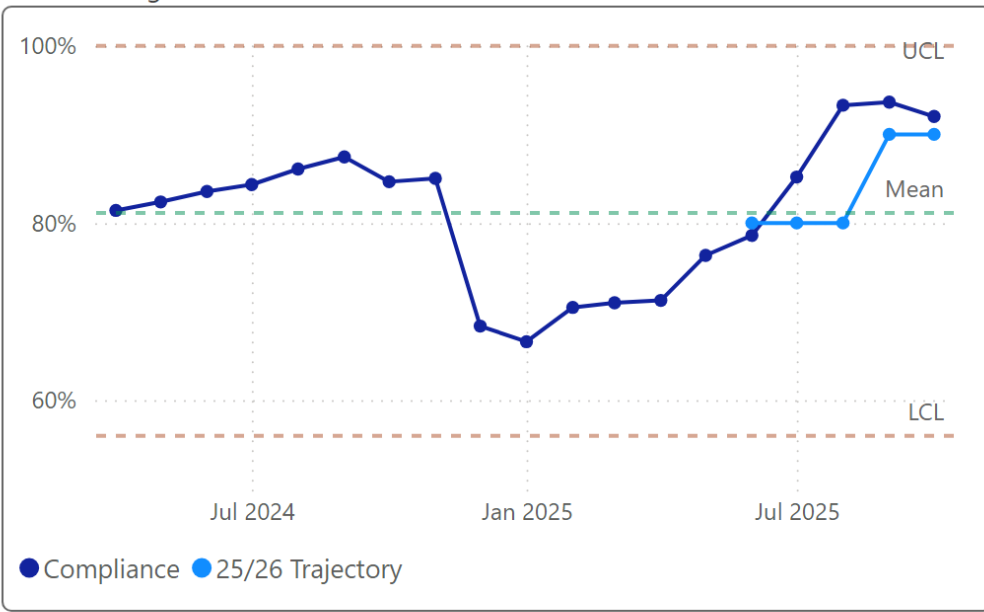
## Improving our Mental health services

Measure: Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)

Performance: 92.0% (October 2025)

Trajectory: 90.0% (Q3)

National target: 90.0%

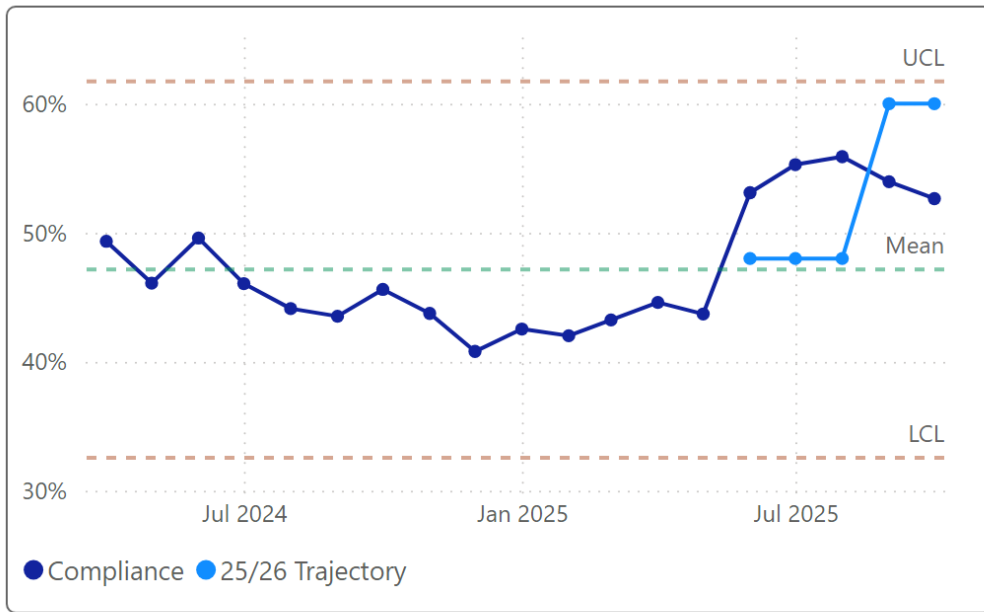


Measure: Maintain rate of psychological therapy received within 26 weeks

Performance: 52.6% (October 2025)

Trajectory: 60.0% (Q3)

National target: 80.0%



### Insight and Actions

- Adults Part 2: Performance showed a slight drop in October, from 93.6% to 92%, but achieving the national standard ahead of the Q3 target as outlined in the IMTP trajectory. Work continues to address issues related to clinical use of the dashboard by staff, particularly around documentation. Engagement with Local Authorities is ongoing to ensure care plan documentation is shared when they are responsible for completing it. 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: Whilst currently falling short of Q3 IMTP trajectory, performance has been relatively stable over the past five months and improved from the beginning of 25/26. A dedicated improvement session was held in August, focusing on key actions to drive progress. All dashboards are now in place, and teams are validating data consistently on a daily basis, although a significant number of incorrect pathways remain. Additional measures include resetting clocks where reasonable offers have been declined, implementing escalation processes for long waiters, and mapping administrative processes to identify opportunities for centralised booking. Work is also underway to finalise waiting list groupings and improve pathway flow and performance.



## Improving our Mental health services

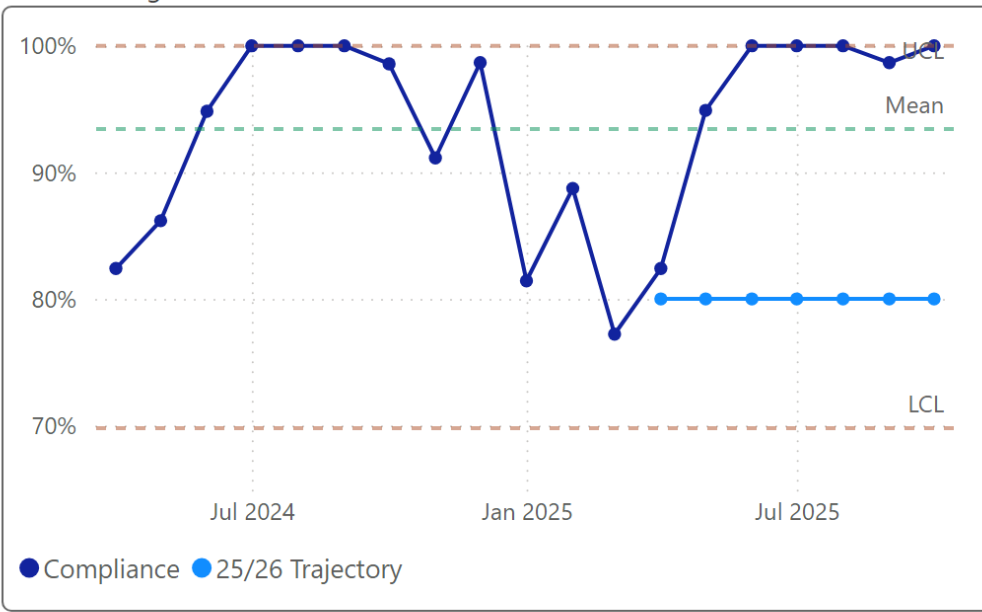
Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)

Performance: 100.0% (October 2025)

Trajectory: 80.0% (Q3)

National target: 80.0%

Ministerial Delivery



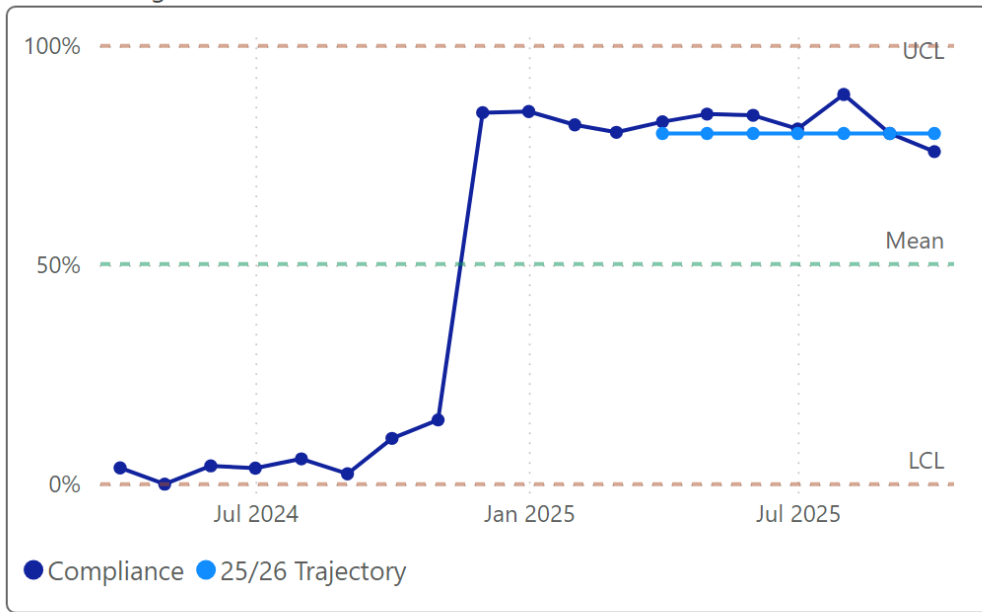
Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

Performance: 75.9% (October 2025)

Trajectory: 80.0% (Q3)

National target: 80.0%

Ministerial Delivery



### Insight and Actions

- CAMHS 1a: Like with Adults there are no issues with performance for this measure, with the service managing to balance both demand and capacity to ensure continued compliance with the national standard.
- CAMHS 1b: Performance has dropped slight in October, from 80% to 75.9%. However, a number of data issues have impacted this (accidental duplicate and incorrect appointment reasons). The revised figure is expected to be 81%, which is in-line with above trajectory performance year-to-date.



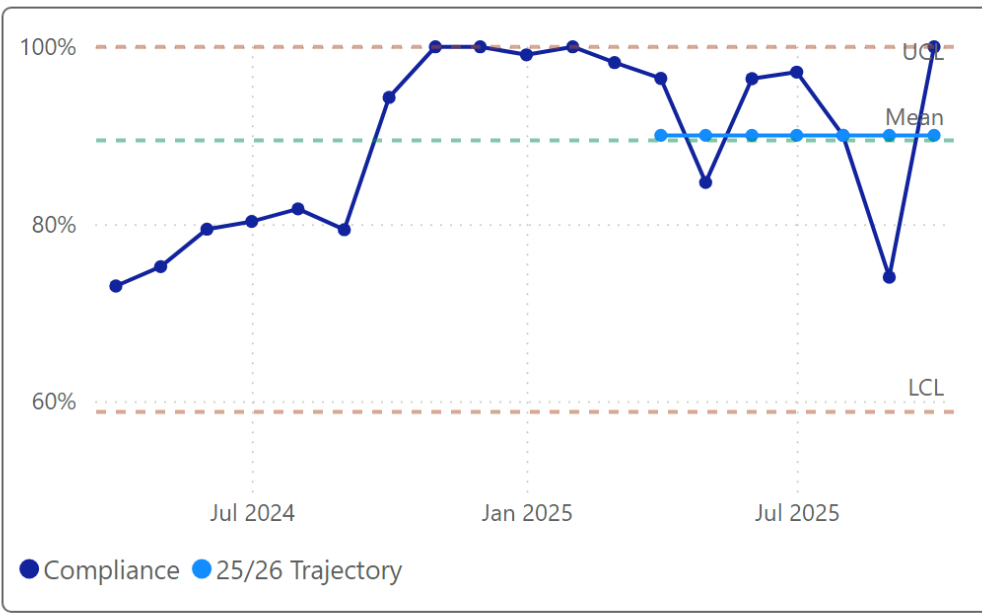
## Improving our Mental health services

Measure: Maintain CAMHS Part 2 national target compliance

Performance: 100.0% (October 2025)

Trajectory: 90.0% (Q3)

National target: 90.0%

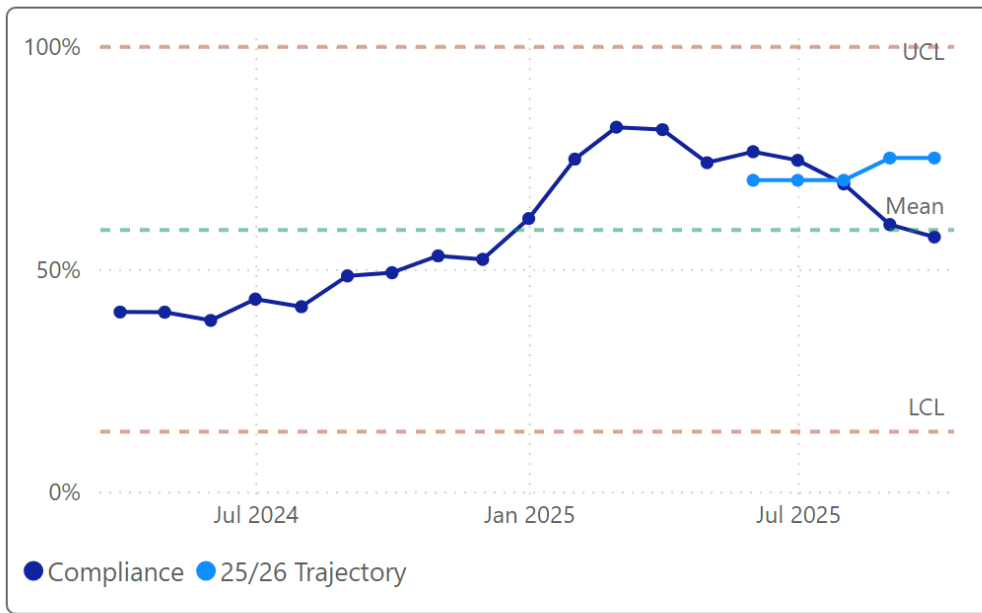


Measure: Improvement in Neurodevelopment waiting times compliance

Performance: 57.2% (October 2025)

Trajectory: 80.0% (Q3)

National target: 80.0%



### Insight and Actions

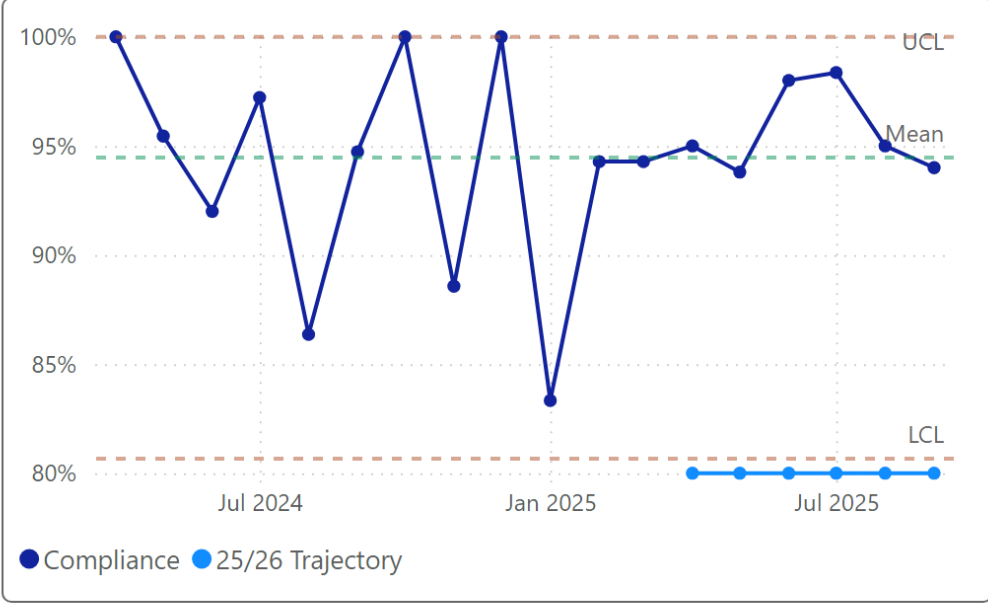
- CAMHS Part 2: Care and Treatment Plan (CTP) compliance in CAMHS has recovered after decreasing significantly in September from 74% up to 100%. This brings performance back above the Q3 IMTP Trajectory of 90%. There was a dedicated focus within the Division to remediate performance, with one potential recommendation being the appointment of a dedicated Clinical CTP Lead to enforce governance, ensure compliance, and act as a liaison for validation and process oversight.

- ND assessment: CAMHS ND service faces significant strain due to rising demand and reduced capacity, impacting ability to meet the 26-week RTT target and deliver timely care. Legacy backlog is driving RTT performance down, with October performance decreasing again to 57.2% against a Q3 IMTP trajectory of 80%. There is also an increasing number of children waiting over 26 weeks. An action plan associated with a small amount of additional funding has been developed to directly target the over-26-week cohort, accelerating progress toward the RTT recovery goal.



## Improving our Mental health services

Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral  
Performance: 94.0% (September 2025)  
Trajectory: 80.0% (Q2)  
National target: 80.0%



### Insight and Actions

- Specialist CAMHS Choice Assessments: No issue, performance continues to tracking well above national standard of 80%.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Appendix 2

## Q2 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 and Level 2 community falls provision in place, programme established to steer direction. Level 2 strategy is being redeployed to provide therapist expertise within the SPOA with resource realigned to deploy additional Level 1 resource in the community. Engaging with local authority to explore enhanced LA led falls response service through transformation fund. Community assessment lounge implementation will support non-injurious falls patients.   |
|   | Remote clinical assessment services framework | P        | Awaiting WG Issue, strong flow centre model expanding to MDT hub. | Single point of access phone number established. For winter 2025, effective from November, we will be piloting a 'Community Clinical Desk' based within the hub at Vantage Point House. The Community clinical desk will be a Multi-disciplinary team comprising a combination of General Practitioner, Occupational Therapist, Advanced Paramedic Practitioner and frailty specialist. The purpose of the pilot is to seek alternative pathways, reduce conveyance to hospital and deliver care closer to home where appropriate for patients who may not benefit from admission to hospital. The MDT will seek to utilize alternative pathways including but not limited to; UPC, CRT Rapid Medical/Nursing, reablement, Direct Access Community beds, SDEC, eLGH services |
|   | Acute frailty model at the Front Door         | F        | Plans in place to fully adopt with benefits tracking (6 Goals).   | Opening of the 'Community Assessment Lounge' on 7th October at GUH designed to promote a joined up collaborative approach between three established teams working with the aim of admissions avoidance. Six week pilot using an assessment space within the GUH existing footprint, a space away from ED/AMU/SAU environment for assessments and interventions to be undertaken, for those patients who no longer require medical intervention, however, require further assessment to determine wider needs.  |



| Delivery Area                             | Enabling Action                                     | Adoption | Baseline  | Progress this period   |
|---|---|----------|---|--|
| Operational Productivity & Efficiency UEC | Welsh Health Circular - Ambulance Handover Guidance | <b>P</b> | Improvement in performance expectations.                        | Accelerated design event held on 29th August. Local launch our 'our next patient' pilot commenced on 8th September with the aim of Patients' handover to our care within 15 minutes, and never more than 45 minutes after arrival. Improve patient, relative and carers' experience & Reduce patients waiting in the ED for more than 24 hours. we will achieve this via achieve continuous flow of 7 patient moves per hour across system, Significantly Increase in utilisation of Transfer Lounge, Increase in pre-noon discharges and increase in Step-down to eLGH. Metrics in main body of report. |
|   | Optimal Hospital Flow Framework                     | <b>F</b> | Plans in place to fully adopt with benefits tracking (6 Goals). | Continue to embed the OHFF at RGH focus on D5W, C5W, D5W and D6W, initial data highlights improvements shared at the Integrated Discharge Board. Funding secured from 6 Goals national team for an additional x1 WTE B7 OHFF Champion to support roll out at GUH aligned to the 45 minute hand over focus on B0 and C4   |
|   | Maintaining the actions within the 50 Day challenge | <b>F</b> | Plans in place to fully adopt with benefits tracking (6 Goals). | Criteria lead discuss pilot on three wards at GUH.<br>Roll out of OHFF at GUH aligned to 45 minute hand over.<br>Weekly scrutiny panel in place focus on top 20 longest staying patients.<br>Review of discharge policy, ahead of winter to support timely patient discharge.<br>Weekly LOS meetings across sites acute and community sites.<br>Focus on validation of POCD data to support timely patient discharge.<br>Planning for 2 week Discharge Sprint w/c 8 <sup>th</sup> Dec  |



| 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. | This measure is included as a performance measure within the ABUHB IMTP. In lieu of clarity on the national construction of the metric at that time, ABUHB have used % of outpatient appts where the outcome is SOS/PIFU. Q2 performance started well, with the rate climbing to 14.5%. Q2 closing position is 12.8%. However the discharge rate has increased, rising from 18.1% 2024/2025 to 20.2% 2025/2026 YTD. Majority of CIN pathways in place, Eyes still under review with WGOS 4 pathways.   |
|                                       | 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.                                | Direct listing plan communicated to NHS P&I on 12th September. Amendments will be made to the patient acknowledgement letter where all references to outpatient consultation or assessment will be removed, and the letter will instead inform the patient that they have been added to the waiting list for treatment. This will satisfy the requirements for the reporting and external classification of patients while maintaining the integrity of the recording of the data for the management of the regional and core services and for planning and forecasting demand and capacity for outpatient slots and surgery. The region will develop an SOP to detail the reporting requirements and how they link to the data recording processes within the region. This will be developed through the Autumn. Reporting changes will be activated for the November 2025 return that represents October data. |
|                                       | 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%.   | DNA rate decreased to 5.4% as of Q2, the lowest value since Feb '24. Ongoing deep dives with areas with high rates, including considering 'overbooking' to compensate for DNA's. Continuation of DNA Pilot in NHH to prompt outcome to prevent automatic rebooking ongoing, with exploration of rolling out to other areas. Development of tool which shows patients who have multiple DNA's, with targeted validation of these patients/linking with services to identify how to support attendance if clinically required.   |



| 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  | FUWL (delayed 100% past target) has stabilised through 25/26 after significant growth from 20/21. The total growth from the opening year position to Q2 is 389.<br>OPD Transformation team ongoing work monitoring longest waiters and linking with Directorate teams/supporting and targeting clerical validation. Pilot to be developed to explore potential of using CWS coding to identify patients on follow up list to support moving to SOS/PIFU retrospectively (CIN protocols and other SOS/PIFU pathways).                    |
|                                       | 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%  | This measure is included as a performance measure within the ABUHB IMTP. In lieu of clarity on the national construction of the metric at that time, ABUHB used "% emergency surgery on elective lists". Performance for this has been consistently in the range of 96%-98% (protected elective lists) through the first two quarters of 25/26.   |
|                                       | 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%. | % late starts is above Q2 IMTP trajectory, recording a closing position of 40.6% against a target of 35%.<br>Autosend and golden patient - RGH showed 8-9 minute improvement across 2 specialties. Rolled out at GUH in September.<br><br>% early finishes is above Q2 IMTP trajectory, recording a closing position of 45.1% against a target of 37%.<br>TUG meetings review early finish data and understand where improvements can be made.<br><br>Session utilisation (capped) has improved through 25/26, reaching 86.2% as of Q2. |



| 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)    | <b>P</b> | 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. | BADS rate data subject to delay. Latest available, validated position is June, where rate was 82.9%.<br>Clinical meeting held on 17/09/25 to assess work that needs to be completed before NHH SOC submission in November.   |
|                                       | Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact. | <b>F</b> | In place reported through outpatient transformation.   | Scoping exercise undertaken Sept 25 of current validation in place. Ongoing clerical validation centrally and locally in certain specialties focused on RTT and long waiting follow up patients. Ad hoc clinical validation currently in most specialties, Gastro have a dedicated session a month for clinical validation.<br>52 week outpatient stage validation in place, paused for 26 week insourcing with team focused on delayed follow up clerical validation. |



| 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 in relation to recruitment campaigns and a focus on retention and sickness. Despite this, the sheer volume of additional workstreams across RTT 104wks and 26wk outpatient, as well as emergent 45 minute ambulance handover/whole system flow programme gives difficulty to achieving this target. |
|                        | 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.  | On a straight line basis, Agency is expected to be around 13% lower than prior yr. Q2 has seen additional agency being used to support various Planned Care initiatives, but still expected to come down from prior year   |
|                        | 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 sheer volume of additional workstreams across RTT 104wks and 26wk outpatient, as well as emergent 45 minute ambulance handover/whole system flow programme gives difficulty to achieving this target. |



| Delivery Area          | Enabling Action   | Adoption | Baseline   | Progress this period   |
|------------------------|---|----------|--|--|
| Workforce Productivity | 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. | <b>P</b> | 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. | To support the targeted job planning compliance, key actions include integrating progress updates into Divisional Performance Reviews, conducting targeted deep dives, and withholding vacancy approvals until up-to-date consultant job plans are in place. Pay-impacting changes and study leave funding will also be restricted unless job plans are current or under appeal. Additional measures include strengthening accountability, mandating SMART objectives and ensuring compliance risks are reflected in the divisional risk registers and ensuring consultants are aware of their contractual obligations in relation to job plans. |
|                        | Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25  | <b>F</b> | Baseline cumulative 12 month absence 6.53% in Jan 25 plans to reduce 25/26 in comparison to 24/25.   | Sickness- A 12 month project plan is in development in partnership with Trade Unions in conjunction with the launch of the new People Plan 2025-2030 to focus on the main reasons for absence to support further reductions<br><br>Occupational Health - Demand and capacity review has taken place, outcomes to be reviewed and recommendations to be made. Conversations have started on a regional basis with Cardiff and Vale and Cwm Taff Health Boards   |



| Delivery Area                     | Enabling Action   | Adoption | Baseline   | Progress this period  |
|-----------------------------------|---|----------|--|---|
| <b>Maximising Value for Money</b> | 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.  | <b>F</b> | In place reported through Value & Sustainability | We are currently working through rationalisation opportunities via the theatre innovation group which reports into our Non-Pay Group, these include nationally identified opportunities such as sutures, advanced energy devices and surgical stapling. An updated review is underway for orthopaedics hips & knees and toga suits. As national opportunities become defined information is captured locally and shared within the health board to ensure that each opportunity is considered and progressed as appropriate. A consolidated overview of Non-Pay opportunities and updates on progress are also reported through the organisation's Value & Sustainability Board on a monthly basis. |
|                                   | 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) | <b>F</b> | In place reported through Value & Sustainability | Update from Q1 remains on track and monitored monthly for issues and progress via meds management programme board, with escalations where needed to V&S board.  |



| Delivery Area                            | Enabling Action   | Adoption        | Baseline  | Progress this period   |
|--|---|-----------------|---|--|
| <p><b>Maximising Value for Money</b></p> | <p>CHC - ensure implementation of Value &amp; 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.</p> | <p><b>F</b></p> | <p>In place reported through Value &amp; Sustainability</p> | <p>Reviews complete &amp; actions taken, some success with reduction; will continue to review &amp; monitor; legal advice sought for one case to enter hand over with English ICB.<br/>Ongoing, reduction experienced in month however issues remain with the increased demand being seen for enhanced care for hospital discharges and reluctance of LA's to pick up any element of enhanced care.<br/>WG have advised HB's will need to procure a new digital system; limited funding from WG is required to be spent by 31/08/26.<br/>HB's will be expected to provide the additional funding for implementation &amp; procurement.</p> <p>Implemented &amp; evaluation to take place &amp; will be available for Q3.</p> |
|  | <p>Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.</p>  | <p><b>F</b></p> | <p>In place reported through Value &amp; Sustainability</p> | <p>As part of refresh of Estates Strategy – commissioning of 4 facets survey underway which will identify opportunities Also note work on SWH where plans approved by Board to vacate majority of estate.</p>  |



| Delivery Area   | Enabling Action  | Adoption | Baseline   | Progress this period   |
|---|--|----------|--|--|
| <p>Improving Value, Optimising Outcomes, &amp; 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 have been implemented in the majority of tumour sub-sites. All steps are undertaken as per NOP's however, they do not yet align with the recommended milestones within pathways in the majority of sites. Work continues to improve this compliance, particularly in Colorectal, Urology, Gynae with regular Task &amp; Finish Improvement Group meetings.</p> <p>The NOP for neck lumps has not been adopted in Head &amp; Neck; instead all diagnostic tests are made at first outpatient attendance which has significantly improved time to diagnosis and overall SCP compliance. Request for PET scans, genomics etc, are out of ABUHB's control and can vary from 6-20+ day waits.</p> <p>Compliance against 62-day timescale has further reduced, to 60.9% (predicted) at the end of Q2. Reasons - consultant annual leave, therefore theatres being taken down and outpatient clinics reduced.</p>  |
|   | <p>Ensuring full compliance with straight to test guidance</p>   | <p>P</p> | <p>Head and Neck and Sarcoma only pathways outstanding, work ongoing to establish measures.</p>                                      | <p>Q1 update still remains. H&amp;N will not change, the pathway in place delivers 62-day compliance and therefore no requirement for STT, ABUHB have accepted this position. Sarcoma - bespoke piece of work to be undertaken to establish current pathways and map against the STT pathway.</p>  |
|   | <p>Ensure progress with the implementation of Value &amp; Sustainability Board High Value High Impact pathway - Diabetes</p> | <p>F</p> | <p>Plans in place to fully adopt with benefits tracking through Value &amp; Sustainability</p>                                       | <p>Work has been progressing well with WS1 - Producing digital and physical engagement materials that have been distributed to all 68 GP practices in Gwent for adoption and use to address Urine ACR compliance issues. We are now measuring impacts with a positive improvement AVG of 2.5% compliance across the 10 volunteer practices within the first 4-6weeks of adoption. We are now distributing to Pharmacies across Gwent (where applicable). WS2 is progressing also with a review, report and recommendations of findings from the process mapping and identification of high vs low value activity in the urine ACR pathways, it is anticipated that this will be presented to NCN leads in November for consideration. VBHC have now also established and agreed plans to move into the foot care areas defining WS and outputs to improve this care process alongside urine ACR. This will continue in conjunction with monitoring impacts of the urine work into QTR3.</p> <p><a href="https://nhs.wales365.sharepoint.com/sites/ABB_VBHC_C/SitePages/VBHC_Videos-Library.aspx">https://nhs.wales365.sharepoint.com/sites/ABB_VBHC_C/SitePages/VBHC_Videos-Library.aspx</a></p> |



| Delivery Area   | Enabling Action   | Adoption | Baseline   | Progress this period  |
|---|---|----------|--|---|
| <p>Improving Value, Optimising Outcomes, &amp; Minimising Variation</p> | <p>Ensure progress with the implementation of Value &amp; Sustainability Board High Value High Impact pathway - Bone Health</p> | <p>F</p> | <p>Plans in place to fully adopt with benefits tracking through Value &amp; Sustainability</p> | <p>ABUHB continue to lead the way in implementation and adoption of the FLS and Bone health service aligned to the HVHI areas of work local project aims are to: identifying 80% of fragility fractures and delivering bone treatment to 50% of those identified. The aim is to prevent 33% of future fractures in this cohort. Implementation of a pathway of collection for PROMS over a 54 week timeline. Analysis of the cohort data combined with their A&amp;E presentations, admissions or re-fractures will be undertaken in Q1 26-27.</p> <p>Hywel Dda have adopted the collection path, timings and question sets established here in AB, and continue to work with AB Value and FLS team to share learning. Informal agreement for the PROM and the additional Patients Reported information regarding lifestyle to be approved nationally. Low value work identified being undertaken by the CNS's, this led to the addition of a Band 3 0.6WTE which has allowed the service to meet the 16 week follow up KPI. Furthermore, patients who have been prescribed medication are followed up and monitored to ensure medication compliance, those who have had scans are prescribed without delay. The Patient reported data has already had some small changes to the service delivery, e.g. a very small &lt;7% of the cohort smoke, however over 60% report their diet and nutrition does not meet the gov recommendations for fruit and veg or red and processed meats. Knowing this has led to subtle but potentially impactful changes in the delivery of Bone Health Services.</p> |



| Delivery Area  | Enabling Action   | Adoption | Baseline  | Progress this period   |
|--|---|----------|---|--|
| Improving Value, Optimising Outcomes, & Minimising Variation | Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)        | F        | Plans in place to fully adopt with benefits tracking through Value & Sustainability   | Awaiting update  |
|  | Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app. | F        | 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. | Scoping exercise undertaken Sept 25 of current validation in place. Ongoing clerical validation centrally and locally in certain specialties focused on RTT and long waiting follow up patients. Ad hoc clinical validation currently in most specialties, Gastro have a dedicated session a month for clinical validation.<br>52 week outpatient stage validation in place, paused for 26 week insourcing with team focused on delayed follow up clerical validation. Gastroenterology allocate |



| 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.                         | A list of all clinic specialities and codes along with their sub specialities and codes have been shared with the national DSPP programme for surfacing in the app. Along with this, the narrative that will appear on each NHS Wales app screen has also been defined. Information will be surfaced in the app during October 2025.   |
|  | 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. | <p>Cyber assurance reports to include progress against NIS CAF recommendations are provided to the Information Governance Group and taken by SIRO to Finance &amp; Performance Committee.</p> <p>Members of DD&amp;T senior leadership and cyber representatives attended and supported DHCW cyber response exercise in September.</p> <p>Security Incident Event Monitoring solution has been deployed with a range of security logs now being ingested into the local instance to enhance monitoring of security events.</p> |
|  | 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.  | <ul style="list-style-type: none"> <li>• Ongoing engagement with CINs</li> <li>• Alignment with work on Healthcare Pathways</li> <li>• Clarification and correction of coding details via DHCW</li> <li>• Engagement with patient groups to commence production of patient leaflets</li> <li>• WHC currently being drafted for dissemination to HBs late October</li> <li>• Further update to VSB in October</li> </ul>  |



| Delivery Area  | Enabling Action  | Adoption | Baseline  | Progress this period  |
|--|--|----------|---|---|
| Improving Value, Optimising Outcomes, & Minimising Variation | 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.                      | <ul style="list-style-type: none"> <li>Ongoing engagement with CINs</li> <li>Alignment with work on Healthcare Pathways</li> <li>Clarification and correction of coding details via DHCW</li> <li>Engagement with patient groups to commence production of patient leaflets</li> <li>WHC currently being drafted for dissemination to HBs late October</li> <li>Further update to VSB in October</li> </ul> |
|  | 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. | 142 pathways live as of Q2. 39 additional pathways since 01/04/25 - ahead of schedule to meet national target. Team focussing on integrating platform into the organisation through Clinical Interface groups, Interface GPs, comms and engagement.   |

|  |   |
|--|---|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>            | 15 December 2025  |
| <b>CYFARFOD O:</b><br><b>MEETING OF:</b>                         | Finance and Performance Committee                               |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>            | Finance Performance Report – October 2025<br>(2025/26 Month 07) |
| <b>CYFARWYDDWR</b><br><b>ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Rob Holcombe - Director of Finance, Procurement & VBHC          |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>              | 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 October 2025 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 31<sup>st</sup> October 2025,
- 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 7 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 31<sup>st</sup> October 2025 (Month 07) 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.

Oct-25

#### Performance against key financial targets 2025/26

+Adverse / ( ) Favourable

| Target   | Unit             | Current Month | Year to Date  | Year-end Forecast | Movement |
|--|------------------|---------------|---------------|-------------------|----------|
| <b>Revenue financial target</b><br>To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>                               | £'000            | 2,608         | 13,668        | 19,900            |          |
| <b>Capital financial target</b><br>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<br>£37,086 | 2,670<br>7%   | 14,555<br>39% | 0                 |          |
| <b>Public Sector Payment Policy</b><br>To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)   | %                | 97.6%         | 97.2%         | >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 | £14m Deficit   |

**At Month 07, the reported forecast revenue position continues to be reported as a £19.9m deficit. The reported capital position is break-even. There are risks to achieving the reported forecasts.**

The year to date budget performance at month 7 is a deficit of £13.668m. This position is £0.3m worse compared with the month 6 profile for 2025/26. The year to date position is due to new in year pressures that include prescribing costs (April PAR) / 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 remains a **£19.9m deficit**. The forecast deficit is reflective of full delivery of the IMTP savings plans (£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, notably Welsh Risk Pool increased premium, winter plan implications, Our next patient (45-minute ambulance handovers) and the potential impact of any band 2 to 3 HCSW national proposals. This is described further in the commentary.

**Cefndir / Background**

The Board approved 2025/26 IMTP financial plan was ambitious with a high delivery risk to achieve financial balance, requiring financial savings of £40m.

Through financial recovery actions the forecast achievement of savings and mitigating actions as at month 7 is £43.5m. However, the in year cost pressures that the Health Board is not able to mitigate are listed in the table below:

| <b>Forecast Deficit Analysis - outside of IMTP Plan</b>  |                              |                 |
|--|------------------------------|-----------------|
| <b>Category</b>  | <b>Issue</b>                 | <b>Value £m</b> |
| National Issues (£2.9m)                                  | National insurance > funding | 2.2             |
|  | Theatres b2 to b3 grievance  | 0.3             |
|  | MS365                        | 0.4             |
| Funding Ceased (£0.3m)                                   | Fracture liaison service     | 0.3             |
| Ministerial Priorities – Urgent & Emergency Care (£4.5m) | Winter beds 24/25            | 0.8             |
|  | Surge beds                   | 2               |
|  | Emergency department         | 0.2             |
|  | ITU capacity                 | 1.5             |
| Ministerial Priorities – Cancer (£2.5m)                  | Cancer                       | 2               |
|  | Diagnostics growth           | 0.5             |
| Growth above plan (£5.3m)                                | Drugs                        | 2               |
|  | CHC                          | 2.5             |
|  | Diabetes Pumps               | 0.8             |
| Unavoidable Investments / Risk mitigations (£4.4m)       | Mental health                | 3.9             |
|  | Thyroid loss of service      | 0.5             |
| <b>Total</b>   |                              | <b>19.9</b>     |

This revised forecast and approach was approved by the Board at a briefing held on 10<sup>th</sup> July 2025.

The forecast position assumes that pay awards and any other pay related uplifts for 2025/26 will be fully funded by Welsh Government, in line with previous funding agreements.

## 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 £13.668m are related to those in the previous table. The year to date position and the forecast by delegated area is:

|  | Annual budget<br>£000s | YTD Reported Variance<br>£000s | Full-year Forecast at M07<br>£000s | Full-year Forecast at M06<br>£000s | Movement<br>£000s |
|--|------------------------|--------------------------------|------------------------------------|------------------------------------|-------------------|
| <b>Operational Divisions:-</b>                         |                        |                                |                                    |                                    |                   |
| Primary Care and Community                             | 319,839                | (46)                           | 3,060                              | 2,435                              | 625               |
| Prescribing  | 125,635                | 1,999                          | 1,674                              | 2,462                              | (788)             |
| Community CHC & FNC                                    | 75,469                 | 1,496                          | 1,657                              | 2,119                              | (463)             |
| Mental Health & Learning Disabilities                  | 153,185                | 4,001                          | 6,886                              | 7,176                              | (290)             |
| <b>Total Primary Care, Community and Mental Health</b> | <b>674,127</b>         | <b>7,451</b>                   | <b>13,276</b>                      | <b>14,192</b>                      | <b>(916)</b>      |
| Surgery  | 156,621                | 9,042                          | 10,687                             | 9,314                              | 1,374             |
| Clinical Support Services                              | 138,272                | 705                            | 2,076                              | 2,052                              | 24                |
| Medicine   | 179,842                | 3,656                          | 6,858                              | 5,302                              | 1,556             |
| Urgent Care  | 43,556                 | 232                            | 696                                | 499                                | 197               |
| Family & Therapies                                     | 152,410                | 1,411                          | 2,723                              | 2,556                              | 167               |
| Estates and Facilities                                 | 98,064                 | (2,064)                        | (1,505)                            | (1,108)                            | (397)             |
| Chief Operating Officer                                | 10,637                 | 275                            | 853                                | (150)                              | 1,003             |
| <b>Total Chief Operating Officer</b>                   | <b>779,404</b>         | <b>13,258</b>                  | <b>22,389</b>                      | <b>18,465</b>                      | <b>3,924</b>      |
| <b>Total Corporate Divisions</b>                       | <b>100,245</b>         | <b>(3,116)</b>                 | <b>(5,912)</b>                     | <b>(5,024)</b>                     | <b>(888)</b>      |
| <b>Total Specialist Services</b>                       | <b>200,180</b>         | <b>547</b>                     | <b>1,360</b>                       | <b>1,431</b>                       | <b>(71)</b>       |
| <b>Total External Contracts</b>                        | <b>134,038</b>         | <b>(2,431)</b>                 | <b>(3,384)</b>                     | <b>(3,385)</b>                     | <b>0</b>          |
| <b>Total Capital Charges</b>                           | <b>49,182</b>          | <b>35</b>                      | <b>50</b>                          | <b>50</b>                          | <b>0</b>          |
| <b>Total Delegated Position</b>                        | <b>1,937,177</b>       | <b>15,745</b>                  | <b>27,779</b>                      | <b>25,730</b>                      | <b>2,049</b>      |
| <b>Total Reserves</b>                                  | <b>8,846</b>           | <b>(2,076)</b>                 | <b>(7,879)</b>                     | <b>(5,830)</b>                     | <b>(2,050)</b>    |
| <b>Total Income</b>                                    | <b>(1,946,023)</b>     | <b>0</b>                       | <b>0</b>                           | <b>0</b>                           | <b>0</b>          |
| <b>Total Position</b>                                  | <b>0</b>               | <b>13,668</b>                  | <b>19,900</b>                      | <b>19,900</b>                      | <b>(1)</b>        |
| <b>Total Reported Position</b>                         | <b>0</b>               | <b>13,668</b>                  | <b>19,900</b>                      | <b>19,900</b>                      | <b>(1)</b>        |

### Summary of key operational points for Month 07

Key points to note for month 07 include:

The financial position at the 31<sup>st</sup> October 2026 shows a £13.668m deficit. The key issues in the month are described in this report.

- Expenditure within the Health Board for total pay was £76.4m. This is an increase of £0.2m compared with September (£76.4m).
- Non-pay expenditure (excluding capital adjustments) was £97.7m, an increase of £5.3m compared with September. This is a result of Health care services provided by other bodies (+£3.2m), linked to regional contracts and English trust services, an additional (+£1.4m) for GMS and Dental contracts driven by rising Covid infections and extra sustainability support.
- 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 has deteriorated against the Plan, primarily due to an increase in the average item price (now £7.82 compared with the planned £7.41) and the volume of items prescribed in the April PAR. While the forecast growth rate has been reduced from 0.5% to 0.0%. This only partially offsets the impact of rising item prices, which have increased from £7.81 in month 5 to £7.86 in month 6 and £7.95 in month 7. The latest increase is 7.9p lower than the forecast for August, enabling a slight improvement in the prescribing forecast.
- On-going acute secondary care high cost drugs prices and growth in usage 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 outside of the financial plan. Medicines management savings include an expectation to achieve £2.2m from the loss of exclusivity of Dapagliflozin. This is based on the price dropping to c40% of the pre price reduction cost.
- Demand & flow pressures for beds across the whole system remain a significant cost driver. There has, however, been a favourable downward trend in delays since the end of last year falling by 29% since September 2024. There was a decrease in the numbers of in-patients fit for discharge at the WG data capture point (for pathways of care delays) in October (167 compared with 184 in September). This is reported as 41 Health delays, 43 Social care delays and 83 Joint delays. The reason categories in relation to delayed days are as follows:

| Reason                           | Number of Patients | %           |
|----------------------------------|--------------------|-------------|
| Assessment Issues                | 56                 | 34%         |
| Care Home placement arrangements | 31                 | 19%         |
| Disagreements/Legislation        | 20                 | 12%         |
| Home care related issues         | 15                 | 9%          |
| Housing related issues           | 13                 | 8%          |
| Step down issues                 | 13                 | 8%          |
| Home adaptation/equipment issues | 12                 | 7%          |
| Funding Issues                   | 7                  | 4%          |
|                                  | <b>167</b>         | <b>100%</b> |

- The estimated cost for the year of continued blocked bed days for all reasons is c.£12.2m using a £200 cost per bed day (based on the number of in-patients for October). 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 financial position to a forecast £19.9m deficit due to the in-year pressures. The components of the forecast include full delivery of the IMTP savings plan and new in year cost pressures that are in addition to those within the IMTP. This 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.

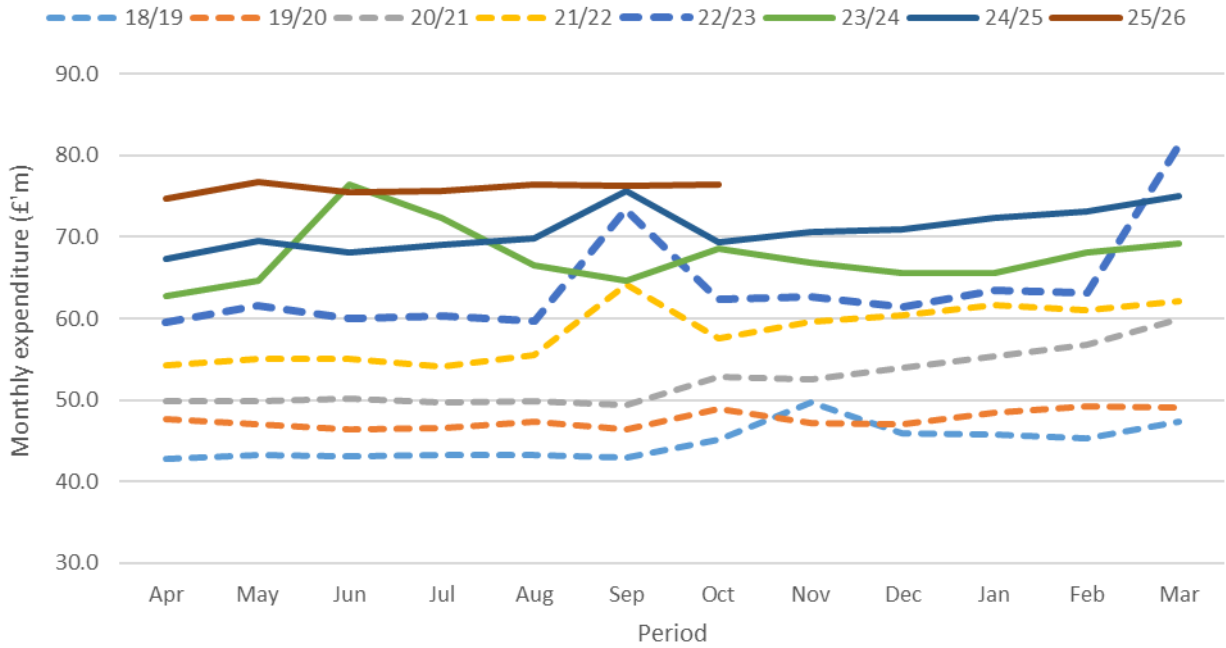
Additional risks outside the reported forecast include the Welsh Risk Pool increased premium, additional winter plan implications and the potential impact of any band 2 to 3 HCSW regrades (national proposal).

### **Expenditure run-rates**

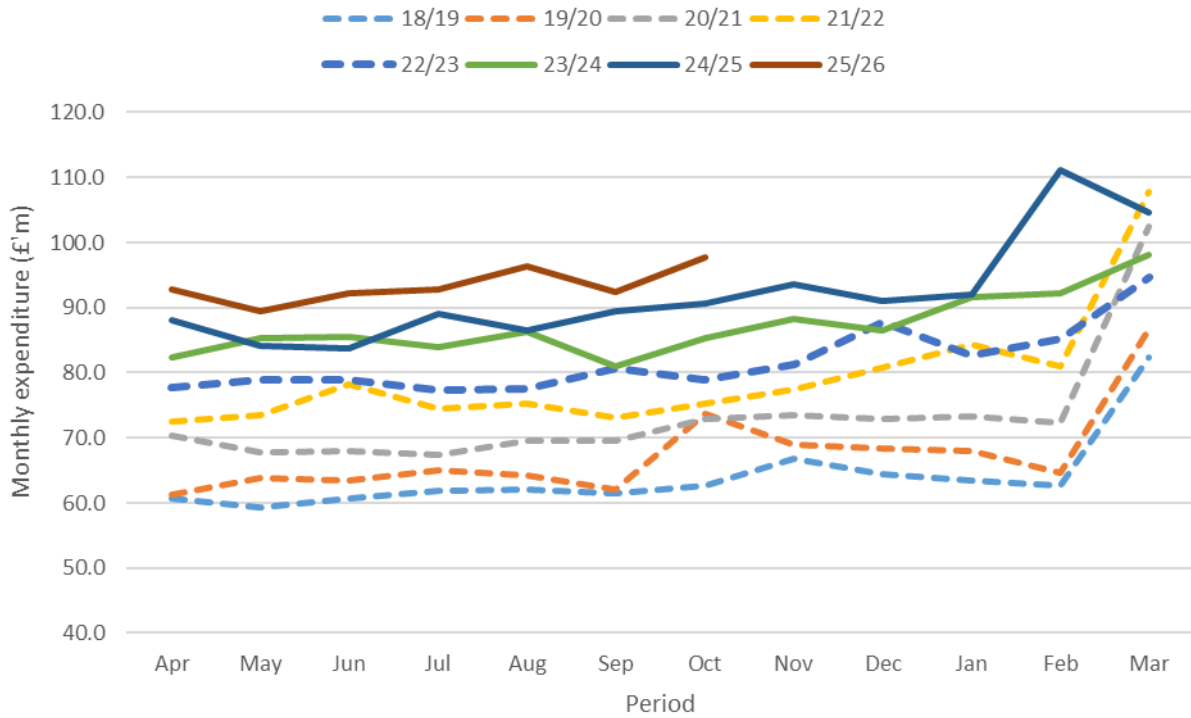
Pay and Non-Pay expenditure run-rates for the last seven financial years are shown below; assuming the current level of income, the expenditure run-rates need to reduce in order for the Health Board to meet its forecast position.

### Pay expenditure 2018 - 2025

(excludes impact of annual ER's pension adjustment, Covid annual leave accrual and bonus payments to HB staff)



### Non pay expenditure 2018 - 2025



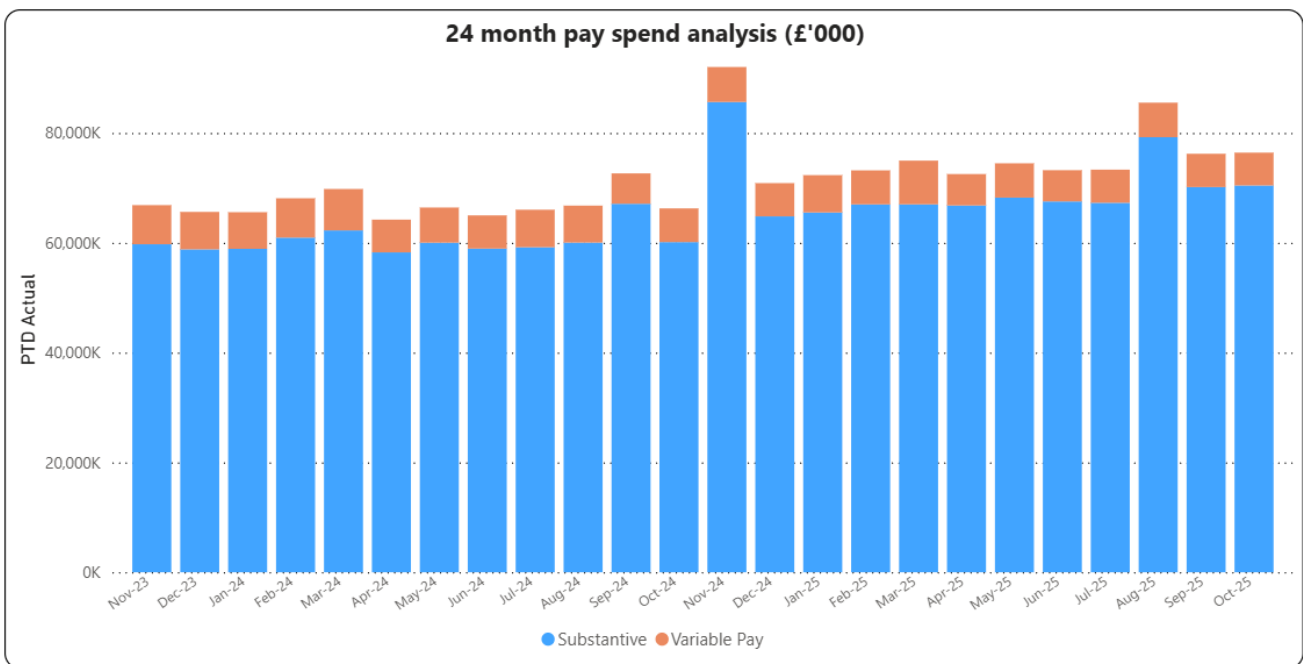
### Workforce

The Health Board spent £76.4m in September on workforce.

| <b>Workforce Costs</b> | <b>Current month<br/>£m</b> | <b>Previous Month<br/>£m</b> | <b>Year to Date<br/>25/26<br/>£m</b> |
|------------------------|-----------------------------|------------------------------|--------------------------------------|
| Total Pay              | 76.4                        | 76.2                         | 531.8                                |
| Substantive Pay        | 70.5                        | 70.1                         | 489.7                                |
| Variable Pay           | 5.9                         | 6.1                          | 42.0                                 |

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 service re-design and capacity reduction. Real terms total workforce cost reduction will be the key indicator.

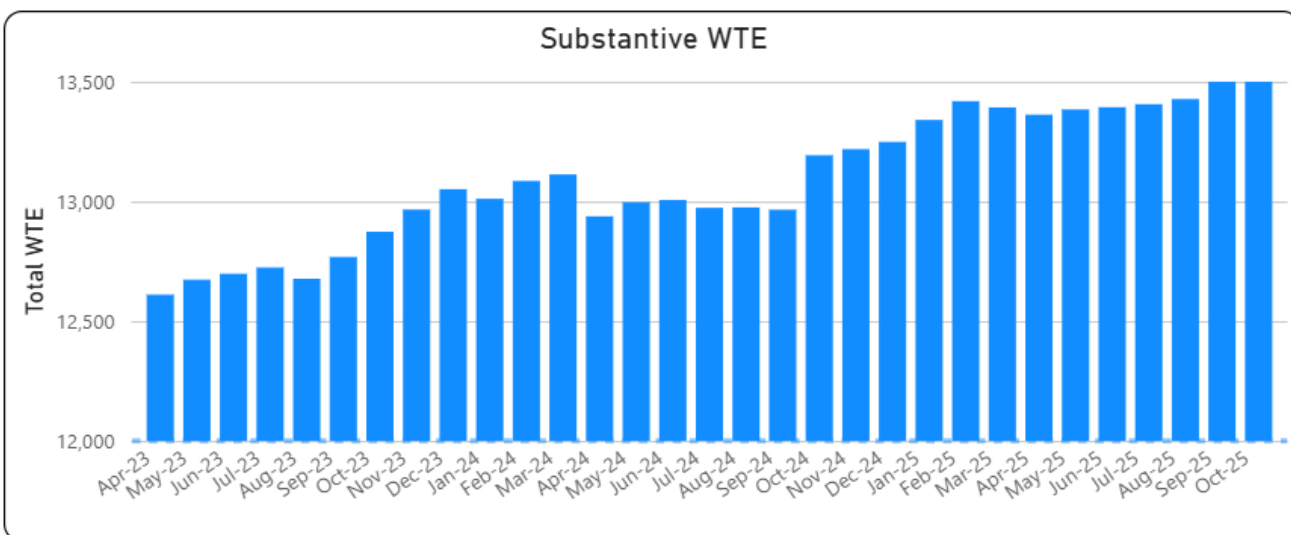
Workforce expenditure trends are shown below differentiating between substantive and variable pay<sup>1</sup>:



### Substantive staff

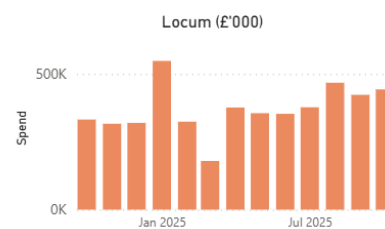
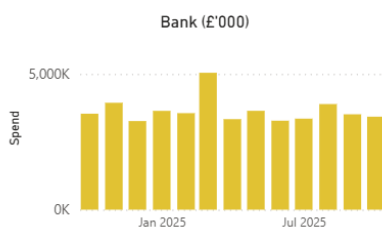
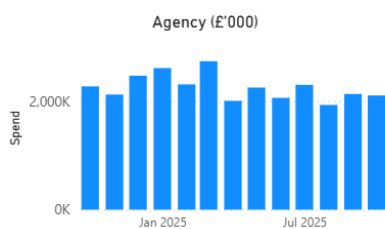
Substantive pay was £70.5m in October, an increase of £0.4m on the previous month. Substantive WTE's were 13,545 compared with 13,543 for September.

<sup>1</sup> To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).



### Variable pay

Variable pay (Agency, Bank and Locum) was £6.0m in October compared with £6.1m in September, a £0.1m decrease.



| Variable Pay Costs        | Current month £m | Previous Month £m | Year to Date 25/26 £m |
|---------------------------|------------------|-------------------|-----------------------|
| Agency - Nursing          | 0.6              | 0.7               | 4.5                   |
| Agency - Medical & Dental | 1.0              | 0.9               | 6.8                   |
| Agency - HCSW             | 0.1              | 0.1               | 1.0                   |
| Agency - Estates & Other  | 0.4              | 0.4               | 2.3                   |
| Bank                      | 3.4              | 3.5               | 24.4                  |
| Locums                    | 0.4              | 0.4               | 2.7                   |

**Enhanced Care** for October 2025 was £0.5m of expenditure using bank and agency registered nurses and health care support workers, for 21,249 hours worked.

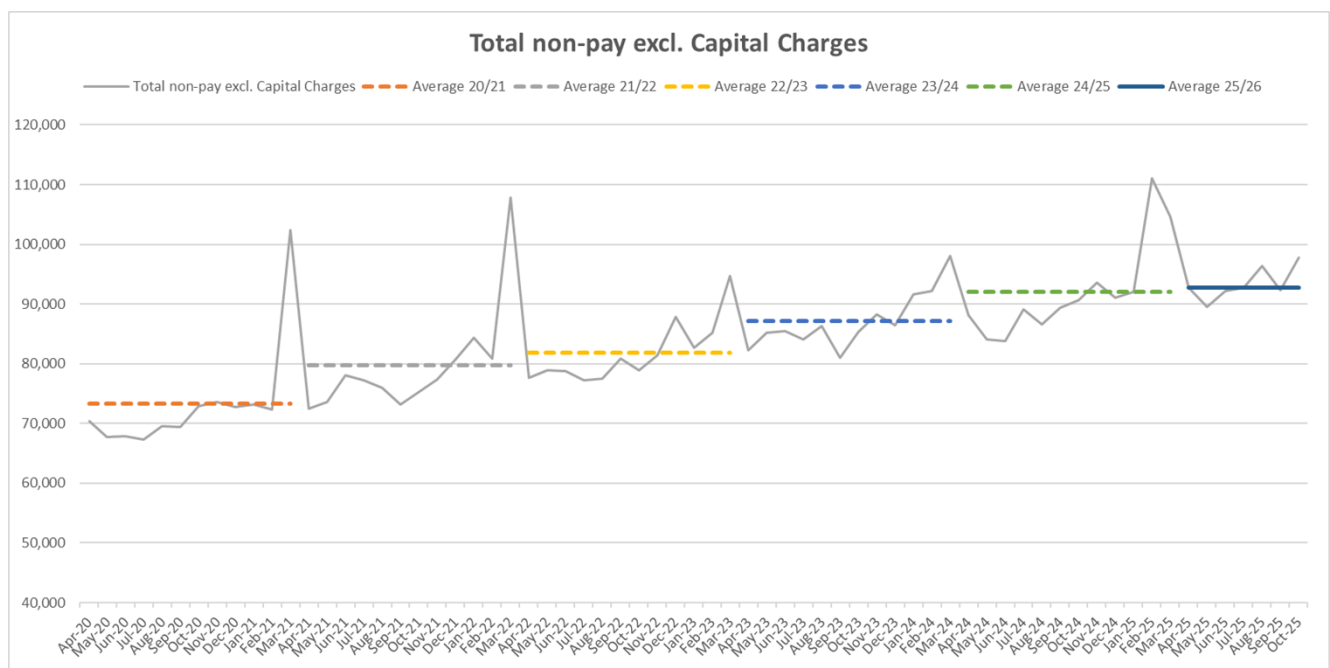
**Nursing vacancy cover** for October 2025 variable pay relating to vacancies is c.£1.4m for 52,055 hours worked for bank and agency hours for shifts where 'to cover vacancies' is provided as the reason for use.

**Nursing sickness cover** for October 2025 variable pay relating to sickness is c.£1m ('notional calculated' expenditure) for 39,717 hours worked for bank and agency hours for shifts booked to cover sickness as input onto the e-roster system.

**Non-Pay**

Non-pay expenditure (excluding capital) for September was £97.7m, representing a £5.3m increase from the previous month. This rise is primarily driven by higher costs for out-of-area treatments and regional contracts and increased sustainability support within primary care.

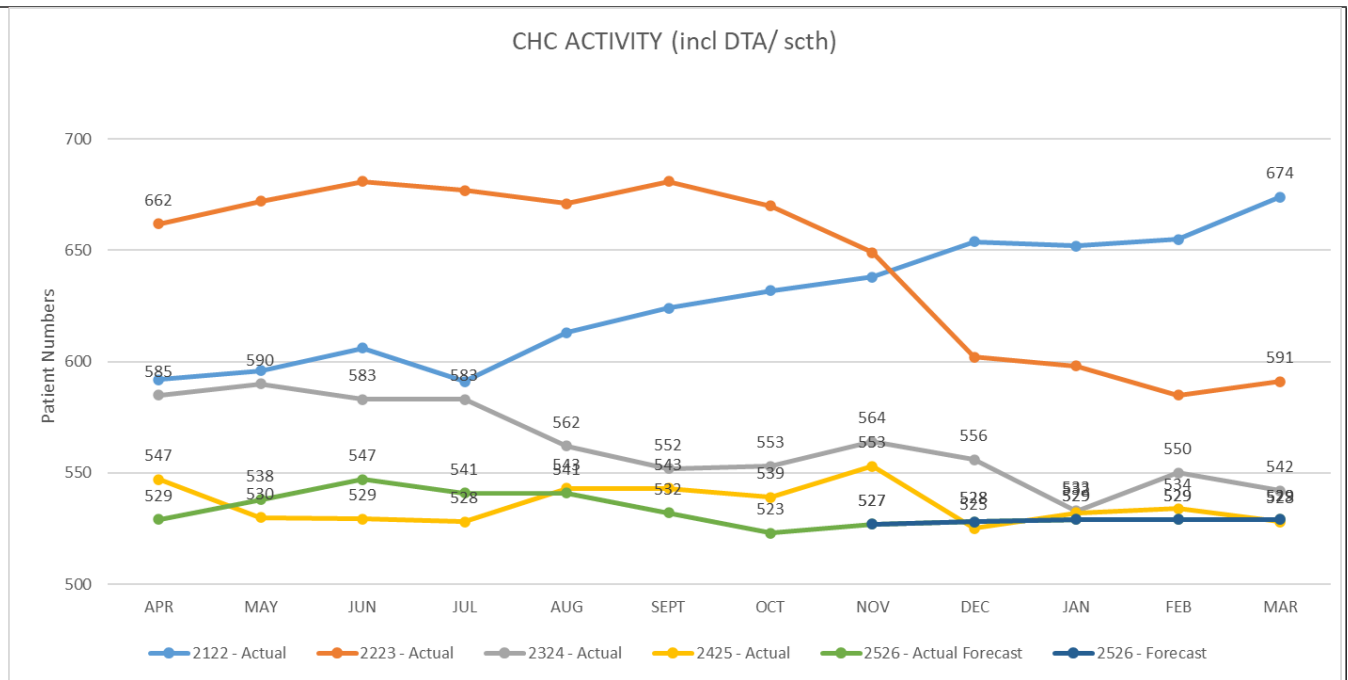
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



**CHC**

The Health Board spent £11.8m on CHC (all types) in October, which was a 0.2m increase on last month.

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



Childrens packages are more volatile and present a risk in 2025/26 above plan assumptions. At month 7 there are 37 out of county packages of care, 3 of which are high values packages (cost more than £0.1m each p.a). Childrens Community Nursing has 19 Internal open packages of care as at M7, 5 of which are classified as high value packages.

Mental Health CHC patient numbers had a net increase of one in month 7 taking MH packages of care to 278. Learning Disabilities (LD) packages increased by one, bringing the total to 172. This results in 450 patients overall, with 458 packages forecast by year-end. MH packages are averaging £92k and LD £177k per annum.

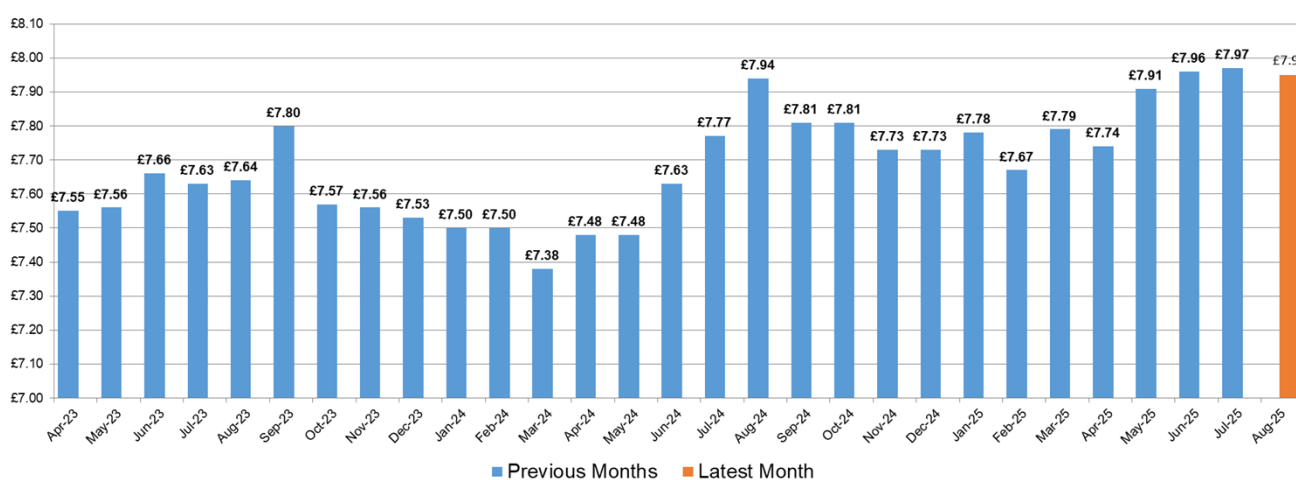
### Prescribing

Primary Care prescribing spend for October was £10.3m, a reduction on previous months expenditure.

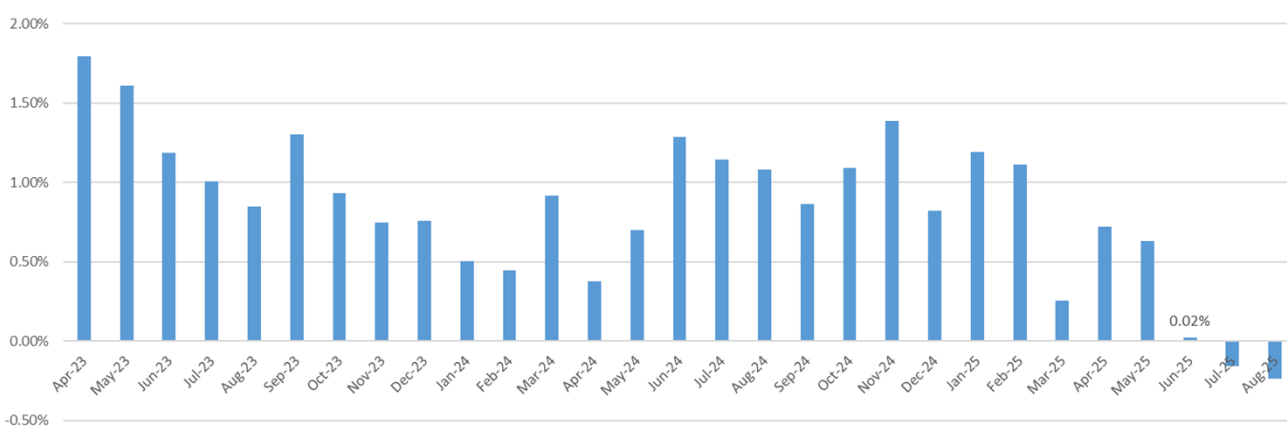
Prescribing expenditure has deteriorated against the Plan, primarily due to an increase in the average item price (now £7.82 compared with the planned £7.41) and the volume of items prescribed in the April PAR. While the forecast growth rate has been reduced from 0.5% to 0.0%, this only partially offsets the impact of rising item prices, which have increased from £7.81 in month 5 to £7.86 in month 6 and £7.95 in month 7. The latest increase is 7.9p, lower than the forecast for August giving a forecast benefit.

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

**Monthly Average Price Per Item Prescribed**



**In-Month Growth Rate For The Prior 12 months (Adjusted for Prescribing Days)**



\*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

The Health Board secured £1.5m from WG for additional waiting times activity to improve the 104 week waiting times position for patients. Good progress is being made to reduce waiting times; the table below provides a summary forecast of this position.

| Specialty    | Delivery Method | Funding<br>£k | Plan<br>Vol | Q1            | Q2            | M07           | M07 YTD       | M07 YTD         | M07 YTD                    | M07 YTD                       |
|--------------|-----------------|---------------|-------------|---------------|---------------|---------------|---------------|-----------------|----------------------------|-------------------------------|
|              |                 |               |             | Actual<br>Vol | Actual<br>Vol | Actual<br>Vol | Actual<br>Vol | Variance<br>Vol | Total Actual<br>Cost<br>£k | (Under) /<br>Over spend<br>£k |
| ENT          | Insourced       | 300           | 440         | 464           | -             | -             | 464           | 24              | 224                        | 76                            |
| Non Cat Eyes | Outsourced      | 152           | 191         | 63            | -             | -             | 63            | 128             | 72                         | 80                            |
|              | Insourced       | 28            | 50          | 50            | -             | -             | 50            | -               | 12                         | 16                            |
| Orthopaedics | WLI / Backfill  | 1,020         | 255         | 425           | 210           | 81            | 716           | 461             | 4,193                      | 3,173                         |
| <b>Total</b> |                 | <b>1,500</b>  | <b>936</b>  | <b>1,002</b>  | <b>210</b>    | <b>81</b>     | <b>1,293</b>  | <b>357</b>      | <b>4,501</b>               | <b>3,001</b>                  |

Additional work has also been delivered through efficiency at an estimated marginal cost of £0.9m for the year.

## **Long Term Agreements (LTA's)**

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

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.

The Health Board is reflecting in its deficit 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 providers through the year and associated increases in high cost drug recharges.

## **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 reserves held at 31<sup>st</sup> October 2025 are £8.8m, including allocations to be delegated of £6.6m, specific commitment reserves of £1.2m, those supporting the financial position of £1m and a contingency investment reserve (held for winter planning) of £0.4m.

The reserves include some elements of income assumed at risk associated with the submitted plan with £3.9m of anticipated funding for RTT 104w activity, beyond current funded levels.

A summary of all Health Board reserves on 31<sup>st</sup> October 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 31<sup>st</sup> March 2025.

The underlying deficit position was reviewed as part of the IMTP process for 2025/26 which can be summarised as below:

| 2025/26 Opening underlying position | 24/25 Plan<br>£m | 25/26<br>movement<br>£m | 25/26 opening<br>plan<br>£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                         |
| <b>Total</b>                        | <b>14.4</b>      | <b>12.7</b>             | <b>27.2</b>                 |

This resulted in a starting underlying position for 2025/26 of £27.2m

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.

**Following the adjusted forecast to a deficit in year position the underlying forecast will also need to be updated. An exercise will be undertaken to establish the savings and mitigating actions that are recurrent. It is anticipated to show a worsening underlying financial position and will be finalised as part of the IMTP process.**

### **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 7, 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 7, all savings schemes have been reported as green. There

remains risk in the full achievement of some of the savings, and in the recurrent nature of some, but the Health Board expects to manage this as the financial year progresses.

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.

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         | £824          | £1,413         | £590          | £4,250         | £2,813                    | 295.7%        |
| Complex Care                            | 1.9%            | £781           | £280          | £219           | £61           | £1,031         | £251                      | 132.1%        |
| Contracting and Commissioning           | 0.0%            | £0             | £0            | £2,425         | £2,425        | £3,659         | £3,659                    |               |
| Corporate                               | 6.1%            | £2,471         | £1,047        | £947           | £100          | £10,079        | £7,608                    | 407.9%        |
| Estates and Facilities                  | 7.4%            | £3,000         | £1,502        | £3,055         | £1,553        | £5,056         | £2,056                    | 168.5%        |
| Families and Therapies                  | 1.7%            | £682           | £301          | £1,037         | £736          | £2,402         | £1,720                    | 352.2%        |
| Medicine                                | 5.6%            | £2,250         | £1,239        | £2,054         | £815          | £4,542         | £2,291                    | 201.8%        |
| Mental Health and Learning Disabilities | 2.3%            | £946           | £207          | £459           | £252          | £1,384         | £438                      | 146.3%        |
| Prescribing                             | 5.6%            | £2,252         | £766          | £1,241         | £476          | £5,160         | £2,908                    | 229.1%        |
| Primary Care and Community              | 4.0%            | £1,614         | £431          | £1,242         | £811          | £2,609         | £995                      | 161.6%        |
| Surgery                                 | 6.1%            | £2,448         | £1,116        | £847           | £270          | £2,530         | £82                       | 103.3%        |
| Urgent Care                             | 1.3%            | £539           | £217          | £215           | £2            | £789           | £250                      | 146.3%        |
| Various                                 | 54.4%           | £21,980        | £0            | £0             | £0            | £0             | £21,980                   | 0.0%          |
| <b>Total</b>                            | <b>100.0%</b>   | <b>£40,400</b> | <b>£7,929</b> | <b>£15,155</b> | <b>£7,226</b> | <b>£43,490</b> | <b>£3,090</b>             | <b>107.6%</b> |

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

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                | £374            | £475                 | £101                 | £2,563                | £1,711                     | £851                       |
| Medicines Management            | 40                | £1,627          | £2,581               | £954                 | £4,520                | £8,776                     | £4,256                     |
| Procurement & Non-pay           | 130               | £3,384          | £7,104               | £3,720               | £20,587               | £20,212                    | £375                       |
| Service redesign                | 3                 | £340            | £845                 | £505                 | £1,980                | £1,737                     | £243                       |
| Workforce                       | 77                | £2,205          | £4,150               | £1,945               | £10,750               | £11,053                    | £303                       |
| <b>Total</b>                    | <b>262</b>        | <b>£7,929</b>   | <b>£15,155</b>       | <b>£7,226</b>        | <b>£40,400</b>        | <b>£43,490</b>             | <b>£3,090</b>              |

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 **49% of the savings are non-recurrent**. This will 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         | £1,711           | -£851            | £250                           | £1,461                     | £2,196               |
| Medicines Management  | 40                | £4,520         | £8,776           | £4,256           | £1,069                         | £7,707                     | £10,266              |
| Procurement & Non-pay | 130               | £20,587        | £20,212          | -£375            | £12,940                        | £7,273                     | £8,124               |
| Service redesign      | 3                 | £1,980         | £1,737           | -£243            | £1,609                         | £128                       | £384                 |
| Workforce             | 77                | £10,750        | £11,053          | £303             | £5,244                         | £5,809                     | £7,379               |
| <b>Total</b>          | <b>262</b>        | <b>£40,400</b> | <b>£43,490</b>   | <b>£3,090</b>    | <b>£21,112</b>                 | <b>£22,377</b>             | <b>£28,349</b>       |

There are significant challenges to achieving the financial forecast for 2025/26.

**Opportunities**

The ABUHB Value & Sustainability Board and relevant Divisions / Departments are actively engaged in the identification of opportunities 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 £0.5m have been progressed to savings plans. The items not at a point to include as savings:

| Opportunities Pipeline September 25 | No. Schemes | £000    |
|-------------------------------------|-------------|---------|
| Procurement & Non-Pay               | 9           | (1,045) |
| Workforce                           | 9           | (2,460) |
| Medicines Management                | 6           | (482)   |
| CHC                                 | 2           | (972)   |
|                                     | 26          | (4,959) |

**Risks**

The risks have been updated to reflect additional in year pressures (above the £19.9m). 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 additional risks to the Health Board are:

| <b>Risks Excluded from Forecast £19.9m deficit</b>              |           |
|---|-----------|
|   | <b>£m</b> |
| WRP   | 9.7       |
| band 2 to 3   | 7.9       |
| Bank wage award not funded                                      | 1.5       |
| RTT not funded - WLI's / internal solutions                     | 3         |
| RTT not funded - national insourcing                            | tbc       |
| National OP insourcing s/fall                                   | tbc       |
| Winter  | tbc       |
| MH Variable Pay   | 2         |
| ED 45 mins (2 months extra nursing)                             | tbc       |
| Secondary care drugs  | 1.7       |
| Non Achievement of Savings                                      | 2         |
| Pay settlements funding   | tbc       |
| Achievement of Full Savings plan                                | tbc       |
| Operational Pressures in xs of forecast                         | tbc       |
| Confirmation of anticipated funding (Wage awrds & Planned care) | tbc       |

These risks are outside the current forecast and if costs are incurred and mitigations or funding is not identified then it is highly likely that they will impact the year end forecast deficit.

## **Capital**

The approved CRL as at Month 7 totalled £37.086m including disposal proceeds totalling £0.061m. The Health Board confirmed the CRL requirements for All Wales Capital Programme (AWCP) schemes at the end of October. The revised budget allocations are included in the reported month 7 position and are now fixed (further details below). Any future slippage will need to be managed by the Health Board through brokerage with the Discretionary Capital Programme. The forecast outturn at Month 7 is breakeven.

### **AWCP Schemes**

#### **NHH Satellite Radiotherapy Centre – Main Scheme**

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 now being agreed with the contractor. Associated smaller works and expenditure against the arts budget will continue throughout the remainder of the year.

#### **GUH Emergency Department Extension**

The phase 1 works to the Grange University Hospital Emergency Department Extension are nearing completion. 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 £0.403m, however, there is a risk of increased overspend if further claims submitted by the contractor in relation to prolongation of the programme and additional works are approved under the contract.

### **Head Lease for Chepstow Community Hospital**

The order for this scheme has been raised, and works are expected to complete by the end of December.

### **Year End Funding October 2024 (GUH 2nd MRI)**

The MRI machine has been operational since July. Works are complete and smaller associated equipment orders have been delivered. Whilst some final costs are anticipated, an underspend of £280k has been returned to WG in October.

### **Centralised Decontamination Unit**

The expected handover of the Centralised Decontamination Unit at RGH is delayed until February 2026. 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).

### **RGH Blocks 1 & 2 Demolition and Car Park**

A SAB application for this scheme has been re-submitted to Newport City Council, and a decision is awaited. Slippage of £250k was reported against this allocation in October as works are not likely to commence until March.

### **Backlog Maintenance 2024/25**

The Backlog Maintenance slippage allocation totalling £2.017m relates to St Cadoc's duct works and lift door replacements at Royal Gwent and Nevill Hall Hospitals. Works are progressing on both schemes which are expected to complete by quarter 3 of 2025/26.

### **TEF National Programmes – Fire/ Infrastructure/ Decarbonisation/ Mental Health/ Infection Control/ Decontamination**

Targeted Estates Funding (TEF) for 2025/26 has been revised to £8.388m as a slippage request of £1.150m has been approved by WG. Works are progressing across the majority of the Targeted Estates Funding (TEF) schemes for 2025/26 with 22% of the allocation being spent by the end of October. The remaining orders are being progressed urgently to ensure full spend of the revised allocation. A request will be submitted in November to request the RGH Kitchen scheme funding of £300k be formally transferred to the St Woolos Rationalisation scheme.

### **EFAB Infrastructure**

This allocation in relation to the original St Cadoc's Ducts work is now fully expended. The remaining works will continue under the backlog maintenance and TEF funding allocations.

### **CAMHS – Sanctuary Hub (HCF Funding)**

The disabled access ramp is now installed and expenditure against this AWCP allocation is complete. The remainder of the ramp costs are funded from DCP.

### **YYF Unified Breast Unit**

The final account is agreed, and the final VAT recovery claim has been submitted to HMRC in August. The underspend of £51k has been returned to WG.

### **Ty Gwent**

Orders are raised for the outstanding works in relation to the external EV parking. The works are due to complete in the next few months.

### **Commercial Research Delivery Wales Equipment 2024/25**

The slippage amount of £12k is now fully spent.

### **Digital Equipment 2024/25**

The slippage amount of £53k has now fully spent.

### **Year End funding – February 2025**

The final deliveries for this scheme have now been received.

### **IRCF - Aber Valley Health and Wellbeing Centre and Aber Practice Development**

The Outline Business Case (OBC) preparation is on-going. The flood report has been issued, and the Health Board is actively meeting with the Local Authority to explore options within the Aber Park site. The proposed development is not expected to impact on the community asset transfer taking place for part of the site. Costs are still being negotiated with the supply chain partner to complete the OBC, with the 25/26 allocation and forecast now adjusted to £0.550m as any expected overspend will occur in 2026/27. Once final costs to complete the OBC are agreed a notification of event submission will be made to the Regional Partnership Board (RPB) / WG for approval.

### **IRCF - Monmouth Health and Wellbeing Centre and Dixton Surgery**

A decision has been made to investigate the feasibility of utilising Monnow Vale as the preferred site option for the development. The supply chain partner and the project manager have been appointed, are working through planning requirements, and key deliverables to achieve OBC completion. Fees are being negotiated; additional funding may be required to complete these works for which a notification of event will need to be submitted to the RPB/WG for approval.

### **Housing with Care Fund**

Schemes are progressing and are expected to complete within the current financial year. A VAT saving of £16k has been confirmed across these schemes. A request has been made to the RPB team to reallocate these funds to cover the costs for the CAMHS Sanctuary Hub disabled access ramp which have been funded via the DCP.

### **DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)**

Slippage of £685k has been reported to WG in October. The remaining orders are being progressed to complete in the current financial year.

### **DPIF - RISP**

Slippage of £24k has been reported in October which relates to the go live support costs that will be expended in 2026/27. The go live date for the system is expected to be 8th May 2026.

### **Non-Radiology Ultrasound Replacement Funding**

Procurement activities have commenced on the identified priority machines within the approved allocation of £576k. Procurement are still awaiting specifications to be completed for some of the machines to progress. Once these have been received, and lead times are known for individual orders, the expenditure forecast will be updated.

### **Mental Health Quality & Safety Schemes**

Works have commenced across the five identified projects within the £705k allocation.

### **Discretionary Capital Programme**

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £6.944m at Month 7 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.862m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)
- Plus Reimbursement of DCP Fees re: RGH Decon scheme - £0.139m
- Less 2025/26 AWCP scheme overspends - (£0.034m)
- Plus disposal proceeds 2025/26 - £0.061m

DCP expenditure to Month 7 totalled £2.977m. Urgent schemes totalling £0.214m have been approved in October relating to urgent works, mental health environment improvements and replacement equipment. As the Nevill Hall RAAC works scheme has now been approved via the AWCP, £0.806m has been reimbursed to the DCP contingency. The unallocated contingency at the end of Month 7 is £0.860m.

### **Cash**

The cash balance at the 30<sup>th</sup> October is £2.458m, which is below the advisory figure set by Welsh Government of £6m.

The Health Board is currently forecasting an overspend of £19.9m in 2025/26, reflecting this overspend in the cash forecast means the Health Board will require strategic cash support towards the end of the year, if not reduced downwards toward

break even. This increased 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.

**The Health Board approved the submission request in its November 26th meeting and will be requesting strategic cash support of £19.9m via an Accountable officer letter from the CEO.**

### **Public Sector Payment Policy (PSPP)**

The HB has achieved the target in October. The target to pay 95% of NHS invoices within 30 days has been achieved this month.

### **Argymhelliad / Recommendation**

#### **The Committee is asked to note for assurance:**

- The financial performance at the end of October 2025 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 31<sup>st</sup> October 2025,
- 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.



Board%20Finance%  
20Report%20Appen

October 2025 Monthly Monitoring Return:  
[Key Documents - Aneurin Bevan University Health Board](#)

| <b>Objectives: (must be completed)</b>  |   |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                    | Financial Sustainability  |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):  | 7. Staff and Resources<br>Governance, Leadership & Accountability<br>All Health & Care Standards Apply<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>  | Choose an item.<br>All IMTP priorities  |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP  | Finance   |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Improve the Wellbeing and engagement of our staff<br>Choose an item.<br>Choose an item.<br>Choose an item.                |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b> |  |
|--|--|
| Ar sail tystiolaeth:<br>Evidence Base:                 | ABUHB efficiency compendium<br>Value & Sustainability Board  |
| Rhestr Termau:<br>Glossary of Terms:                   | A&C – Administration & Clerical<br>A&E – Accident & Emergency<br>A4C - Agenda for Change<br>AME – (WG) Annually Managed Expenditure<br>AQF – Annual Quality Framework<br>AWCP – All Wales Capital Programme<br>AP – Accounts Payable<br>AOF – Annual Operating Framework<br>ATMP – Advanced Therapeutic Medicinal Products<br>B/F – Brought Forward<br>BH – Bank Holiday<br>C&V – Cardiff and Vale<br>CAMHS – Child & Adolescent Mental Health Services<br>C/F – Carried Forward<br>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  
 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  
 ODTC – 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)  
 T&O – Trauma & Orthopaedics  
 TAG – Technical Accounting Group

|   |   |
|---|---|
|   | <p>UHB / HB – University Health Board / Health Board</p> <p>USC – Unscheduled Care (Division)</p> <p>UC – Urgent Care (Division)</p> <p>ULP – Underlying Financial Position</p> <p>VCCC – Velindre Cancer Care Centre</p> <p>VERS – Voluntary Early Release Scheme</p> <p>WET AMD – Wet age-related macular degeneration</p> <p>WG – Welsh Government</p> <p>WHC – Welsh Health Circular</p> <p>WHSSC – Welsh Health Specialised Services Committee</p> <p>WLI – Waiting List Initiative</p> <p>WLIMS – Welsh Laboratory Information Management System</p> <p>WRP – Welsh Risk Pool</p> <p>YAB – Ysbyty Aneurin Bevan</p> <p>YTD – Year to date</p> <p>YYF – Ysbyty Ystrad Fawr</p> |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | Finance & Performance Committee   |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b>  |   |
|--|---|
| <b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>   | <p><b>Is EIA Required and included with this paper</b><br/> <b>No does not meet requirements</b></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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p> |
| <b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b> | <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p>   |

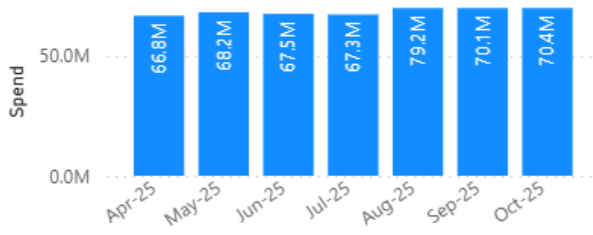
<https://futuregenerations.wales/about-us/future-generations-act/>

|  |
|--|
| <b>Aneurin Bevan University Health Board</b>       |
| <b>Finance Report – October (Month 07) 2025/26</b> |
| <b>Appendices</b>                                  |

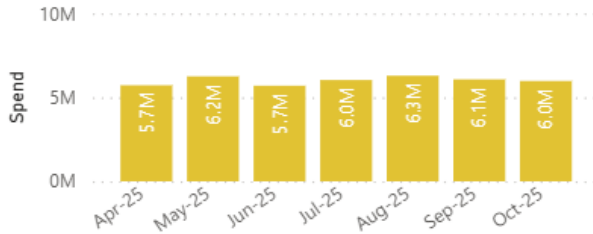
|   |
|---|
| <b>Section</b>  |
| Pay Summary 1   |
| Pay Summary 2 Substantive Pay                         |
| Pay Summary 3 Variable Pay                            |
| Pay Summary 4 Bank & Agency Reasons RN's & HCSW's     |
| Non-pay Summary                                       |
| CHC Activity & Forecast                               |
| RTT & Waiting List Initiatives                        |
| Savings scheme RAG rating definitions                 |
| Divisional analysis                                   |
| Reserves  |
| Cash / Public Sector Payment Policy                   |
| External Contracts – LTA's                            |
| 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 pay (£'M)**



**Variable pay (£'M)**



**Total Pay (£'M)**



**Substantive (£'000)**

| Pay category                      | Apr-25        | May-25        | Jun-25        | Jul-25        | Aug-25        | Sep-25        | Oct-25        | Change     | %           | Avg 24/25     |
|-----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|-------------|---------------|
| ADD PROF SCIENTIFIC AND TECHNICAL | 2,644         | 2,617         | 2,613         | 2,641         | 3,101         | 2,748         | 2,831         | 84         | 3.0%        | 2,513         |
| ADDITIONAL CLINICAL SERVICES      | 8,684         | 9,230         | 8,980         | 8,842         | 9,899         | 9,034         | 9,016         | -17        | -0.2%       | 8,438         |
| ADMINISTRATIVE & CLERICAL         | 10,722        | 10,526        | 10,760        | 10,818        | 12,609        | 11,219        | 11,256        | 36         | 0.3%        | 10,110        |
| ALLIED HEALTH PROFESSIONALS       | 4,501         | 4,567         | 4,507         | 4,519         | 5,425         | 4,782         | 4,824         | 43         | 0.9%        | 4,361         |
| ESTATES AND ANCILLIARY            | 3,387         | 3,681         | 3,516         | 3,499         | 3,794         | 3,476         | 3,498         | 22         | 0.6%        | 3,208         |
| HEALTHCARE SCIENTISTS             | 1,266         | 1,288         | 1,256         | 1,276         | 1,483         | 1,331         | 1,343         | 12         | 0.9%        | 1,236         |
| MEDICAL AND DENTAL                | 16,729        | 17,057        | 16,884        | 16,794        | 20,408        | 18,001        | 17,665        | -335       | -1.9%       | 16,548        |
| NURSING AND MIDWIFERY REGISTERED  | 18,869        | 19,265        | 19,014        | 18,901        | 22,515        | 19,557        | 20,014        | 457        | 2.3%        | 18,058        |
| STUDENTS                          | 2             | 2             | 2             | 2             | 2             | 2             | -1            | -3         | -147.9%     | 2             |
| <b>Total</b>                      | <b>66,804</b> | <b>68,232</b> | <b>67,533</b> | <b>67,291</b> | <b>79,237</b> | <b>70,149</b> | <b>70,448</b> | <b>298</b> | <b>0.4%</b> | <b>64,476</b> |

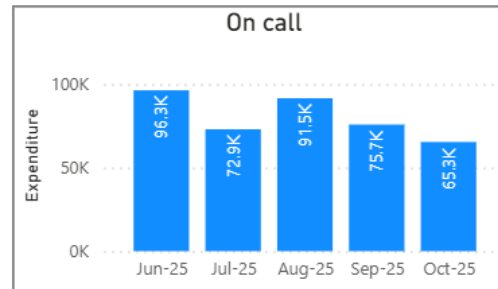
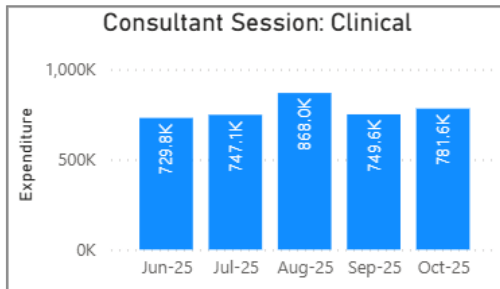
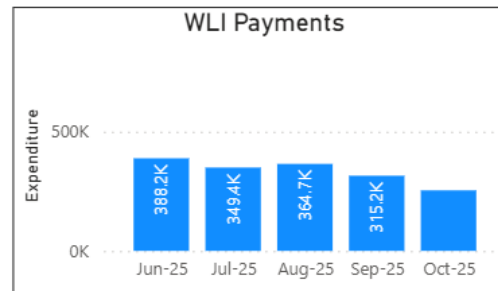
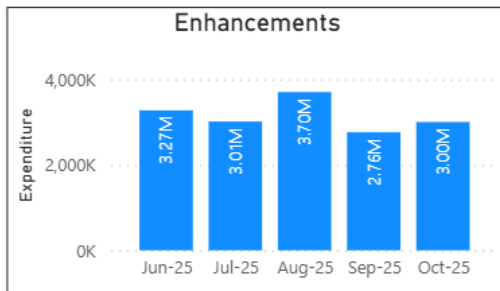
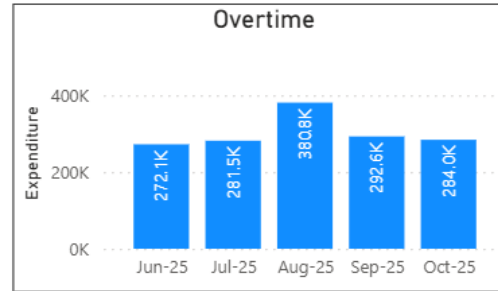
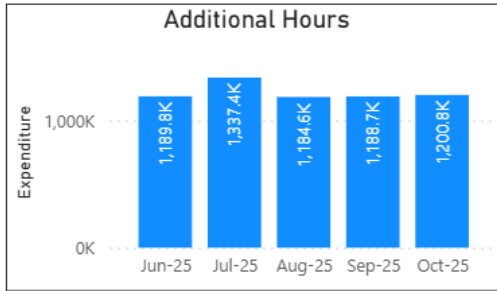
**Variable pay (£'000)**

| Pay category | Apr-25       | May-25       | Jun-25       | Jul-25       | Aug-25       | Sep-25       | Oct-25       | Change     | %            | Avg 24/25    |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|--------------|--------------|
| Locum        | 376          | 356          | 353          | 377          | 468          | 423          | 443          | -26        | -1.2%        | 2,414        |
| Bank         | 3,336        | 3,643        | 3,279        | 3,354        | 3,891        | 3,515        | 3,427        | -88        | -2.5%        | 3,673        |
| Agency       | 2,005        | 2,249        | 2,060        | 2,300        | 1,930        | 2,131        | 2,105        | 20         | 4.7%         | 332          |
| <b>Total</b> | <b>5,718</b> | <b>6,248</b> | <b>5,692</b> | <b>6,031</b> | <b>6,289</b> | <b>6,069</b> | <b>5,975</b> | <b>-94</b> | <b>-1.5%</b> | <b>6,419</b> |

**Total pay (£'000)**

|     | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Change | %    | Avg 24/25 |
|-----|--------|--------|--------|--------|--------|--------|--------|--------|------|-----------|
| Pay | 72,521 | 74,480 | 73,225 | 73,322 | 85,525 | 76,218 | 76,423 | 205    | 0.3% | 70,895    |

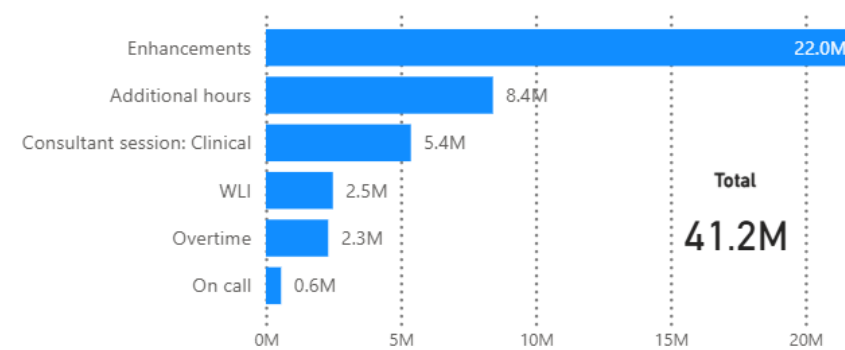
## Pay Summary (2): Substantive Pay: Additional pay element



Total additional pay by Division (£'000)

| Division                   | Jun-25       | Jul-25       | Aug-25       | Sep-25       | Oct-25       | Total         |
|----------------------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Medicine                   | 1,412        | 1,466        | 1,584        | 1,293        | 1,410        | 7,166         |
| Surgery                    | 934          | 955          | 1,010        | 896          | 880          | 4,677         |
| Clinical Support Services  | 848          | 795          | 949          | 750          | 720          | 4,062         |
| Family and Therapies       | 607          | 557          | 700          | 539          | 571          | 2,975         |
| Urgent Care                | 544          | 515          | 558          | 545          | 525          | 2,688         |
| Primary Care and Community | 530          | 494          | 579          | 437          | 475          | 2,514         |
| Estates and Facilities     | 507          | 453          | 536          | 430          | 449          | 2,375         |
| Mental Health and LD       | 370          | 380          | 440          | 308          | 358          | 1,856         |
| CHC and FNC                | 130          | 121          | 157          | 120          | 123          | 651           |
| Corporate                  | 68           | 65           | 78           | 64           | 75           | 351           |
| <b>Total</b>               | <b>5,950</b> | <b>5,802</b> | <b>6,591</b> | <b>5,384</b> | <b>5,587</b> | <b>29,314</b> |

Total additional pay costs YTD 25/26



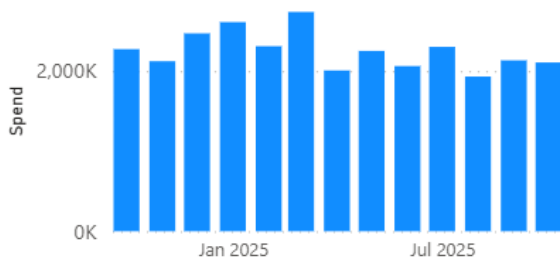
### Pay Summary (3): Variable Pay (£'k)

| Pay category               | Oct-24       | Nov-24       | Dec-24       | Jan-25       | Feb-25       | Mar-25       | Apr-25       | May-25       | Jun-25       | Jul-25       | Aug-25       | Sep-25       | Oct-25       |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Agency</b>              |              |              |              |              |              |              |              |              |              |              |              |              |              |
| Admin & Clerical Agency    | -6           | -47          | 3            | 31           | 6            | 37           | 38           | 10           | 17           | 54           | 2            | 61           | 20           |
| Allied Health Prof Agency  | 132          | 148          | 166          | 253          | 262          | 323          | 163          | 136          | 78           | 202          | 69           | 79           | 68           |
| Estates & Ancillary Agency | 78           | 36           | 34           | 67           | -49          | 145          | 112          | 81           | 128          | 59           | 111          | 159          | 161          |
| Medical Agency             | 876          | 962          | 859          | 868          | 900          | 1,038        | 858          | 1,156        | 945          | 991          | 883          | 903          | 1,015        |
| Nurse HCA/HCSW Agency      | 58           | 43           | 120          | 131          | 92           | 202          | 115          | 172          | 189          | 197          | 95           | 84           | 98           |
| Other Agency               | 76           | 51           | 79           | 50           | 92           | 98           | 91           | 68           | 135          | 96           | 137          | 150          | 97           |
| Registered Nurse Agency    | 1,056        | 927          | 1,207        | 1,210        | 1,006        | 893          | 627          | 627          | 568          | 701          | 632          | 695          | 646          |
| <b>Total</b>               | <b>2,271</b> | <b>2,121</b> | <b>2,468</b> | <b>2,609</b> | <b>2,308</b> | <b>2,735</b> | <b>2,005</b> | <b>2,249</b> | <b>2,060</b> | <b>2,300</b> | <b>1,930</b> | <b>2,131</b> | <b>2,105</b> |
| <b>Bank</b>                |              |              |              |              |              |              |              |              |              |              |              |              |              |
| Admin & Clerical Bank      | 70           | 83           | 67           | 74           | 68           | 168          | 73           | 79           | 68           | 74           | 84           | 74           | 88           |
| Estates & Ancillary Bank   | 252          | 287          | 259          | 255          | 234          | 325          | 253          | 288          | 280          | 276          | 296          | 288          | 266          |
| Nurse HCA/HCSW Bank        | 1,589        | 1,749        | 1,504        | 1,641        | 1,568        | 2,032        | 1,574        | 1,698        | 1,570        | 1,595        | 1,842        | 1,622        | 1,611        |
| Other Bank                 | 0            | 5            | -2           | -1           | -2           | 233          | 27           | 37           | 25           | 34           | 35           | 38           | 32           |
| Registered Nurse Bank      | 1,625        | 1,816        | 1,437        | 1,672        | 1,689        | 2,287        | 1,408        | 1,541        | 1,336        | 1,375        | 1,634        | 1,492        | 1,429        |
| <b>Total</b>               | <b>3,537</b> | <b>3,939</b> | <b>3,265</b> | <b>3,641</b> | <b>3,557</b> | <b>5,044</b> | <b>3,336</b> | <b>3,643</b> | <b>3,279</b> | <b>3,354</b> | <b>3,891</b> | <b>3,515</b> | <b>3,427</b> |
| <b>Locum</b>               |              |              |              |              |              |              |              |              |              |              |              |              |              |
| Medical Locum              | 332          | 317          | 320          | 548          | 324          | 180          | 376          | 356          | 353          | 377          | 468          | 423          | 443          |
| <b>Total</b>               | <b>332</b>   | <b>317</b>   | <b>320</b>   | <b>548</b>   | <b>324</b>   | <b>180</b>   | <b>376</b>   | <b>356</b>   | <b>353</b>   | <b>377</b>   | <b>468</b>   | <b>423</b>   | <b>443</b>   |
| <b>Total</b>               | <b>6,140</b> | <b>6,377</b> | <b>6,053</b> | <b>6,798</b> | <b>6,189</b> | <b>7,959</b> | <b>5,718</b> | <b>6,248</b> | <b>5,692</b> | <b>6,031</b> | <b>6,289</b> | <b>6,069</b> | <b>5,975</b> |

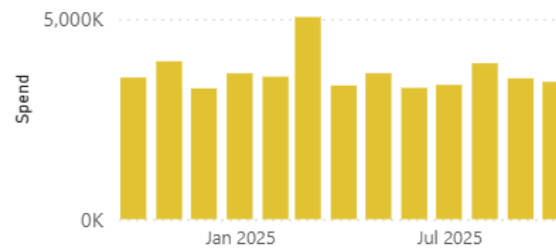
| Change     | %            |
|------------|--------------|
| -41        | -67.1%       |
| -11        | -14.1%       |
| 2          | 1.4%         |
| 112        | 12.4%        |
| 14         | 16.5%        |
| -53        | -35.2%       |
| -49        | -7.1%        |
| <b>-26</b> | <b>-1.2%</b> |
| 13         | 17.8%        |
| -21        | -7.4%        |
| -11        | -0.7%        |
| -6         | -15.3%       |
| -63        | -4.2%        |
| <b>-88</b> | <b>-2.5%</b> |
| 20         | 4.7%         |
| <b>20</b>  | <b>4.7%</b>  |
| <b>-94</b> | <b>-1.5%</b> |

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

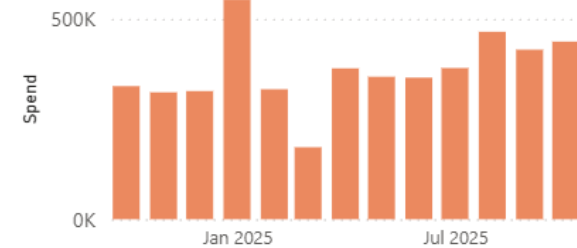
Agency (£'000)



Bank (£'000)

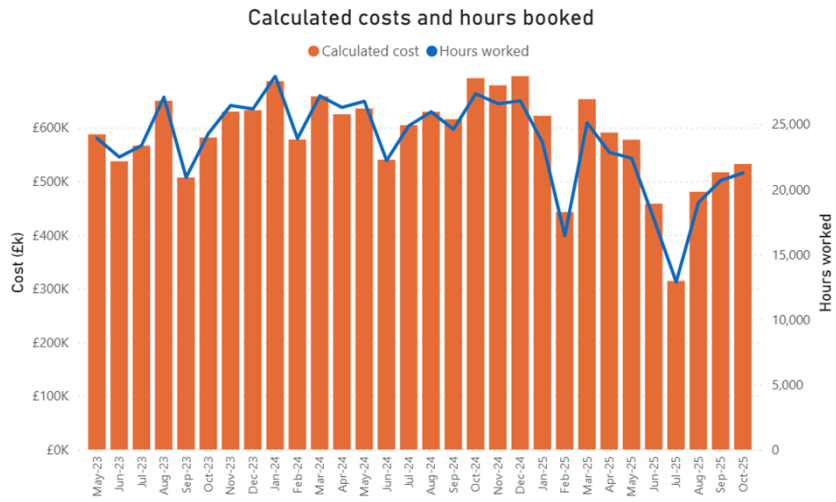


Locum (£'000)

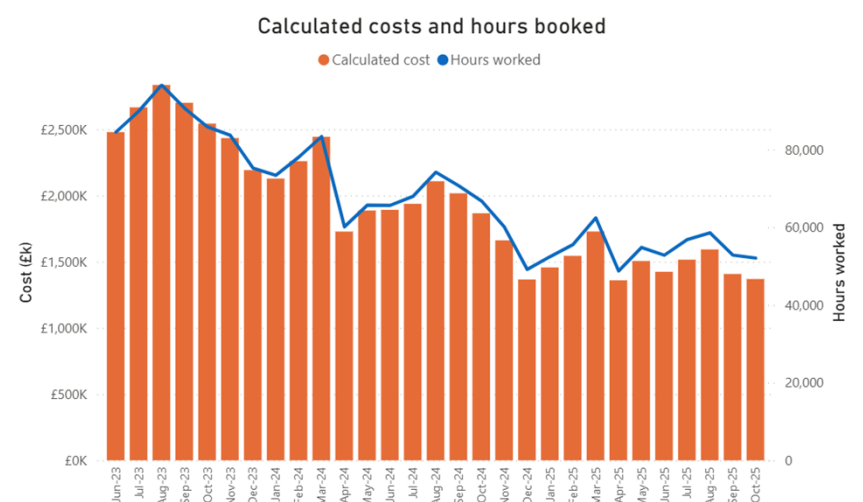


## Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)

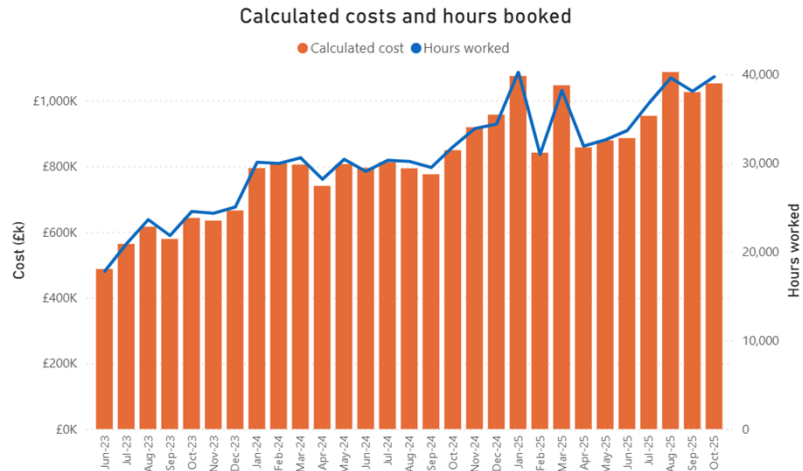
### Enhanced Care



### Established Vacancy Cover

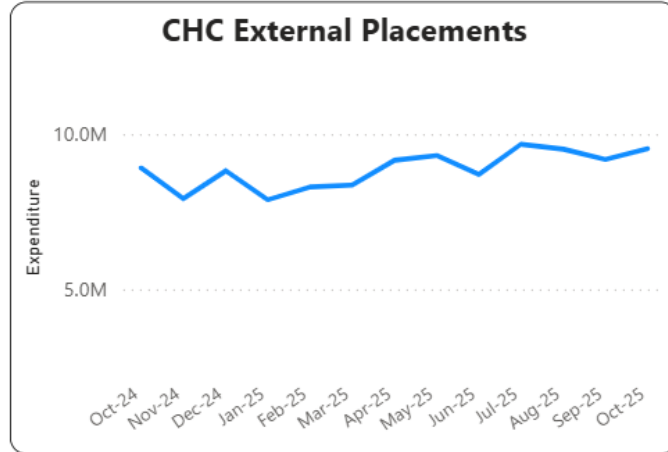
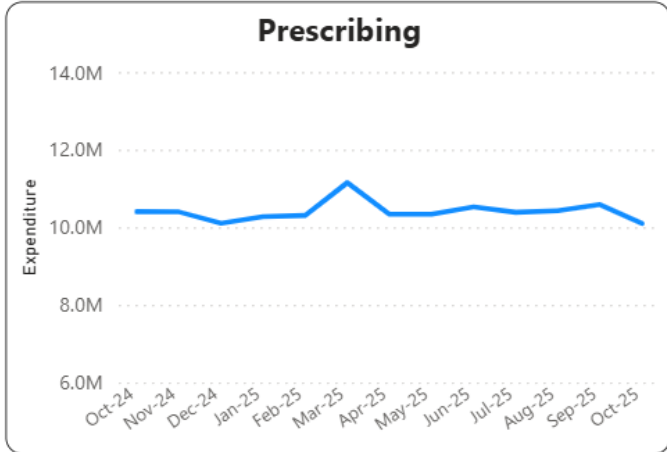
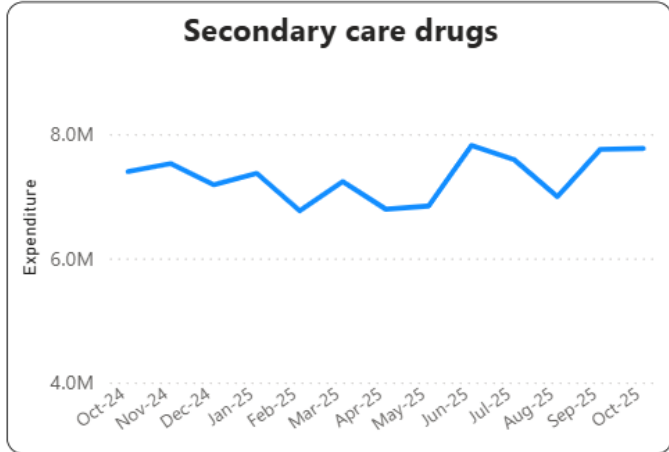
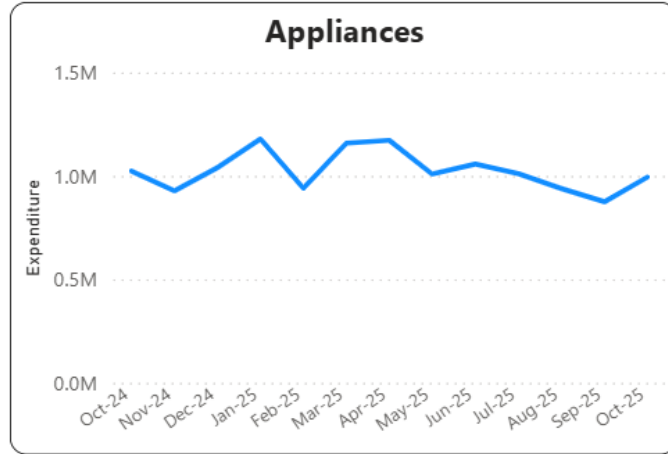
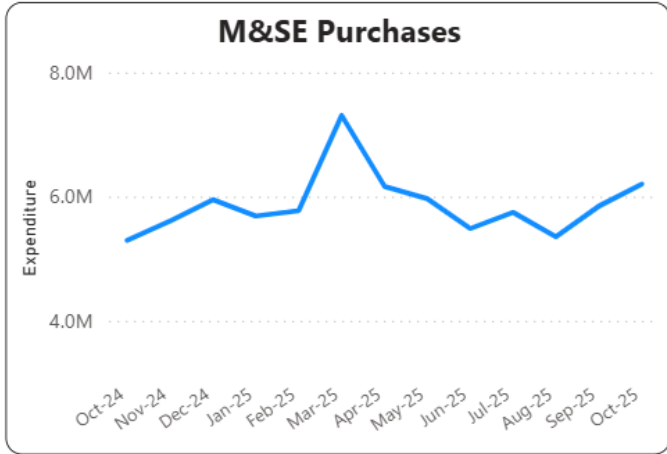
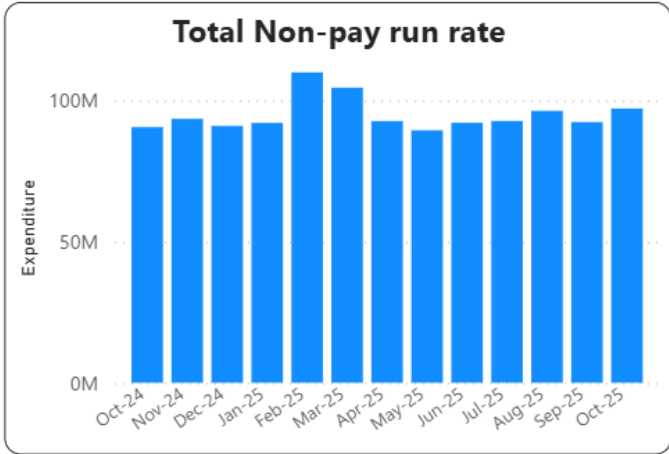


### Sickness Cover



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 decrease by 3 cases when compared to the 2024/25 out-turn, spend is expected to increase by £4.3m when compared to the 24/25 out-turn.

| Activity - Actual       | Oct-25     | Sep-25     | Movement  |
|-------------------------|------------|------------|-----------|
| D2A                     | 24         | 29         | -5        |
| CAHT                    | 48         | 47         | 1         |
| All Other EXT CHC       | 451        | 456        | -5        |
| Discharge schemes (RIF) | 21         | 20         | 1         |
| <b>Total</b>            | <b>544</b> | <b>552</b> | <b>-8</b> |

| Average 24/25 |
|---------------|
| 18            |
| 50            |
| 462           |
| 27            |
| <b>557</b>    |

| Activity - Forecast     | Oct-25     | 24/25 Out-turn | Movement   |
|-------------------------|------------|----------------|------------|
| D2A                     | 27         | 18             | 9          |
| CAHT                    | 48         | 50             | (2)        |
| All Other EXT CHC       | 458        | 462            | (5)        |
| Discharge schemes (RIF) | 21         | 27             | (6)        |
| <b>Total</b>            | <b>554</b> | <b>557</b>     | <b>(3)</b> |

| YTD & Forecast £'000    | 2025/26 forecast as at M07 £'000 | 2025/26 forecast as at M06 £'000 | Movement     |
|-------------------------|----------------------------------|----------------------------------|--------------|
| D2A                     | 2,703                            | 2,484                            | 218          |
| CAHT                    | 10,392                           | 10,392                           | -            |
| All Other EXT CHC       | 45,643                           | 46,014                           | (371)        |
| Discharge schemes (RIF) | 1,044                            | 1,044                            | -            |
| <b>Total</b>            | <b>59,782</b>                    | <b>59,934</b>                    | <b>(152)</b> |

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

### Referral to Treatment (RTT):

- Elective Treatments for Oct '25 = 2,228 (Sep '25: 1,955. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

| Planned Treatments (M07)   |       |          |     |       | Actual Treatments (M07) |          |     |       | Treatment Variance (M07) |          |      |       |
|----------------------------|-------|----------|-----|-------|-------------------------|----------|-----|-------|--------------------------|----------|------|-------|
| Treatment                  | Core  | Backfill | WLI | Total | Core                    | Backfill | WLI | Total | Core                     | Backfill | WLI  | Total |
| N107-Dermatology           | 193   | 0        | 12  | 205   | 264                     | 8        | 0   | 272   | 71                       | 8        | (12) | 67    |
| N147-ENT                   | 159   | 0        | 0   | 159   | 133                     | 0        | 0   | 133   | (26)                     | 0        | 0    | (26)  |
| N105-General Surgery       | 246   | 4        | 0   | 250   | 309                     | 6        | 0   | 315   | 63                       | 2        | 0    | 65    |
| N146-Oral Surgery          | 189   | 0        | 0   | 189   | 258                     | 0        | 0   | 258   | 69                       | 0        | 0    | 69    |
| N148-Ophthalmology         | 347   | 0        | 0   | 347   | 338                     | 0        | 0   | 338   | (9)                      | 0        | 0    | (9)   |
| N115-Trauma & Orthopaedics | 489   | 18       | 16  | 523   | 590                     | 52       | 30  | 672   | 101                      | 34       | 14   | 149   |
| N106-Urology               | 215   | 0        | 0   | 215   | 240                     | 0        | 0   | 240   | 25                       | 0        | 0    | 25    |
|                            | 1,838 | 22       | 28  | 1,888 | 2,132                   | 66       | 30  | 2,228 | 294                      | 44       | 2    | 340   |

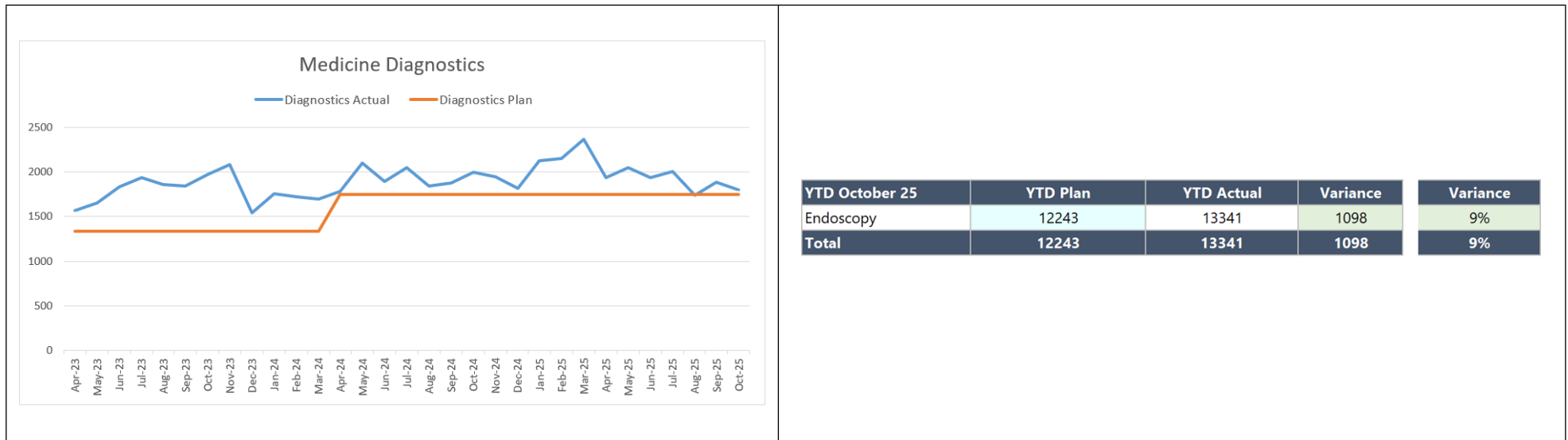
- Outpatient activity for Oct '25 = 6,907 (Sep '25: 6,452. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

| Planned Outpatients (M07)  |       |          |     |       | Actual Outpatients (M07)   |            |     |     |       | Outpatient Variance (M07)  |       |          |      |       |
|----------------------------|-------|----------|-----|-------|----------------------------|------------|-----|-----|-------|----------------------------|-------|----------|------|-------|
| Outpatient                 | Core  | Backfill | WLI | Total | ACTUAL TYPE                |            |     |     | Total | Outpatient                 | Core  | Backfill | WLI  | Total |
|                            |       |          |     |       | Elective                   | Backfilled | WLI |     |       |                            |       |          |      |       |
| N107-Dermatology           | 1,051 | 0        | 0   | 1,051 | N107-Dermatology           | 1,287      | 0   | 0   | 1,287 | N107-Dermatology           | 236   | 0        | 0    | 236   |
| N147-ENT                   | 595   | 0        | 0   | 595   | N147-ENT                   | 690        | 0   | 0   | 690   | N147-ENT                   | 95    | 0        | 0    | 95    |
| N105-General Surgery       | 1,599 | 132      | 22  | 1,753 | N105-General Surgery       | 1,940      | 61  | 20  | 2,021 | N105-General Surgery       | 341   | (71)     | (2)  | 268   |
| N146-Oral Surgery          | 214   | 0        | 0   | 214   | N146-Oral Surgery          | 421        | 10  | 0   | 431   | N146-Oral Surgery          | 207   | 10       | 0    | 217   |
| N148-Ophthalmology         | 613   | 0        | 28  | 641   | N148-Ophthalmology         | 776        | 0   | 0   | 776   | N148-Ophthalmology         | 163   | 0        | (28) | 135   |
| N108-Rheumatology          | 163   | 0        | 0   | 163   | N108-Rheumatology          | 192        | 0   | 0   | 192   | N108-Rheumatology          | 29    | 0        | 0    | 29    |
| N115-Trauma & Orthopaedics | 849   | 8        | 21  | 878   | N115-Trauma & Orthopaedics | 803        | 0   | 77  | 880   | N115-Trauma & Orthopaedics | (46)  | (8)      | 56   | 2     |
| N106-Urology               | 478   | 0        | 14  | 492   | N106-Urology               | 622        | 0   | 8   | 630   | N106-Urology               | 144   | 0        | (6)  | 138   |
| Total                      | 5,562 | 140      | 85  | 5,787 | Total                      | 6,731      | 71  | 105 | 6,907 | Total                      | 1,169 | (69)     | 20   | 1,120 |

**Medicine Outpatients activity for Oct '25 was 2,196 - (Sep '25: 2,125. 2024/25: 23,053. 2023/24: 22,708)**

| Oct-25                  |                          |                 |           | Oct-25                  |              |              |             |            |
|-------------------------|--------------------------|-----------------|-----------|-------------------------|--------------|--------------|-------------|------------|
|                         | Assumed monthly activity | Actual activity | Variance  | YTD                     | YTD Plan     | YTD Actual   | Variance    | Variance   |
| Gastroenterology        | 475                      | 481             | 6         | Gastroenterology        | 3325         | 3053         | -272        | -8%        |
| Cardiology              | 430                      | 434             | 4         | Cardiology              | 3010         | 2516         | -494        | -16%       |
| Respiratory (inc Sleep) | 455                      | 387             | -68       | Respiratory (inc Sleep) | 3185         | 2843         | -342        | -11%       |
| Neurology               | 257                      | 361             | 104       | Neurology               | 1799         | 2238         | 439         | 24%        |
| Endocrinology           | 186                      | 211             | 25        | Endocrinology           | 1302         | 1546         | 244         | 19%        |
| Geriatric Medicine      | 313                      | 322             | 9         | Geriatric Medicine      | 2191         | 2071         | -120        | -5%        |
| <b>Total</b>            | <b>2116</b>              | <b>2196</b>     | <b>80</b> | <b>Total</b>            | <b>14812</b> | <b>14267</b> | <b>-545</b> | <b>-4%</b> |

**Medicine Diagnostics activity for Oct '25 was 1,799 (Sep '25: 1,882. 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

| Savings Scheme Number                    | Scheme / Opportunity   | R/NR | IMTP 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             | 19             | 31             |
| PCC-03                                   | GMS - Improvement Grants   | NR   | Month 1               | Green             | 58             | 100            |
| PCC-05                                   | 30% Reduction of B&A vs 24/25 plan   | R    | Month 1               | Green             | 24             | 129            |
| PCC-06                                   | 6% Reduction of Non Pay across the area  | R    | Month 1               | Green             | 12             | 23             |
| 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             | 1              | 4              |
| PCC-08                                   | 10% Reduction of OAMH  | R    | Month 1               | Green             | 0              | 20             |
| PCC-09                                   | ONN Vehicle Lease Cars (minus 6k early release fee)  | R    | Month 1               | Green             | 5              | 25             |
| PCC-10                                   | BG Locality Bank & Agency reduction  | R    | Month 1               | Green             | 7              | 7              |
| PCC-11                                   | Reduction in DN teams from 8 to 7  | R    | Month 1               | Green             | 6              | 10             |
| PCC-12                                   | Partial retirement savings non clinical staff  | R    | Month 1               | Green             | 4              | 7              |
| PCC-13                                   | Stock review/control   | R    | Month 1               | Green             | 0              | 5              |
| PCC-14                                   | Reduction/closure of boarding beds C5West and C5East   | R    | Month 1               | Green             | 148            | 278            |
| PCC-15                                   | Closure of Victoria House  | R    | Month 1               | Green             | 46             | 103            |
| PCC-16                                   | Service provision at Trevethin   | R    | Month 1               | Green             | 40             | 69             |
| PCC-17                                   | Reconfiguration of senior nurse posts DN/CRT   | R    | Month 1               | Green             | 19             | 33             |
| PCC-18                                   | Non pay opportunities  | R    | Month 1               | Green             | 7              | 13             |
| PCC-19                                   | Medicines Management - SSP Opportunities identified by procurement   | R    | Month 1               | Green             | 225            | 300            |
| PCC-20                                   | Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS providers (in additional to NUP provided by Contract Reform practices) | R    | Month 1               | Green             | 22             | 58             |
| PCC-21                                   | Non-clinical staff review across core UPC / HP / SPA   | R    | Month 1               | Green             | 37             | 65             |
| PCC-22                                   | Enhancements on Specialist rates   | R    | Month 1               | Green             | 18             | 36             |
| PCC-23                                   | Administered COVID-19 Vaccines   | NR   | In Year               | Green             | 89             | 175            |
| PCC-25                                   | Procurement - A4 paper switch saving   | R    | In Year               | Green             | 0              | 1              |
| PCC-38                                   | GMS Prior Year enhanced services accrual release   | NR   | In Year               | Green             | 447            | 614            |
| PCC-39                                   | GDS prior year clawback benefit  | NR   | In Year               | Green             | 108            | 108            |
| PCC-40                                   | Nursing non pay opportunities  | NR   | In Year               | Green             | 11             | 21             |
| PCC-41                                   | GDS NR saving from contract variation  | NR   | In Year               | Green             | 300            | 300            |
| PCC-42                                   | Respiratory - vacancies & maternity leave  | NR   | In Year               | Green             | 4              | 16             |
| PCC-43                                   | Optometry contract Prior year accrual release  | NR   | In Year               | Green             | 50             | 50             |
| PCC-44                                   | Uniform amnesty/recycling  | NR   | In Year               | Green             | 8              | 8              |
| <b>Annual Plan Target:</b>               |  |      |                       | <b>7,036</b>      | <b>1,716</b>   | <b>2,609</b>   |
| <b>Distance from target (over)/under</b> |  |      |                       | <b>4,427</b>      |                |                |

## Divisional analysis – Prescribing

| 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             | 87             | 149            |
| PCC-04                                   | Medicines Management                             | R    | Month 1               | Red               | 0              | 0              |
| PCC-04A                                  | Dietitians                                       | R    | In Year               | Green             | 23             | 57             |
| PCC-04B                                  | Waste Reduction Scheme                           | R    | In Year               | Green             | 162            | 254            |
| PCC-04C                                  | Pharmacy Led Savings                             | R    | In Year               | Green             | 73             | 159            |
| PCC-04D                                  | Scriptswitch Acute                               | R    | In Year               | Green             | 120            | 215            |
| PCC-04E                                  | Scriptswitch Repeat                              | R    | In Year               | Green             | 223            | 706            |
| PCC-04F                                  | Liothyronine Formulation change                  | R    | In Year               | Green             | 1              | 1              |
| PCC-04G                                  | DOAC (Edoxaban) switch to Apixaban / Rivaroxaban | R    | In Year               | Green             | 226            | 650            |
| PCC-04H                                  | Bath & Shower Emollient Review                   | R    | In Year               | Green             | 4              | 6              |
| PCC-04I                                  | Chloral Hydrate Prescribing Review               | R    | In Year               | Green             | 30             | 55             |
| PCC-24                                   | Only Order What You Need                         | NR   | In Year               | Green             | 429            | 594            |
| PCC-100                                  | Dapagliflozin LOE                                | R    | In Year               | Green             | 463            | 2,245          |
| PCC-101                                  | Ticagrelor LOE                                   | R    | In Year               | Green             | 0              | 50             |
| PCC-102                                  | Denosumab LOE                                    | R    | In Year               | Amber             | 0              | 20             |
| <b>Annual Plan Target:</b>               |  |      |                       | <b>2,826</b>      | <b>1,840</b>   | <b>5,160</b>   |
| <b>Distance from target (over)/under</b> |  |      |                       | <b>(2,334)</b>    |                |                |

## Divisional analysis – Complex Care

| 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             | 119            | 306            |
| CHC-02                                   | Management and reduction of commissioned enhanced care one to one in care homes | R    | Month 1               | Green             | 0              | 108            |
| CHC-03                                   | FNC Assessments   | R    | Month 1               | Green             | 149            | 305            |
| CHC-04                                   | Care at Home Team   | R    | Month 1               | Green             | 0              | 32             |
| CHC-05                                   | Rightsizing additional support  | R    | Month 1               | Green             | 0              | 12             |
| CHC-06                                   | Enhancements on Specialist rates  | R    | Month 1               | Green             | 8              | 18             |
| CHC-07                                   | Reduced growth chc  | NR   | In Year               | Green             | 0              | 250            |
| <b>Annual Plan Target:</b>               |   |      |                       | <b>1,676</b>      | <b>276</b>     | <b>1,031</b>   |
| <b>Distance from target (over)/under</b> |   |      |                       | <b>645</b>        |                |                |

## Divisional analysis – Mental Health and Learning Disabilities

| Savings Scheme Number                    | Scheme / Opportunity                                   | R/NR | IMTP v In Year scheme | Scheme RAG rating | YTD            | Full year      |
|--|--|------|-----------------------|-------------------|----------------|----------------|
|  |  |      |                       |                   | Achieved £'000 | Forecast £'000 |
| MH-01                                    | Mitchell Close   | R    | Month 1               | Red               | 0              | 0              |
| MH-02                                    | Aripiprazole drug switch                               | R    | Month 1               | Green             | 2              | 4              |
| MH-03                                    | Reduction to variable pay                              | R    | Month 1               | Red               | 0              | 0              |
| MH-04                                    | CHC Dispute CB Hammersmith & Fulham                    | NR   | Month 1               | Red               | 0              | 0              |
| MH-05                                    | CHC Transition Cases (x2)                              | R    | Month 1               | Green             | 207            | 207            |
| MH-06                                    | MH Framework Uplifts                                   | R    | In Year               | Green             | 200            | 344            |
| MH-07                                    | MH LD Adult / CAMHS Hospitals Framework Agreement      | R    | In Year               | Green             | 29             | 50             |
| MH-11                                    | CHC DB Repat In house services                         | R    | In Year               | Green             | 101            | 366            |
| MH-14                                    | Cedar temp closure                                     | NR   | In Year               | Amber             | 46             | 200            |
| MH-15                                    | Older Adult Psychology Posts                           | NR   | In Year               | Green             | 13             | 79             |
| MH-13a                                   | CHC Saving Eligibility Review                          | R    | In Year               | Green             | 3              | 14             |
| MH-13b                                   | CHC rightsize/change in need/step down                 | R    | In Year               | Green             | 18             | 110            |
| MH-16                                    | Haloperidol tablets to liquid switch (cost difference) | R    | In Year               | Green             | 4              | 9              |
| <b>Annual Plan Target:</b>               |  |      |                       | <b>3,343</b>      | <b>623</b>     | <b>1,384</b>   |
| <b>Distance from target (over)/under</b> |  |      |                       | <b>1,960</b>      |                |                |

## Divisional analysis – Surgery

| Division | Savings Scheme Number | Scheme / Opportunity   | R/NR | IMTP v In Year scheme | Scheme RAG rating | YTD            | Full year      |
|----------|-----------------------|--|------|-----------------------|-------------------|----------------|----------------|
|          |                       |  |      |                       |                   | Achieved £'000 | Forecast £'000 |
| Surgery  | SUR-01                | Haematology drugs wastage reduction  | R    | Month 1               | Red               | 0              | 0              |
| Surgery  | SUR-02                | Robot buy out of lease (GB)  | R    | Month 1               | Green             | 166            | 286            |
| Surgery  | SUR-03                | Divisional - Pump Giving Sets (Procurement)  | R    | Month 1               | Red               | 0              | 0              |
| Surgery  | SUR-04                | General Surgery - Workforce - Net savings as a result of appointing two substantive consultants. | R    | Month 1               | Green             | 2              | 18             |
| Surgery  | SUR-05                | General Surgery - Medication - Switching IV Co-trimoxazole and metronidazole to oral in GUH      | R    | Month 1               | Red               | 0              | 0              |
| Surgery  | SUR-06                | General Surgery - Pintuition seeds   | R    | Month 1               | Green             | 37             | 65             |
| Surgery  | SUR-07                | Ear, Nose and Throat - Re-Usable Instruments   | R    | Month 1               | Green             | 2              | 3              |
| Surgery  | SUR-08                | Ophthalmology - Workforce - Band 5 Orthoptist  | R    | Month 1               | Green             | 10             | 10             |
| Surgery  | SUR-09                | Rheumatology - Workforce - Band 6 Rheumatology CNS   | R    | Month 1               | Green             | 30             | 50             |
| Surgery  | SUR-11                | Trauma and Orthopaedics - Consolidation of maintenance contracts (Desoutter)                     | R    | Month 1               | Green             | 0              | 13             |

| Division                                 | Savings Scheme Number | Scheme / Opportunity   | R/NR | IMTP v In Year scheme | Scheme RAG rating | YTD            | Full year      |
|--|-----------------------|--|------|-----------------------|-------------------|----------------|----------------|
|  |                       |  |      |                       |                   | Achieved £'000 | Forecast £'000 |
| Surgery                                  | SUR-12                | Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts              | R    | Month 1               | Green             | 0              | 26             |
| Surgery                                  | SUR-13                | Trauma and Orthopaedics - Workforce - Changes to on-call structures                                      | R    | Month 1               | Green             | 2              | 3              |
| Surgery                                  | SUR-14                | Trauma and Orthopaedics - Workforce - 2 x consultant on-call cost replaced by 1x SAS on-call costs       | R    | Month 1               | Green             | 2              | 3              |
| Surgery                                  | SUR-15                | Trauma and Orthopaedics - Bone Cleaning Device   | R    | Month 1               | Green             | 39             | 69             |
| Surgery                                  | SUR-16                | Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover | R    | Month 1               | Amber             | 0              | 25             |
| Surgery                                  | SUR-17                | Urology - Cystoscopes - Disposable Cystoscopes   | R    | Month 1               | Green             | 1              | 1              |
| Surgery                                  | SUR-18                | Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain                       | R    | Month 1               | Green             | 0              | 0              |
| Surgery                                  | SUR-19                | Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX                            | R    | Month 1               | Green             | 1              | 2              |
| Surgery                                  | SUR-20                | Urology - Workforce - Associate Specialist Vacancy   | R    | Month 1               | Green             | 24             | 24             |
| Surgery                                  | SUR-21                | Divisional Management - Medication - Sports Medicine review  | R    | Month 1               | Red               | 0              | 0              |
| Surgery                                  | SUR-22                | Haematology - SLA - Bristol SLA  | R    | Month 1               | Green             | 2              | 4              |
| Surgery                                  | SUR-23                | Haematology - Workforce - Admin team maternity leave   | R    | Month 1               | Green             | 2              | 7              |
| Surgery                                  | SUR-24                | Haematology - Study - POLARIS-2; Study of Olverembatinib   | R    | Month 1               | Red               | 0              | 0              |
| Surgery                                  | SUR-25                | Haematology - Workforce - Registrar to be recharged to another non surgical Directorate                  | R    | Month 1               | Green             | 9              | 15             |
| Surgery                                  | SUR-26                | Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets           | R    | Month 1               | Green             | 2              | 4              |
| Surgery                                  | SUR-27                | Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluorescence)                        | R    | Month 1               | Red               | 0              | 0              |
| Surgery                                  | SUR-28                | Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatment room                      | R    | Month 1               | Green             | 1              | 2              |
| Surgery                                  | SUR-29                | Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O             | R    | Month 1               | Green             | 0              | 3              |
| Surgery                                  | SUR-30                | Ophthalmology - Workforce - 2X Consultant Posts  | R    | Month 1               | Green             | 67             | 67             |
| Surgery                                  | SUR-31                | Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -     | R    | Month 1               | Green             | 128            | 287            |
| Surgery                                  | SUR-32                | Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advantage of lower price            | R    | Month 1               | Red               | 0              | 0              |
| Surgery                                  | SUR-33                | Enhancements on Specialist rates   | R    | Month 1               | Green             | 3              | 13             |
| Surgery                                  | SUR-34                | Medicines Management savings   | R    | Month 1               | Green             | 469            | 943            |
| Surgery                                  | SUR-35                | Ophthalmology Visco Elastic Savings over the current financial year                                      | R    | In Year               | Green             | 4              | 11             |
| Surgery                                  | SUR-36                | Drugs  | NR   | In Year               | Green             | 0              | 300            |
| Surgery                                  | SUR-44                | 5% Stryker hips and knees  | R    | In Year               | Green             | 21             | 56             |
| Surgery                                  | SUR-45                | Additional saving agreed Sept 26   | NR   | In Year               | Green             | 37             | 220            |
| <b>Annual Plan Target:</b>               |                       |  |      |                       | <b>3,336</b>      | <b>1,061</b>   | <b>2,530</b>   |
| <b>Distance from target (over)/under</b> |                       |  |      |                       | <b>806</b>        |                |                |

## Divisional analysis – Clinical Support Services

| Savings Scheme Number | Scheme / Opportunity   | R/NR | IMTP v In Year scheme | Scheme RAG rating | YTD            | Full year      |
|-----------------------|--|------|-----------------------|-------------------|----------------|----------------|
|                       |  |      |                       |                   | Achieved £'000 | Forecast £'000 |
| CSS-01                | Symex Maintenance Savings  | R    | Month 1               | Green             | 97             | 178            |
| CSS-02                | Siemens KPI review   | R    | Month 1               | Green             | 29             | 50             |
| CSS-03                | Symex MSC KPIs   | R    | Month 1               | Green             | 3              | 5              |
| CSS-04                | Factor 8 Repatriation  | R    | Month 1               | Green             | 3              | 6              |
| CSS-05                | WBS Commercial Products  | R    | Month 1               | Green             | 3              | 6              |
| CSS-06                | Restructure of Management Positions  | NR   | Month 1               | Green             | 6              | 13             |
| CSS-08                | Enhancements on Specialist Rates   | R    | Month 1               | Green             | 196            | 392            |
| CSS-10                | Critical Care HCSW Variable Pay  | R    | Month 1               | Green             | 20             | 20             |
| CSS-11                | Hepzyme Repatriation   | NR   | Month 1               | Red               | 0              | 0              |
| CSS-12                | P3NP Repatriation  | R    | Month 1               | Green             | 2              | 3              |
| CSS-13                | JCC funding for liver ablations  | NR   | Month 1               | Green             | 162            | 162            |
| CSS-14                | IPFR income  | NR   | Month 1               | Green             | 43             | 70             |
| CSS-15                | Ablation needles   | R    | Month 1               | Green             | 3              | 5              |
| CSS-16                | Maintenance contracts for new DR equipment - NR                              | NR   | Month 1               | Green             | 16             | 30             |
| 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             | 9              | 16             |
| CSS-21                | Decommissioning of Fuji Equipment on current contracts                       | NR   | Month 1               | Green             | 13             | 22             |
| CSS-22                | C&V Ultrasound   | NR   | Month 1               | Green             | 10             | 10             |
| CSS-23                | Cell Salvage income rebate   | NR   | Month 1               | Green             | 28             | 47             |
| CSS-24                | Clariscan to Dotograf switch   | R    | Month 1               | Green             | 7              | 14             |
| CSS-25                | Co-trimoxazole IV  | R    | In Year               | Green             | 0              | 1              |
| CSS-26                | Lumicare   | R    | In Year               | Green             | 15             | 25             |
| CSS-27                | Critical Care RN Variable Pay  | R    | In Year               | Green             | 360            | 593            |
| CSS-35                | Radiology Maintenance contracts  | NR   | In Year               | Green             | 78             | 78             |
| CSS-36                | Bis Monitoring - Supplier change   | R    | In Year               | Green             | 11             | 29             |
| CSS-37                | Recycled Paper   | R    | In Year               | Green             | 0              | 2              |
| CSS-38                | Medical Workforce - Intensity banding review                                 | R    | In Year               | Green             | 6              | 11             |
| CSS-39                | Medical Workforce Variable Pay Spend   | R    | In Year               | Green             | 33             | 33             |
| CSS-40                | Medicines Management - Green   | R    | In Year               | Green             | 3              | 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 | NR   | In Year               | Green             | 42             | 117            |
| CSS-45                | Mycology Testing (PHW)   | R    | In Year               | Green             | 4              | 11             |
| CSS-46                | Contract Funerals  | R    | In Year               | Green             | 2              | 5              |

# 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-47                | Serosep Contract   | R    | In Year               | Green                             | 3              | 16             |              |
| CSS-48                | Cessation of Weekend Enhancement Pay                       | R    | In Year               | Green                             | 3              | 17             |              |
| CSS-49                | Utilisation of Blood Bikes                                 | R    | In Year               | Green                             | 2              | 6              |              |
| CSS-50                | Syphilis Repatriation                                      | R    | In Year               | Green                             | 4              | 10             |              |
| CSS-51                | Leica Bond III Contract                                    | R    | In Year               | Green                             | 11             | 30             |              |
| CSS-52                | Siemens MSC KPIs (Part 2)                                  | NR   | In Year               | Green                             | 0              | 50             |              |
| CSS-53                | Reduction in Carriage Charges                              | R    | In Year               | Green                             | 0              | 1              |              |
| CSS-54                | Liver ablations  | NR   | In Year               | Green                             | 0              | 89             |              |
| CSS-55                | Reduction in Health Protection testing                     | NR   | In Year               | Green                             | 39             | 101            |              |
| CSS-56                | New locum recruitment                                      | R    | In Year               | Green                             | (2)            | (14)           |              |
| CSS-57                | Savings on additional hours by recruiting locum consultant | R    | In Year               | Green                             | 4              | 24             |              |
| CSS-58                | Reduction in Health Protection testing                     | NR   | In Year               | Amber                             | 0              | 300            |              |
| CSS-59                | Risp reduced penalty                                       | NR   | In Year               | Amber                             | 0              | 312            |              |
| CSS-60                | Medical Illustration - Photo Materials                     | R    | In Year               | Green                             | 2              | 11             |              |
| CSS-61                | Staff Slippage   | NR   | In Year               | Green                             | 19             | 29             |              |
| CSS-62                | RDC closure  | R    | In Year               | Green                             | 0              | 42             |              |
| CSS-63                | Additional Out of Area IR income Powys                     | NR   | In Year               | Green                             | 14             | 34             |              |
| CSS-64                | Additional Out of Area IR income CTM                       | NR   | In Year               | Green                             | 27             | 64             |              |
| CSS-65                | Contrast switch Omnipaque to Optiray                       | R    | In Year               | Green                             | 0              | 6              |              |
| CSS-66                | BTW additional Income for increase in consultant sessions  | R    | In Year               | Green                             | 40             | 19             |              |
| CSS-67                | Dart Support   | R    | In Year               | Green                             | 0              | 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                             | 0              | 0              |              |
| CSS-70                | Omnipaque to Optiray                                       | R    | In Year               | Green                             | 0              | 6              |              |
| CSS-71                | Release of Fuji Accrual                                    | NR   | In Year               | Green                             | 150            | 400            |              |
| CSS-72                | Staff Slippage   | NR   | In Year               | Green                             | 0              | 257            |              |
|                       |  |      |                       | <b>Annual Plan Target:</b>        | <b>2,998</b>   | <b>1,944</b>   | <b>4,250</b> |
|                       |  |      |                       | Distance from target (over)/under | <b>(1,252)</b> |                |              |

## Divisional analysis – Medicine

| 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             | 496            | 850            |
| MED-02                                   | Enhancements on Specialist rates   | R    | Month 1               | Green             | 192            | 382            |
| MED-03                                   | National priorities - Teriparatide generic switch  | R    | Month 1               | Green             | 3              | 3              |
| MED-04                                   | National priorities - Dimethyl fumarate - Generic switch                                       | R    | Month 1               | Green             | 250            | 440            |
| MED-05                                   | National priorities - Omalizumab - transitional contract                                       | R    | Month 1               | Green             | 0              | 50             |
| MED-06                                   | National priorities/Best value Biosimilars - Ustekinumab vials                                 | R    | Month 1               | Green             | 343            | 543            |
| MED-07                                   | Neurology - Idebenone Homecare Supply  | R    | Month 1               | Green             | 6              | 13             |
| 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             | 95             | 247            |
| MED-10                                   | Use of 24/25 purchased colon capsules for 25/26 activity                                       | NR   | Month 1               | Green             | 37             | 63             |
| MED-11                                   | Use of 24/25 purchasesd equip (leads etc) for 25/26 activity                                   | NR   | Month 1               | Green             | 14             | 23             |
| MED-12                                   | Delay in prescribing Budesomide  | NR   | Month 1               | Green             | 991            | 1,609          |
| MED-13                                   | COTE - Denosumab   | R    | In Year               | Green             | 0              | 4              |
| MED-14                                   | Co-trimaxazole IV  | R    | In Year               | Green             | 2              | 5              |
| MED-21                                   | National priorities/Best value Biosimilars - Rituximab biosimilar switch (Rixathon to Truxima) | R    | In Year               | Green             | 0              | 1              |
| MED-22                                   | Reduction in locum consultants replaced with substantive x3                                    | R    | In Year               | Amber             | 0              | 14             |
| MED-23                                   | Reduction in RN agency   | R    | In Year               | Amber             | 0              | 107            |
| MED-24                                   | Saving in sleep masks  | R    | In Year               | Green             | 8              | 46             |
| MED-25                                   | Switch Acute 30 bedded ward to Community ward  | R    | In Year               | Amber             | 0              | 128            |
| MED-26                                   | Haloperidol tablets to liquid switch   | R    | In Year               | Green             | 3              | 9              |
| <b>Annual Plan Target:</b>               |  |      |                       | <b>3,877</b>      | <b>2,444</b>   | <b>4,542</b>   |
| <b>Distance from target (over)/under</b> |  |      |                       | <b>(665)</b>      |                |                |

## Divisional analysis – Urgent Care

| 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             | 260            | 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             | 4              | 8              |
| URG-10                                   | Switch from dual giving set ports to single port                      | R    | In Year               | Green             | 3              | 6              |
| 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             | 13             | 75             |
| URG-14                                   | Source E-Triage Funding   | NR   | In Year               | Green             | 0              | 178            |
| <b>Annual Plan Target:</b>               |   |      |                       | <b>942</b>        | <b>281</b>     | <b>789</b>     |
| <b>Distance from target (over)/under</b> |   |      |                       | <b>154</b>        |                |                |

## Divisional analysis – Family & Therapies

| 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             | 40             | 96             |
| F&T-02                                   | Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre, Ringland East | R    | Month 1               | Green             | 7              | 11             |
| F&T-03                                   | Actim Prom and Partus  | R    | Month 1               | Green             | 8              | 13             |
| F&T-04                                   | Non- renewal of Windmill Farm SLA with NPT LA for 25/26  | R    | Month 1               | Green             | 175            | 300            |
| F&T-05                                   | Enhancements on Specialist rates   | R    | Month 1               | Green             | 114            | 257            |
| F&T-06                                   | Cessation of Tafarn Newydd S28A SLA with Torfaen LA  | R    | Month 1               | Green             | 18             | 31             |
| F&T-07                                   | Giving Sets for Infusion Pumps   | R    | Month 1               | Green             | 1              | 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 paper                  | R    | In Year               | Green             | 1              | 2              |
| F&T-16                                   | Financial recovery divisional scheme - pay R   | R    | In Year               | Green             | 130            | 257            |
| F&T-17                                   | Financial recovery divisional scheme - pay NR  | NR   | In Year               | Green             | 430            | 739            |
| F&T-18                                   | Financial recovery divisional scheme - Non-Pay R   | R    | In Year               | Green             | 27             | 99             |
| F&T-19                                   | Financial recovery divisional scheme - Non-Pay NR  | NR   | In Year               | Green             | 530            | 564            |
| F&T-20                                   | Financial recovery divisional scheme - Income  | NR   | In Year               | Green             | 0              | 4              |
| F&T-21                                   | The All Wales Standard & Custom Procedure Packs (MED-OJEU-56015)   | R    | In Year               | Green             | 0              | 20             |
| <b>Annual Plan Target:</b>               |  |      |                       | <b>3,252</b>      | <b>1,486</b>   | <b>2,402</b>   |
| <b>Distance from target (over)/under</b> |  |      |                       | <b>850</b>        |                |                |

## Divisional analysis – Estates & Facilities

| 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             | 292            | 500            |
| FAC-02                                   | ENERGY SAVINGS                             | R    | Month 1               | Green             | 1,017          | 1,850          |
| FAC-03                                   | Bed contract savings                       | R    | Month 1               | Green             | 152            | 250            |
| FAC-04                                   | Energy                                     | R    | Month 1               | Green             | 145            | 250            |
| FAC-11                                   | Vacancies                                  | NR   | In Year               | Green             | 260            | 360            |
| FAC-12                                   | Rates rebates                              | NR   | In Year               | Green             | 56             | 80             |
| FAC-13                                   | Kintra - Cost plus Credit                  | NR   | In Year               | Green             | 108            | 108            |
| FAC-14                                   | Vacancies                                  | NR   | In Year               | Green             | 114            | 304            |
| FAC-15                                   | Accountancy gain - duplicate meter reading | NR   | In Year               | Green             | 1,354          | 1,354          |
| <b>Annual Plan Target:</b>               |  |      |                       | <b>2,185</b>      | <b>3,498</b>   | <b>5,056</b>   |
| <b>Distance from target (over)/under</b> |  |      |                       | <b>(2,871)</b>    |                |                |

## Divisional analysis – Corporate

| Savings Scheme Number | Scheme / Opportunity                             | R/NR | Annual Plan v In Year scheme | Scheme RAG rating | YTD            | Full year      |
|-----------------------|--|------|------------------------------|-------------------|----------------|----------------|
|                       |  |      |                              |                   | Achieved £'000 | Forecast £'000 |
| CORP-02               | Reduction in non-pay spend                       | NR   | Month 1                      | Green             | 30             | 50             |
| CORP-06               | Executive directorate stretch target saving      | R    | Month 1                      | Green             | 68             | 152            |
| CORP-11               | Executive directorate stretch target saving      | R    | Month 1                      | Green             | 88             | 242            |
| CORP-90               | Various Directors savings - vacancies            | NR   | In Year                      | Green             | 0              | 100            |
| CORP-15               | Executive directorate stretch target saving      | R    | Month 1                      | Green             | 23             | 29             |
| CORP-92               | Various Directors savings - vacancies            | NR   | In Year                      | Green             | 0              | 100            |
| CORP-01               | Reduction in workforce costs - on call allowance | NR   | Month 1                      | Green             | 26             | 70             |
| CORP-13               | Executive directorate stretch target saving      | R    | Month 1                      | Green             | 263            | 700            |
| CORP-93               | Various Directors savings - vacancies            | NR   | In Year                      | Green             | 0              | 400            |
| CORP-04               | Scheme   | NR   | Month 1                      | Green             | 58             | 100            |
| CORP-05               | Opportunity                                      | NR   | Month 1                      | Green             | 58             | 100            |
| CORP-91               | Savings - Vacancies                              | NR   | In Year                      | Green             | 33             | 200            |
| CORP-08               | Executive directorate stretch target saving      | R    | Month 1                      | Green             | 65             | 149            |
| CORP-14               | Executive directorate stretch target saving      | R    | Month 1                      | Green             | 70             | 97             |
| CORP-95               | Various Directors savings - vacancies            | NR   | In Year                      | Green             | 33             | 200            |

Corporate continued ...

| Savings Scheme Number                    | Scheme / Opportunity  | R/NR | Annual Plan v In Year scheme | Scheme RAG rating | YTD            | Full year      |
|--|---|------|------------------------------|-------------------|----------------|----------------|
|  |   |      |                              |                   | Achieved £'000 | Forecast £'000 |
| CORP-03                                  | Opportunity   | R    | Month 1                      | Green             | 151            | 151            |
| CORP-07                                  | Executive directorate stretch target saving                                       | R    | Month 1                      | Green             | 60             | 103            |
| CORP-96                                  | Various Directors savings - vacancies   | NR   | In Year                      | Green             | 33             | 200            |
| CORP-16                                  | Executive directorate stretch target saving                                       | R    | Month 1                      | Green             | 24             | 24             |
| CORP-09                                  | Executive directorate stretch target saving                                       | R    | Month 1                      | Green             | 60             | 102            |
| CORP-10                                  | Executive directorate stretch target saving                                       | R    | Month 1                      | Green             | 76             | 180            |
| CORP-94                                  | Various Directors savings - vacancies   | NR   | In Year                      | Green             | 0              | 100            |
| CORP-12                                  | Executive directorate stretch target saving                                       | R    | Month 1                      | Green             | 78             | 207            |
| CORP-97                                  | Various Directors savings - vacancies   | NR   | In Year                      | Green             | 0              | 200            |
| 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             | 0              | 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                      | Amber             | 0              | 700            |
| CORP-89                                  | Various - rtt funding, reserve release, rif funding - presentation to be reviewed | NR   | In Year                      | Amber             | 270            | 1,619          |
| <b>Annual Plan Target:</b>               |   |      |                              | <b>2,421</b>      | <b>1,566</b>   | <b>10,079</b>  |
| <b>Distance from target (over)/under</b> |   |      |                              | <b>(7,658)</b>    |                |                |

## Divisional Analysis - Contracting & Commissioning

| Savings Scheme Number                    | Scheme / Opportunity                                    | R/NR | IMTP v In Year scheme | Scheme RAG rating | YTD            | Full year      |
|--|---|------|-----------------------|-------------------|----------------|----------------|
|  |   |      |                       |                   | Achieved £'000 | Forecast £'000 |
| Con1                                     | Accountancy benefit of NHS England end of year position | NR   | In Year               | Green             | 507            | 507            |
| Con2                                     | Forecast reduced activity- Cardiff LTA                  | R    | In Year               | Green             | 117            | 200            |
| Con3                                     | Forecast reduced activity- CTM LTA                      | R    | In Year               | Green             | 175            | 300            |
| Con4                                     | Forecast Additional Provider Income                     | R    | In Year               | Green             | 117            | 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            | 950            |
| Con8                                     | Forecast Additional Provider Income                     | R    | In Year               | Green             | 88             | 150            |
| Con9                                     | Accountancy benefit of NHS England end of year position | NR   | In Year               | Green             | 46             | 46             |
| 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             | 113            | 194            |
| <b>Annual Plan Target:</b>               |   |      |                       | <b>2,463</b>      | <b>2,828</b>   | <b>3,659</b>   |
| <b>Distance from target (over)/under</b> |   |      |                       | <b>(1,196)</b>    |                |                |

## Divisional Analysis - WHSCC

| 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              |
|                       |                      |      |                       | <b>Annual Plan Target:</b>        | <b>3,296</b>   |                |
|                       |                      |      |                       | Distance from target (over)/under | <b>3,296</b>   |                |

## Divisional Analysis - EASC

| 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              |
|                       |                      |      |                       | <b>Annual Plan Target:</b>        | <b>936</b>     |                |
|                       |                      |      |                       | Distance from target (over)/under | <b>936</b>     |                |



## Reserves

### Reserves Delegation:

The reserves held at 30<sup>1st</sup> October '25 is £8.9m. This consists of allocations to be delegated of £6.3m, specific commitment reserves of £1.2m, those supporting the financial position of £1m and a contingency investment reserve of £0.36m.

The reserves include some elements of risky income associated with the submitted plan with £3.9m of anticipated funding for RTT activity, beyond current-funded levels.

The HB reserves are in credit of £2.3m from divisions for 24/25 wage award funding, this will be pulled back from budgets in future months with income targets being set for those divisions being funded, instead, by HEIW and PHW.

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

| Confirmed or Anticipated | R/ NR | Description   | 25/26            | 26/27            |
|--------------------------|-------|---|------------------|------------------|
| Anticipated              | R     | b/f balances re: pay related funding etc.   | 2,597,176        | 2,597,176        |
| Delegated                | R     | National Insurance increase (Ers) 25-26   | (113,144)        | (113,144)        |
| Anticipated/ confirmed   | R     | 2024/25 Wage Awards ( including R&D wage award clawback)                              | (2,315,165)      | (2,315,165)      |
| Anticipated              | R     | R&D 2526 wage award   |                  | 85,912           |
| Anticipated              | NR    | Band 8 24/25 incremental impact 25/26 & 26/27 not in wage award funding rec'd from WG | 0                | 1,380,200        |
| Anticipated              | R     | 25/26 Pay Award - GPOOH Recovered   | 635,542          | 635,542          |
| Anticipated              | R     | Band 8a+ 24/25 incremental changes - 25/26 & 26/27 impact                             | 322,000          | 322,000          |
| Anticipated              | NR    | Overseas recruitment funding  | 77,853           | (700,000)        |
| Delegated                | R     | Practice/maison service - risky income assumed - vwg confirmed not an allocation      | (321,000)        | (321,000)        |
| Delegated                | R     | 2026 Physician associates - risky income assumed - vwg confirmed not an allocation    | (59,000)         | 0                |
| Anticipated              | R     | Learning Disability - Improving Lives (reversal of anticipated funding)               | (64,000)         | (64,000)         |
| Anticipated              | NR    | Planned Care Transformation Fund: Spinal Mega Clinics                                 | 55,373           | 0                |
| Anticipated              | NR    | Planned care transformation fund: GP & GP (extra) clinical Editors & 3Ds              | 111,510          | 0                |
| Anticipated              | NR    | Planned Care 2025-2026 - Phase 4 Diagnostics  | 197,339          | 0                |
| Anticipated              | NR    | Planned care - funding for activity greater than current funded levels (V/RISK)       | 3,951,000        | 0                |
| Anticipated              | NR    | Planned Care - Dermatology Minor Outpatient Procedures                                | 556,829          |                  |
| Confirmed                | NR    | VT/LTA adjustment - Historic Pay Award 2025-26  | 158,281          |                  |
| Confirmed                | NR    | JCC - Genomics 2025-26 - 75% uplift funding confirmation                              | 458,872          |                  |
| Anticipated              | NR    | HBS assumed income  |                  | 0                |
| Anticipated              | NR    | Planned care - Plain film for oral surgery clinics funding anticipation               | 13,319           |                  |
| Anticipated              | NR    | Planned Care clawback - outpatient insourcing contract renegotiation                  | (5,568)          |                  |
|                          |       | Balancing figure  | 1                |                  |
|                          |       | <b>Confirmed Allocations to be apportioned</b>  | <b>6,257,218</b> | <b>1,507,521</b> |

#### 7788-COMMITMENTS TO BE DELEGATED

| Description                  | 25/26          | 26/27          |
|------------------------------|----------------|----------------|
| Junior Doctors income: TGS   | 449,295        | 449,295        |
| Junior Doctors income: PGOME | (30,151)       | (30,151)       |
| <b>Total Commitments</b>     | <b>419,144</b> | <b>419,144</b> |

#### 7501-SUPPORTING FINANCIAL POSITION

| Description   | 25/26          | 26/27          |
|---|----------------|----------------|
| IT Revenue to Capital April 25  | 29,664         | 0              |
| IT Revenue to Capital May 25  | 55,632         | 0              |
| IT Revenue to Capital June 25   | 48,690         | 0              |
| IT Revenue to Capital Jul, Aug & Sep 25                                     | 54,828         | 0              |
| RTT Waiting times Q1 25-26 - anticipated delegation (General Reserve)       | 171,000        | 0              |
| RTT Waiting times Q1 25-26 - anticipated delegation (Infrastructure)        | 132,000        | 0              |
| Recovery of E&F budget delegated for Portacabin - GUH Transfer Lounge lease | 387,000        | 387,000        |
| 2526 Wage Award Foundings and KCOR  | 10,471         | 10,471         |
| Winter provision (m6)   | 0              | 0              |
| <b>Total Supporting Financial position</b>                                  | <b>889,285</b> | <b>397,471</b> |

#### 7565-CONTINGENCY

| Description                                    | 25/26            | 26/27            |
|--|------------------|------------------|
| Investment Reserve                             | 280,000          | 1,280,000        |
| Supporting Financial Position                  | 1,000,000        | 0                |
| Winter provision                               | 0                | 0                |
| <b>Confirmed Allocations to be apportioned</b> | <b>1,280,000</b> | <b>1,280,000</b> |

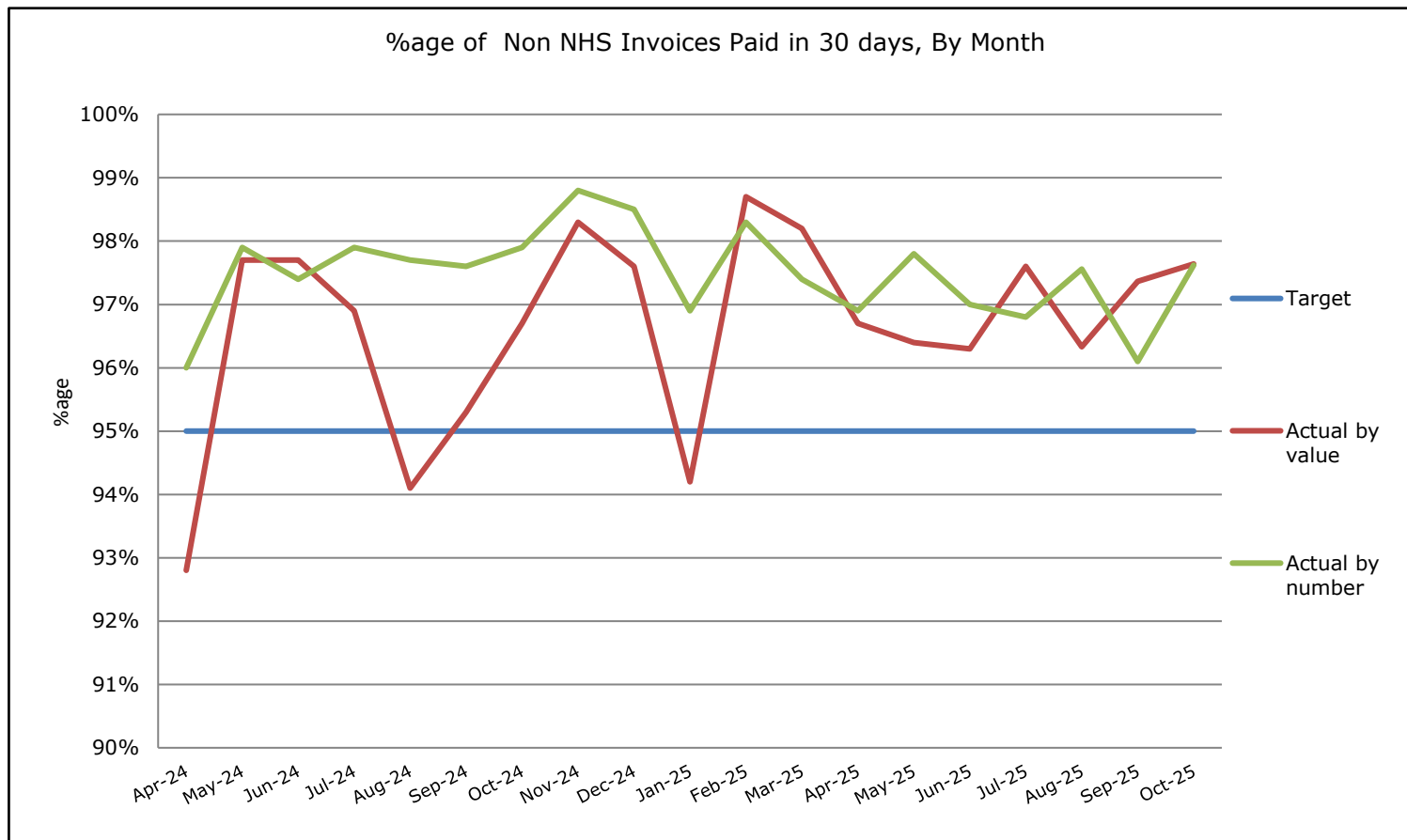
Totals 8,845,647 3,604,136

## Cash Position

The cash balance at the 31st October is £2.458m, which is below the advisory figure set by Welsh Government of £6m.

## Public Sector Payment Policy (PSPP)

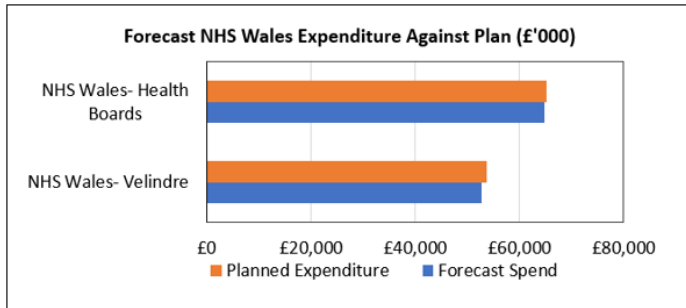
The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in October. Cumulatively, the HB has achieved the statutory 95% target for Non-NHS creditor invoices.



## Contracting & Commissioning – LTA Spend & Income

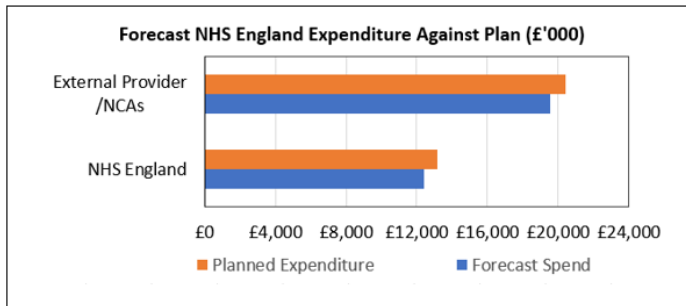
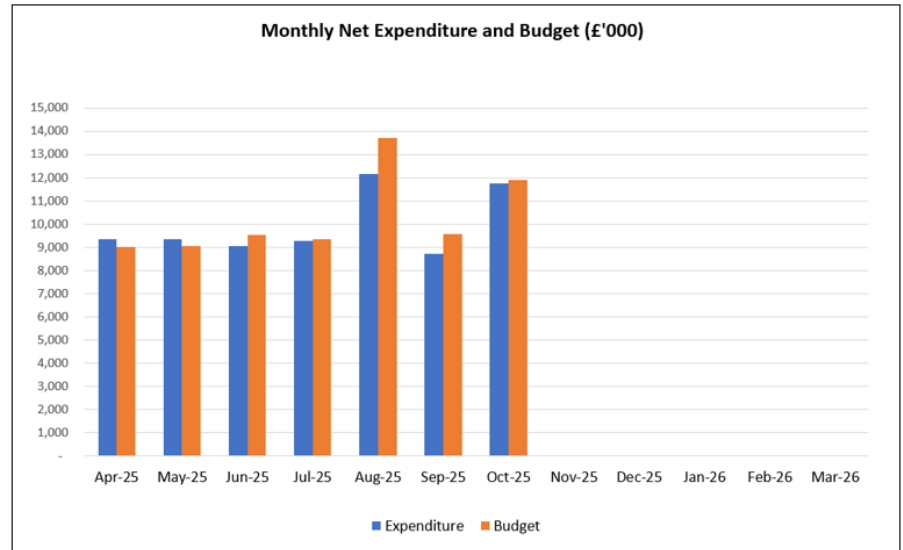
At Month 7 the year-to-date financial performance for Contracting and Commissioning is £2,431k underspend against the delegated budget with a forecast year of £3,384 underspend.

The key elements contributing to this position at Month 7 are as follows:



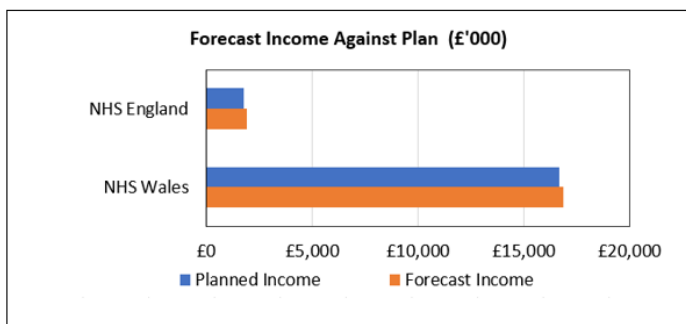
**NHS Wales Expenditure**

Expenditure in NHS Wales contracts is based on provider monitoring returns and is expected to be c£500k less than plan due to lower activity and recharged services at Cwm Taf and Cardiff and Vale and a further £950k 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



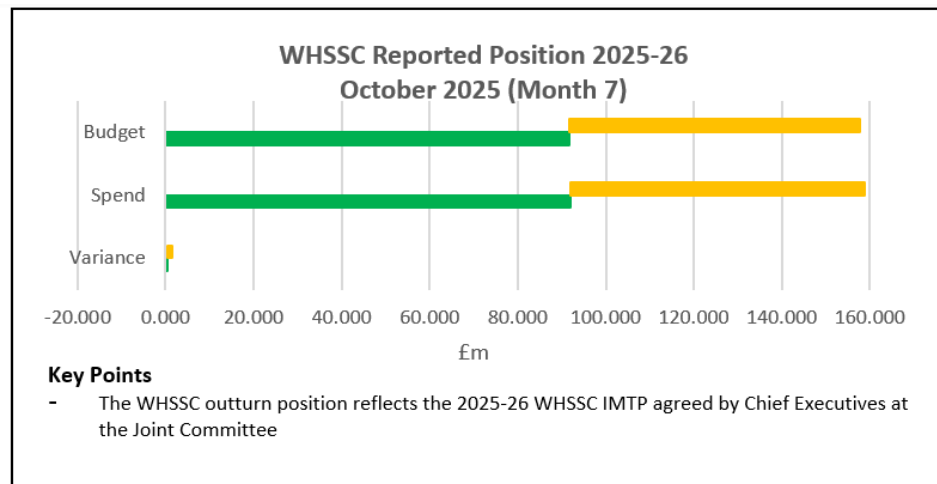
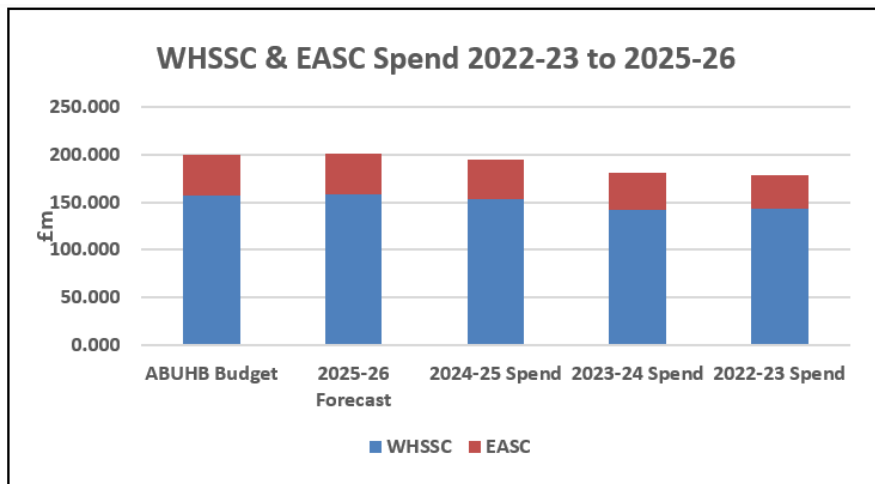
**Provider Income**

Provider income is forecast to be c£350k more than plan in 25/26 following higher activity levels in months 1-6 for Powys 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

The Month 7 financial position for the JCC is a forecast overspend of £1.360m. The position reflects the agreed IMTP and the phase 2 2024-25 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

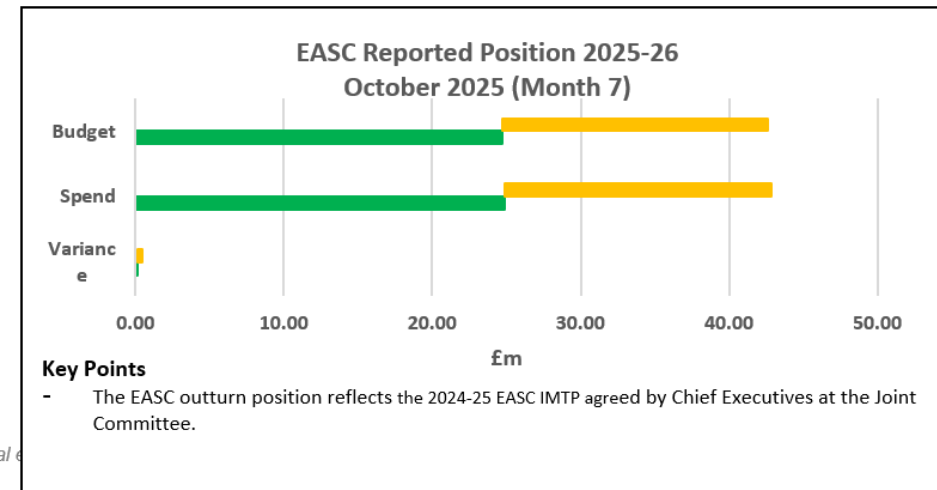
### Key Issues 2025-26

#### Specialised Services

- Current forecast based on the agreed IMTP and forecast overperformance in respect of C&VUHB LTA Overperformance (£0.7m), Individual Patient Treatments (£1.6m) offset by slippage on developments (£1.2m)
- Key risk areas for 2025-26
  - Delivery of Savings Plans
  - 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 31st October 2025 |  |                                  |                   |
|---------------------------------------|--|----------------------------------|-------------------|
|                                       | 2025/26<br>Opening<br>balance<br>£000s | 31st<br>October<br>2025<br>£000s | Movement<br>£000s |
| <b>Fixed Assets</b>                   | 945,668                                | 1,010,949                        | 65,281            |
| <b>Other Non current assets</b>       | 111,489                                | 208,669                          | 97,180            |
| <b>Current Assets</b>                 |  |                                  |                   |
| Inventories                           | 10,433                                 | 10,368                           | (65)              |
| Trade and other receivables           | 167,220                                | 80,874                           | (86,346)          |
| Cash                                  | 4,823                                  | 2,458                            | (2,365)           |
| Non-current assets 'Held for Sale'    | 0                                      | 0                                | 0                 |
| Total Current Assets                  | 182,476                                | 93,700                           | (88,776)          |
| <b>Liabilities</b>                    |  |                                  |                   |
| Trade and other payables              | 221,140                                | 185,504                          | (35,636)          |
| Provisions                            | 207,724                                | 227,693                          | 19,969            |
|                                       | 428,864                                | 413,198                          | (15,666)          |
|                                       | <b>810,769</b>                         | <b>900,120</b>                   | <b>89,351</b>     |
| <b>Financed by:-</b>                  |  |                                  |                   |
| General Fund                          | 610,494                                | 645,682                          | 35,188            |
| Revaluation Reserve                   | 200,275                                | 254,439                          | 54,164            |
|                                       | <b>810,769</b>                         | <b>900,120</b>                   | <b>89,351</b>     |

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

- An increase of £14.0m relating to capital programme purchase additions and £0.1m from Charitable Funds capital purchases
- An increase of £93.7m as a result of upwards revaluations caused by Indexation for land and buildings.
- A decrease of £14.7m relating to impairment of assets under constructing coming into use
- A decrease of £26.5m due to depreciation charged in year.
- A net decrease of £1.3m 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 £98.3m and a decrease in intangible assets of £1.1m 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 debts outstanding on the Accounts Receivable system since 2024/25 to the end of August of £2.4m
- A net increase in the value of both NHS & Non-NHS accruals of £0.2m, of which £1.6m relates to an increase in Non-NHS accruals and £1.4m relates to a decrease in NHS Accruals since the end of 2024/25
- A significant decrease in the value of Welsh Risk Pool claims due in less than one year totalling £91.3m
- A decrease in VAT and other debtors since the end of 24/25 of £0.4m
- An increase in the value of prepayments held £7.6m

**Cash:** The cash balance held at the end of July is £2.45m.

**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 Capital accruals (£5.3m)
- A decrease in NHS Creditor accruals (£6.4m)
- A decrease in the level of invoices held for payment from the year end (£4.7m) & GRNI (£2.8m)
- An decrease in non NHS accruals (£0.4m)
- An increase in Tax & Superannuation (£2.0m)
- A decrease in other creditors (£15.5m)
- A decrease in the liability for lease payments (£1.1m)
- An decrease in payments on account (£1.3m)

**Provisions:**

- This is due to an overall increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £20.35m and a decrease in other provisions of £0.38m.

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

## Health Board Income WG Funding Allocations: £1.87bn

Confirmed Allocations as at October 2025 (M7 2025/26)

|   | £'000            |
|---|------------------|
| HCHS  | 1,687,954        |
| GMS   | 115,932          |
| Pharmacy  | 36,808           |
| Dental  | 36,722           |
| <b>Total Confirmed Allocations - October 2025</b> | <b>1,877,416</b> |
| <b>Plus Anticipated Allocation - October 2025</b> | <b>55,656</b>    |
| <b>Total Allocations - October 2025</b>           | <b>1,933,072</b> |

### 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 £120m. (£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 £2bn (£2bn for 24/25).

| WG Revenue Resource Limit : Anticipated Allocations (October) |   |               |                           |
|---|---|---------------|---------------------------|
| Funding Type  | Description   | Value £'000   | Recurrent / Non Recurrent |
| GMS   | GMS Refresh   | 1,603         | R                         |
| GMS   | Dispensing Drs and PADMS funding 24-25  | 1,121         | NR                        |
| HCHS  | Capital - DEL Depreciation - Baseline Surplus/Shortfall                             | (514)         | NR                        |
| HCHS  | Capital - DEL Depreciation - Strategic  | 3,710         | NR                        |
| HCHS  | Capital - DEL Depreciation - Impairment   | 146           | NR                        |
| HCHS  | Capital - DEL Depreciation - IFRS 16 Leases   | (209)         | NR                        |
| HCHS  | Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)                            | 62            | NR                        |
| HCHS  | Capital - AME Depreciation - Donated Assets   | 344           | NR                        |
| HCHS  | Capital - AME Depreciation - Impairments  | 34,235        | NR                        |
| HCHS  | Capital - Removal of Donated assets / Gvnt grant receipts                           | (160)         | NR                        |
| HCHS  | Revenue Lease Payment Budget Reduction (IFRS16 Equip)                               | (2,778)       | NR                        |
| HCHS  | Revenue Lease Payment Budget Reduction (IFRS16 Prop)                                | (936)         | NR                        |
| HCHS  | Clinical Excellence Awards (CDA's)  | 298           | R                         |
| HCHS  | Same Day Emergency Care (SDEC)  | 723           | NR                        |
| HCHS  | Urgent Primary Care   | 649           | NR                        |
| HCHS  | New Medical Training Posts 2017-2022 cohorts  | 1,400         | R                         |
| HCHS  | Welsh Risk Pool Risk Share agreement 25/26  | (6,582)       | NR                        |
| HCHS  | MCA and DoLs  | 189           | NR                        |
| HCHS  | MCA - IMCA service  | 217           | NR                        |
| HCHS  | International recruitment funding 24-25   | 778           | NR                        |
| HCHS  | Digital Priorities Investment Fund (DPIF) for EPS go live (Community Pharmacy)      | 65            | NR                        |
| HCHS  | Keeping Well (3Ps) funding 25-26 confirmed  | 170           | NR                        |
| HCHS  | 25/26 Neurodivergence (NDIP) funding  | 353           | NR                        |
| HCHS  | Pathfinder Womens Health Hub 25-26  | 300           | NR                        |
| HCHS  | Real Living Wage (AB staff) 25-26   | 2,637         | R                         |
| HCHS  | Capital - DEL Depreciation - Accelerated  | 190           | NR                        |
| HCHS  | Capital - AME Depreciation - Impairment reversals                                   | (37,011)      | NR                        |
| HCHS  | Clinical Editors Funding 25-26  | 63            | 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)             | 112           | NR                        |
| HCHS  | GP Gatekeeper   | 780           | NR                        |
| HCHS  | Planned Care 2025-2026 - Phase 4 Diagnostics  | 556           | NR                        |
| HCHS  | National Planned Care Plan - Phase 3 Additional Support Funding                     | 469           | NR                        |
| HCHS  | Planned Care Programme Out Patient Phase - Additional Support (Radiographer)        | 25            | NR                        |
| HCHS  | Q2-4 Regional cataracts outsourcing   | 16,500        | NR                        |
| HCHS  | Planned care / rtt funding for activity greater than current funded levels (discuss | 3,951         | NR                        |
| HCHS  | 25/26 Full Year Pay Award (A4C + Medical & Dental)                                  | 31,068        | R                         |
| HCHS  | Plain film for oral surgery clinics   | 13            | NR                        |
| HCHS  | Planned Care clawback - outpatient insourcing contract renegotiation                | (6)           | NR                        |
| HCHS  | RSV Nirsevimab introduction funding 2025  | 45            | NR                        |
| HCHS  | Mpox/Gonorrhoea programme funding 2025  | 12            | NR                        |
| HCHS  | Dermatology Minor Outpatient Procedures   | 557           | NR                        |
| HCHS  | Band 8a+ 24/25 incremental changes - 25/26 & 26/27 impact                           | 322           | R                         |
| <b>Total Anticipated: Per Ledger</b>                          |   | <b>55,656</b> |                           |

|   |                  |
|---|------------------|
| <b>Total Confirmed 2025/26 Allocations - May 2025</b> | <b>1,877,416</b> |
| <b>Total 2025/26 Allocations - October 2025</b>       | <b>1,933,072</b> |



# Capital Planning & Performance Month 07 2025/26

|  | 2025/26               |                      |                     |                          |                  |
|--|-----------------------|----------------------|---------------------|--------------------------|------------------|
|  | Original Plan<br>£000 | Revised Plan<br>£000 | Spend to M7<br>£000 | Forecast Outturn<br>£000 | Variance<br>£000 |
| <b>Source:</b>   |                       |                      |                     |                          |                  |
| <b>Discretionary Capital:</b>  |                       |                      |                     |                          |                  |
| 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                |
| NBV of Assets Disposed   | 0                     | 61                   |                     | 61                       | 0                |
| <b>Total Approved Discretionary Funding</b>                            | <b>5,760</b>          | <b>6,839</b>         |                     | <b>6,839</b>             | <b>0</b>         |
| <b>All Wales Capital Programme Funding:</b>                            |                       |                      |                     |                          |                  |
| AWCP Approved Funding  | 12,184                | 29,687               |                     | 29,687                   | 0                |
| <b>Total Approved and Anticipated AWCP Funding</b>                     | <b>12,184</b>         | <b>29,687</b>        |                     | <b>29,687</b>            | <b>0</b>         |
| <b>IFRS16 Lease Funding:</b>   |                       |                      |                     |                          |                  |
| Approved IFRS16 Lease Funding  | 0                     | 560                  |                     | 560                      | 0                |
| IFRS16 CRL reduction for Lease Asset Disposals                         | 0                     | -84                  |                     | -84                      | 0                |
| NBV of IFRS16 Leased Asset Disposals                                   | 0                     | 84                   |                     | 84                       | 0                |
| <b>Total Approved IFRS16 Lease funding</b>                             | <b>0</b>              | <b>560</b>           |                     | <b>560</b>               | <b>0</b>         |
| <b>Total Capital Funding / Capital Resource Limit (CRL)</b>            | <b>17,944</b>         | <b>37,086</b>        |                     | <b>37,086</b>            | <b>0</b>         |
| <b>Applications:</b>   |                       |                      |                     |                          |                  |
| <b>Discretionary Capital:</b>  |                       |                      |                     |                          |                  |
| Statutory Compliance Allocations                                       | 1,100                 | 1,100                | 471                 | 1,185                    | 85               |
| Other Commitments  | 1,050                 | 1,050                | 592                 | 1,050                    | 0                |
| Commitments b/f from 2024-25   | 544                   | 1,146                | 528                 | 1,075                    | -71              |
| Divisional Priorities  | 2,370                 | 2,809                | 1,343               | 2,730                    | -79              |
| Corporate Priorities   | 0                     | 45                   | 42                  | 44                       | 0                |
| Remaining DCP Contingency  | 696                   | 690                  | 0                   | 860                      | 170              |
| <b>Total Discretionary Capital</b>                                     | <b>5,760</b>          | <b>6,839</b>         | <b>2,977</b>        | <b>6,944</b>             | <b>105</b>       |
| <b>All Wales Capital Programme:</b>                                    |                       |                      |                     |                          |                  |
| NHH Satellite Radiotherapy Centre                                      | 1,991                 | 1,250                | 885                 | 1,250                    | 0                |
| GUH ED Extension   | 1,946                 | 2,665                | 2,243               | 2,665                    | 0                |
| Head Lease for Chepstow Community Hospital                             | 60                    | 107                  | 9                   | 107                      | 0                |
| 2nd MRI for Grange University Hospital                                 | 2,500                 | 2,201                | 2,175               | 2,201                    | 0                |
| Centralised Decontamination Unit RGH                                   | 3,925                 | 3,999                | 2,066               | 3,860                    | -139             |
| RGH – Block 1 and 2 Demolition and Car Park                            | 269                   | 21                   | 3                   | 21                       | 0                |
| Backlog Maintenance 2024-25  | 901                   | 2,017                | 1,114               | 2,017                    | 0                |
| EFAB - Infrastructure 2024-25  | 0                     | 224                  | 224                 | 224                      | 0                |
| YYF Breast Centralisation Unit   | 0                     | 40                   | 40                  | 40                       | 0                |
| CAMHS Sanctuary Hub  | 0                     | 104                  | 104                 | 104                      | 0                |
| Housing with Care Fund 2024-25   | 0                     | 143                  | 49                  | 143                      | 0                |
| Ty Gwent   | 0                     | 47                   | -19                 | 47                       | 0                |
| 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                   | 67                  | 67                       | 14               |
| End of Year Funding 2024-25  | 0                     | 77                   | 73                  | 73                       | -4               |
| IRCF - Abervalley H&WBC  | 592                   | 550                  | 69                  | 550                      | 0                |
| IRCF - Dixton H&WBC  | 0                     | 269                  | 110                 | 285                      | 16               |
| Targeted Estates Fund (TEF)  | 0                     | 8,388                | 1,846               | 8,404                    | 16               |
| DPIF - Electronic Prescribing and Medicines Administration (ePMA)      | 0                     | 937                  | 87                  | 937                      | 0                |
| Non-Radiology Ultrasound Replacement Funding                           | 0                     | 576                  | 0                   | 576                      | 0                |
| DPIF - RISP  | 0                     | 448                  | 0                   | 448                      | 0                |
| Mental Health Quality & Safety Schemes                                 | 0                     | 705                  | 91                  | 705                      | 0                |
| Reinforced Aerated Autoclave Concrete Management, Nevill Hall Hospital | 0                     | 806                  | 109                 | 806                      | 0                |
| Hospital Helicopter Landing Site Improvements - 2025-26                | 0                     | 28                   | 0                   | 28                       | 0                |
| VAT Recovery Reimbursed to WG (Backlog & EFAB schemes)                 | 0                     | -342                 | -342                | -342                     | 0                |
| Decarbination Project (REFIT)  | 0                     | 3,536                | 0                   | 3,536                    | 0                |
| DPIF - Connecting Care   | 0                     | 815                  | 0                   | 815                      | 0                |
| <b>Total AWCP Capital</b>  | <b>12,184</b>         | <b>29,687</b>        | <b>11,019</b>       | <b>29,582</b>            | <b>-105</b>      |
| <b>Total IFRS16 Lease Expenditure</b>                                  | <b>0</b>              | <b>560</b>           | <b>560</b>          | <b>560</b>               | <b>0</b>         |
| <b>Total Programme Allocation and Expenditure</b>                      | <b>17,944</b>         | <b>37,086</b>        | <b>14,555</b>       | <b>37,086</b>            | <b>0</b>         |
| <b>Variance against Overall Capital Resource Limit</b>                 |                       |                      |                     |                          | <b>0</b>         |



|  |   |
|--|---|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 15 December 2025                                      |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Finance & Performance Committee                       |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Value & Sustainability Board Assurance Report         |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Rob Holcombe, Director of Finance, Procurement & VBHC |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Rob Holcombe, Director of Finance, Procurement & VBHC |

**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) in order 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 schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

**As at month 7, 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.**

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

## 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                | £374            | £475                 | £101                 | £2,563                | £1,711                     | -£851                      |
| Medicines Management            | 40                | £1,627          | £2,581               | £954                 | £4,520                | £8,776                     | £4,256                     |
| Procurement & Non-pay           | 130               | £3,384          | £7,104               | £3,720               | £20,587               | £20,212                    | -£375                      |
| Service redesign                | 3                 | £340            | £845                 | £505                 | £1,980                | £1,737                     | -£243                      |
| Workforce                       | 77                | £2,205          | £4,150               | £1,945               | £10,750               | £11,053                    | £303                       |
| <b>Total</b>                    | <b>262</b>        | <b>£7,929</b>   | <b>£15,155</b>       | <b>£7,226</b>        | <b>£40,400</b>        | <b>£43,490</b>             | <b>£3,090</b>              |

## 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.

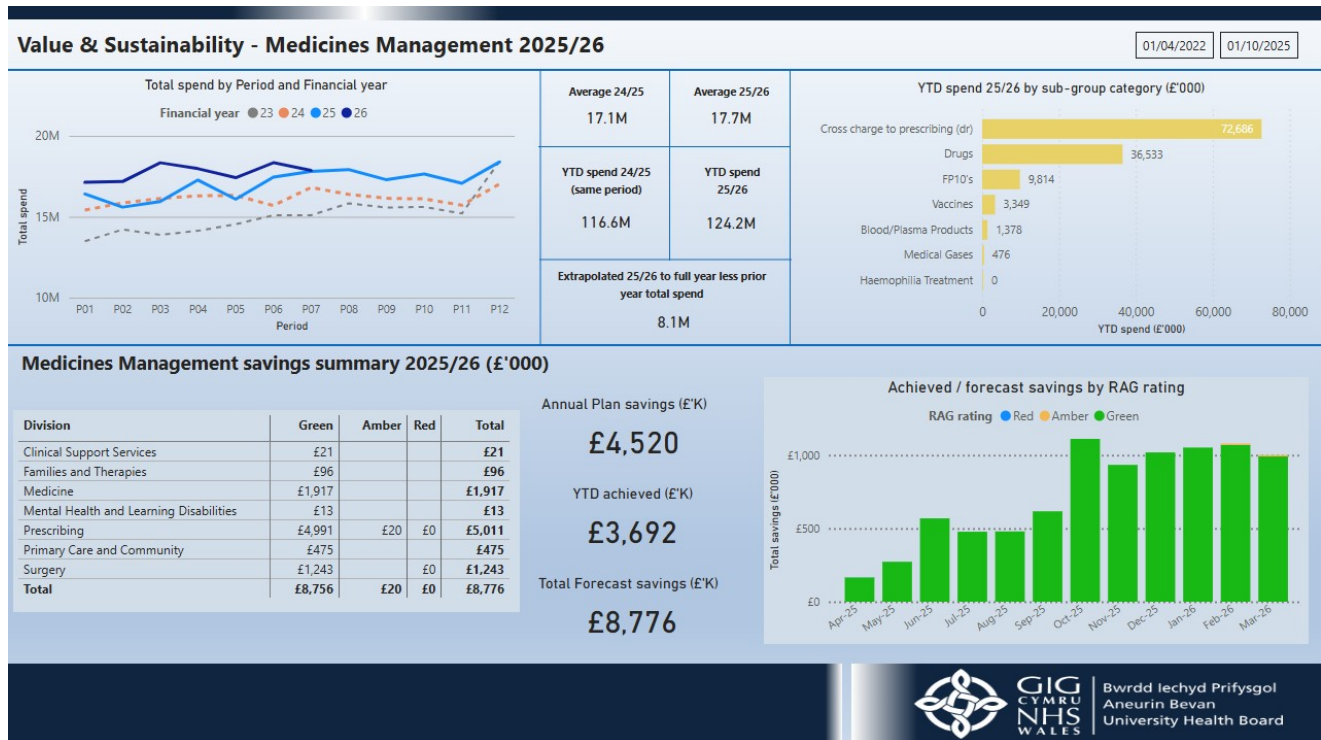
The Board has established several workstreams under this programme, all with an identified executive lead, as follows:

Medicines management – Director of Public Health  
 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

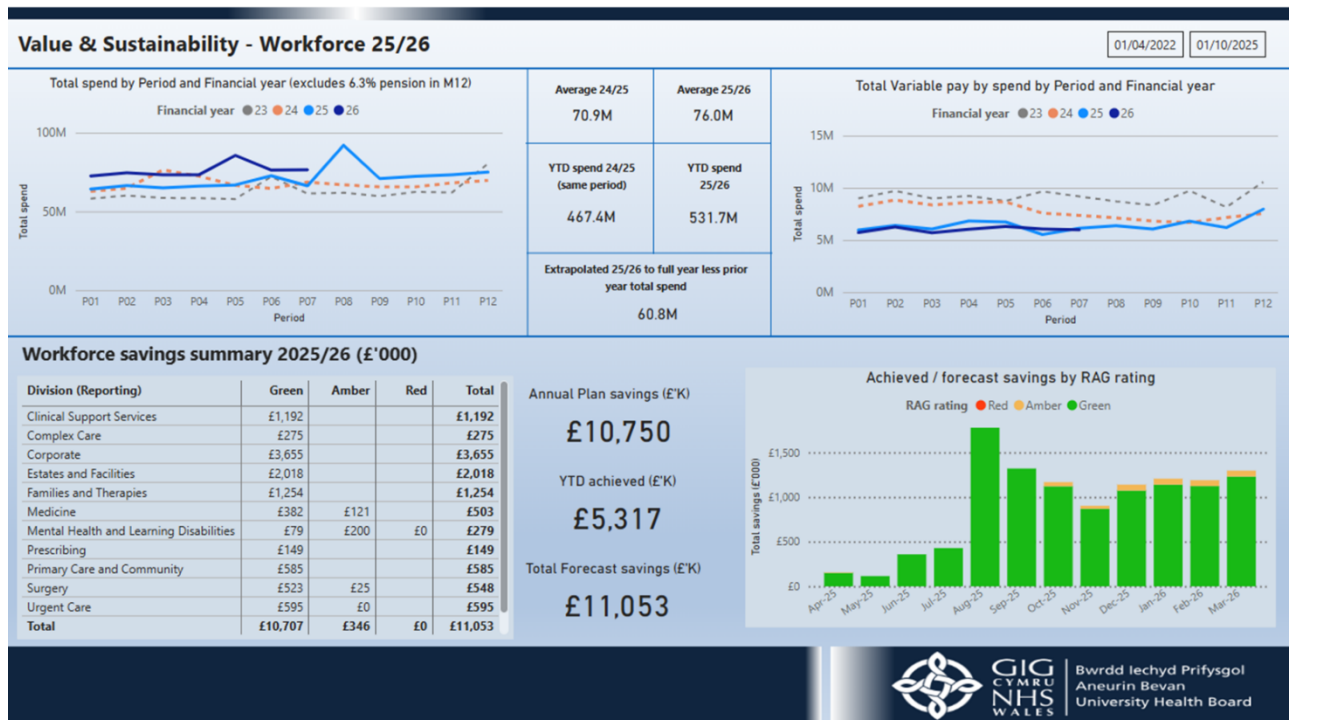
These workstreams consider and progress both national and local opportunities.

This report provides an update on progress of the programme workstreams for the committee for the end of October 2025.

Medicines Management V&S update



Value & Sustainability Board – Workforce Update



# Value & Sustainability Board – Service Re-Design Update

## Value & Sustainability - Service redesign 2025/26

01/04/2022 01/10/2025

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

| Division     | Green         | Amber       | Total         |
|--------------|---------------|-------------|---------------|
| Medicine     | £1,609        | £128        | £1,737        |
| Various      |               | £0          | £0            |
| <b>Total</b> | <b>£1,609</b> | <b>£128</b> | <b>£1,737</b> |

Annual Plan savings (£'K)

**£1,980**

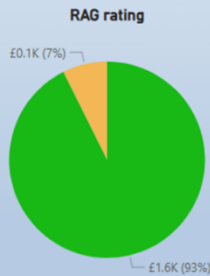
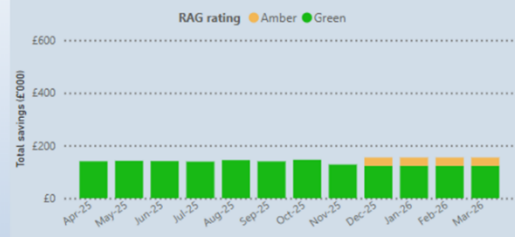
YTD achieved (£'K)

**£991**

Total Forecast savings (£'K)

**£1,737**

### Achieved / forecast savings by RAG rating



| SchemeID     | Description                                   | RAG   | Plan (£'k)    | Forecast (£'k) | Variance     |
|--------------|---|-------|---------------|----------------|--------------|
| MED-12       | Delay in prescribing Budesomide               | Green | £340          | £1,609         | £1,269       |
| MED-25       | Switch Acute 30 bedded ward to Community ward | Amber | £128          | £128           | £0           |
| Opps-02      | Opportunities (10.3m) - Service Redesign      | Amber | £1,640        | £0             | £-1,640      |
| <b>Total</b> |   |       | <b>£2,108</b> | <b>£1,737</b>  | <b>£-371</b> |



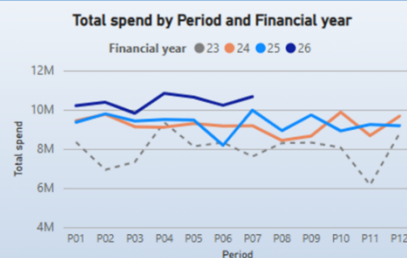
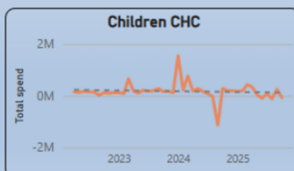
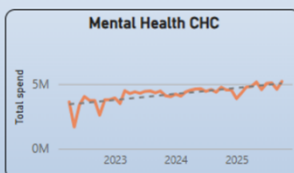
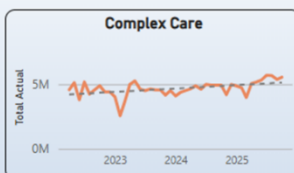
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Continuing Healthcare V&S update

## Value & Sustainability - CHC 2025/26

01/04/2022 01/10/2025



### Budget and expenditure 2025/26 (£'000)

| Division             | Annual Budget % | Annual Budget  | YTD Budget (k) | YTD Spend     | YTD Variance |
|----------------------|-----------------|----------------|----------------|---------------|--------------|
| CHC and FNC          | 49.8%           | 60,400         | 36,238         | 37,856        | 1,617        |
| Family and Therapies | 1.3%            | 1,603          | 935            | 424           | -511         |
| Mental Health and LD | 48.9%           | 59,298         | 34,692         | 34,497        | -194         |
| <b>Total</b>         | <b>100.0%</b>   | <b>121,302</b> | <b>71,865</b>  | <b>72,777</b> | <b>912</b>   |

| Average spend 24/25 | Average spend 25/26 | YTD spend 24/25 (same period) | YTD spend 25/26 | YTD budget variance 25/26 |
|---------------------|---------------------|-------------------------------|-----------------|---------------------------|
| 9.3M                | 10.4M               | 65.7M                         | 72.8M           | 0.9M                      |

### CHC savings summary 2025/26 (£'000)

| Division                                | Green         | Amber     | Red       | Total         |
|---|---------------|-----------|-----------|---------------|
| Complex Care                            | £1,013        |           |           | £1,013        |
| Mental Health and Learning Disabilities | £698          |           | £0        | £698          |
| Various                                 |               | £0        | £0        | £0            |
| <b>Total</b>                            | <b>£1,711</b> | <b>£0</b> | <b>£0</b> | <b>£1,711</b> |

Annual Plan savings (£'K)

**£2,563**

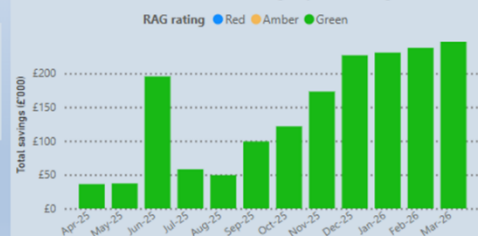
YTD achieved (£'K)

**£596**

Total Forecast savings (£'K)

**£1,711**

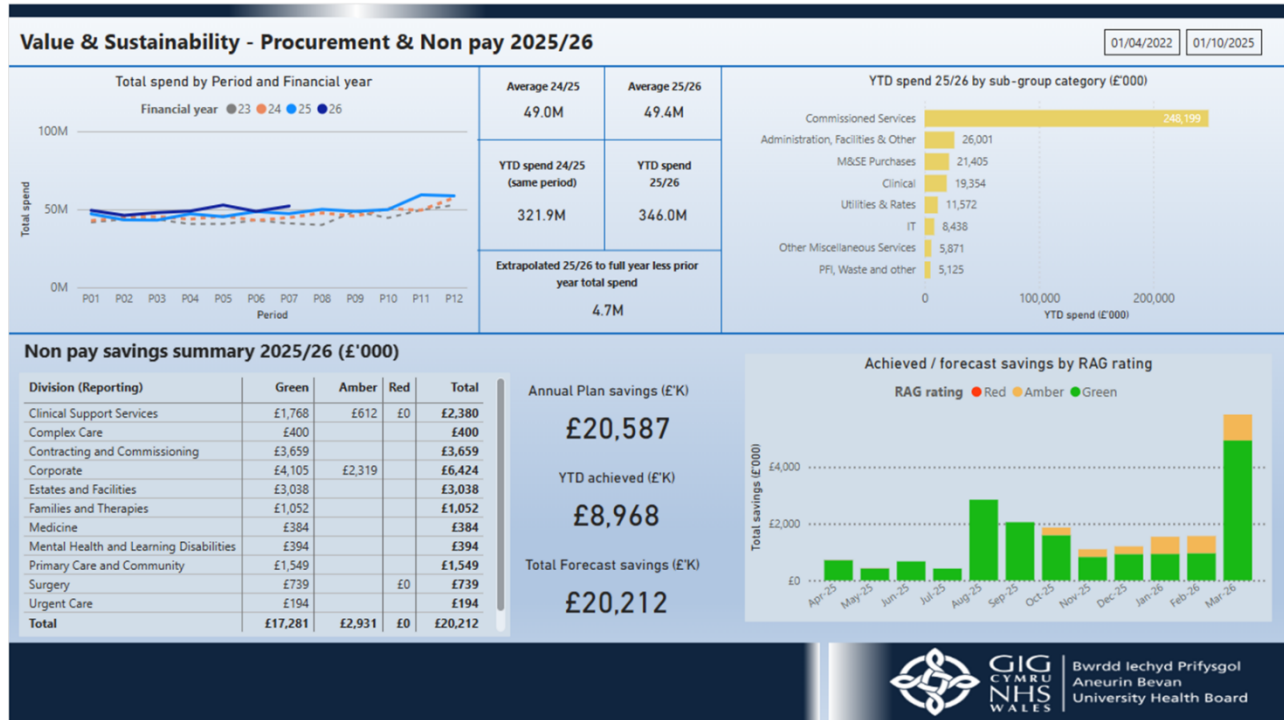
### Achieved / forecast savings by RAG rating



GIG  
CYMRU  
NHS  
WALES

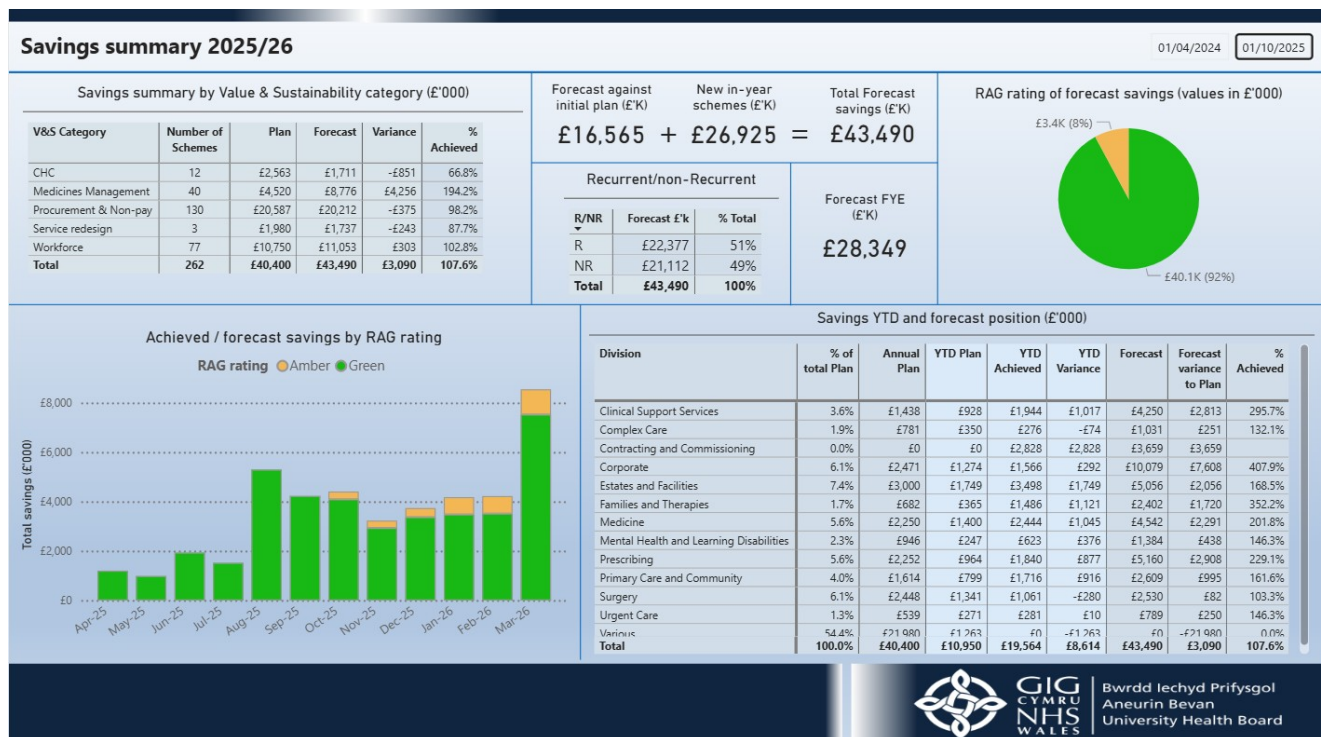
Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Value & Sustainability Board – Non-Pay Update



## Summary Delivery to Date

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.



## Further Opportunities

Potential further opportunities were identified at month 6 totalling £5m, of these £0.5m have been progressed to savings plans. The items not at a point to include as savings:

| Opportunities Pipeline September 25 | No. Schemes | £000    |
|-------------------------------------|-------------|---------|
| Procurement & Non-Pay               | 9           | (1,045) |
| Workforce                           | 9           | (2,460) |
| Medicines Management                | 6           | (482)   |
| CHC                                 | 2           | (972)   |
|                                     | 26          | (4,959) |

**For 2026/27 a refreshed savings route map will need to be developed.** Recent modelling has identified a potential £25m of opportunities that should be considered.

## 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<br>Choose an item.<br>Choose an item.<br>Choose an item.   |
| Blaenoriaethau CTCI IMTP Priorities<br><br><a href="#">Link to IMTP</a>   | Choose an item.<br>Choose an item.<br>Financial Balance  |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP  | Governance   |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>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 |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>   |  |
|--|--|
| Ar sail tystiolaeth:<br>Evidence Base:   | National V&SB Board  |
| Rhestr Termau:<br>Glossary of Terms:   | V&SB – Value & Sustainability Board<br>WG – Welsh Government<br>SDEC – Same Day Emergency Care<br>O/P – Out patient<br>INNU – intervention not normally undertaken<br>MH – mental health<br>LD – learning disabilities<br>'k' – thousand<br>Tbc – to be confirmed<br>QIA – quality impact assessment<br>CIP – cost improvement programme |
| Partion / Pwyllgorau â<br>ymgynhorwyd ymlaen llaw y<br>Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted<br>prior to University Health Board: | N/A  |

| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b>   |  |
|---|--|
| <b>Resource Assessment:</b>   |  |
| • <b>Workforce</b>  | Yes, outlined within the paper   |
| • <b>Service Activity &amp; Performance</b>   | Yes, outlined within the paper   |
| • <b>Financial</b>  | Yes, outlined within the paper   |
| <b>Asesiad Effaith<br/>Cydraddoldeb<br/>Equality Impact<br/>Assessment (EIA) completed</b>  | <b>No does not meet requirements</b><br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.<br>If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a> |
| <b>Deddf Llesiant<br/>Cenedlaethau'r Dyfodol – 5<br/>ffordd o weithio<br/>Well Being of Future<br/>Generations Act – 5 ways<br/>of working</b><br><br><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> | Not Applicable<br>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs  |

|  |  |
|--|--|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 15 December 2025   |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Finance and Performance Committee                            |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Assurance Report from the Digital, Data and Technology Group |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Paul Solloway – Director of Digital                          |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Paul Solloway – Director of Digital                          |

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

Er Sicrwydd/For Assurance

## **ADRODDIAD SCAA SBAR REPORT**

### Sefyllfa / Situation

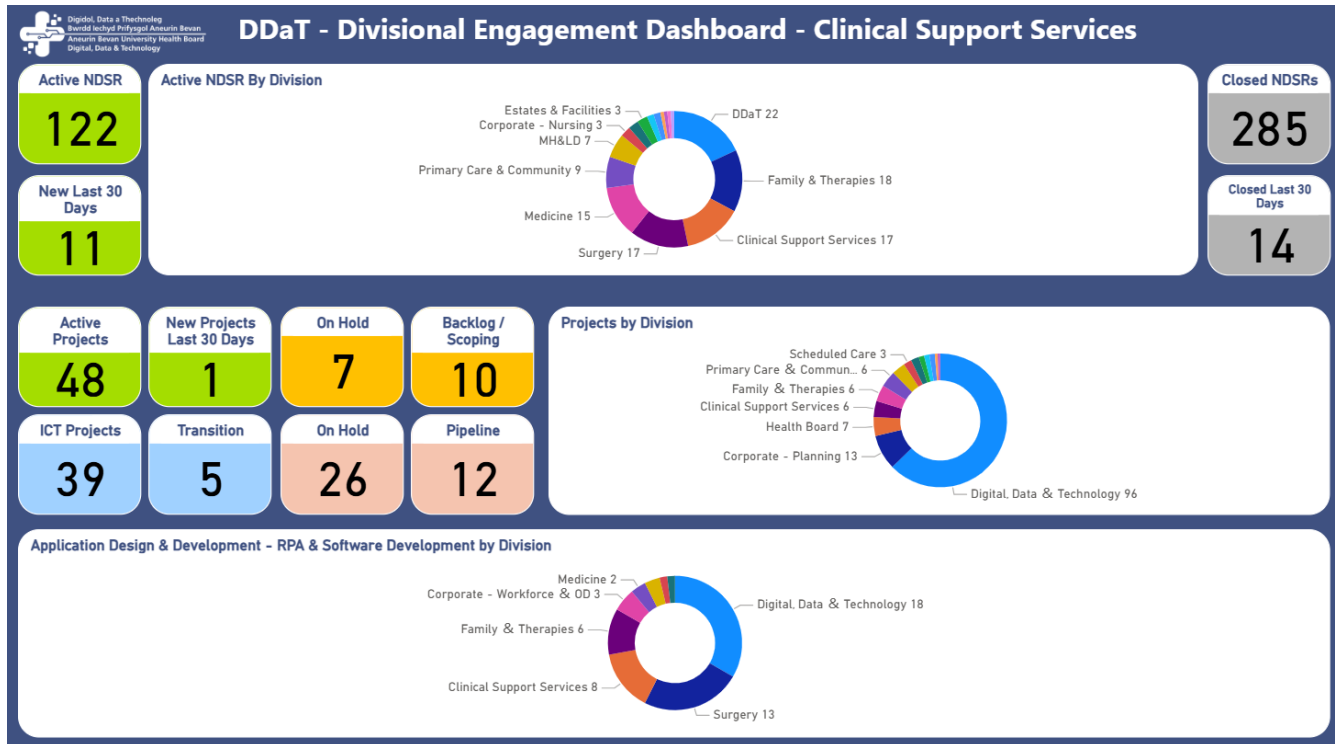
The Digital Data and Technology (DDaT) Directorate oversees multiple Digital Transformation and ICT Programmes, aligned with the Health Board's Digital Annual Operational Plan. This plan outlines the expected deliverables and strategic initiatives to ensure our digital services remain safe, secure, reliable, compliant and capable of meeting the growing demand for digital transformation.

Recent enhancements to the New Digital Service Request (NDSR) process and Divisional Engagement Meetings (DEMs) have broadened and clarified divisional endorsement and oversight of the digital portfolio. These improvements include the introduction of comprehensive dashboards that summarise the digital portfolio, display NDSRs by division, present prioritisation scores and outline both divisional and organisation-wide digital roadmaps. Monthly engagement meetings and increasing transparency around digital priorities will support the alignment of Integrated Medium Term Plans (IMTPs), ensuring more effective delivery and measurable progress.

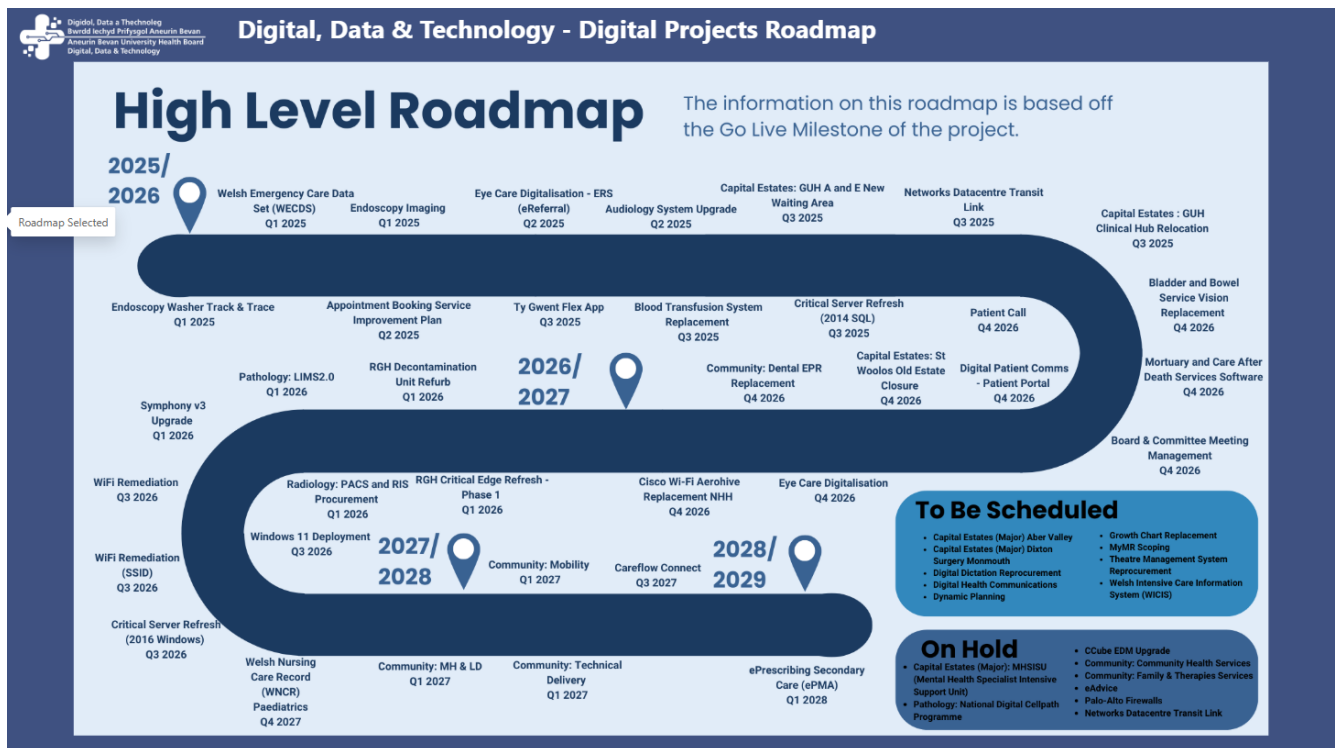
This report provides an update on the progress over the last period.

# Cefndir / Background

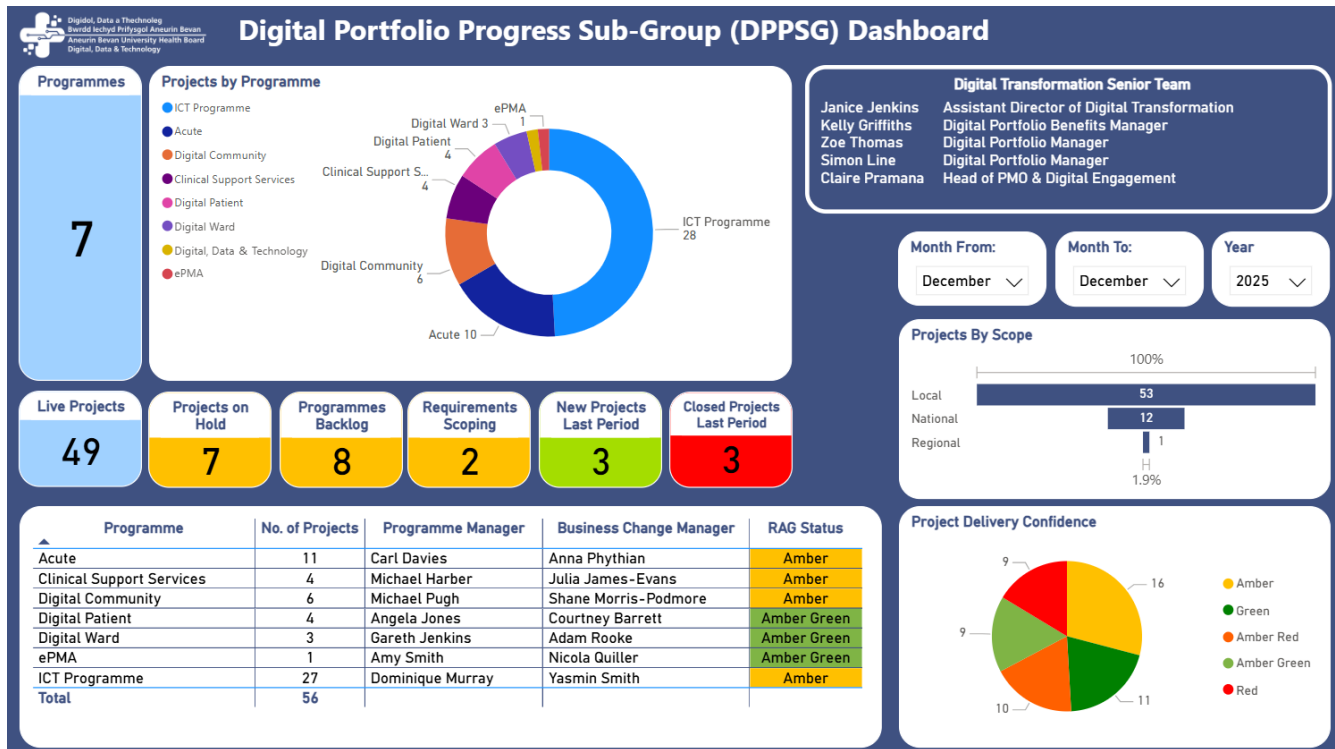
A summary view of the digital portfolio is shown below:



A high-level roadmap of major digital projects can be found below:



Major digital transformation projects are split across 7 programmes:



## Asesiad / Assessment

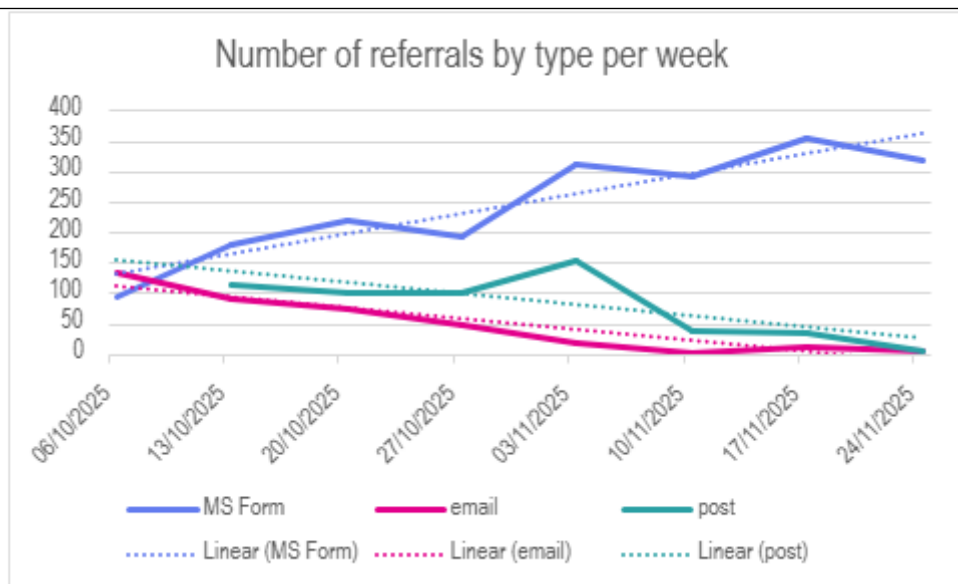
An update on progress, including key risks and issues, can be found below for each digital programme:

### 1. Acute Programme

#### Eye Care Digitisation

A key priority for the organisation supporting improvements in waiting list position of Ophthalmology and regional working. Key projects include:

- OpenEyes Implementation:
  - Configuration of the system continues locally working towards a February 2026 go live
  - Clinical hazard mitigation underway
- Electronic Referral System (ERS)
  - An interim solution was deployed at the beginning of October 2025 using Microsoft 365 to create a more consistent and streamlined referral process for ophthalmology
  - At the end of November 2025, 1,941 referrals had been received using this interim solution, reducing the use of email and posting of referrals



- A new tactical solution has been procured by Digital Health and Care Wales (DHCW), called OPERA, for implementation by all Health Boards by 31/03/2026
- Engagement with DHCW has commenced and local planning is underway, however there is a risk of seeking to implement Open Eyes and OPERA during the same period for clinical services

### **Digital Dictation Procurement:**

- A procurement tender has been released for a new Digital Dictation / Speech Recognition and Ambient Artificial Intelligence solution
- Development of a business case is underway
- Preferred supplier will be known by the end of December 2025

Other key items within the Acute programme include:

- The implementation of the Welsh Emergency Care Data Set (WECDS) in Emergency Departments by 31/03/2026. Configuration of the system is complete – the project team are awaiting confirmation from WG on new reporting metrics.
- Symphony v3 upgrade in Emergency Departments (ED) will commence next financial year (26/27) with further scoping work on the roll out of Symphony into assessment units.
- Dynamic Planning project to replace analytical and modelling functionality previously provided through the Lightfoot platform to tools provided as part of the National Data Resource (NDR) by 31/03/2026.
- eAdvice is currently on hold due to resource constraints in the Software Development team to complete testing – seeking resource to be secured to continue this project in February / March 2026 to enable implementation early in the new financial year (26/27).

## **2. Digital Ward Programme:**

### **Digital Health Communications**

The Health Board currently uses various communication solutions, such as Vocera and traditional paging technology. This project will replace them with a single integrated solution using modern cloud technologies. System demonstrations are scheduled for December 2025, and tender documentation is being prepared to allow procurement activities to commence in the New Year. A business case is under development for approval through Health Board governance.

Key risks with this project include:

| <b>Description</b>   | <b>Score</b> | <b>Action Plan</b>                                     |
|--|--------------|--|
| Implementation of replacement solution before end-of-life contract dates for Vocera and paging solutions | 12           | Close monitoring of procurement and project timescales |
| Technical dependencies on Wi-Fi and infrastructure across the estate                                     | 12           | Development of a phased implementation plan            |

Other key items within the Digital Ward programme include:

- Careflow Connect – an evaluation has been carried out on the successful pilot on a frailty ward at Ysbyty Ystrad Fawr (YYF). The project team are planning further roll out across the Health Board.
- Implementation of paediatric forms in Welsh Nursing care Record (WNCR) – The digitisation and testing of 3 risk assessments is underway with a further 3 assessments to commence.

### **3. ICT Programme**

The ICT programme involves significant work on developments, new builds, and refurbishments across the Health Board. Key progress includes:

- Critical Server Refresh programme – A further 10 servers upgraded in November 2025 and extended support in place for those servers which cannot be upgraded currently.
- Firewall replacements underway (key dependency for Radiology Information Systems Programme (RISP)).
- Windows 11 continues to be deployed with a new roll out process in place to overcome the need for manual upgrades to devices.
- Several capital estates projects are being supported including the Emergency Department (ED) extension at Grange University Hospital (GUH), St Woolos, Aber Valley and Dixton Surgery Monmouth.
- Replacement of Vision for Bladder & Bowel Services – go live scheduled for January 2026 with extended support confirmed from Vision until then.
- Growth Charts Solution – the current solution is end of life and no longer supported by the supplier. A series of options are being worked through, and the project awaits software development capacity to enable a safe migration and transition off the current solution.
- Flex App development for room booking at Ty Gwent – development now complete and evaluation underway ahead of scoping for further roll out across the Health Board.

There are a number of risks within the ICT programme:

| <b>Description</b>   | <b>Score</b> | <b>Action Plan</b>  |
|--|--------------|---|
| Network team capacity to support range of projects                     | 15           | Additional resources recruited, prioritisation of work, external contractor support |
| C-Cube upgrade unable to commence due to software development capacity | 20           | Escalation in place   |
| Cyber risks identified as part of the wi-fi remediation project        | 16           | Risk mitigation being worked through with Cyber team                                |

#### **4. Clinical Support Services Programme**

There is a significant programme of work associated with digital projects within the Clinical Support Services directorate both from a service and digital perspective.

| <b>Project</b>                                      | <b>Milestones</b>  | <b>Next Step</b>   |
|---|--|--|
| Laboratory Information Management System 2.0 (LIMS) | Tranche 1 (technical) go live completed however several defects were moved into Tranche 2 for resolution.<br><br>Tranche 2 (CellPath) go live has been delayed due to outstanding defects in the system. Swansea Bay University Health Board (SBUHB) were due to go live first in November 2025 – this has been delayed to January 2026 with a knock-on impact to all other Health Boards and later tranches of the programme. | Continue user acceptance testing and configuration.<br><br>Re-planning underway nationally for CellPath, Microbiology and Blood Sciences – acknowledgement by the national programme that slippage beyond 31/03/26 is expected.<br><br>National programme impact assessment on delivery plans and cost implications awaited. |
| Blood Transfusion Upgrade (Winpath)                 | Winpath went live at the end of September 2025 with CWS/CWS 2.0 navigation completed in November 2025.   | 12 months of data has been successfully migrated to Winpath and a decision is required on further migration of data. Discussion scheduled at Digital Clinical Council in December 2025.  |
| RISP  | Change Control Notice (CCN) approved to move   | National contract meeting being scheduled with the   |

|                            |   |  |
|----------------------------|---|--|
|                            | go live date to May 2026 – financial impact supported by Executive Committee. Software development and integration work continues. Challenges with technical documentation from the supplier have delayed local activities. | supplier and further letter of concern sent under the national contract.<br><br>Data migration activities to commence. |
| Digital Cellular Pathology | National procurement activities have commenced.   | Reprofile business case costs due to national delays with procurement.   |
| Mortuary Digital System    | Configuration, testing and training activities near completion.   | Go live scheduled 09/12/2025.  |
| Theatre Management System  | Put on hold following executive prioritisation of business cases.   | Seek options for extension to contract beyond 2027.  |

Risks associated with the key diagnostic projects are below:

| <b>Project</b> | <b>Description</b>   | <b>Score</b> | <b>Action Plan</b>  |
|----------------|--|--------------|---|
| LIMS 2.0       | Delays to the national programme mean timelines will slip beyond March 2026.   | 20           | Escalated to Executive Team. Regular updates to NHS Wales Chief Executive Management Team and Directors of Digital peer group. National re-planning underway.                         |
| RISP           | Due to ongoing delays, there is a risk that data migration will not complete prior to the existing Fuji contract expiring. | 15           | National contract meeting to be scheduled with the supplier. Escalation in place locally with supplier and technical team meetings regularly to make required changes to the network. |

### **Welsh Intensive Care Information System**

The Welsh Government (WG) has funded DHCW to reset the programme, as the previous system implementation was not fit for purpose from a patient safety or usability perspective. Local Digital and Clinical representation have been provided to support the discovery phase of the programme where changes to the system have been proposed to the supplier to make the system clinically safe and fit for purpose. The supplier has commenced design of the solution to meet clinical requirements and options have been shared with WG and Chief Executives to agree next steps. Decision expected by the Cabinet Secretary on the 15<sup>th</sup> December 2025.

## 5. Electronic Prescribing Medicines Administration Programme (ePMA)

Following business case approval earlier in the year the following progress has been made:

- Successful recruitment of digital nurse specialists, clinical fellow and application specialists.
- Onboarding of the Shared Medicines Record (SMR) is progressing through national assurance groups.
- Hardware orders finalised for medical equipment at GUH and YYF.
- User Acceptance Testing (UAT) has commenced.

The next period will focus on completing testing, clinical assurance work and training preparations ahead of a pilot go live which is planned for quarter one 2026.

## 6. Digital Community Programme

The digital community programme focuses on procuring a Mental Health & Learning Disabilities Electronic Patient Record to replace the current Welsh Community Care Information System (WCCIS). Procurement is complete and the business case approved by the Health Board on 26<sup>th</sup> November 2025. The project team await Welsh Government sign off of the procurement noting paper to enable contract award with the preferred supplier.

Work continues establishing the projects within the programme including a mobility project and a technical project focusing on data migration and integration. Stakeholder groups (clinical & technical) are in place with implementation activities to commence in the New Year.

The critical risk associated with this programme is detailed below:

| Description                                    | Score | Action Plan   |
|--|-------|---|
| WCCIS end of life from January 2026            | 25    | Focus on implementation of alternative solution<br>Support provided through best endeavours by the supplier |
| WCCIS Master service agreement ends March 2027 | 25    | Award contract with new supplier and complete migration off WCCIS by 31/03/2027                             |

## 7. Digital Patient

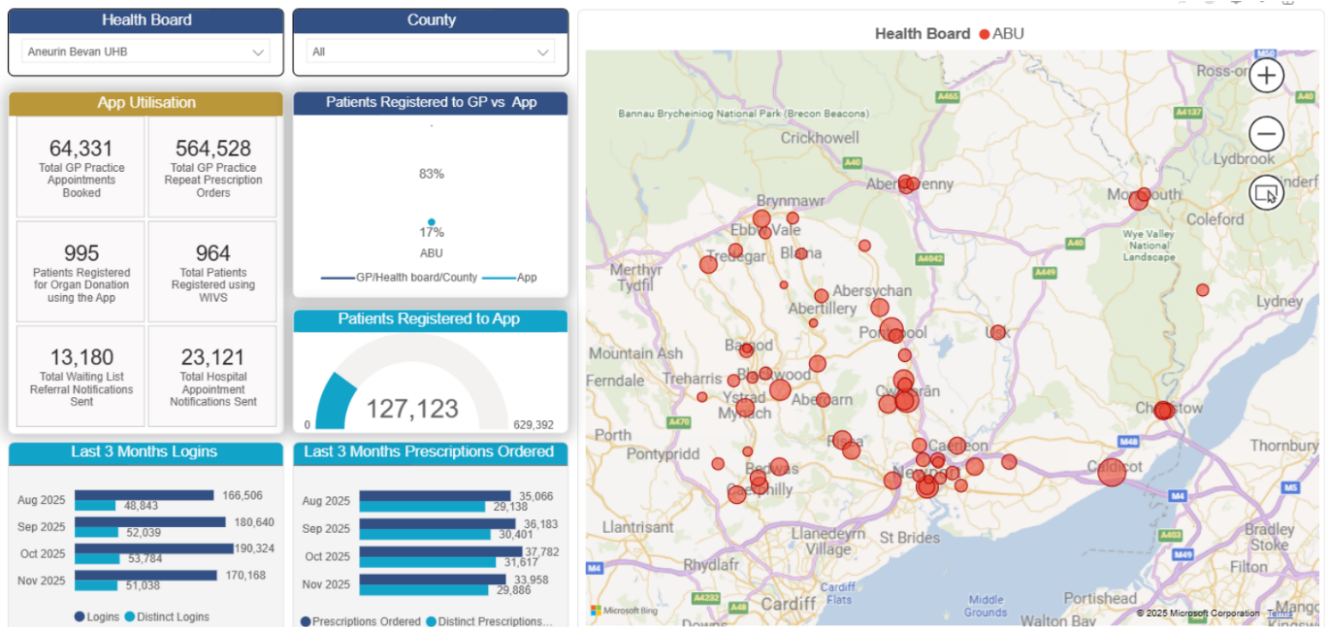
This programme focuses on digitally engaging with our patients. Key developments include:

- NHS Wales App - At the end of October 2025, the national Digital Services for Patients and the Public (DSPP) Team launched waiting list, referral and hospital appointment information in the NHS Wales App. The features aim to enhance digital access to care information for patients across Wales. The features enable registered users aged over 16 with a verified NHS login to view when they had been added to a hospital waiting list and to see details of

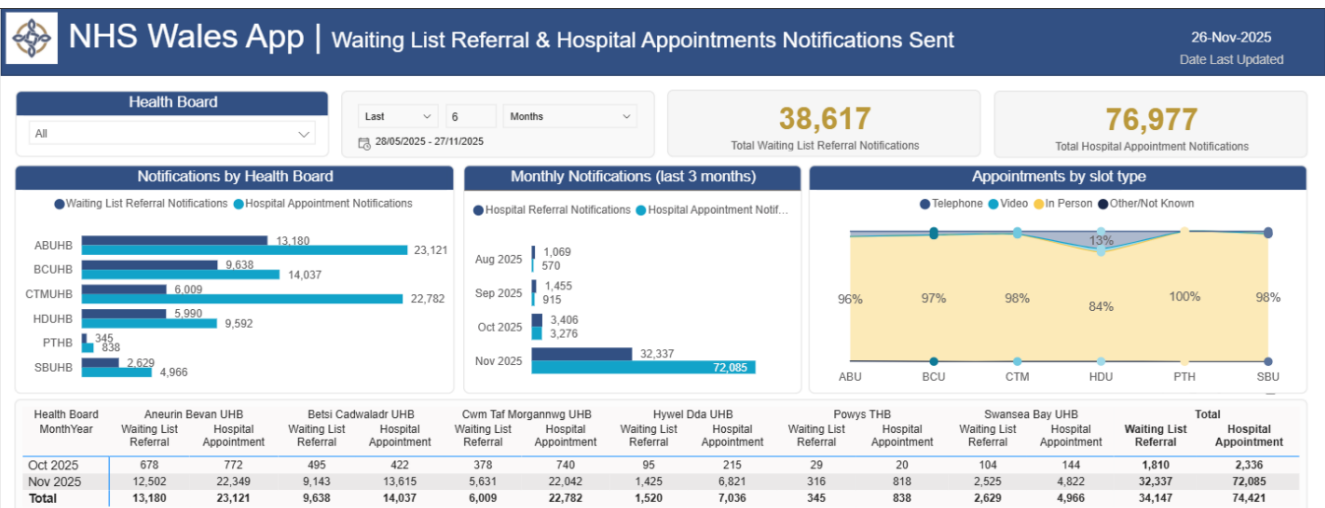
new outpatient appointments made. Patients cannot change or cancel appointments directly within the app, but the app provides clear guidance on who to contact for changes, along with links to information about waiting times, wellbeing and local health board contacts.

- A significant amount of work was required by local Health Boards to enable this information to be shared via the app in tight timescales set by Welsh Government.

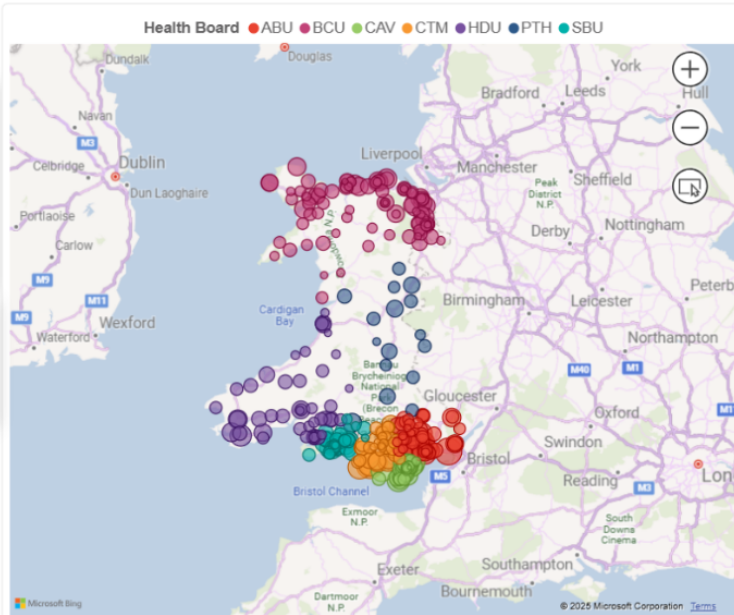
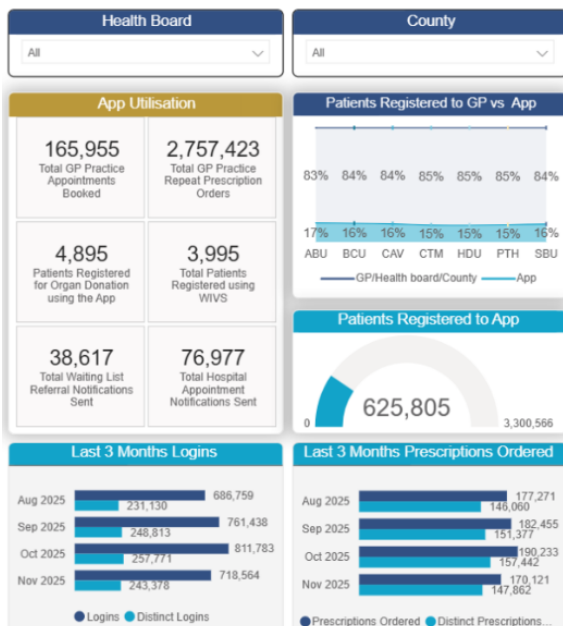
The Health Board now has over 127k patients registered on the app:



The graph below shows a comparison of volumes of notifications sent to patients via the app for waiting list and hospital appointments. Since go live, at the end of October, the Health Board has sent over 13k waiting list referral notifications and over 23k hospital appointment notifications to patients, the highest in Wales.



The graph below provides an All-Wales view of usage of the NHS Wales App:



- Digital Patient Communications – Letter templates for Phase 2 continue to be built in the Health Care Communications (HCC) product and testing has commenced. Defects found have resulted in delays to go live. Tranche deployment will now commence in January 2026, when defect fixes have been applied and successfully tested.
- Referral & Booking Centre Service Improvement – An options paper has been developed and discussed with divisional management teams. Agreed option to be presented to Executive Committee for approval.
- My Medical Record (MyMR) – used to support self-management by patients of prostate cancer and current work is associated with scoping further services for implementation.

## 8. Microsoft 365 Transformation

There is an ongoing programme of work to provide solutions making the best use of the Microsoft 365 (M365) ecosystem across the organisation and potential for a roll out of co-pilot chat, as summarised below:

| M365 Transformation        |   |   |
|----------------------------|---|---|
| Stage                      | Key Updates This Period   | Highlighted Issue   |
| 1 - In Production          | Resuscitation life support courses booking system<br>Digital safety notice board/list - safety notice or alert dashboard for sharing important information at handover.   | Delays in development due to lack of time to develop and research skills within an ever-changing M365 model |
| 2 - Active Development     | Further development of Welsh Language App for recruitment<br>Theatre Specimen tracker<br>PCCS Sharepoint redesign<br>Weekly decon equipment testing application - enable testing to be captured electronically<br>Seremmu booking system for parents - booking telephone consultations<br>Live Community Dashboard - PCCS<br>Work experience forms automation - WFOD (In testing)<br>Room booking for Family and Therapies (Caerphilly & NHH children's centres)<br>Work experience MS Forms automation (Testing)<br>Additional news features for Pulse/Viva Engage | Resource - Ability to address HALO calls and deliver transformation activities                              |
| 3 - Backlog/Prioritisation | Review sharepoint for Estates and facilities<br>MDS update - Lists for patient scores for evaluation forms for Veterans service<br>Register add on to training database - Power automate to upload compliance for mandatory study records   |   |
| 4 - Activities by status   | Discovery: 5<br>Backlog: 3<br>Testing: 5  |   |
| 5 - Training               | Tailored training has been delivered to over 200 staff in Pharmacy on Teams, Sharepoint, Lists and Forms  |   |

| Copilot  |  |
|--|--|
| Key Updates This Period  | Planned Work Next Period                                     |
| <p>Copilot pilot with corporate teams is moving to a close. Awaiting the use cases from Trustmarque. Consistently being used by those who were involved in the pilot.</p> <p>Agents workshop suspended - additional guidance and governance required to enable use of this (PIII). Further work required to understand the costs related to the use of the Copilot agents.</p> <p>Due to a lack of licences WOD pilot hasn't progressed.</p> <p>Copilot chat - promoting the use of Copilot Chat to reduce the demand for Copilot.</p> | <p>To explore use of Copilot Chat with Workforce and OD.</p> |

## 9. Scoping and Discovery work

The digital teams are also scoping out the following new projects:

- Imprivata – A clinical walkaround was undertaken with the supplier in August 2025 and a report has been produced on our current usage of the solution. It is suggested that a service improvement piece of work is initiated to make best use of the current solution before further planning is done on wider roll out of Imprivata across the Health Board estate, which will be subject to a business case and approval of funding.
- Digital Consent – DHCW are developing a national business case. The Health Board await clarity regarding involvement and confirmation of timeline to inform local activity. However, the National Endoscopy Programme (NEP) are also carrying out a pilot of EIDO in the Health Board, and the evaluation of this pilot will help to inform next steps for wider procurement and roll out. This will be subject to a business case and approval of funding.
- High-Cost Drugs Pharmacy System – a software-based program for the approval and management of high-cost drugs which seeks to improve governance around the prescribing of high-cost drugs and ensures treatment is in line with national guidance. This project once scoped will be managed within the ePMA programme.
- Telephony Infrastructure – A business requirements and architecture review is being undertaken across the Health Board.
- Patient Flow – Efforts are underway to enhance patient flow across hospital sites by updating the current complex care list. In parallel, DDaT are evaluating existing digital solutions, such as Nugensis and Care Flow Connect, already in use within the Health Board. The aim is to identify and implement improvements that can deliver immediate benefits, while longer-term developments associated with CWS2.0 are being considered and assessed.

## 10. Other Activities

The directorate is actively reviewing divisional IMTPs to ensure alignment with and to support effective prioritisation. In parallel, DDaT is updating its Digital Transformation Strategy considering the recently completed Health Board 10-year strategy. This refreshed strategy once drafted will be socialised through broader engagement across the Health Board.

The development of a business case for Clinical Workstation (CWS) is in progress to guide its evolution over the next three years. This business case aims to address current risks and priority areas, aligning with key programme deliverables. After review by the Health Board's pre-investment panel, the business case is being refined to present a range of options—bronze, silver and gold—tailored to different levels of investment and capability.

Work is continuing on the Robotic Process Automation Business Case following initial consideration at the Pre-Investment Panel.

### Argymhelliad / Recommendation

The Finance and performance committee is asked to note the update from the Digital, Data & Technology Group.

| <b>Amcanion: (rhaid cwblhau)</b><br><b>Objectives: (must be completed)</b>   |  |
|--|--|
| Cyfeirnod Cofrestr Risg<br>Corfforaethol a Sgôr Cyfredol:<br>Corporate Risk Register<br>Reference and Score:                         | Not Applicable   |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):   | 3.4 Information Governance and<br>Communications Technology<br>4.2 Patient Information<br>6.2 Peoples Rights<br>7.1 Workforce  |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>   | Adults in Gwent live healthily and age well<br>Choose an item.   |
| Galluogwyr allweddol o fewn y<br>CTCI<br>Key Enablers within the IMTP  | Digital, Data, Intelligence  |
| Amcanion cydraddoldeb<br>strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives<br/>2020-24</a> | Improve the Wellbeing and engagement of our<br>staff<br>Improve patient experience by ensuring services<br>are sensitive to the needs of all and prioritise<br>areas where evidence shows take up of services<br>is lower or outcomes are worse<br>Choose an item. |

|  |                 |
|--|-----------------|
|  | Choose an item. |
|--|-----------------|

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>                            |  |
|---|--|
| Ar sail tystiolaeth:<br>Evidence Base:  | Not Applicable   |
| Rhestr Termau:<br>Glossary of Terms:  | CAV – Cardiff and Vale<br>CCN – Contract Change Notice<br>CNS – Clinical Nurse Specialist<br>CWS – Clinical Workstation<br>DDaT – Digital Data and Technology<br>DEM – Divisional Engagement Meeting<br>DHCW – Digital Health & Care Wales<br>DSPP – Digital Services for Patients and Public<br>ED – Emergency Department<br>ERS – Electronic Referral System<br>ePMA – Electronic Prescribing & Medicines Administration<br>GUH – Grange University Hospital<br>HCC – Health Care Communications<br>IMTP – Integrated Medium Term Plan<br>LIMS – Laboratory Information Management System<br>M365 – Microsoft 365<br>MyMR – My Medical Record<br>NEP - National Endoscopy Programme<br>NDR – National Data Resource<br>NDSR – New Digital Service Request<br>NHH – Nevill Hall Hospital<br>PIP – Pre-investment Panel<br>PROMs – Patient Reported Outcome Measures<br>RISP – Radiology Information Systems Procurement<br>SBUHB - Swansea Bay University Health Board<br>SMR – Shared Medicines Record<br>UAT – User Acceptance Testing<br>WCCIS – Welsh Community Care Information System<br>WECDS – Welsh Emergency Care Data Set<br>WG – Welsh Government<br>Winpath – Blood Transfusion Solution<br>WNCR – Welsh Nursing Care Record<br>YYF – Ysbyty Ystrad Fawr |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: | Not Applicable   |

|  |  |
|--|--|
| Parties / Committees consulted prior to University Health Board: |  |
|--|--|

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b>   |   |
|---|---|
| <b>Resource Assessment:</b>   | Not Applicable  |
| • <b>Workforce</b>  | Not Applicable  |
| • <b>Service Activity &amp; Performance</b>   | Not Applicable  |
| • <b>Financial</b>  | Not Applicable  |
| <b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>  | Not Applicable  |
| <b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b><br><br><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> | 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<br>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs |

|  |   |
|--|---|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 15 December 2025  |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Finance and Performance Committee   |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Finance and Performance Committee – Review of Committee Forward Work Plan 2025/26 |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Director of Corporate Governance  |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | 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 2024/25 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:**

- The cause/effect of the relationship between staff absence and financial risk to be clarified in the Committee risk report, to be presented at December 2025 meeting.
- Audit Wales Eye Care report to be presented at the December 2025 meeting.

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<br>Choose an item.<br>Choose an item.<br>Choose an item.            |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>  | Choose an item.<br>Choose an item.<br>The Committee Forward Programme monitors delivery of objectives.        |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP  | Governance  |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Not Applicable<br>Choose an item.<br>Choose an item.<br>Choose an item.                                       |

**Gwybodaeth Ychwanegol:  
Further Information:**

|  |     |
|--|-----|
| Ar sail tystiolaeth:<br>Evidence Base:   | N/A |
| Rhestr Termau:<br>Glossary of Terms:   | N/A |
| Partïon / Pwyllgorau â<br>ymgynhorwyd ymlaen llaw y<br>Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted<br>prior to University Health Board: | N/A |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b>   |   |
|---|---|
| <b>Resource Assessment:</b>   | 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:                    |
| • <b>Workforce</b>  | Not Applicable  |
| • <b>Service Activity &amp; Performance</b>   | Not Applicable  |
| • <b>Financial</b>  | Not Applicable  |
| <b>Asesiad Effaith<br/>Cydraddoldeb<br/>Equality Impact<br/>Assessment (EIA) completed</b>  | <b>No does not meet requirements</b><br><br>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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a> |
| <b>Deddf Llesiant<br/>Cenedlaethau'r Dyfodol – 5<br/>ffordd o weithio<br/>Well Being of Future<br/>Generations Act – 5 ways<br/>of working</b><br><br><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> | Not Applicable<br>Choose an item.   |

## **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<br>(Report Title)                    | Lead  | Frequency of Report | Schedule of Meetings             |                                  |                                  |                                  |                              |                              |
|---|-------|---------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|
|   |       |                     | QTR 1<br>Apr to June             |                                  | QTR 2<br>July to Sept            |                                  | QTR 3<br>Oct to Dec          | QTR 4<br>Jan to Mar          |
|   |       |                     | 8 <sup>th</sup><br>April<br>2025 | 17 <sup>th</sup><br>June<br>2025 | 31 <sup>st</sup><br>July<br>2025 | 29 <sup>th</sup><br>Sept<br>2025 | 15 <sup>th</sup> Dec<br>2025 | 23 <sup>rd</sup> Feb<br>2026 |
| <b>Preliminary Matters</b>                                    |       |                     |                                  |                                  |                                  |                                  |                              |                              |
| Attendance and Apologies                                      | Chair | SI                  | ✓                                | ✓                                | ✓                                | ✓                                | ✓                            | ✓                            |
| Declarations of Interest                                      | All   | SI                  | ✓                                | ✓                                | ✓                                | ✓                                | ✓                            | ✓                            |
| Minutes of the Previous Meeting                               | Chair | SI                  | ✓                                | ✓                                | ✓                                | ✓                                | ✓                            | ✓                            |
| Action Log and Matters Arising                                | Chair | SI                  | ✓                                | ✓                                | ✓                                | ✓                                | ✓                            | ✓                            |
| Reflections of the meeting held                               | Chair | SI                  | ✓                                | ✓                                | ✓                                | ✓                                | ✓                            | ✓                            |
| <b>Committee Governance</b>                                   |       |                     |                                  |                                  |                                  |                                  |                              |                              |
| Development of Committee Annual Programme of Business 2024/25 | DoCG  | AN                  | ✓                                |                                  |                                  |                                  |                              |                              |
| Review of Committee Programme of Business 2024/25             | DoCG  | SI                  | ✓                                | ✓                                | ✓                                | ✓                                | ✓                            | ✓                            |
| Committee Risk Report   | DoCG  | SI                  | ✓                                | ✓                                | ✓                                | ✓                                | ✓                            | ✓                            |

|  |              |    |   |   |   |   |     |   |
|--|--------------|----|---|---|---|---|-----|---|
| <ul style="list-style-type: none"> <li>The cause/effect of the relationship between staff absence and financial risk to be clarified in the risk paper (Action for December's meeting)<br/><b>FPC/0929/07</b></li> </ul> |              |    |   |   |   |   |     |   |
| Annual Review of Committee Terms of Reference  | 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 |   |   |   |   |     | ✓ |
| <b>Performance Management</b>  |              |    |   |   |   |   |     |   |
| 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 |    |   |   |   |   | ✓ |   |
| <b>Financial Performance</b>  |              |    |   |   |   |   |   |   |
| 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"> <li>• Primary Care</li> <li>• CHC</li> <li>• Intra NHS Agreements</li> <li>• SLAs</li> </ul> | DoF&P        | AN |   |   |   |   |   | ✓ |
| Audit Wales Eye Care report   |              |    |   |   |   |   | ✓ |   |
| <b>Service Activity and Performance</b>   |              |    |   |   |   |   |   |   |
| Outpatient Transformation Programme Update  | DoSP&P       |    |   |   |   | ✓ |   |   |
| Stroke Improvement Plan Update Report   | DoT&HS       |    | ✓ |   |   |   |   |   |
| Theatres Efficiency   | DoSP&P       |    |   |   | ✓ |   |   |   |
| <b>Information Management</b>   |              |    |   |   |   |   |   |   |

|  |      |    |   |   |   |   |   |   |
|--|------|----|---|---|---|---|---|---|
| Information Governance Report, including SIRO Update   | DoD  | SI | ✓ |   |   | ✓ |   | ✓ |
| Freedom of Information Act Report  | DoCG | AN |   |   |   |   |   | ✓ |
| <b>Digital and IM&amp;T</b>  |      |    |   |   |   |   |   |   |
| Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes | DoD  | SI | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Capital, Estates and Facilities</b>   |      |    |   |   |   |   |   |   |
| Estates Compliance including compliance with Health Technical Memorandums  | COO  | AN |   |   |   |   |   | ✓ |

|                     |  |
|---------------------|--|
| <b>Lead Officer</b> |  |
| <b>Key</b>          |  |
| 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               |
|       |                     |

|   |                                  |
|---|----------------------------------|
| <b>Frequency of Inclusion</b>   |                                  |
| <b>Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions</b> |                                  |
| <b>SI</b>   | Standing Item                    |
| <b>An</b>   | Annual                           |
| <b>1/4ly</b>  | Quarterly                        |
| <b>BI</b>   | 1/2 yearly                       |
| <b>Schedule of Meetings</b>   |                                  |
| <b>v</b>  | Scheduled agenda item in FWP     |
| <b>D</b>  | Deferred from this agenda        |
| <b>vD</b>   | Deferred Scheduled agenda item   |
| <b>W</b>  | Withdrawn from FWP               |
| <b>T</b>  | Transferred to another Committee |
| <b>IC</b>   | Matter discussed In Committee    |

# Eye Care Review – Aneurin Bevan University Health Board

Audit year: 2024

Date issued: August 2025

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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# Summary

## About this report

- 1 Eye care services are becoming more important as the UK population ages. An ageing population means there are more incidences of age-related eye conditions, such as cataracts, [age-related macular degeneration](#) and [glaucoma](#). Many, if caught early, can often be managed effectively with existing treatments and medicines. But delays can also result in increased risk of harm and irreversible sight loss. As a result of the increased risk of harm, in 2019 NHS Wales introduced the 'Eye Care Measure' which is an approach for prioritising and measuring waiting times based on clinical condition and risk of harm. Ophthalmology waits also continue to be recorded and reported as part of the wider referral to treatment time metrics.
- 2 In March 2021, Welsh Government published [NHS Wales Eye Health Care - Future Approach for Optometry Services](#). The plan forecasts a long-term growth in the prevalence of major eye conditions over the next 20 years including:
  - 47% increase in the numbers of people with age-related macular degeneration;
  - 50% increase in the numbers of people having cataracts; and
  - 44% increase in the numbers of people living with glaucoma.
- 3 At the end of May 2025, across Wales, 32,683 ophthalmology patient pathways had waited over a year for treatment and 1,730 over two years, and 20,283 over a year for their first outpatient appointment<sup>1</sup>. The three health boards with the most challenging position in respect of ophthalmology waits are Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University health boards.
- 4 Given these challenges Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards committed to work in partnership and launched the [2022-2025 South East Wales Regional Ophthalmology Strategy](#) (the regional strategy). Aneurin Bevan University Health Board is the lead organisation for the regional ophthalmology programme. The Auditor General has included a review of eye care services within his local audit plans for all three health boards.
- 5 This report sets out the findings of our work at Aneurin Bevan University Health Board (the Health Board). We reviewed local and regional plans to improve eye care services, leadership arrangements to drive improvements and address barriers to progress; and whether the Health Board is actively managing the harms resulting from long ophthalmology waits.
- 6 The work has been undertaken to help discharge the Auditor General's statutory duty under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to secure the efficient, effective, and economic use of its resources. Our work was delivered in accordance with

<sup>1</sup> Data source: Referral to treatment times, Welsh Government.

INTOSAI<sup>2</sup> audit standards. **Appendices 1 and 2** provide more information about our work.

## Key messages

### Overall conclusions

- 7 Whilst the Health Board has been able to reduce its longest ophthalmology waits, it has not met the Welsh Government's planned care recovery targets. Performance against the 'eye care measure' is poor and, as a result, some patients are likely to be coming to avoidable harm.
- 8 In the context of these challenges, there is a need to strengthen local planning of eye care services, broaden the scope of regional working, secure further productivity and efficiency gains, and strengthen board and committee oversight of ophthalmology services.

### Key issues

#### Regional partnership working

- Delivery of the regional eye-care approach sets out a positive direction of travel. However, it was slow to start and diverges from its original specialist service ambitions by focussing on creating short-term service capacity for cataract procedures.
- The regional cataract approach is targeting long waits, but it is not making a marked difference on overall numbers of patients waiting for treatment.
- Governance arrangements to oversee regional strategy delivery are in place, but the process for decision making on business cases can be slow and cumbersome involving multiple groups across the three Health Boards.

#### Health Board plans for eye care services

- The current planning approach for local eye care services is fragmented, with unclear ambitions and timescales, and insufficient focus on longer term service needs.
- The Health Board is taking appropriate steps to improve the productivity and efficiency of its eye care services, but it has not yet led to sustained improvements.
- Ophthalmology service capacity remains a concern, with consultant vacancies and a 30% reduction in the ophthalmology medical workforce between March 2021 and March 2025.

<sup>2</sup> International Organisation of Supreme Audit Institutions

## Leadership and governance

- There is good executive, clinical and operational leadership that are focussing on driving short-term improvements in eye care services.
- There is insufficient Board and committee oversight of eye care services. In particular, the Patient Quality Safety and Outcomes committee should receive clear assurance on the harms caused as a result of a delay and lessons learnt.
- Risk management arrangements do not adequately cover eye-care risks.

## Ophthalmology performance

- While referral to treatment ophthalmology waits over two years have significantly reduced, the Health Board has missed Welsh Government's target for those waiting longer than one year. Since April 2023, waiting lists have grown from around 19,000 waits to over 23,000 waits.
- The Health Board has consistently failed to meet Welsh Government's eye-care measure target. Most recent nationally report performance is 44.3% falling substantially short of the 95% target.

## Managing the risk of harm

- While appropriate processes are in place to prioritise ophthalmology waiting lists and to identify and learn from any harm caused by delays, there remains an opportunity to strengthen assurance. Some patients have experienced harm, and reporting at committee level does not consistently capture these incidents or provide assurance on how lessons are being applied to reduce future risk.

# Recommendations

- 9 We have set out recommendations arising from this audit in **Exhibit 1**. The Health Board's response to our recommendations is summarised in **Appendix 3**.

### Exhibit 1: recommendations

#### Recommendations

##### Regional ophthalmology strategy

- R1 To increase the pace of delivery, regional partners should speed up decision making processes for agreeing business cases. (**see paragraph 17**)
- R2 Regional partners should develop a resource plan, to better understand operational and clinical commitment needed from each partner organisation to realistically deliver each phase of the strategy. (**see paragraph 18**)

- R3 Regional partners should agree realistic but appropriately ambitious timescales for the three phases of the South East Wales Regional Ophthalmology Strategy. (see paragraph 18)

#### Health Board plan for eye care services

- R4 The Health Board should urgently complete development of its eye care plan, seeking to address current and future challenges. The Health Board should ensure the plan is:
- based on current and projected future demand for services.
  - includes capacity plans based on realistically ambitious levels of productivity.
  - costed, at a minimum, for the medium term (3-5 year).
  - supported by resource plans i.e. financial, workforce (particularly medical staffing) and infrastructure, reflecting sustainable service models.
  - supported by clear delivery actions and milestones.
  - approved by the Board. (see paragraph 26)
- R5 Once the eye care plan has been approved by the Board, an appropriate committee should receive at least twice-yearly updates on the plan's delivery, clearly articulating any risks to delivery. (see paragraph 38)

#### Managing eye care risks

- R6 The Health Board should review its operational and strategic risk registers to ensure risks related to eye care services are appropriately captured and managed. (see paragraph 40)

#### Managing the risk of harm

- R7 The Patient, Quality, Safety Outcomes Committee should receive assurance on:
- how patients on the ophthalmology waiting list are managed to prevent harm;
  - lessons learned from actual reviews and how lessons have been applied to strengthen arrangements; and
  - actual harm caused by ophthalmology waiting delays. (see paragraph 54)

# Detailed report

## Regional partnership working

- 10 We considered whether the regional ophthalmology strategy supports the delivery of sustainable ophthalmology services, and whether there are appropriate governance arrangements in place to support its implementation.
- 11 We found that **while now progressing, delivery of the regional eye-care approach was slow to start and diverges from its original specialist service ambitions by focussing on creating short-term service capacity.**
- 12 In 2022, Cardiff and Vale, Cwm Taf Morgannwg and Aneurin Bevan University Health Boards launched the [2022-2025 Regional Ophthalmology Strategy](#) (the regional strategy). It responds to key issues from the 2021 Pyott Review<sup>3</sup>, including rising demand, limited specialist capacity, and reliance on English providers.
- 13 The strategy sets out a clear vision for sustainable, high-quality services, with complex care delivered regionally and routine care closer to home. It aims to establish a Regional Centre of Excellence and deliver complex eye care regionally, while less complex care is provided closer to patient's homes.
- 14 The regional strategy identifies key clinical risks, including sight loss from long waits, rising demand, and workforce shortages. It sets high-level targets for 2023–2025, including expanded cataract and emergency services, a regional vitreoretinal service, workforce development, and plans for a Regional Centre of Excellence.
- 15 Aneurin Bevan University Health Board is the regional lead for the new partnership approach, with involvement and engagement from its regional partners. The programme is split into three phases with annual milestones, these are:
  - by 2023: Regional expansion in capacity for cataracts will be fully utilised, Regional Vitreo Retinal Service will be operational, Regional Eye Casualty and Out of Hours Care will be in place (**Phase 1**).
  - by 2024: Research, Innovation and Development will be well established, Workforce Development Programme will be in place (**Phase 2**).
  - by 2025: Regional Centre of Excellence network funding will be agreed (**Phase 3**).
- 16 While governance arrangements to oversee regional strategy delivery are clear, there is a risk that the structure is too complex, causing delays. The Regional Ophthalmology Programme Board meets monthly and is supported by the Delivery and Development Group. Both have clear objectives, effective management, and strong clinical engagement from each health board. The Programme Board reports to the Regional Portfolio Oversight Board, which oversees all regional programmes. In April 2025, the Cabinet Secretary for Health and Social Care instructed the south-east region to further establish a joint regional committee during 2025–26.

<sup>3</sup> [External Review of Eye Care Services in Wales \(rcophth.ac.uk\)](#) undertaken by Andrew Pyott

- 17 While decisions are being made through the established governance groups, they are also being taken separately by each health board. For example, the business case for regional cataract services required approval at ten different meetings, resulting in delay. The creation of the joint regional committee presents an opportunity to also consider how delegated authority and decision-making processes are streamlined (**Recommendation 1**).
- 18 Phase 1 of the strategy aimed to expand key regional services by 2023, but overall progress has been slower than planned. The focus on creating regional cataract service capacity was pragmatic because of the waiting list backlog, but slow to progress. Other elements of the regional strategy have also been slower to deliver particularly those set out in phases 2 and 3 above relating to a specialist centre of excellence and research. There are many factors constraining progress. This includes the focus on short-term planning detracting attention from the longer-term priorities, and operational and clinical workforce challenges (**Recommendation 2**). To help better monitor strategy delivery, there needs to be clearer reporting against the original strategy commitments, setting out clear delivery timescales (**Recommendation 3**).
- 19 It is clear that the new regional arrangements are creating new service activity in addition to the core activity provided by each Health Board. In July 2023, Welsh Government agreed £7 million recurrent funding to deliver the Regional Cataracts Business Case. From a slow start, particularly because of recruitment challenges in the Nevill Hall north hub, the levels of cataract procedures have now increased (**Exhibit 2**).

**Exhibit 2: Profiled and actual delivery of cataract procedures facilitated by recurrent Welsh Government funding, by delivery hub**

| Financial year | Provider              | Profiled    | Actual      |
|----------------|-----------------------|-------------|-------------|
| 2023-24        | South hub             | 2905        | 2764        |
|                | North hub             | 39          | 26          |
|                | Regionally outsourced | 750         | 676         |
|                | <b>Total</b>          | <b>3694</b> | <b>3466</b> |
| 2024-25        | South hub             | 2049        | 1930        |
|                | North hub             | 950         | 846         |
|                | Regionally outsourced | 1308        | 1308        |
|                | <b>Total</b>          | <b>4307</b> | <b>4084</b> |

Source: Aneurin Bevan University Health Board

- 20 While the regional cataract approach is targeting long waits, it is not making a marked difference on overall numbers of patients waiting across the region. The funding used for regional working is being used to treat patients waiting a long time for cataracts services. However, there are more people on the referral to treatment ophthalmology waiting list now than there was in March 2023. In March 2023, there were 45,930 patients waiting across the region and this increased to 54,977 by 2025. Without the regional investments, the position would have been worse, but the regional arrangements are not yet significantly resulting in reduced overall level of ophthalmology waits.
- 21 In October 2024, Welsh Government awarded the region a further £7.5 million non-recurrent funding to help reduce the long waits, particularly those waiting more than 2 years. Following Ministerial Advisory Group recommendations, and supported by £19.5 million non-recurrent funding, the region may further increase its use of the independent sector during 2025-26.
- 22 To support equitable access to treatment, regional capacity has not been distributed equally across the three health boards. Instead, it has been focused on patients who have been waiting the longest. Because the proportion of very long waits are not the same across the health boards, the Welsh Government has provided more regional funding to Cwm Taf Morgannwg University Health Board than the others. This targeted allocation aims to reduce waiting lists in a way that promotes fairness across the region. While this may not appear a 'fair share', it reflects a practical and equitable approach to addressing variation in access across the region. This approach is also supported by a regional booking team, helping to ensure more consistent access to treatment

## Health Board plans for eye care services

- 23 To ensure patients receive timely eye care in an appropriate setting, and prevent avoidable, irreversible harm, it is essential that the Health Board has a clear plan to improve its current, community and hospital-based eye care services and develop a sustainable model of care for the future. We considered whether there are realistic plans to improve eyecare services at a local level, considering whether:
- the Health Board has an agreed plan to improve eye care services, covering hospital and community services, which seek to address current and longer-term challenges; and
  - the Health Board's eye care plans have sufficient focus on improving the efficiency and productivity of its services.
- 24 We found that **the Health Board's planning approach for local eye care is fragmented and lacks clear long-term direction, and while steps have been taken to improve efficiency, these have yet to deliver sustained results.**

## Local eye care plans

**The current planning approach for local eye care services is fragmented, with unclear ambitions and timescales, and insufficient focus on longer term service needs.**

- 25 The Health Board has a good understanding of the barriers to improving eye care services. These include growing service demand, insufficient workforce capacity and inadequate digital and estates infrastructure. However, the Health Board does not have an overarching eye care plan to guide long-term service improvement and address these challenges. Instead, its eye care priorities are articulated in several plans. These include the Health Board's Annual Plan, the supporting ophthalmology service plan, eye care action plan covering hospital and community eye care, and focused plans such as implementing the Getting it Right First Time (GIRFT) recommendations and Welsh General Ophthalmic Services (WGOS) pathways<sup>4</sup>. Whilst there is crossover between these plans, the current approach is uncoordinated and short-term in nature. The Health Board recognises the need to develop a single eye care plan and is in the early stages of this process.
- 26 The Health Board has recently developed an eye care action plan. The action plan is aligned to the [National Clinical Strategy for Ophthalmology](#), which was launched in October 2024, mirroring its strategic themes<sup>5</sup>. The Health Board reported that it is in the process of developing an approach to deliver its action plan. Initially it will focus on priority areas, with task and finish groups being established to progress work in these areas. The task and finish groups<sup>6</sup> will report to the Eye Care Board. While this progress is positive, the eye care action plan is high-level, the timescales for delivery are unclear, as are the Health Board's long-term ambitions for eye care services. Given the challenges with ophthalmology waiting times, the Health Board must urgently complete its eye care plan, which should be Board approved, to guide long term, sustainable service improvements **(Recommendation 4)**.
- 27 In the short term, the Health Board's service intentions are effectively shaped by demand, capacity and what can realistically be delivered. Each service, including ophthalmology, completes an annual planning template, which includes high-level demand and capacity planning. This helps the Health Board understand current pressures and plan accordingly. For example, the ophthalmology annual plan compares planned and actual activity, such as referrals, outpatient appointments, and emergency admissions, to adjust plans for the following year and identify capacity gaps.

<sup>4</sup> The WGOS ([Wales General Ophthalmic Services](#)) pathway is a structured framework designed to enhance eye care services in Wales.

<sup>5</sup> The strategic themes are organisational reform, clinical networks, pathway transformation and sustainable delivery model.

<sup>6</sup> The task and finish groups are as follows: ophthalmology cataract group, regional ophthalmology delivery and development group, medical retina clinical reference group, estates accessibility group and digital ophthalmology groups.

28 The approach above supports the development of a sustainable eye care plan by providing clearer insight into long-term resource needs. However, the capacity of the ophthalmology service is a concern. The Health Board has had three long-standing vacancies for ophthalmology consultants. Encouragingly, all positions have now been successfully filled; however, two of the appointed consultants are not expected to commence their roles until August 2026. In overall terms the Health Board has seen a 30% decrease in its ophthalmology medical workforce between March 2021 and March 2025<sup>7</sup>.

## Plans for improving service efficiency

**While the Health Board is taking appropriate steps to improve the productivity and efficiency of its eye care services, it has not yet led to sustained improvements.**

- 29 The Health Board's is focussing on improving efficiency and productivity. It aims to increase theatre utilisation, increase cataract surgery productivity and reduce outpatient inefficiencies. It also seeks to optimise optometrist roles by implementing the WGOS pathways and upskilling hospital optometrists. Similar measures are outlined in the Health Board's Annual Plan for the planned care service, which includes ophthalmology. This pragmatic approach supports sustainable services by maximising use of current resources. The hospital and community eye care action plans also address broader barriers, with workstreams targeting waiting times, regional collaboration, workforce development, integrated care, and digital transformation.
- 30 Despite the past and current focus on productivity and efficiency, there are significant opportunities for improvement. As at 4 August 2025, the theatre utilisation rate for the ophthalmology service was 80% against the Health Board target of 90%, the average late start and early finish theatre rates were 37% and 49% respectively, the short notice theatre cancellation rate was 11.9%, attributable to both the patient and hospital, and the 'Did not Attend rate for new ophthalmology outpatients was 8.4%<sup>8</sup>.
- 31 The report from the Ministerial Advisory Group on NHS Wales Performance and Productivity also makes recommendations to reduce unwarranted variation in treatment waiting times and adopting best practice in theatre management. This includes a recommendation to create Local Theatre Optimisation Boards to boost productivity within theatres, and best practice of cases per theatre session. For ophthalmology this means 10 cataract procedures in a 4-hour theatre session, and 8 procedures if it is a training session. Currently, the Health Board's cataract surgery lists include 7-8 patients per list. In June 2025, the service successfully

<sup>7</sup> In March 2021, there were 18 full time equivalent ophthalmology medical staff, compared to 12.5 in March 2025. Data source: Welsh Government medical workforce data.

<sup>8</sup> Data source: Aneurin Bevan ophthalmology referral to treatment compelling scorecard, fiscal week 19. Figures shown are based on a 12-week rolling average.

trialled a 10-patient cataract list, with an improvement plan in place to consistently deliver high-volume lists.

## Leadership and governance arrangements

- 32 Clear leadership and governance arrangements are key to supporting well managed service improvement. We considered whether the Health Board has:
- clear and effective executive, operational and clinical accountability;
  - appropriate Board and committee level oversight and scrutiny; and
  - appropriate arrangements to capture, manage and oversee operational and corporate risks.
- 33 We found that **there is good executive, clinical and operational leadership to drive short-term improvements, but there is insufficient Board oversight, and risk management for eye-care services needs improving.**

## Operational and clinical leadership

**The Health Board has good executive, clinical and operational leadership to drive short-term improvements in eye care services.**

- 34 The Health Board has clear leadership and accountability for its eye care services, with the Chief Operating Officer overseeing both acute and primary care. The ophthalmology service, within the surgery division, is led by a strong triumvirate leadership team. The team is made up of an ophthalmology directorate manager, clinical director and two senior ophthalmology nurses. The service has appropriate executive and operational clinical leadership, who oversee clinical governance, performance, and incidents, while community optometry contracts are overseen by the Primary Care Divisional Lead and a dedicated optometry professional lead.
- 35 In general, we found good executive and operational oversight of ophthalmology performance. Performance is reviewed routinely through the Health Board's Planned Care Programme Board structure, Chief Operating Officer's directorate performance assurance meetings, surgery directorate meetings and ophthalmology service meetings. Oversight mechanisms tend to focus on improving waiting times and service efficiency and productivity, which are valid but have a short-term focus.
- 36 The Health Board has re-established its Eye Collaborative Care Board and Eye Care Working Group. The Eye Care Working Group is responsible for overseeing development of the Health Board's overarching eye care plan. This should improve the focus on longer-term service improvements.

## Board and committee oversight

**There is insufficient Board and committee oversight of eye care services.**

- 37 Board level oversight of eye care services needs strengthening. While various committees receive updates, these are often ad-hoc or embedded within other

reports. This makes it difficult to fully understand the totality of service, quality and performance risks. Ophthalmology is featured within the planned care update of the integrated performance report received by the Finance and Performance Committee and the Board, but ophthalmology performance is not separated. The Patient, Quality, Safety Outcomes Committee receive various reports where ophthalmology is mentioned such as the Primary Care Annual Quality Report and the Putting Things Right Annual Report. Only the Partnership Population Health and Planning Committee receives consistent updates focused on regional ophthalmology work.

- 38 In June 2024, the Health Board conducted a comprehensive ophthalmology deep dive, but this has not featured in any committee papers, neither have updates against the ophthalmology GIRFT recommendations. Given the level of risk posed by the ophthalmology waiting list, there needs to be a greater level of Board assurance. Once the eye care plan has been approved by the Board, an appropriate committee should receive routine progress updates (**Recommendation 5**).

## Risk management arrangements

### Risk management arrangements do not adequately cover eye-care risks.

- 39 Generally, the Health Board's ophthalmology directorate and surgery division risk registers capture operational risks. These include issues with medical equipment, follow-up outpatients over their target dates, retina clinic capacity, estate issues, specialist ophthalmic nursing capacity and difficulties recruiting a cornea specialist. However, we note some fundamental gaps, such as risks related to current gaps in the paediatric and glaucoma ophthalmologist workforce and inadequate digital infrastructure, especially related to the use of Open Eyes electronic patient record. The Health Board should review its ophthalmology service risk register to ensure all risks are adequately managed. The Health Board is currently developing its approach to managing corporate risks.
- 40 Our 2025 planned care review found that planned care risks, including ophthalmology, are reported to the Planned Care Programme Board. However, there is no Planned Care Programme Board specific risk register, which may result in some risks or mitigating actions not being effectively tracked or prioritised. At Board level, the Health Board's strategic risk register includes several risks which are relevant to ophthalmology, such as those related to maintaining high quality and safe services, and inadequate digital and estate infrastructure. However, there is insufficient focus on the risk of patient harm associated with treatment delays (**Recommendation 6**).

## Ophthalmology performance

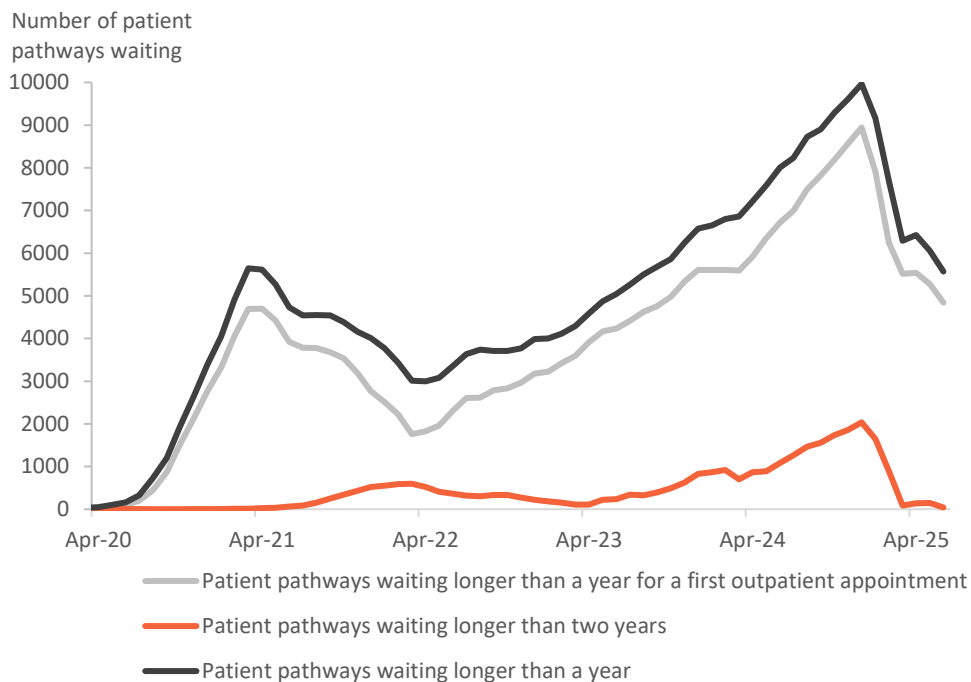
- 41 We analysed ophthalmology waiting list performance and trends to determine whether the Health Board is meeting Ministerial priorities and Welsh Government national targets related to reducing long waiting lists. The targets are as follows:
- no one waiting longer than a year for their first outpatient appointment by the end of 2022 (target date revised to December 2023);
  - eliminate the number of people waiting longer than two years in most specialities by March 2023 (target date revised to March 2026); and
  - eliminate the number of people waiting longer than one year in most specialities by Spring 2025.
- 42 In addition, ophthalmology services are measured using the eye-care measure. This measures the extent of delay for those patients at most risk of harm because of a delay in treatment. This approach is explained in **Exhibit 4**.
- 43 We found that **while long waits over two years for ophthalmology have significantly reduced, the Health Board continues to fall short of Welsh Government’s targets for the eye-care measure and patients waiting over one year.**

## Performance against Welsh Government planned care targets

**While ophthalmology waits over two years has significantly reduced, the Health Board has missed Welsh Government’s target for those waiting longer than one year.**

- 44 **Exhibit 3** shows the Health Board’s performance against Welsh Government planned care waiting list targets. In June 2025 the Health Board had:
- 5567 patients waiting longer than a year on the ophthalmology waiting list;
  - 4842 patients waiting longer than one year for their first ophthalmology outpatient appointment; and
  - 44 patients waiting longer than two years on the ophthalmology waiting list.
- 45 All three measures have seen a general deterioration since the pandemic. Whilst there has been some improvement from January 2025 onwards, the improvements coincide with additional Welsh Government non-recurrent funding to address long cataract waits. Between April 2021 and April 2025, the Health Board has seen 51% increase in ophthalmology referrals. Overall referral to treatment waits in the last two years has increased from around 19,000 to over 23,000. This growth alongside the long-term trends identified in **Exhibit 3** suggest that the Health Board needs to do much more to address both long waits, and the overall level of waits.

**Exhibit 3: the number of ophthalmology patients waiting longer than two years and one year, Aneurin Bevan University Health Board**



Source: Referral to treatment times, Welsh Government

**Eyecare measure waiting list performance**

The Health Board has consistently failed to meet Welsh Government’s eye-care measure target, falling substantially short of the 95% target.

46 In addition to the referral to treatment time waiting list, NHS Wales reports patient waits for those who are most at risk of harm because of a delay. **Exhibit 4** provides a basic explanation of this measure.

**Exhibit 4: A basic introduction to the eye care measure**

Welsh Government introduced the eye care measure to help prioritise those most at risk of harm as a result of a delay in accessing services.

Ophthalmology patients are risk assessed based on their condition and then given a target date to be seen. If a patient who is categorised as the highest risk (R1)<sup>9</sup> waits 25% longer than the clinically assessed target date, then it counts as a breach.

<sup>9</sup> The highest risk is known as Risk Factor 1 or R1. R1 category is for patients that have been assessed as being at risk of irreversible harm or significant adverse outcome should their target date be missed.

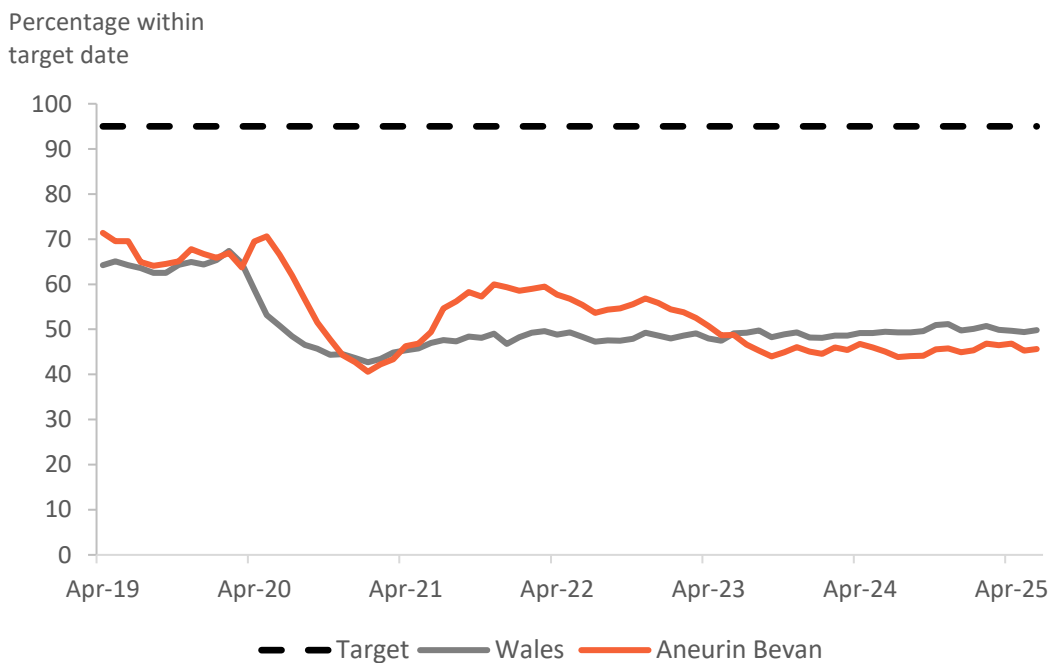
Example: Mrs Jones has wet AMD and has been clinically assessed as needing to be seen in 4 weeks. Mrs Jones waits just over 6 weeks – therefore the target has been breached. Within 5 weeks, this would not have been a breach.

The national target is for 95% of patients on the Eye Care Measure waiting list to be seen by their target date or within 25% beyond their target date.

Source: Audit Wales

47 **Exhibit 5** shows performance against the Welsh Government eyecare measure target. Since July 2023, the Health Board’s performance dropped below the Welsh average and has not recovered. In June 2025, performance was 45% against the national target of 95%. Patients identified as Health Risk Factor R1 have an increased potential risk of harm and permanent sight loss.

**Exhibit 5: Percentage of eye care patients seen by their target date or within 25% beyond their target date, Aneurin Bevan University Health Board**



Source: Eye Care Measure performance, Welsh Government

48 The Health Board’s performance against the eye care measure remains a significant concern and means that there is a real and continued risk of patients coming to avoidable harm and suffering irreversible sight loss.

## Managing the risk of harm

- 49 Patients' eye conditions may deteriorate while waiting, causing pain, anxiety, affect their quality of life and ability to work or care for others. It is important that the Health Board actively manages harms associated with long waiting list delays. We considered whether the Health Board:
- has effective processes to record and report on incidence of harm that results from eye care waiting list delays; and
  - is taking appropriate action to manage the risk of patient harm, particularly sight loss.
- 50 We found that **while appropriate processes are in place to prioritise ophthalmology waiting lists and to identify and learn from any harm caused by delays, there remains an opportunity to strengthen assurance. Some patients have experienced harm, and reporting at committee level does not consistently capture these incidents or provide assurance on how lessons are being applied to reduce future risk.**
- 51 The Health Board has appropriate mechanisms in place to prioritise its waiting list. It uses a risk stratification tool, as recommended by the GIRFT review, to prioritise ophthalmology patients based on clinical need, with R1 patients at highest risk. A separate tool supports glaucoma care decisions, helping to determine whether patients can be managed by community optometrists or require hospital care.
- 52 Waiting list validation is primarily carried out by validation clerks with clinical input. Some of the validation clerks are relatively new and training is being provided to support more complex case management.
- 53 The Ophthalmology Service has several processes to identify and review harm. It has invested in a senior nurse dedicated to reviewing current and historic ophthalmology harms recorded on the DATIX system. Regular patient safety meetings and weekly Executive Hub reviews support oversight of serious incidents, some of which may trigger Duty of Candor or Welsh Government's serious incidents process. These reviews help identify learning, shared through forums such as clinical audit meetings and ophthalmology team meetings. They also help correct patient pathways and prioritisation, which may be lost or delayed on the waiting list.
- 54 The Health Board reported that between July 2024 and July 2025, 10 ophthalmology related incidents involving delays were recorded on Datix. Nine concerning delays in patient assessment and one in treatment. Of these, two were graded as low harm, five as moderate harm, and three as severe harm. We have seen evidence of serious incidence and harm being reported through executive performance reviews, a service specific deep dive and monthly eye care measure reports. While executive and operational oversight arrangements for ophthalmology harms and serious incidents are sound, there is very little reporting of actual ophthalmology harms to the Patient, Quality, Safety Outcomes Committee or assurances that lessons are being applied to reduce the risk of harm in future (**Recommendation 7**).

# Appendix 1

## Audit methods

**Exhibit 6** sets out the methods we used to deliver this work. Our evidence is based on the information drawn from the methods below.

| Element of audit methods | Description   |
|--------------------------|---|
| Documents                | <p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Regional Ophthalmology Strategy, associated programme management documentation and progress reports.</li><li>• Local eye care plans (ophthalmology and optometry), delivery/implementation plans and progress reports.</li><li>• Documentary evidence on the use of Welsh Government funding.</li><li>• Performance dashboards/reports related to eye care services.</li><li>• Documents related to programme governance and oversight arrangements related to delivery eye care plans, harms reviews and learning from incidents of harm.</li><li>• Plans or proposals for insourcing / outsourcing / waiting list initiatives.</li><li>• Operational risk register(s) for eye care services.</li><li>• Documents showing procedures, including responsibilities, for clinical assessment of patients on the ophthalmology waiting list.</li></ul> |
| Interviews               | <p>We interviewed the following:</p> <ul style="list-style-type: none"><li>• Chief Operating Officer</li><li>• Deputy Medical Director</li><li>• Deputy Director of Nursing</li><li>• Ophthalmology Directorate Manager</li><li>• Assistant Ophthalmology Directorate Manager</li><li>• Ophthalmology Consultant and Clinical Director</li><li>• Senior Nurse Ophthalmology</li><li>• Senior Interim Nurse Ophthalmology</li><li>• Assistant General Manager Surgery</li><li>• Primary Care Divisional Lead</li><li>• Primary Care Ophthalmology Lead</li><li>• Consultant ophthalmic surgeon</li></ul>   |

| Element of audit methods | Description   |
|--------------------------|---|
|                          | <ul style="list-style-type: none"> <li>• Chair of Patient, Quality, Safety Outcomes Committee</li> <li>• Regional Eye Care Programme Lead.</li> </ul>   |
| Observations             | We observed the South East Wales Regional Ophthalmology Programme Board.  |
| Data analysis            | <p>We analysed key ophthalmology service data on:</p> <ul style="list-style-type: none"> <li>• waiting list performance;</li> <li>• referrals;</li> <li>• medical workforce;</li> <li>• outpatient and inpatient activity and efficiency;</li> <li>• surgical cancellations; and</li> <li>• inpatient and day case admissions.</li> </ul> |

# Appendix 2

## Audit criteria

Main audit question: **Does the Health Board have effective arrangements to improve eye care services?**

| Level 2 questions   | Level 3 questions   | Audit criteria (what good looks like)   |
|---|---|---|
| Does the Health Board have realistic plans to improve eyecare services at a regional and local level? | Does the Health Board have an agreed plan to improve eye care services, covering hospital and community services, which seek to address current and longer-term challenges? | <ul style="list-style-type: none"> <li>The Health Board has a clear eye care plan, which has been approved at Board level which:                             <ul style="list-style-type: none"> <li>seeks to address current and future challenges with a view to developing sustainable eye care services; and</li> <li>supports delivery of the Health Board’s strategic objectives/priorities and aligns with the ambitions set out in national strategies/plans and legislation.</li> </ul> </li> <li>The eye care plan appropriately reflects regional plans, which the Health Board is invested in, which aim to deliver sustainable ophthalmology services on a regional basis.</li> </ul> |
|   | Is the Health Board’s eye care plan realistically deliverable?  | <ul style="list-style-type: none"> <li>The eye plan is supported by/includes a clear delivery plan with clear actions and milestones.</li> <li>The eye care plan is based on current and projected future demand for services.</li> <li>Capacity plans are based on realistically ambitious levels of productivity.</li> <li>The plan is costed, at a minimum, for the medium term (3-5 year).</li> <li>The plan is deliverable within the resources available to the Health Board.</li> </ul>  |
|   | Do the Health Board's eye care plans have sufficient focus on improving the efficiency and productivity of its services?  | <ul style="list-style-type: none"> <li>The Health Board is proactively targeting and improving eye care service efficiency in a range of areas such as reducing DNAs and cancellations in outpatients and surgical settings, improving surgical productivity (particularly cataracts), maximising eye-care theatre list utilisation, and utilising see on symptom and patient initiated follow ups.</li> </ul>  |

| Level 2 questions  | Level 3 questions  | Audit criteria (what good looks like)   |
|--|--|---|
|  |  | <ul style="list-style-type: none"> <li>• Plans include national and local performance and efficiency measures, and draw upon the work of GIRFT reviews where relevant.</li> <li>• The Health Board is working with others effectively to drive wider efficiency improvements.</li> <li>• The Health Board is making use of digital systems to improve service efficiency.</li> <li>• Use of outsourcing has been considered / implemented as a mechanism to help reduce waiting list backlogs, supported by the necessary considerations of value for money and service safety.</li> </ul>  |
| <p>Does the Health Board have appropriate leadership arrangements to drive improvements in eye care services and address the barriers that might inhibit progress?</p> | <p>Are there appropriate governance and leadership structures to drive forward the necessary improvements?</p> | <ul style="list-style-type: none"> <li>• There is clear Executive and Senior Management accountability for the delivery of eye care improvement plans.</li> <li>• There is clear clinical leadership for the delivery of eye care improvement plans.</li> <li>• There is evidence of operational oversight of the delivery of eye care improvement plans.</li> <li>• There is evidence of oversight and scrutiny of the delivery of eye care plans at the appropriate Committee and at Board.</li> <li>• Risks are appropriately captured within operational and corporate risk registers.</li> <li>• There are escalation mechanisms in place in the event of services failing to meet required standards / targets / milestones.</li> </ul> |
|  | <p>Is the Health Board identifying and addressing the barriers to improving its eye care services?</p>         | <ul style="list-style-type: none"> <li>• The Health Board has a clear understanding of the barriers that might prevent it delivering its eye care improvements/improvement plans and intentions.</li> <li>• The Health Board can demonstrate that it is putting in place arrangements to tackle the barriers that could impede delivery of the improvement plans.</li> </ul>  |

| Level 2 questions  | Level 3 questions   | Audit criteria (what good looks like)  |
|--|---|--|
|  | Is the Health Board effectively delivering its improvement plans for eye care services?   | <ul style="list-style-type: none"> <li>• The Health Board can demonstrate that it is making good overall progress implementing eye care plans and initiatives, and the achievement of milestones, targets and outcome measures identified within its plans.</li> </ul>   |
| Is the Health Board actively managing the risk of harm resulting from ophthalmology waiting list delays? | Does the Health Board have effective approaches to record and report on incidence of harm that results from eye care waiting list delays? | <ul style="list-style-type: none"> <li>• The Health Board has appropriate arrangements to identify, capture, and report on harm associated with long waits for eye care treatment: <ul style="list-style-type: none"> <li>– There is a clear process for identifying and capturing patient harm caused by delays to eye care treatment.</li> <li>– The Health Board is reporting on actual harm caused by delays to eye care treatment to its Quality and Safety Committee.</li> <li>– The Quality and Safety Committee receives assurances that the Health Board is learning from incidence of harm to prevent it in the future.</li> </ul> </li> </ul> |
|  | Is the Health Board taking appropriate action to manage the risk of patient harm, particularly sight loss?                                | <ul style="list-style-type: none"> <li>• The Health Board has an appropriate system to assess patients on the eye care waiting list to ensure those most at risk of sight loss are treated first.</li> <li>• The eye care waiting list is frequently reviewed by a clinician to ensure clinical risks are up to date and correctly prioritised.</li> <li>• The Health Board is managing potential health inequalities in access to eye care services.</li> <li>• The Health Board is applying the principles of Welsh Governments' promote, prevent, and prepare policy to help patients on eye care waiting lists.</li> </ul>                           |

# Appendix 3

## Management response

Exhibit 7 below sets out the Health Board's response to our recommendations.

| Recommendation   | Management response  | Completion date | Responsible officer                             |
|--|--|-----------------|---|
| R1 To increase the pace of delivery, regional partners should speed up decision making processes for agreeing business cases.  | The Regional Joint Committee (RJC) that will come into existence towards the end of 2025 will streamline regional decision making for all regional programmes. | December 2025   | Chair of Regional Ophthalmology Programme Board |
| R2 Regional partners should develop a resource plan, to better understand operational and clinical commitment needed from each partner organisation to realistically deliver each phase of the strategy. | The Regional Programme Plan for 25/26 includes a regional workforce review along with the ongoing demand and capacity reviews for each sub speciality.         | March 2026      | Chair of Regional Ophthalmology Programme Board |

| Recommendation   | Management response  | Completion date   | Responsible officer                                    |
|--|--|-------------------|--|
| <p>R3 Regional partners should agree realistic but appropriately ambitious timescales for the three phases of the South East Wales Regional Ophthalmology Strategy.</p>  | <p>The Regional Ophthalmology Strategy pre-dates the National Clinical Strategy for Ophthalmology. As a result the Regional Strategy will be reviewed as part of the programme plan in 25/26, with appropriate phasing and timeframes assigned to programme priorities.</p>  | <p>March 2026</p> | <p>Chair of Regional Ophthalmology Programme Board</p> |
| <p>R4 The Health Board should urgently complete development of its eye care plan, seeking to address current and future challenges. The Health Board should ensure the plan is:</p> <ul style="list-style-type: none"> <li>• based on current and projected future demand for services.</li> <li>• includes capacity plans based on realistically ambitious levels of productivity.</li> <li>• costed, at a minimum, for the medium term (3-5 year).</li> <li>• supported by resource plans i.e. financial, workforce (particularly medical staffing) and infrastructure, reflecting sustainable service models.</li> <li>• supported by clear delivery actions and milestones.</li> <li>• approved by the Board.</li> </ul> | <p>The Health Board acknowledges the urgency and importance of completing the Eye Care Plan and is actively progressing work to meet the outlined requirements. The following steps are being taken to ensure the plan is robust, sustainable, and Board-approved:</p> <p><b>1. Demand-Based Planning</b></p> <ul style="list-style-type: none"> <li>• The draft Eye Care Plan has been completed.</li> <li>• Ophthalmology capacity and demand modelling takes place yearly, ensuring data remains up to date as service capacity flexes.</li> <li>• The plan is being developed using current service activity data and projected demand modelling, including cataract treatment volumes and outpatient trajectories.</li> <li>• Regional benchmarking and national variation intelligence are being used to inform future service needs.</li> </ul> <p><b>2. Capacity and Productivity</b></p> <ul style="list-style-type: none"> <li>• Capacity plans incorporate realistic yet ambitious productivity targets, including improvements in theatre utilisation and outpatient throughput.</li> <li>• Initiatives such as the “golden patient” process, interface GP schemes are being scaled to optimise clinical efficiency and the planned insourcing activity with HBSUK.</li> </ul> | <p>April 2026</p> | <p>Associate Director of Planned Care</p>              |

| Recommendation | Management response  | Completion date | Responsible officer |
|----------------|--|-----------------|---------------------|
|                | <p><b>3. Medium-Term Costing</b></p> <ul style="list-style-type: none"> <li>• Financial modelling has been completed for FY25/26, with further costing underway for a 3–5-year horizon, including sustainability plans for ophthalmology.</li> <li>• Further sustainability plans will be submitted via division by March 2026.</li> </ul> <p><b>4. Resource Planning</b></p> <ul style="list-style-type: none"> <li>• Workforce plans include confirmed appointments for three ophthalmology consultants (cornea, glaucoma, paediatrics) with start dates through 2026. <ul style="list-style-type: none"> <li>– Cornea consultant will start 01/09/2025</li> <li>– Glaucoma consultant has accepted and will start fellowship August 2025 and due to be in post August 2026</li> <li>– Paediatric consultant has accepted and will start fellowship August 2025 and due to be in post August 2026.</li> </ul> </li> <li>• Infrastructure and digital enablers (e.g., E-consent, clinic room booking, theatre system replacement) are being scoped and procured to support service delivery.</li> </ul> <p><b>5. Delivery Actions and Milestones</b></p> <ul style="list-style-type: none"> <li>• Four key Task and Finish Groups have been established to monitor the workstreams arising from the Eye Care Plan</li> <li>• The Task and Finish Groups meet monthly, with progress updates provided to the Eye Care Board (ECB) on a quarterly basis.</li> </ul> |                 |                     |

| Recommendation   | Management response   | Completion date   | Responsible officer  |
|--|---|-------------------|--|
|  | <ul style="list-style-type: none"> <li>The Eye Care Working Group and Programme Board have agreed Terms of Reference and are tracking delivery milestones, including pathway redesign and discharge protocols.</li> <li>Monthly Planned Care Programme Board meetings oversee progress and escalate risks as needed.</li> </ul> <p><b>Governance and Timelines</b><br/>The completed draft Eye Care Plan will be further refined and submitted for formal Board approval by April 2026.</p>   |                   |  |
| <p>R5 Once the eye care plan has been approved by the Board, an appropriate committee should receive at least twice-yearly updates on the plan's delivery, clearly articulating any risks to delivery.</p> | <p>The Eye Care Plan has now been approved by the Eye Care Board, which meets bi-monthly to review progress against key workstreams. Updates on performance, risks, and mitigation actions are discussed regularly through this forum, ensuring continuous oversight and alignment with Board governance expectations.</p> <p>Once the Eye Care Plan is approved by the Board, the Health Board will ensure that the Finance and Performance Committee receives updates on delivery at least twice a year. These updates will clearly articulate progress, risks to delivery, and any mitigating actions to support transparency and accountability.</p> <p>This will be ensured by adding the Eye Care Plan to the Committee's Forward Work Programme.</p> | <p>April 2026</p> | <p>Associate Director of Planned Care / Director of Corporate Governance</p> |

| Recommendation   | Management response   | Completion date      | Responsible officer                       |
|--|---|----------------------|---|
| <p>R6 The Health Board should review its operational and strategic risk registers to ensure risks related to eye care services are appropriately captured and managed.</p> | <p>The Health Board acknowledges the recommendation and is committed to ensuring that risks related to eye care services are appropriately captured and managed within its established governance framework.</p> <p>Ophthalmology risks are managed through the Health Board’s Risk Management Framework to support safe, sustainable, and high-quality service delivery.</p> <p>At the operational level, divisional risks - including those related to long waits, workforce shortages, and service pressures are actively monitored and reviewed through directorate and divisional governance structures to ensure timely mitigation and oversight where required.</p> <p>At the strategic level, there are currently no discrete ophthalmology risks recorded on the corporate or strategic risk registers.</p> <p>Relevant issues are reflected within broader strategic risks, such as recruitment and retention across specialties, the adequacy of strategic planning, and the delivery of planned care waiting list targets, which collectively encompass ophthalmology.</p> <p>Specialty-specific risks are owned and managed at the directorate and divisional level, assessed against the Health Board’s approved risk appetite and tolerance. This position will be kept under review, with escalation to a corporate ophthalmology risk if thresholds are met.</p> <p>Oversight is maintained through regular reporting to the Eye Care Board and via Directorate and Divisional Assurance meetings.</p> | <p>December 2025</p> | <p>Associate Director of Planned Care</p> |

| Recommendation   | Management response   | Completion date     | Responsible officer                        |
|--|---|---------------------|--|
|  | <p>The Health Board is further strengthening assurance by:</p> <ul style="list-style-type: none"> <li>• Ensuring ophthalmology risks are captured and updated within the relevant risk registers.</li> <li>• Providing regular updates on the delivery of the Eye Care Plan to the Finance and Performance Committee, with clear articulation of risks and mitigating actions.</li> <li>• Drawing on learning from harm reviews and best practice to inform a review of long-waiting patients, overseen by the Planned Care Board.</li> </ul>   |                     |  |
| <p>R7 The Patient, Quality, Safety Outcomes Committee should receive assurance on:</p> <ul style="list-style-type: none"> <li>• how patients on the ophthalmology waiting list are managed to prevent harm;</li> <li>• lessons learned from actual reviews and how lessons have been applied to strengthen arrangements; and</li> <li>• actual harm caused by ophthalmology waiting delays.</li> </ul> | <p>The Health Board acknowledges the recommendation and recognises the need to strengthen assurance on ophthalmology patient safety and waiting list management.</p> <p>The Health Board is committed to ensuring that the Patient Quality, Safety and Outcomes Committee (PQSOC) receives clear assurance on harm prevention, lessons learned, and any actual harm arising from ophthalmology waiting delays.</p> <p>All patient safety incidents in Ophthalmology are assessed via Datix to determine risk and required actions. Any incident resulting in moderate or greater harm triggers a formal harm review, which includes a detailed patient timeline and is assessed using ophthalmology-specific harm criteria. Rapid harm reviews are coordinated by the Quality and Patient Safety (QPS) Team and escalated to the weekly Executive Safety Huddle, ensuring timely oversight and shared learning across the Health Board.</p> <p>Lessons identified from harm reviews are translated into service-level action plans, and shared across the wider clinical team. Thematic</p> | <p>October 2026</p> | <p>Clinical Director for Ophthalmology</p> |

| Recommendation | Management response  | Completion date | Responsible officer |
|----------------|--|-----------------|---------------------|
|                | <p>findings and learning outcomes are reported through Divisional governance, and will form part of the assurance reports to the PQSOC.</p> <p>Through these reports, PQSOC will receive assurance on:<br/> The waiting list for <u>initial</u> Ophthalmology appointments is currently being addressed through HBSUK insourcing activity, with the aim of significantly reducing the backlog by the end of the financial year. Early indications show that a good number of patients are being discharged to alternative care pathways, and efforts are being made to target all areas of eye care, noting cataracts are being progressed as part of the regional solution.</p> <p>Additionally, the Patient Initiated Follow-Up (PIFU) initiative is in place as a flexible outpatient care model. This allows eligible patients to arrange hospital appointments themselves when their symptoms worsen, rather than relying on routine scheduling.</p> <p>Together, these activities are part of a broader strategy to minimise harm caused by delays in care and improve patient outcomes.</p> <ul style="list-style-type: none"> <li>• Lessons learned from harm reviews and how they have been applied, through summaries of completed reviews, resulting actions, and thematic learning.</li> <li>• Any actual harm arising from ophthalmology waiting delays, via aggregated and case-level data from Datix, rapid harm reviews, and formal investigations coordinated by the QPS team and reported through the established governance pathway.</li> </ul> |                 |                     |

| Recommendation | Management response  | Completion date | Responsible officer |
|----------------|--|-----------------|---------------------|
|                | <p>While monitoring and reporting harm remains primarily retrospective and resource intensive this process provides robust assurance of oversight, learning, and continuous improvement.</p> <p>Forward-looking actions, including a bespoke review of long-waiting patients (covering Referral to Treatment and Follow-ups), will further inform PQSOC assurance and strengthen governance around ophthalmology waiting list risks.</p> |                 |                     |



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