Finance and Performance Committee

Tuesday 3 November 2026, 09:30 - 12:30

MS Teams

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence

Chair

1.3. Declarations of Interest

Chair

1.4. Draft Minutes of the last Meeting held on 22nd September 2026

Chair

FPC 20261103 1.4 FPC 20260922 Minutes.pdf (12 pages)

1.5. Committee Action Log

Chair

FPC 20261103 1.5 Action Log.pdf (3 pages)

09:30 - 09:30
0 min

2. Items for APPROVAL/RATIFICATION/DECISION

09:30 - 09:30
0 min

3. ITEMS FOR DISCUSSION

3.1. Performance Management and Escalation Update, Including AB Escalation Update

Director of Strategy, Planning & Partnerships

3.2. Integrated Performance Report, including performance against Ministerial Priorities

Director of Strategy, Planning & Partnerships

FPC 20261103 3.2 Performance Report.pdf (8 pages)
FPC 20261103 3.2 Performance Report.docx Appendix 1 November FP Performance Report.pdf (54 pages)

3.3. Productivity Improvement Report

Director of Finance and Procurement

FPC 20261103 3.3 Productivity Improvement Report - Opthalmology Regional Cataract Dashboard.pdf (13 pages)
FPC 20261103 3.3 Productivity Improvement Report - Opthalmology Regional Cataract Appendix 1.pdf (12 pages)

3.4. Information Governance Report, including SIRO Update

Director of Digital

FPC 20261103 3.4 Information Governance Report, including SIRO Report.pdf (15 pages)
FPC 20261103 3.4 Information Governance Report, including SIRO Report Appendix 1 IG Risk Register October 2026.pdf (4 pages)
FPC 20261103 3.4 Information Governance Report, including SIRO Report Appendix 2 DPIA detail August - September 2026.pdf (12 pages)

3.5. Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes

Director of Digital

FPC 20261103 3.5 Assurance Report from Digital Data and Technology Group.pdf (12 pages)

09:30 - 09:30
0 min

4. Items for INFORMATION

4.1. Review of Committee Programme of Business 2026/27

Director of Corporate Governance

FPC 20261103 4.1 Review of Committee Programme of Business 2026-27_.pdf (4 pages)
FPC 20261103 4.1 Review of Committee Programme of Business 2026-27 Appendix A.pdf (7 pages)

09:30 - 09:30
0 min

5. OTHER MATTERS

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

5.2. Any Other Urgent Business

BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE

DATE OF MEETING	22nd September 2026 13.30-16.30
VENUE	Microsoft Teams

PRESENT	Neil Patrick, Chair
	Iwan Jones, Vice Chair
	Dafydd Vaughan, Independent Member
	Akmal Hanuk, Independent Member
	Helen Cunningham, Independent Member
IN ATTENDANCE	Rani Dash, Director of Corporate Governance Paul Solloway, Director of Digital Hannah Evans, Director of Strategy, Planning and Partnerships Leanne Watkins, Chief Operating Officer Nicola Prygodzicz, Chief Executive Rob Holcombe, Director of Finance and Procurement Greg Bowen, Assistant Finance Director Lucy Windsor, Head of Corporate Risk and Assurance Sara Utley, Audit Wales Tomos Jones, Audit Wales Naomi Murtagh, Head of Board Business Harry Morris, Governance Support Officer Julie Poole, Associate Director of Planned Care Julie Gilbert, General Manager

Preliminary Matters	
FPC 0922/01	**Welcome and Introductions** Neil Patrick, (NP) Chair, welcomed everyone to the Committee.
FPC 0922/02	**Apologies for Absence** Neil Patrick (NP) Chair, **NOTED** there were no apologies received for this meeting.
FPC 0922/03	**Declarations of Interest** There were no Declarations of Interest to record.
FPC 0922/04	**Minutes of the previous meeting** The minutes of the meeting held on the 10th June 2026 were **APPROVED** as a true and accurate record.
FPC 0922/05	**Committee Action Log** The Committee reviewed the action log, noting actions completed, actions in progress, and actions not yet due.
ITEMS FOR APPROVAL / RATIFICATION / DECISION	
FPC 0922/06	There were no items for discussion during this section.
ITEMS FOR DISCUSSION	
FPC 0922/07	**Cancer Services Report** Sara Utley (SU), Audit Wales, and Tomos Jones (TJ), Audit Wales, presented the findings of the Audit Wales review of Cancer Services. The Committee noted that seven recommendations had been identified, all of which had been accepted and incorporated into a cancer improvement plan. The review recognised the complexity of cancer pathways and the significant challenges affecting performance.



	SU outlined that the review had identified strong clinical leadership and commitment to improvement, supported by work to strengthen governance, oversight and delivery. Leanne Watkins (LW), Chief Operating Officer, welcomed the independent assessment and considered the report to provide a balanced reflection of the pressures facing Cancer Services, including rising demand, increasing complexity and specialist workforce constraints. In addition, LW advised that work was progressing to review the previous Cancer Strategy and develop a new plan with partners and stakeholders. LW acknowledged that cancer performance remained challenging but provided assurance regarding the actions being taken to improve performance. These included plans to introduce a Cancer Command Centre approach to strengthen oversight of delivery and performance, continued diagnostic activity, work to improve referral pathways and engagement with tertiary partners. Positive progress was highlighted in diagnostic performance, including improvements in endoscopy turnaround times and work to reduce delays within the breast pathway. Discussion focused on current cancer performance, workforce and capacity pressures, and the Health Board's ability to achieve sustained improvement. The Committee noted progress in areas including endoscopy capacity, diagnostic pathways and HER2 testing, whilst recognising that further improvement was required to achieve consistent performance across all standards. LW provided assurance that progress would continue to be monitored through performance measures, backlog reduction and delivery of improvement actions. The Committee welcomed the constructive nature of the review and received assurance that arrangements were in place to monitor delivery of the recommendations and support continued improvement in cancer services. The Committee **NOTED** the report.



FPC 0922/08	**Performance Management and Escalation Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented an update on the Welsh Government Performance Management Framework and the Health Board's current escalation status. The Committee noted the introduction of the revised framework, which had moved from six performance domains to four performance pillars supported by a Well-Led foundation, and considered the implications for organisational performance oversight. HE advised that the Health Board remained in escalation for Urgent and Emergency Care and Finance, whilst Mental Health had been de-escalated locally to routine monitoring arrangements. The Committee noted the organisation's current escalation position and received an update on local escalation processes to support performance management and recovery across key service areas. Discussion focused on the revised national approach and the extent to which local arrangements aligned with the new framework. Members considered the effectiveness of escalation processes in identifying performance concerns, providing appropriate support and maintaining oversight of areas requiring sustained improvement. The Committee discussed progress within Urgent and Emergency Care, including ambulance handover performance, and recognised the improvements that had been achieved. Members emphasised the importance of ensuring that recent gains were sustainable and supported by robust operational and performance management arrangements. HE advised that escalation arrangements continued to be reviewed to ensure services received the appropriate level of support, challenge and scrutiny. The Committee received assurance that governance and monitoring arrangements



	remained in place to support continued improvement and organisational recovery. The Committee **NOTED** the report.
FPC 0922/09	**Integrated Performance Report, including performance against Ministerial Priorities** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report, providing an overview of organisational performance against Ministerial priorities and key performance indicators. The Committee noted progress across a number of areas, whilst recognising that significant challenges remained in relation to urgent and emergency care, planned care, diagnostics, cancer performance and primary care services. Discussion focused on primary care performance, including access to NHS dentistry. Members noted concerns regarding dental access and sought assurance that patients were able to receive appropriate care despite changes associated with the new dental contract. HE advised that further work was required to better understand the relationship between recorded activity and patient access and acknowledged that dentistry was emerging as a recurring theme through patient feedback and engagement activity. Following discussion, Neil Patrick (NP), Chair, requested that the appropriate governance route of the reporting of dental access and performance was considered. **ACTION: Chief Operating Officer & Director of Corporate Governance** The Committee considered performance against planned care and diagnostic trajectories, noting areas of improvement alongside continued operational pressures. Discussion focused on recovery activity, the utilisation of available resources and the importance of maintaining delivery against agreed improvement plans. Members also discussed cancer performance and the factors affecting delivery against national targets. The Committee

	recognised the interdependencies across diagnostics, workforce and capacity and noted the actions being taken to support improvement across cancer pathways. Discussion focused on consultant job planning arrangements and the associated risks identified through wider governance processes. Members noted concerns raised through the Audit, Risk & Assurance Committee regarding job planning compliance and the potential impact on performance and workforce productivity. The Committee was advised that the matter was already subject to further scrutiny and escalation through established governance arrangements to the Board. The Committee received assurance that performance continued to be actively monitored across all key areas and that targeted improvement plans remained in place to address areas of underperformance and support delivery against organisational priorities. The Committee **NOTED** the report.
FPC 0922/10	**Theatres Efficiency Report** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Theatres Efficiency Report and introduced Julie Poole (JP), Associate Director of Planned Care, and Julie Gilbert (JG), General Manager, to provide a detailed update on the improvement programme. The Committee noted the continued focus on improving theatre productivity, utilisation and efficiency in support of elective recovery and sustainable service delivery. HE outlined the four key workstreams within the programme, comprising Theatre Productivity, Right Procedure Right Place, Resource Alignment and Surgical Hub Accreditation. The Committee noted the progress made across each area and the intention to establish a more consistent and efficient approach to theatre management across the Health Board.



	Discussion focused on theatre utilisation, late starts, cancellations and opportunities to maximise existing capacity. Members acknowledged the complexity of the work and welcomed the structured approach being taken to identify operational improvements and strengthen performance oversight. The Committee discussed the anticipated benefits arising from the programme and sought assurance regarding the delivery and measurement of efficiency improvements. Members focused on the pace of implementation, the quantification of benefits and the methodology used to assess potential savings opportunities. Discussion also considered the forecast efficiency opportunities associated with the programme, including the anticipated financial benefits arising from improved theatre productivity and resource utilisation. Members emphasised the importance of ensuring that reported benefits were supported by robust evidence and could be clearly demonstrated through performance reporting. HE, JP and JG advised that further work was underway to strengthen benefit tracking arrangements and develop a clearer understanding of both operational and financial impacts. The Committee received assurance that progress would continue to be monitored through established governance arrangements and that updates would be brought back as the programme matured. The Committee **NOTED** the report.
FPC 0922/11	**Information Governance Report, including SIRO Update** Paul Solloway (PS), Director of Digital, presented the Information Governance Report and SIRO Update. The Committee noted performance against key information governance indicators and received assurance regarding compliance with statutory requirements, information risk management and cyber security arrangements across the Health Board. PS highlighted continued improvement in mandatory information governance training compliance and provided an update on



	ongoing work to strengthen cyber security, information management and digital resilience. The Committee noted the importance of maintaining assurance in these areas given the increasing reliance on digital systems and information assets across the organisation. Discussion focused on data quality, clinical coding and records management arrangements. Members recognised the importance of accurate and timely information in supporting operational performance, reporting and decision-making and noted the actions being taken to strengthen performance in these areas. The Committee also received an update on digital infrastructure improvements, including progress with the Windows 11 rollout programme. Members welcomed the positive position reported and noted that no information governance incidents requiring notification to the Information Commissioner's Office had occurred during the reporting period. The Committee received assurance that appropriate controls, monitoring arrangements and governance processes remained in place to support effective information governance and the management of information risks. The Committee **NOTED** the report.
FPC 0922/12	**Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes** Paul Solloway (PS), Director of Digital, presented the Digital, Data and Technology (DDaT) Assurance Report, providing an update on the delivery of the Health Board's digital portfolio and progress against a number of key programmes. The Committee noted the significant progress made across several major digital initiatives and the contribution these programmes were making to service improvement and transformation. PS highlighted recent developments including the implementation of OpenEyes, progress with the Laboratory Information



	Management System (LIMS), the Radiology Information System, electronic prescribing initiatives and preparations for further digital deployments. The Committee welcomed the scale of activity being delivered across the portfolio and recognised the benefits that digital solutions were providing to patients and staff. Discussion focused on the sustainability of digital programmes and the challenges associated with securing recurrent funding to support ongoing delivery. Members noted the increasing reliance on digital services and considered the potential risks arising from uncertainty surrounding future funding arrangements, particularly where programmes had been established through non-recurrent investment. The Committee discussed the balance between local and national digital priorities and the importance of ensuring that digital developments delivered measurable benefits and remained aligned to organisational objectives. Members recognised the progress that had been achieved whilst acknowledging that future delivery would require continued investment and support. Members also discussed the sustainability of funding arrangements for digital programmes, particularly where nationally mandated systems required ongoing local investment. The Committee highlighted the importance of ensuring that future business cases appropriately reflected recurrent funding requirements, benefits realisation and long-term affordability. PS advised that work continued to strengthen governance arrangements, delivery oversight and benefits realisation across the digital portfolio. The Committee received assurance regarding the management of the programme and welcomed the continued focus on delivering digital transformation across the organisation. The Committee **NOTED** the report.
FPC 0922/13	**Digital Patient Communications project benefits realisation update**



Paul Solloway (PS), Director of Digital, presented an update on the Digital Patient Communications Programme and the benefits realised to date. The Committee noted that the programme had delivered a number of intended benefits, including improvements in digital communication with patients, whilst recognising that challenges had impacted the full realisation of anticipated outcomes.

PS outlined the background to the programme and the work undertaken to review progress following concerns regarding delivery. The Committee noted that data quality issues, system dependencies and limitations associated with existing infrastructure had affected implementation and the achievement of planned benefits.

Discussion focused on programme governance, benefits realisation and lessons learned. Members considered the extent to which technological change had been supported by wider service transformation and emphasised the importance of ensuring that future programmes were underpinned by clear governance arrangements, defined responsibilities and robust planning processes.

The Committee also discussed the business case and assurance arrangements that had supported the programme. Members sought assurance that learning from the programme would be captured and applied to future digital investments to strengthen delivery and maximise the benefits achieved from digital transformation initiatives.

PS advised that an external review had been commissioned and would inform future developments and improvement activity. The Committee welcomed the proactive approach being taken to identify learning and strengthen future programme delivery.

Members noted that Phase Two had proceeded without a formal business case and discussed the importance of ensuring that future digital transformation programmes were supported by



	appropriate business case development, benefits realisation planning and organisational readiness assessments. The Committee received assurance that the lessons identified would be incorporated into future digital programmes and that appropriate governance arrangements would remain in place to oversee delivery and benefits realisation. The Committee **NOTED** the report.
ITEMS FOR INFORMATION	
FPC 0922/14	**Committee Risk Report** The Committee **RECEIVED** and **NOTED** the Committee Risk Report.
FPC 0922/15	**Review of Committee Programme of Business 2026/27** The Committee received the Programme of Business for 2026–27 for information. The Committee **NOTED** the Programme of Business.
OTHER MATTERS	
FPC 0922/16	**Items to be Brought to the Attention of the Board and Other Committees** The Committee agreed to draw the Board's attention to the risks associated with the sustainability of funding arrangements for digital transformation programmes, particularly where nationally mandated systems required ongoing local financial support. The Committee also **NOTED** the discussion held regarding consultant job planning and received an update that concerns previously raised through the Audit, Risk & Assurance Committee were being escalated separately to Board.
FPC 0922/17	**Any Other Urgent Business** There were no further items raised for discussion.



FPC 0922/18	**Date of the Next Meeting:** Tuesday 3rd November 2026



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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
June 2026	FPC/202606/08	Assistant Director of Digital Transformation to share with the Committee the benefits realisation work for the Digital Patient Communications project.	Director of Digital	September 2026	Completed
June 2026	FPC/202606/09	Director of Digital to bring an update to the Committee on the approach and progress in resolving the risk relating to looked after children, specifically in relation to transitions between foster carers within the digital patient portal and the need	Director of Digital	September 2026	Completed

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		to minimise unauthorised access.			
September 2026	FPC/0922/09	**Dental Access and Performance Update** To consider the appropriate governance reporting arrangements for the oversight and reporting of dental access and performance, including the impact of the new dental contract, patient access arrangements, and emerging themes from patient feedback and engagement activity.	Director of Corporate Governance & Chief Operating Officer	January 2027	In Progress Added to FWP

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

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.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	03 November 2026
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Report: November 2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Trish Chalk, Assistant for Director Planning and Performance Paul Steynor, Head of System Planning and Performance Caroline Norris, Senior Performance Management Analyst

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation The purpose of this report is to provide the Finance and Performance Committee with an overview of performance against the key Health Board and Ministerial Priorities as outlined in the Annual Plan 2026/27, with performance figures including the most up-to-date, validated positions. An appendix is also included detailing the progress against the Enabling Actions as of Q2 26/27. The Committee is asked to: • **Note** the progress against key performance metrics as of the latest, available validated information,

- **Note** the insight and actions identified in context of performance achievement**.**

Cefndir / Background

The report focuses on performance against the organisation's key priorities in line with the Heath Board's 2026/27 Annual Plan. The Performance Report is structured across the following sections:

Section 1:	• Performance Summary & Ministerial Delivery Expectations

Section 2:	• Performance by Theme
	  ○ Population Health and Prevention
	  ○ Place Based Care
	  ○ Timely Access to Care – Urgent & Emergency Care
	  ○ Timely Access to Care – Cancer, Planned Care & Diagnostics
	  ○ Mental Health Access

Asesiad / Assessment

Population Health and Prevention

Theme	On track	Off track within tolerance	Off track	Not yet reporting in year
Population Health and Prevention	4/14	6/14	0/14	4/14

Childhood vaccination uptake remains below trajectory at 84.5%, although HPV vaccination performance has maintained its recent improvement trend and remains above historical levels. In response, the Health Board continues to progress a range of targeted interventions, including Vaccination Brief Advice training, an MMRV improvement pilot within GP practices, and outreach work with Gypsy and Traveller communities to improve uptake, address inequalities and improve access amongst harder-to-reach populations.

Performance against Healthy Child Wales measures remains a significant strength, with six-week physical examinations consistently exceeding the national target and maintaining exceptionally high performance above 99%. Weight and measurement at eight weeks have also remained well above trajectory, demonstrating consistent delivery of key early years public health interventions and providing assurance regarding the effectiveness of community-based child health services.

Diabetes performance continues to improve across several measures, with delivery of all eight NICE care processes exceeding trajectory and diabetes urine ACR recording achieving its highest performance to date. Whilst diabetes foot surveillance remains below plan, overall performance has improved and improvement projects have delivered positive outcomes across participating practices. Smoking cessation outcomes remain are close to or exceeding annual ambitions, with significant service

redesign work, strengthened community engagement and increased clinic capacity contributing to improved quit outcomes. The Melo website remains below trajectory due to capacity constraints within Public Health, however ongoing investment in content development and website improvements aims to increase engagement over the remainder of the year.

Place Based Care

Theme	On track	Off track within tolerance	Off track
Place Based Care	3/9	4/9	2/9

Pharmacy-led services continue to demonstrate positive momentum, with both the Pharmacist Independent Prescribing Service (PIPS) and Common Ailment Scheme (CAS) showing sustained growth following service expansion and successful public engagement activity. Optometry services are also performing strongly and remain on track to achieve annual trajectory, reflecting continued success in shifting care closer to home and improving access through primary and community care settings.

Performance is more variable across community and urgent care services. Community Nursing activity continues to show an improving trend, although delivery remains behind the ambitious trajectory required to meet ministerial expectations for weekend capacity. Palliative Care performance remains stable and continues to exceed planned levels, providing assurance that timely assessment standards are being maintained. However, Rapid Response activity remains below trajectory, with both referral volumes and conversion of GP referrals failing to reach planned levels. Work through the Older People's workstream and development of the Navigation Hub/Single Point of Access is expected to reduce barriers to referral and improve utilisation of these services as part of the wider urgent and emergency care transformation programme.

The most significant variance relates to Emergency Dental activity, where the introduction of the new NHS Wales dental contract has fundamentally altered service delivery arrangements. Activity reported through traditional emergency dental pathways has reduced substantially as urgent care capacity has shifted into routine dental practices, meaning performance against the existing metric no longer reflects overall urgent access provision. Urgent Primary Care performance remains stable but is currently affected by a data system issue that is preventing reporting beyond June.

Timely Access to Care: Urgent and Emergency Care

Theme	On track	Off track within tolerance	Off track
Timely Access to Care: Urgent & Emergency Care	7/18	6/18	5/18

The introduction of the Rapid Release Protocol has delivered a sustained improvement in ambulance handover performance, with August and September recording the

second-highest 45-minute handover compliance rates since the opening of The Grange University Hospital. The Health Board has now achieved the Targeted Intervention de-escalation threshold for a second consecutive month, and ambulance lost hours remain significantly below trajectory however wider parts of the urgent and emergency care pathway remain challenged. 12-hour waits, triage delays, Clinician wait-to-be-seen times and four-hour performance all deteriorated during September against a backdrop of sustained record demand and winter pressures approaching.

The increase in emergency care demand has become a significant concern, particularly at GUH where non-paediatric attendances have remained consistently at highest recorded levels throughout 2026 and increased further during the summer months. This has contributed to rising delays across the patient pathway, including triage, assessment and specialty review, resulting in the highest levels of 12-hour performance breaches seen since December 2022. A range of improvement actions are underway, including implementation of a new care group-based POD model within the Emergency Department, continued deployment of continuous flow principles, expansion of same-day emergency care pathways and strengthening early morning discharge and admission avoidance processes to improve patient flow across the system. Progress continues to be overseen by the UEC Programme Board and the Finance and Performance Escalation Committee.

Despite wider UEC pressures, Stroke Services continue to demonstrate several areas of strong performance. Direct admission to Stroke Units, Occupational Therapy, Physiotherapy and Speech and Language assessment measures all remain significantly above trajectory, reflecting improvements in pathway management and therapy provision. Whilst thrombectomy performance remains below ambition and pathway delays continue to exceed planned trajectories, targeted improvement work is in place including pathway redesign, rehabilitation capacity reviews, enhanced discharge arrangements and establishment of a new Stroke Pathway Oversight Group. Alongside ongoing multi-agency work to reduce delayed pathways of care and improve discharge processes, these initiatives will be critical to sustaining flow and mitigating increasing system pressures over the winter period.

Timely Access to Care: Cancer, Planned Care & Diagnostics

Theme	On track	Off track within tolerance	Off track
Timely Access to Care: Cancer, Planned Care & Diagnostics	5/19	11/19	3/19

Cancer performance improved during August, with Single Cancer Pathway (SCP) compliance increasing to 65.4%. Despite this improvement, performance remains below trajectory due to a higher than planned volume of treatment breaches. Encouragingly, both the 62-day and 104-day cancer backlogs continue to reduce and are currently delivering ahead of trajectory, reflecting the impact of targeted tumour specific recovery actions. A new Cancer Command Centre is being established to

provide real time visibility of pathway performance and support earlier intervention where delays emerge. Diagnostic performance has also improved significantly, with the number of patients waiting over eight weeks reducing sharply in September and tracking in line with recovery trajectories.

Planned care recovery continues to demonstrate strong progress, particularly in reducing the longest waits. The number of patients waiting over 104 weeks for treatment remains substantially better than plan, supported by additional funded activity, improved treat-in-turn performance and focused recovery programmes. Performance against the 52-week outpatient measure also remains significantly ahead of trajectory. However, there are emerging risks within outpatient pathways, with over 26-week waits increasing substantially for a second consecutive month, growing referral rates continuing to drive RTT list growth, and delayed follow-up waiting lists remaining significantly above plan. In response, a comprehensive validation programme is being implemented to review delayed follow-ups, optimise use of patient-initiated follow-up pathways and improve waiting list quality.

Audiology continues to perform well against adult pathways and is expected to benefit further from additional recovery funding, whilst Therapies performance is mixed, with Physiotherapy remaining the key area of concern due to sustained demand growth, vacancies and workforce pressures. Theatre productivity measures also remain below ambition, with late starts, early finishes and utilisation continuing to impact efficiency. The refreshed Theatres Optimisation Programme, re-establishment of the Theatre Utilisation Group, Surgical Hub accreditation work and additional treatment capacity initiatives are intended to improve productivity, increase day case activity and support ongoing planned care recovery during the second half of the year.

Mental Health Access

Theme	On track	Off track within tolerance	Off track
Mental Health Access	8/10	1/10	1/10

Mental Health performance remains broadly positive, with strong delivery across both adult and CAMHS access measures. Adult Part 1a and 1b measures continue to achieve sustained compliance with national standards, reflecting effective management of demand and capacity and maintaining the significant improvements established during 2025/26. CAMHS access standards show a similarly strong position, with continued compliance against the national target and evidence that recovery actions implemented over the last two years are becoming embedded within routine service delivery.

Performance is more variable across treatment measures. Adult Part 2 performance fell below the established mean during August and targeted recovery actions are underway to restore compliance. Psychological Therapies performance has shown gradual improvement through the year, although it remains slightly below annual plan trajectory. The service continues to progress a comprehensive recovery programme

supported by pathway modelling work undertaken with Cardiff University, providing valuable insight into the operational and workforce changes required to achieve the Welsh Government ambition of 80% of patients commencing treatment within 26-weeks.

There are also a number of encouraging developments within specialist mental health services. Out of Area Placements (OAPs) remain on track against the annual objective to reduce both placements and associated costs, while Specialist CAMHS Choice Assessments continue to perform notably above the national standard. Within CAMHS Neurodevelopmental Services, substantial recovery funding has been secured to stabilise and expand workforce capacity, address historic service pressures and support RTT recovery. This investment, alongside planned digital innovations and additional clinical capacity, is expected to strengthen service sustainability and support continued progress towards waiting time reduction targets during the remainder of 2026/27.

Argymhelliad / Recommendation

The Committee is asked to:

- **Note** the progress against key performance metrics as of the latest, available validated information,
- **Note** the insight and actions identified in context of performance achievement**.**

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2. Safe Care 3. Effective Care 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently Dying Well as part of life

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

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

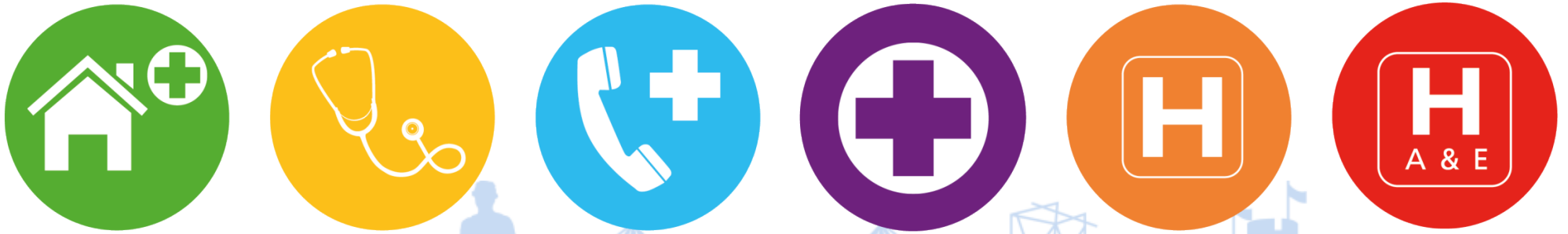
Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper

Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Finance and Performance Committee

Performance Report
November 2026



Section 1.1: Guidance on interpreting run charts & SPC icons
Section 1.2: Performance Summary
Section 1.3: Ministerial Delivery Expectations

The Cabinet Secretary for Health and Social Services has outlined delivery expectations across 6 themes;

- Population Health and Prevention
- Community By Design
- Women's Health
- Timely Access to Care
- Mental Health Access
- Quality and Safety

A summary of the latest performance against these measures is included for quick reference.

Section 2: Our Performance
2.1: Performance by Theme

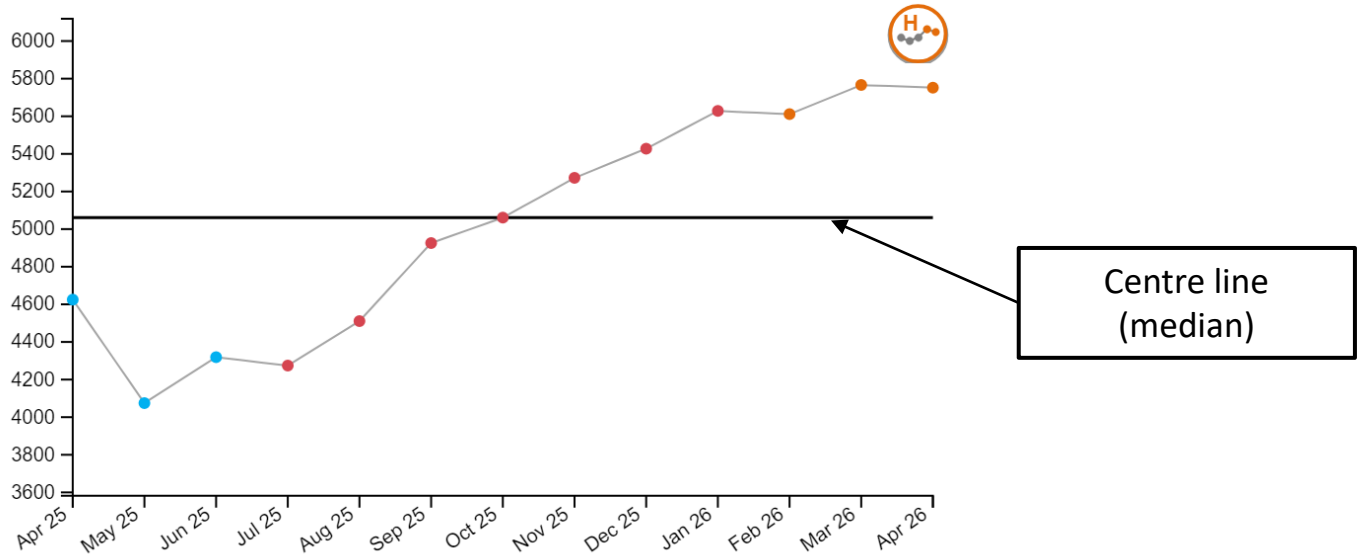
This section provides detail of Health Board performance across the core performance measures included within the 26/27 Annual Plan, as well as progress against Annual Plan milestones (updated quarterly). These have been grouped to align with the Welsh Government themes as follows:

- Population Health and Prevention
- Place Based Care
- Urgent & Emergency Care
- Cancer, Planned Care & Diagnostics
- Mental Health Access

Each measure also has a flag to show which strategic aim it relates to (Better Health/Better Care/Better Lives), as per the 26/27 Annual Plan.

Key

- Deteriorating trend
- Negative shift from median
- Positive shift from median
- Improving trend



A Run Chart is recommended when there are **fewer than 15 data points** to plot on a time series.

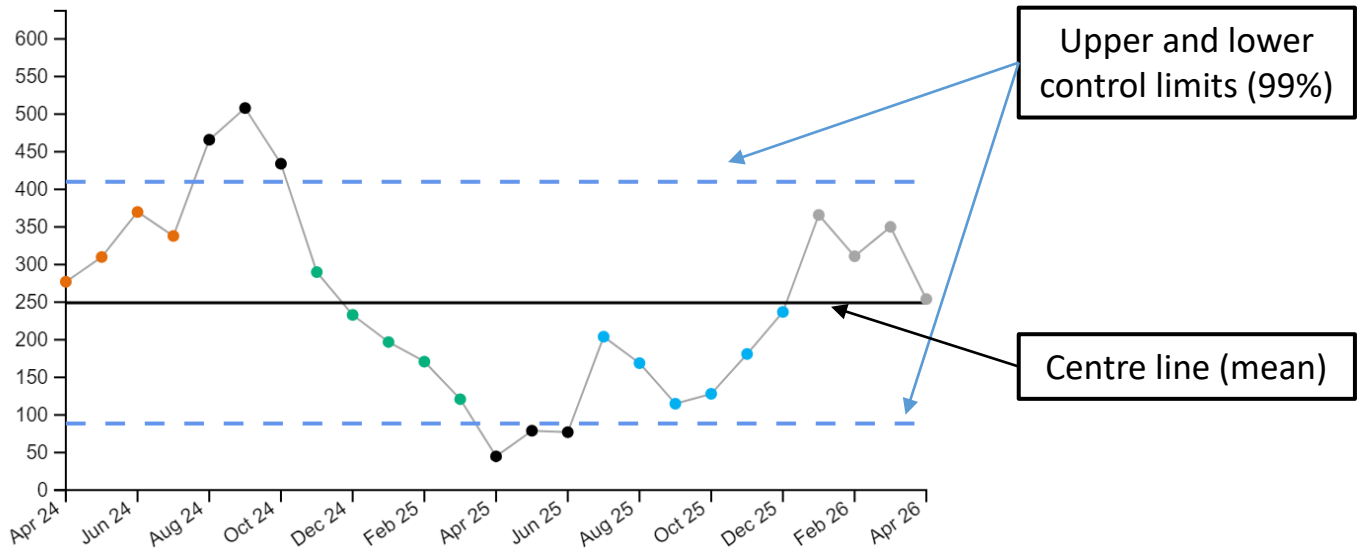
Centre reference line: the average line, represented by the median.

Six consecutive points above or below the median line (shift from median): a run of six or more values above or below the average (median) line represents a trend that should not result from natural variation in the system. The nature of the shift (positive/negative) is dependent on the direction of improvement for each individual measure.

Five consecutive points increasing or decreasing (trend): a run of five or more values showing continuous increase or decrease is a sign that something unusual is happening in the system. The nature of the trend (improving/deteriorating) is dependent on the direction of improvement for each individual measure.

Key

- Astronomical point
- Deteriorating trend
- Negative shift from mean
- Positive shift from mean
- Improving trend



A minimum of **15 data points** is recommended for a Statistical Process Control (SPC) Chart.

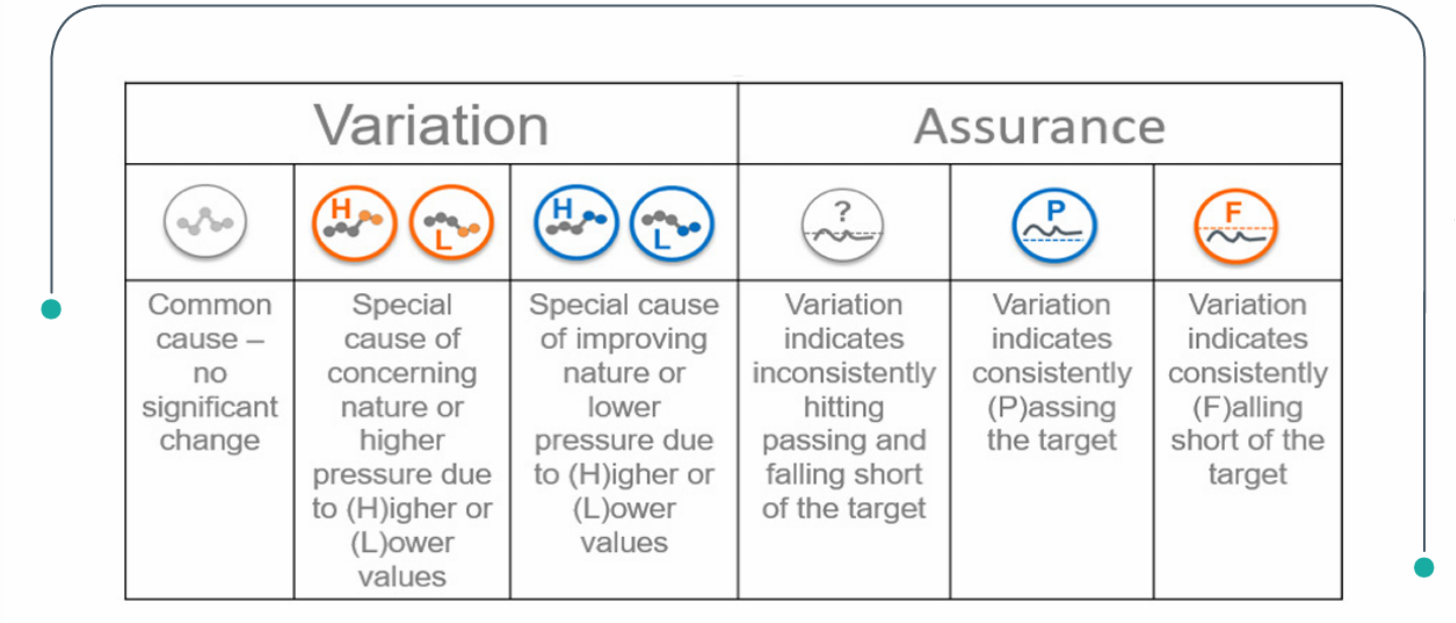
Centre reference line: the average line, represented by the mean.

Upper and lower reference lines: the process limits, also known as control limits, set to 99%.

Astronomical point: a single point outside the control limits. Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.

Seven consecutive points above or below the mean line (shift from mean): a run of seven or more values above or below the average (mean) line represents a trend that should not result from natural variation in the system. The nature of the shift (positive/negative) is dependent on the direction of improvement for each individual measure.

Six consecutive points increasing or decreasing (trend): a run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system. The nature of the trend (improving/deteriorating) is dependent on the direction of improvement for each individual measure.



Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and grey indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

NB: Assurance icons will be available from June 2026; a minimum of two data points in 2026/27 is required to plot trajectory lines.

Section 1.2: Performance Summary

What went well?

- Aneurin Bevan UHB has achieved the ambulance handover de-escalation threshold for a second consecutive month in September 26.
- Cancer pathway backlogs continue to reduce across both the 62-day and 104-day measures, providing evidence that recovery actions are delivering the improvements required in access to cancer treatment.
- Diagnostic waiting times improved significantly during September, with a substantial reduction in patients waiting over eight weeks, supporting wider planned care recovery.
- Pharmacy-led services continue to expand, with sustained growth in independent prescribing and common ailment service activity supporting the strategic shift of care away from hospitals and into community settings.
- Mental Health access standards remain consistently strong across both Adult and CAMHS services, maintaining compliance with national expectations.

What were the challenges?

- 4-hour Emergency Department performance, 12 hour waits and triage delays all deteriorated during September, whilst there are improvements in ambulance handovers wider parts of the urgent and emergency care pathway remain challenged.
- Physiotherapy remains a significant area of operational concern, with workforce vacancies, sickness absence and sustained referral growth driving a backlog of more than 680 patients waiting over 14 weeks.
- Theatres continue to experience productivity challenges, with late starts, early finishes and utilisation performance below expected levels, reducing the effectiveness of existing surgical capacity.
- Cancer performance remains below trajectory despite recent improvement, with treatment pathway breaches continuing to affect delivery of the Single Cancer Pathway standard.

What actions are we taking to improve?

- Embedding the Rapid Release Protocol and continuous flow principles across hospital sites to build on recent improvements in ambulance handovers and improve patient flow.
- Implementing a new care group-based POD model within the Emergency Department, supported by strengthened Same Day Emergency Care and admission avoidance pathways to reduce delays in assessment and treatment.
- Piloting a Cancer Command Centre to provide oversight of pathway performance, enabling earlier identification and intervention where delays are emerging.
- Delivering additional planned care activity and targeted long-wait initiatives, maintaining focus on the longest-waiting patients.
- Refreshing the Theatre Utilisation Group and progressing the Theatre Optimisation Programme to improve productivity, reduce late starts and early finishes, and maximise utilisation of existing theatre capacity.

What are our risks to delivery?

- Emergency demand remains at sustained high levels, particularly at the GUH, with record attendances continuing to place significant pressure on emergency care capacity and patient flow.
- Winter pressures are likely to compound existing operational challenges, particularly given current emergency care demand, discharge delays and workforce pressures across several key services.
- Childhood vaccination uptake presents a risk to delivery of population health objectives and may contribute to widening health inequalities and future service demand.
- Community transformation benefits are not yet being realised at the scale required, particularly within Rapid Response services, reducing the impact of alternatives that are intended to relieve pressure on acute services.

Section 1.3: Ministerial Delivery Expectations

WG Theme	Delivery Expectation	ABUHB commitment	Meet National Standard?	In month performance against trajectory	Variance	Assurance
Population Health & Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.	50% Mar-27	No	48.4% Sep-26 (Q2 Trajectory: 48%)		
	Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.	Yes Mar-27	Yes	First reported Q4		
	Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged.	Yes Mar-27	Yes	Expected Q2 2028/29		
	At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.	90% Mar-27	Yes	Reported Q4		
Place Based Care	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.	118,223 Mar-26	Yes	43,641 Sep-26 (Q2 Trajectory: 59,112)		
	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.	120 Mar-27	Yes	191 Sep-26 (Sep Trajectory: 140)		
	Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard.	3,840 Mar-27	Yes	5,792 Sep-26 (Sep Trajectory: 4,200)		
Women's Health	Improving the quality of our maternity services by reducing perinatal mortality rates.	5.067 Mar-27	Yes	Reported Q4		
	Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan).	Yes Mar-27	Yes	Reported Q4		

Section 1.3: Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory	Variance	Assurance
Timely Access to Care	Ensure no ambulance patient handover waits over 45 minutes [All location types, GUH & eLGHs].	91 Mar-27	No	461 Sep-26 (Sep Trajectory: 364)		F
	Ensure no ambulance patient handover waits over 45 minutes [GUH ED only].	80 Mar-27	Yes	398 Sep-26 (Sep Trajectory: 320)		F
	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 .	799 Mar-27	No	1,650 Sep-26 (Sep Trajectory: 875)	H	F
	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion.	75% Mar-27	No	65.4% Aug-26 (Aug Trajectory: 73.1%)		F
	Reduction in backlog of patients waiting over 62-days (SCP).	170 Mar-27	No	294 Aug-26 (Aug Trajectory: 320)		?
	Reduction in backlog of patients waiting over 104-days (SCP).	50 Mar-27	No	94 Aug-26 (Aug Trajectory: 94)		?
	Numbers of patients waiting over 104-weeks RTT (all stages).	0 Mar-27	No	310 Sep-26 (Sep Trajectory: 402)		?
	Reduction in the number of patients waiting more than 8- weeks for a specific diagnostic.	0 Mar-27	Yes	1,389 Sep-26 (Sep Trajectory: 1,375)		?

Section 1.3: Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory	Variance	Assurance
Mental Health Access	Implement and evaluate Open Access Mental Health Support by March 2027.	Yes Mar-27	Yes	Reported Q4		
	Improve safety in Secondary Care Mental Health services (measured through agreed Mental Health safety matrix and PROM ReQuol) by March 2027.	Yes Mar-27	Yes	Reported Q4		
	Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.	Yes Mar-27	Yes	Reported Q4		
Quality and Safety	Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.	Programme of work to predict % Mar-27	Yes	1.35% Jun-26 (Q1 Trajectory: 1.39%)		
	Days of safe care delivered since the last never event, monitored using SPC T-Chart.	Yes Mar-27	Yes	To be implemented		
	Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027.	40% Mar-27	Yes	93.9% Jun-26 (Q1 Trajectory: 35%)		
	The clinical coding service must ensure that at least 95% of Inpatient and Day-Case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35-days of identification, ensuring timely and accurate data quality improvements across all Health Boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.	95% Mar-27	Yes	82.9% Jun-26 (Jun Trajectory: 91%)		

Progress Against our Annual Plan

Drivers

- Joint Strategic Assessment
- Gwent 35
- Quality
- Performance Expectations
- Financial Sustainability
- Risks

Strategic Aims

Better Health: Together we will support people to be healthy, active, & happy.

- Health Protection
- Health Improvement
- Prevention
- Babies Children & Young People

Better Care: Together we will deliver what matters to people – supporting our staff to thrive & achieving quality, kind, & sustainable care.

- Place Based Care
- Access & Sustainability
- Improving Quality & Experience
- Embedding Value & Efficiency

Better Lives: Together we will create strong, safe, & connected communities.

- Healthy Places
- Resilient & Connected Communities
- Safe Spaces
- Quality of Life

Enablers

- Quality
- Workforce & Culture
- Digital, Data & Technology
- Estates
- Finance
- Green Health
- Value, Innovation & Research

Section 2.1: Population Health and Prevention Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Population Health and Prevention	% children up to date with vaccinations by age 5.	90% Mar-27	84.5% Q1 26/27 (Q1 Trajectory: 87%)		
	% of children receiving HPV vaccination 1 dose by the age of 15.	80% Mar-27	71.0% Q1 26/27 (Q1 Trajectory: 72.5%)	H	
	Maintain physical examination at 6 weeks rates (Healthy Child Wales).	90% Mar-27	99.3% Jun-26 (Jun-26 Trajectory: 90%)	H	P
	Increase weight and measurement at 8 weeks rates (Healthy Child Wales).	80% Mar-26	92% Q4 25/26 (Q4 Trajectory: 80%)	H	
	Percentage of adult smokers who make a quit attempt via Smoking Cessation Services.	5% Mar-27	0.9% Q1 26/27 (Q1 Trajectory: 1.25%)		
	Percentage of adult smokers who made a quit attempt via Smoking Cessation Services who are CO-validated as quit at 4 weeks.	40% Mar-27	27.7% Q1 26/27 (Q1 Trajectory: 25%)		
	Uptake of eligible patients who attend cardiovascular disease risk factor management programme (CVDRFMP).	3,125 Mar-27	**First reported Q3 26/27**		
	% of people who attended cardiovascular disease risk factor management programme (CVDRFMP) diagnosed.	312 Mar-27	**First reported Q3 26/27**		

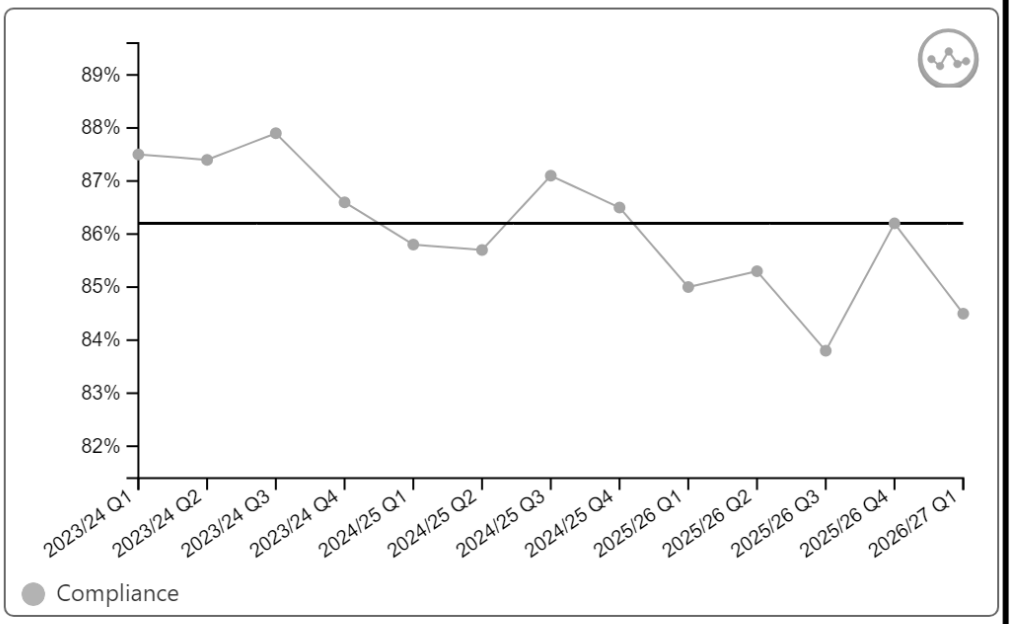
Section 2.1: Population Health and Prevention Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Population Health and Prevention	No. starting 12-week intervention with Level Two Adult Weight Management Service.	1,500 Mar-27	First reported Nov-26		
	No. with end weight recorded who accessed 8+ sessions who lost >5% weight.	450 Mar-27	First reported Nov-26		
	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.	50% Mar-27	48.4% Sep-26 (Q2 Trajectory: 48.0%)		
	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months.	80% Mar-27	68.1% Sep-26 (Q2 Trajectory: 73.5%)		
	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months.	80% Mar-27	73.2% Sep-26 (Q2 Trajectory: 74.0%)		
	Number of visits to the Melo Website.	48,000 Mar-27	23,658 Sep-26 (Q2 Trajectory: 24,000)		

Population Health and Prevention

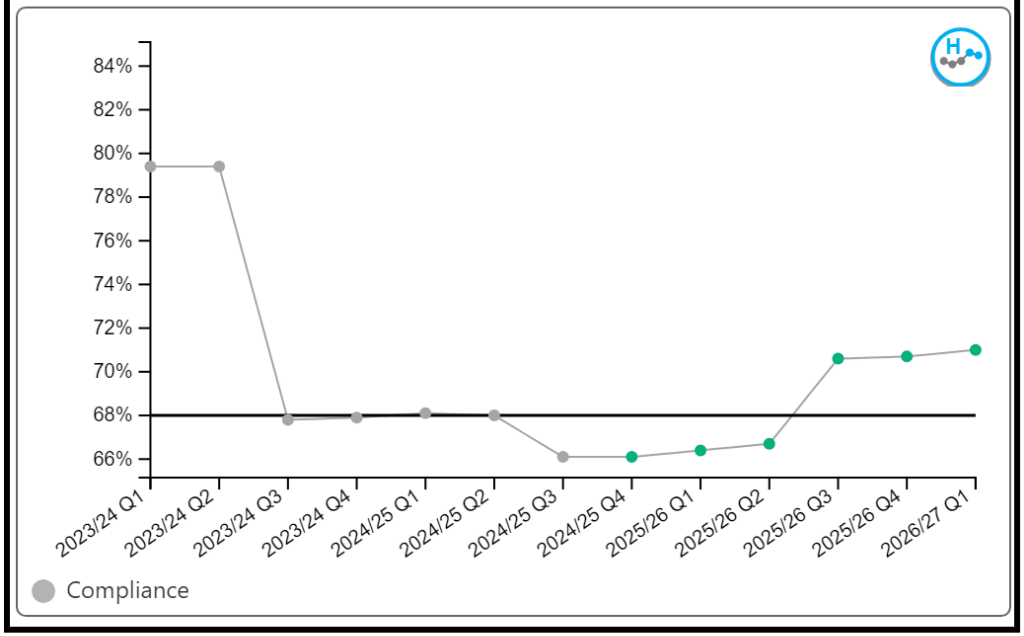
Measure: % children up to date with vaccinations by age 5
Performance: 84.5% (Q1 26/27)
Trajectory: 87.0% (Q1 26/27)
National target: 95.0%

Better Health



Measure: % of children receiving HPV vaccination 1 dose by the age of 15
Performance: 71.0% (Q1 26/27)
Trajectory: 72.5% (Q1 26/27)
National target: 90.0%

Better Health



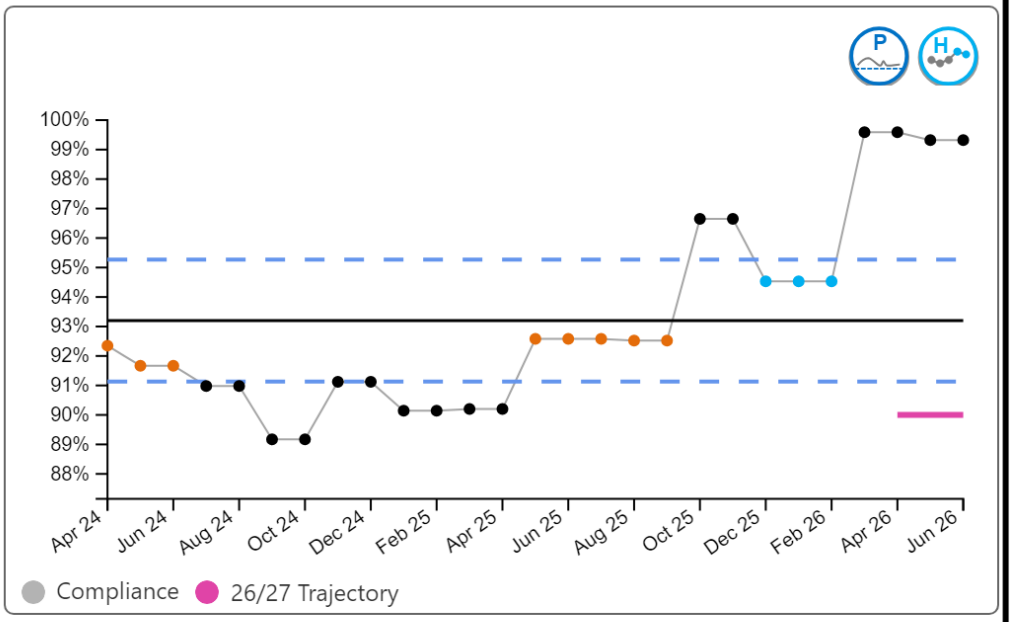
Insights and Actions

- Childhood vaccinations: Performance has reduced to 84.5% in Q1 and is currently below the IMTP trajectory of 87%. Performance has shown an average annual reduction of just over 1% for the past three years.
- HPV vaccination: Above average performance has been maintained for the past 3 quarters, with compliance at 71% in Q1. This continues an improvement trend for the last 6 quarters.
- Vaccination improvement work continues to progress across Gwent. Vaccination Brief Advice (VBA) training has been launched, with seven sessions delivered to date and a further nine planned, reflecting strong demand. The programme aims to improve healthcare professionals' confidence in addressing vaccine hesitancy and has also attracted interest from Betsi Cadwaladr University Health Board. The MMRV improvement pilot is commencing across six GP Practices in Newport and Torfaen to identify barriers to uptake, review vaccination processes, and develop sustainable approaches to improve coverage, reduce inequalities, and support equitable access. Targeted outreach through the Nye BeVAN has been developed to improve access for Gypsy and Traveller communities, with positive early engagement and seven children vaccinated across the first three outreach sessions. Key learning highlights the value of sustained community engagement, relationship-building, and flexible delivery models to support uptake among underserved groups.

Population Health and Prevention

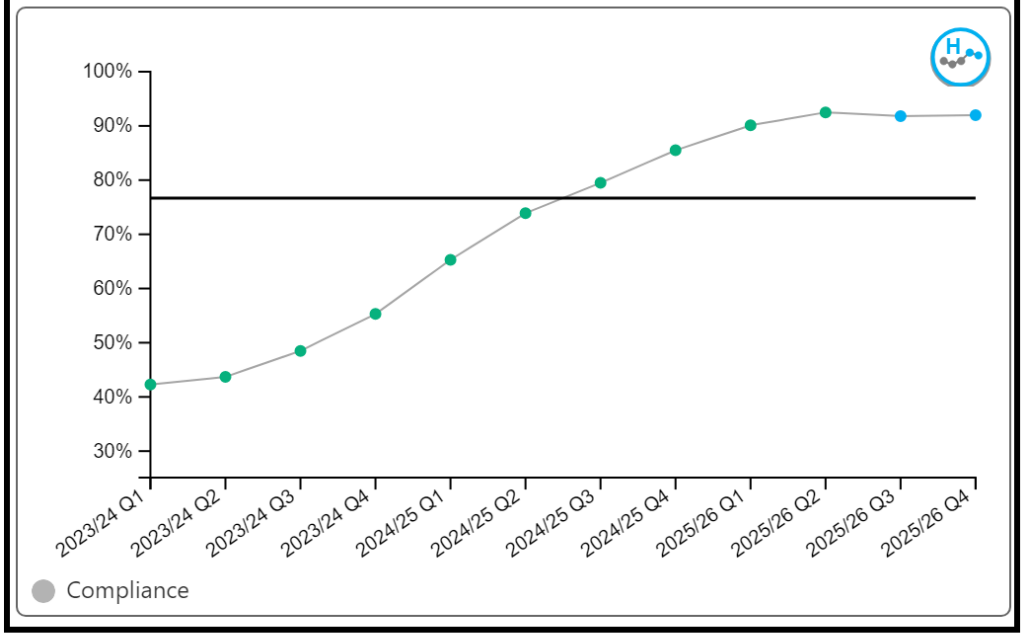
Measure: Maintain physical examination at 6 weeks rates (Healthy Child Wales)
Performance: 99.3% (June 2026)
Trajectory: 90.0% (June 2026)
National target: None

Better Health



Measure: Increase weight and measurement at 8 weeks rates (Healthy Child Wales)
Performance: 92.0% (Q4 25/26)
Trajectory: 80.0% (Q4 25/26)
National target: None

Better Health



Insights and Actions

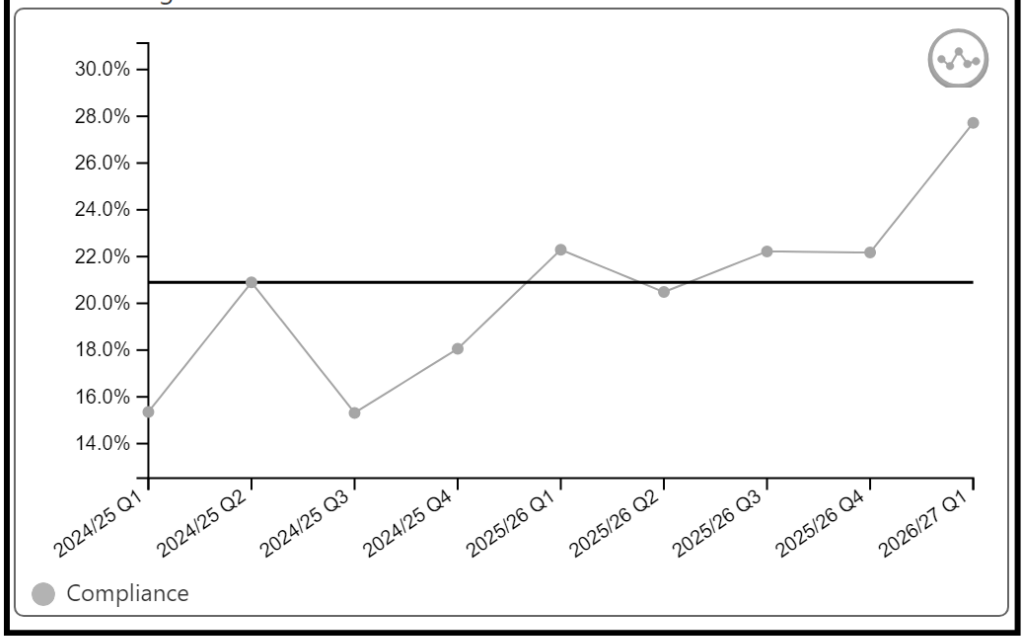
- Performance for physical examinations at 6-weeks continues to improve and has consistently achieved the national target (90%) through the course of 25/26 and into 26/27. From March to June (latest data point) there has been strong performance at over 99%, above the expected range of 91.1%-95.3%. The lower control limit remains higher than the IMTP trajectory (91.1% compared to 90%), demonstrating that the target will be consistently achieved.

- Weight and measurement at 8-weeks: No available data for 26/27 yet. Performance has been maintained above 90% throughout 25/26, following an improvement trend from 23/24 to 24/25, with Q4 performance at 92%. The 80% trajectory has been comfortably met every quarter through 25/26.

Population Health and Prevention

Measure: Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks
Performance: 27.7% (Q1 26/27)
Trajectory: 25.0% (Q1 26/27)
National target: 40.0%

Better Health



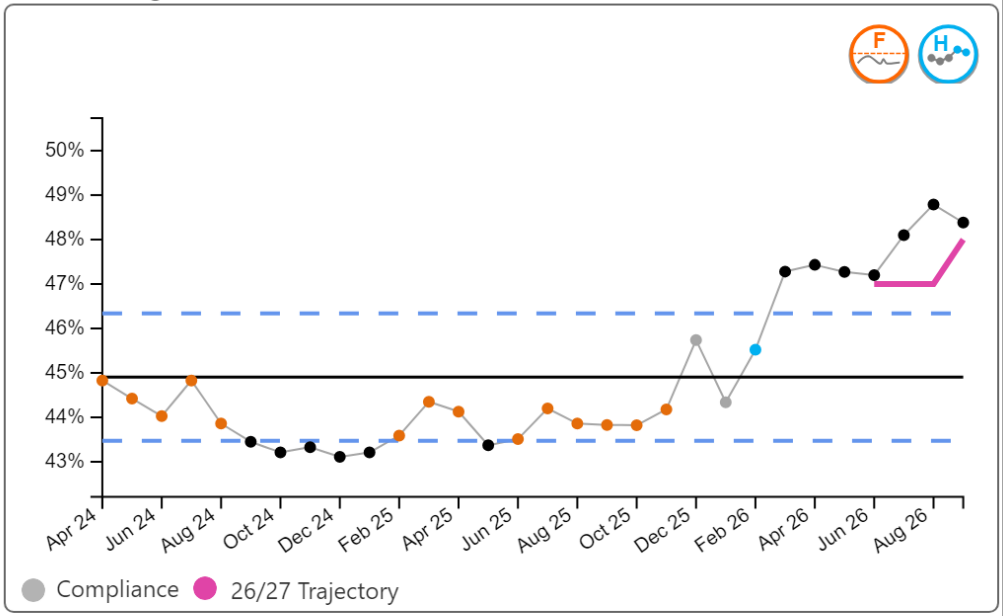
Insights and Actions

- In line with changes to national reporting, percentage of adult smokers who make a quit attempt via smoking cessation services will be reported on cumulatively for 26/27, as opposed to quarterly, therefore a chart has not been presented for the first quarter in 26/27. The Q1 performance is at 0.9%, which is slightly below the Q1 IMTP Trajectory of 1.25%. CO validated quits have shown a marked increase from Q4 25/26 up to 27.7% (+5.5%), representing the best performance in the last 2 years and exceeding the Q1 IMTP Trajectory of 25%.
- Behaviour Change Practitioners continue to embed within their localities and strengthen relationships with Partners and Communities. A comprehensive improvement programme is underway to optimise service delivery through the review and redesign of processes, with a greater focus on supporting individuals and groups to achieve CO-validated quits at four weeks, rather than relying solely on self-reported outcomes. This is being supported through increased Community-based clinic capacity and by enabling practitioners to become fully embedded within their respective localities and place-based teams. Work is also continuing to ensure that capacity is deployed proportionately to support vulnerable populations at greatest risk of tobacco-related harm. A communications plan has been developed for promoting Help Me Quit with community groups and stakeholders as well as continuous monitoring to ensure maximal attendance at clinics. This improvement work is positively reflected in the notable increase in CO validated quits in the last year. Work is now underway to understand the reasons why self-reported quit numbers are nearly as high as CO validated quits during Q1, to ensure residents are offered the best chance of quitting smoking.

Population Health and Prevention

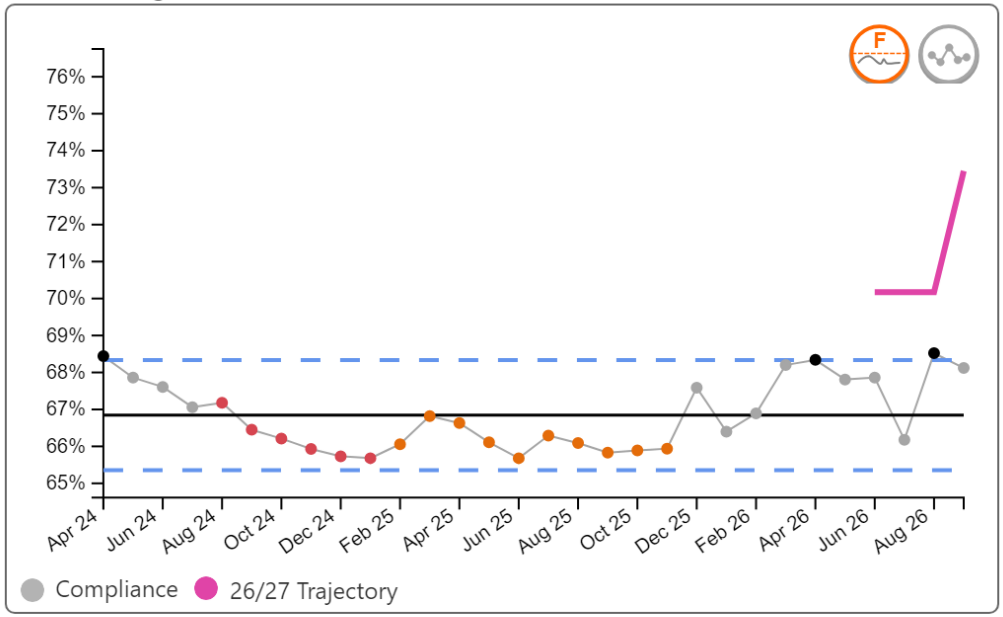
Measure: Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
Performance: 48.4% (September 2026)
Trajectory: 48.0% (September 2026)
National target: 80.0%

Ministerial Delivery
Better Health



Measure: Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months
Performance: 68.1% (September 2026)
Trajectory: 73.5% (September 2026)
National target: 80.0%

Better Health



Insights and Actions

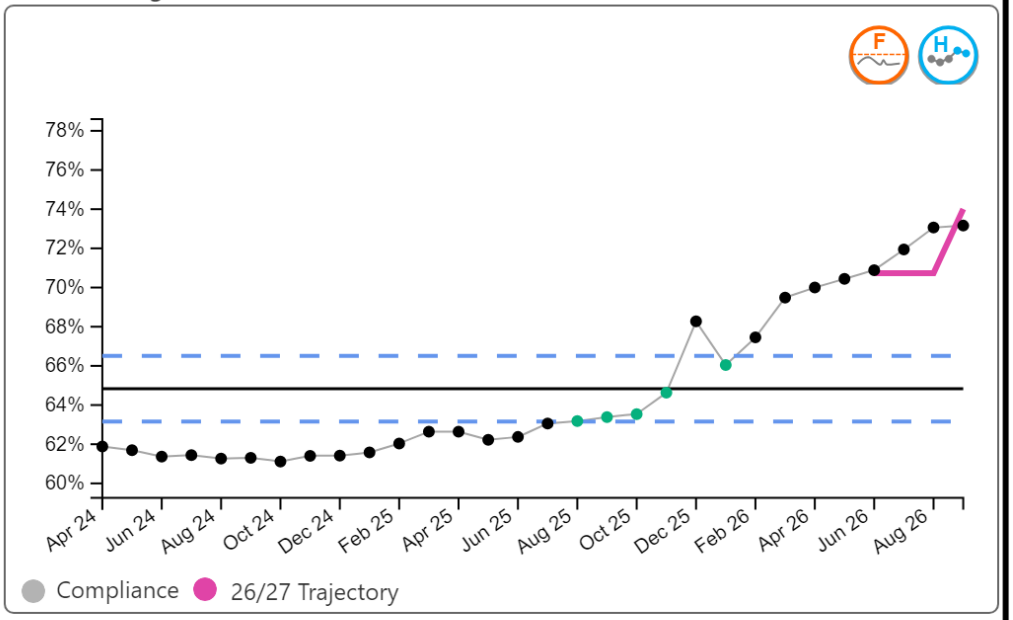
- 8 Diabetes processes: Performance continues to improve, with the past 7 months up to September 26 at 47%, compared to the expected performance range of 43.5%-46.3%. Performance throughout Q2 has consistently exceeded the Q2 IMTP trajectory of 48%, with September at 48.4%.

- Diabetes foot surveillance: Performance also shows improvement, with above mean (67%+) compliance from March to date, barring a drop in July, with September performance at 68.1%. However, performance through 26/27 has yet to achieve the IMTP trajectory. Closure activities have begun for the Foot Care project, with overall compliance rates increasing across the project period, and some practices reporting improvements of up to 20%; positive feedback also indicates wider adoption of VBHC patient education materials. Residual work will continue following project closure to ensure a lasting impact. Progress has also been made in scoping future interventions, including gestational diabetes post-delivery follow-ups in Primary Care, Community Pharmacy-led GLP-1 optimisation models, and improved support for young adults through analysis of ED attendances linked to DNA/CNA clinic attendances. Following project closure and recognition of positive outcomes, the Cardio-Renal (SGLT2i) project has been shortlisted for the NHS Wales Efficient Care Award.

Population Health and Prevention

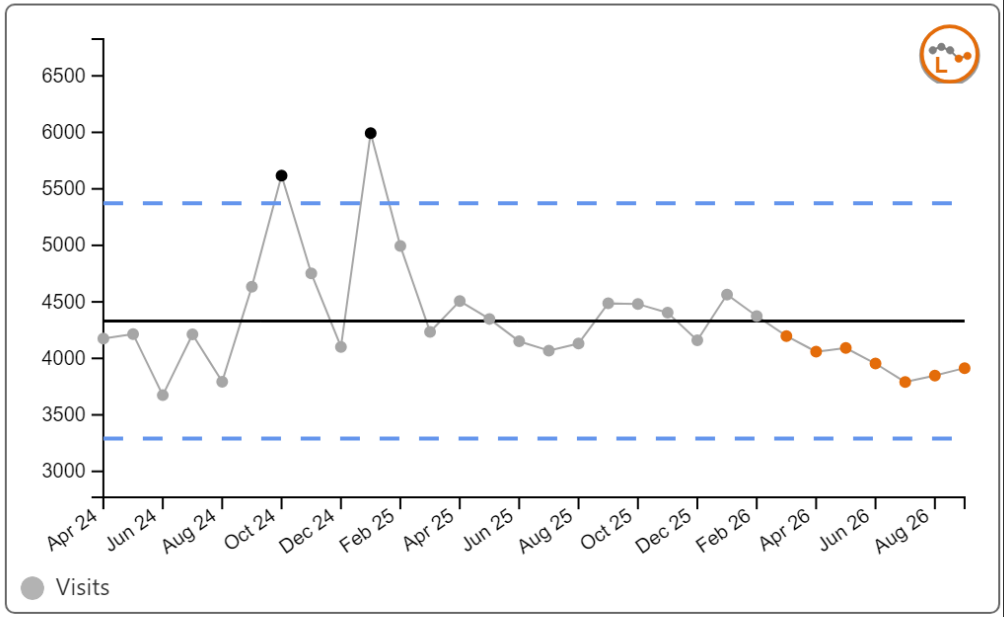
Measure: Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months
Performance: 73.2% (September 2026)
Trajectory: 74.0% (September 2026)
National target: 80.0%

Better Health



Measure: Number of visits to the Melo Website
Performance: 23,658 (September 2026)
Trajectory: 24,000 (Q2 26/27)
National target: None

Better Lives



Insights and Actions

- Diabetes uACR: Performance has shown an improvement trend since February 26, with exceptionally high performance of 67%+ achieved in the past 8 months, compared to the expected range of 63.2%-66.5%. September performance of 73.2% is the highest compliance rate to date, and just behind the Q2 IMTP trajectory of 74%. The Urine ACR project has now closed, with over half of participating practices achieving a >5% improvement in compliance at six months.
- Melo visits: The number of visits to the website has shown a consistent shift below the mean of 4,331 for the last 7 months. The Q2 end position of 23,658 total visits is only slightly behind the Q2 IMTP trajectory of 24,000. Capacity constraints within the Public Health team, alongside competing priorities, has limited proactive promotion of the website, potentially contributing to reduced user numbers. Work has continued to update the Melo website, with three new topics having been added since April: Smoking and Mental Wellbeing, Hoarding, and Neurodivergence. Additional web design capacity has also enabled progress in clearing a publication backlog and improving the accessibility and navigation of the 'Find Urgent Help' section. Further website enhancements are now planned over the next two quarters, focusing on pages identified through user feedback and specialist review as having opportunities for improvement.

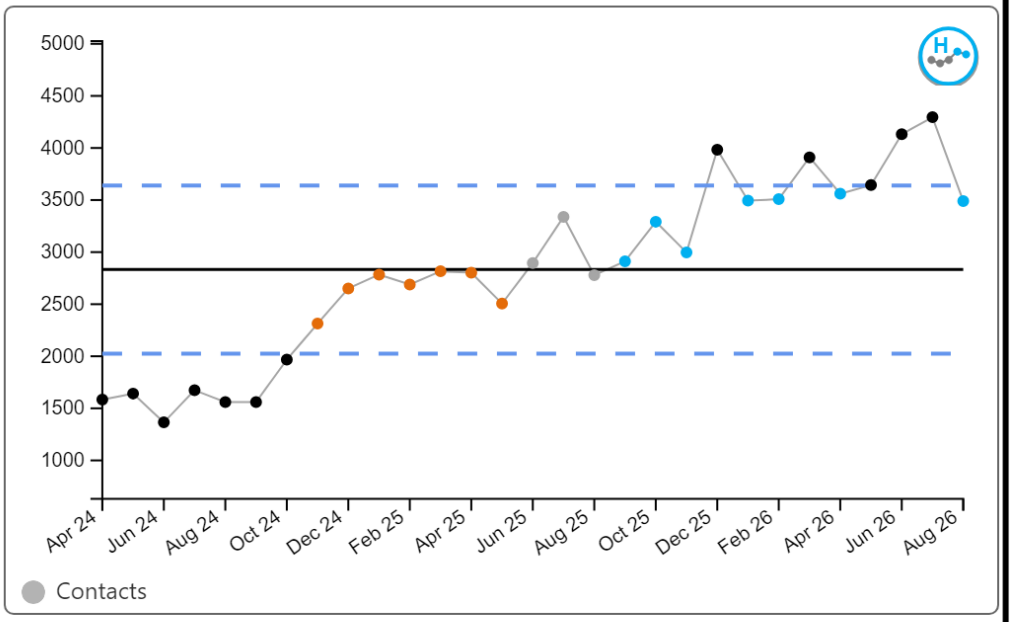
Section 2.1: Place Based Care Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Place Based Care	Increase in people accessing PIPs where they would have visited their GP.	45,620 Mar-27	19,122 Aug-26 (Q2 Trajectory: 22,810)		
	Maintain the number of consultations undertaken by Community Pharmacy under CAS.	99,871 Mar-27	46,900 Aug-26 (Q2 Trajectory: 49,936)		
	Maintain the number of patients accessing NHS Optometry Services.	265,118 Mar-27	114,829 Aug-26 (Q2 Trajectory: 132,559)		
	Number of patients accessing urgent emergency services - Dental.	36,173 Mar-27	4,374 Jul-26 (Q2 Trajectory: 18,087)		
	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.	118,223 Mar-27	43,641 Sep-26 (Q2 Trajectory: 59,112)		
	Maintain 95% of Palliative Care referrals assessed within 2 days.	95% Mar-27	93.1% Sep-26 (Q2 Trajectory: 93%)		
	Increase in number of accepted referrals to Rapid Response services.	5,068 Mar-27	2,177 Sep-26 (Q2 Trajectory: 2,534)		
	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s.	8.5% Mar-27	7.0% Sep-26 (Q2 Trajectory: 8.5%)		
	Maintain the number of Urgent Primary Care contacts (inc. virtual).	101,746 Mar-27	25,054 Jun-26 (Q1 Trajectory: 25,437)		

Place Based Care

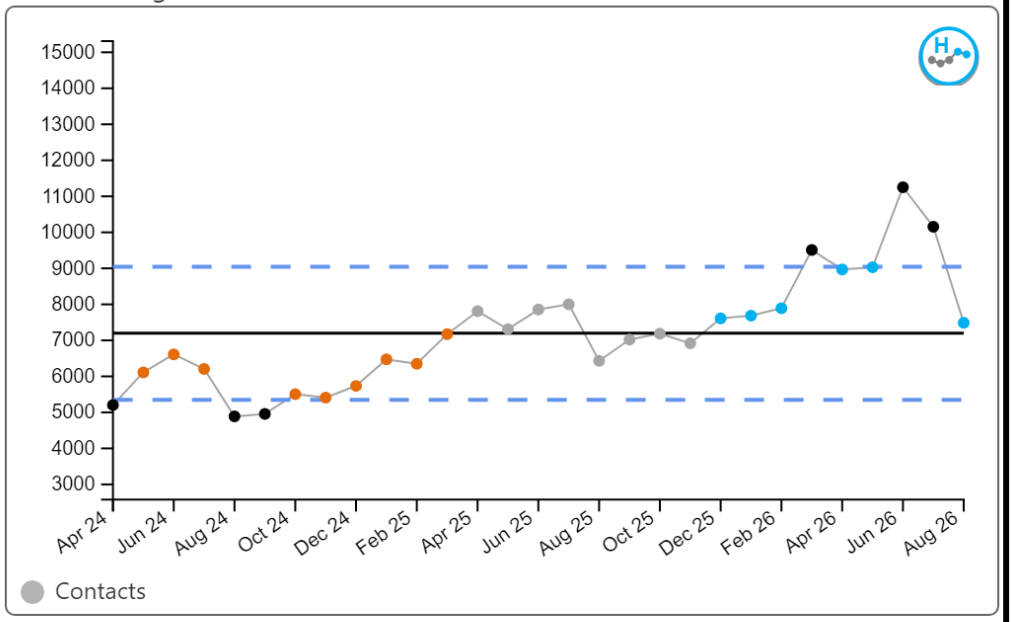
Measure: Increase in people accessing PIPs where they would have visited their GP
Performance: 19,122 (August 2026)
Trajectory: 22,810 (Q2 26/27)
National target: None

Better Care



Measure: Maintain the number of consultations undertaken by community pharmacy under CAS
Performance: 46,900 (August 2026)
Trajectory: 49,936 (Q2 26/27)
National target: None

Better Care



Insights and Actions

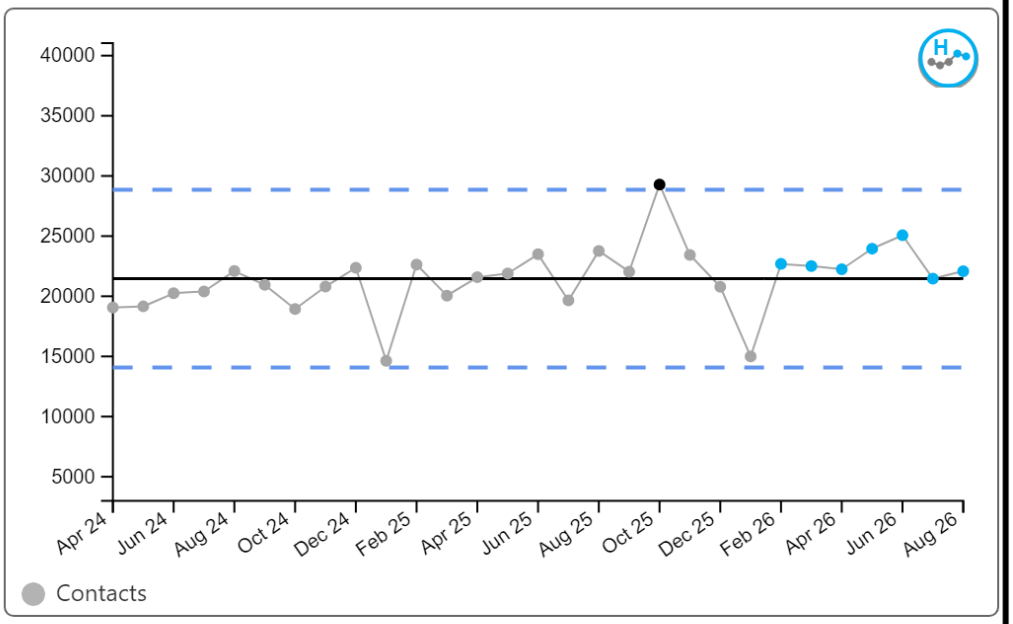
- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations have shown a consistent shift above the average (2,833) for the past 12 months, with strong performance (3,640+) for 5 of those 12 months. Q2 performance to date is 19,122 contacts and will require an increase in September contacts in order to meet the Q2 IMTP trajectory of 22,810.

- Common Ailment Scheme (CAS): CAS claims also show an improving trend, with consistent above-mean performance for the past 9 months. March to August performance has been excellent, with the number of claims exceeding 8,970 per month. Performance has dropped in August but remains above the average at 7,489 monthly claims. Q2 performance to date is 46,900 and is on track to achieve the Q2 IMTP trajectory of 49,936 claims.
- PIPS and CAS contacts continue to increase following an extension to the clinical conditions feasibly managed by the service and a successful public awareness campaign. It is anticipated that activity will continue to grow but at a lower rate in the coming years as we approach the ceiling for CAS in particular.

Place Based Care

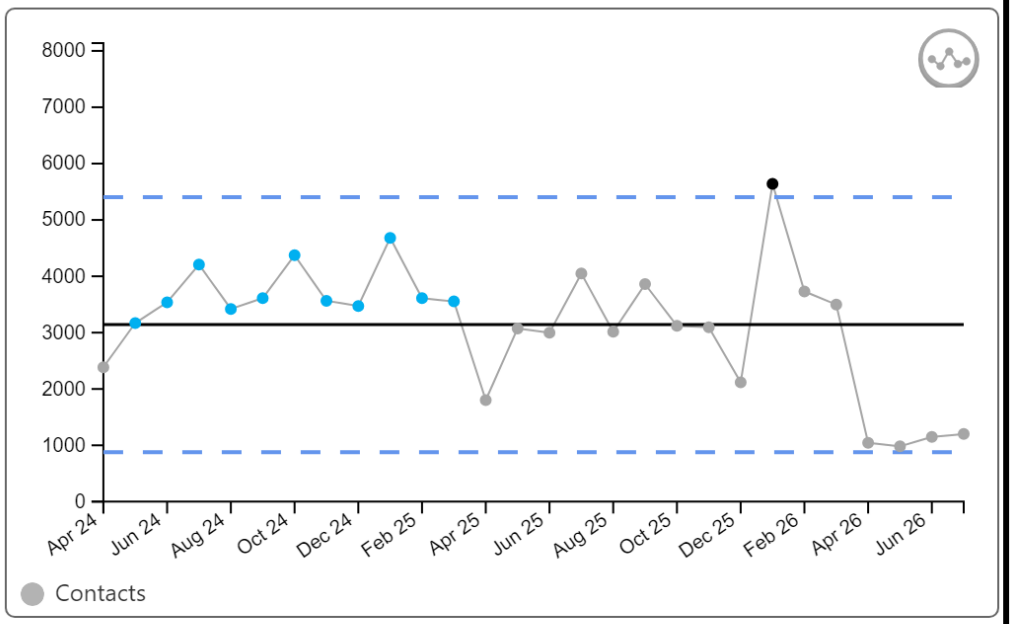
Measure: Maintain the number of patients accessing NHS Optometry Services
Performance: 114,829 (August 2026)
Trajectory: 132,559 (Q2 26/27)
National target: None

Better Care



Measure: Number of patients accessing urgent emergency services - Dental
Performance: 4,374 (July 2026)
Trajectory: 18,087 (Q2 26/27)
National target: None

Better Care



Insights and Actions

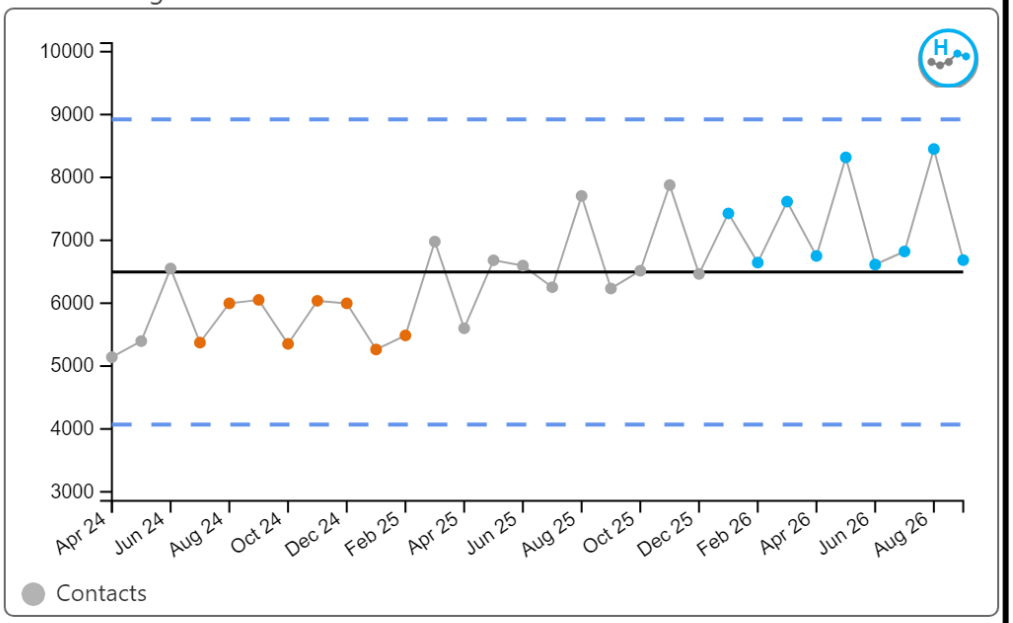
- Optometry Services: Performance shows an improving trend, with consistent above-mean performance of 21,459+ patients per month since February 26. Q2 performance to date is 114,829, which is currently on track to meet the Q2 IMTP trajectory of 132,559 contacts.

- Emergency Dental: Performance has dropped very close to the lower control limits in 2026/27, with around a 1,100 contacts a month compared to the average of over 3,000 in 2024/25 and 2025/26. This is due to implementation of the new NHS Wales dental contract, with all practices now required to see a proportion of urgent appointments. There are currently approx. 240 appointments a week available through practices compared to 60 through EDS, which has resulted in the significant reduction in performance. Subsequently, the Q2 IMTP trajectory of 18,087 is unlikely to be met, with contacts to date totalling 4,374.

Place Based Care

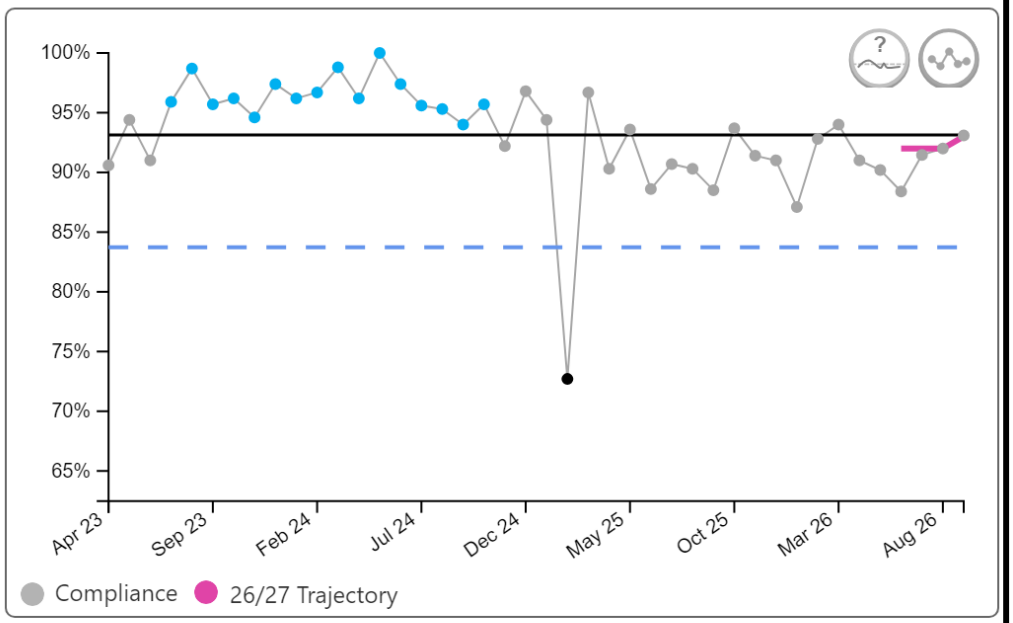
Measure: Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25
Performance: 43,641 (September 2026)
Trajectory: 59,112 (Q2 26/27)
National target: None

Ministerial Delivery
Better Lives



Measure: Maintain 95% of Palliative Care referrals assessed within 2 days
Performance: 93.1% (September 2026)
Trajectory: 93.0% (September 2026)
National target: None

Better Lives



Insights and Actions

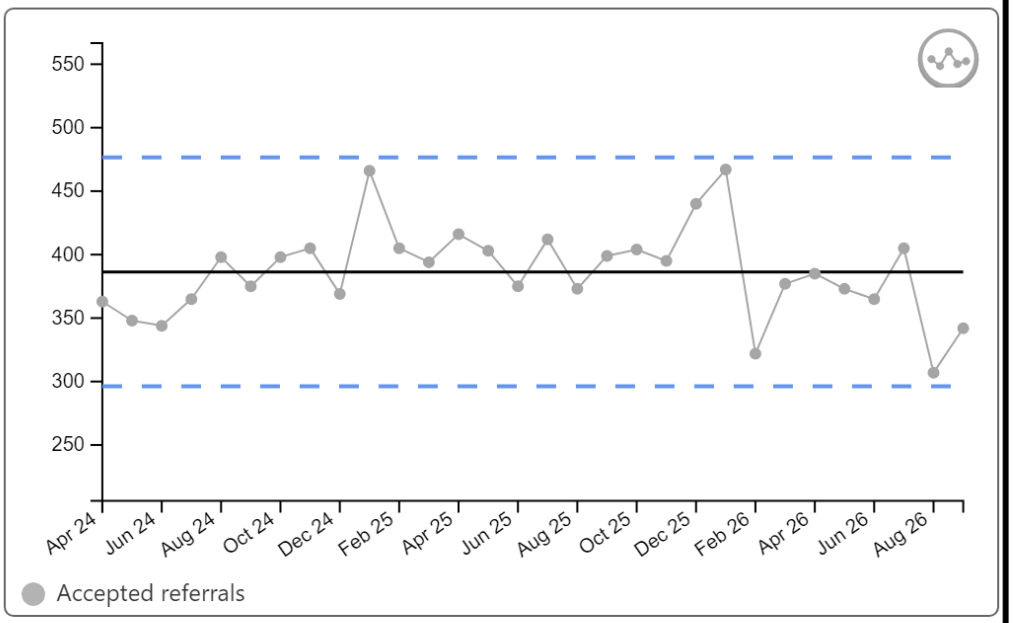
- Community Nursing: Performance is currently showing an improving trend, with above-mean capacity of 6,497 monthly contacts for the past 9 months. However, Q2 performance has finished behind the expected trajectory, with only 74% of the IMTP trajectory delivered. Ministerial expectations set out that weekend activity reaches 80% of an average weekday level. Although weekend activity as a proportion of total activity is increasing and overall contacts are trending upwards as shown in the graph, achieving the ministerial measure from a volume perspective would demand a significant shift in service delivery towards weekends. NB: Civica District Nursing data has recently become available in the data warehouse, enabling improved quality control including duplicate record removal, which has resulted in an overall reduction in the historic monthly contacts presented here.

- Palliative Care: Performance is currently showing no significant monthly change. September performance is just above the mean at 93.1% and has exceeded the Q2 IMTP trajectory.

Place Based Care

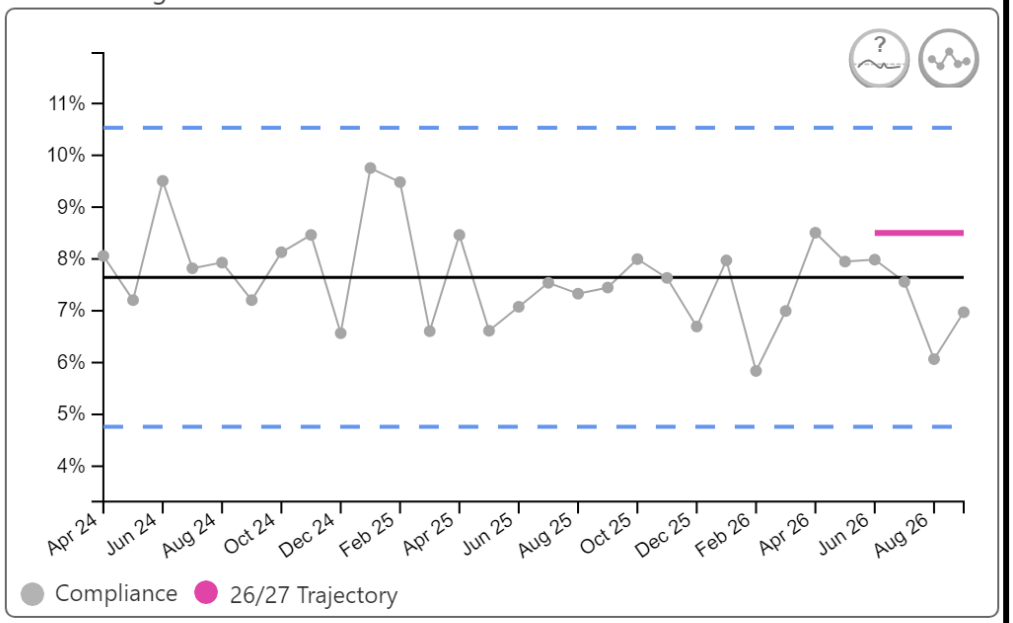
Measure: Increase in number of accepted referrals to Rapid Response services
Performance: 2,177 (September 2026)
Trajectory: 2,534 (Q2 26/27)
National target: None

Better Care



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

Better Care



Insights and Actions

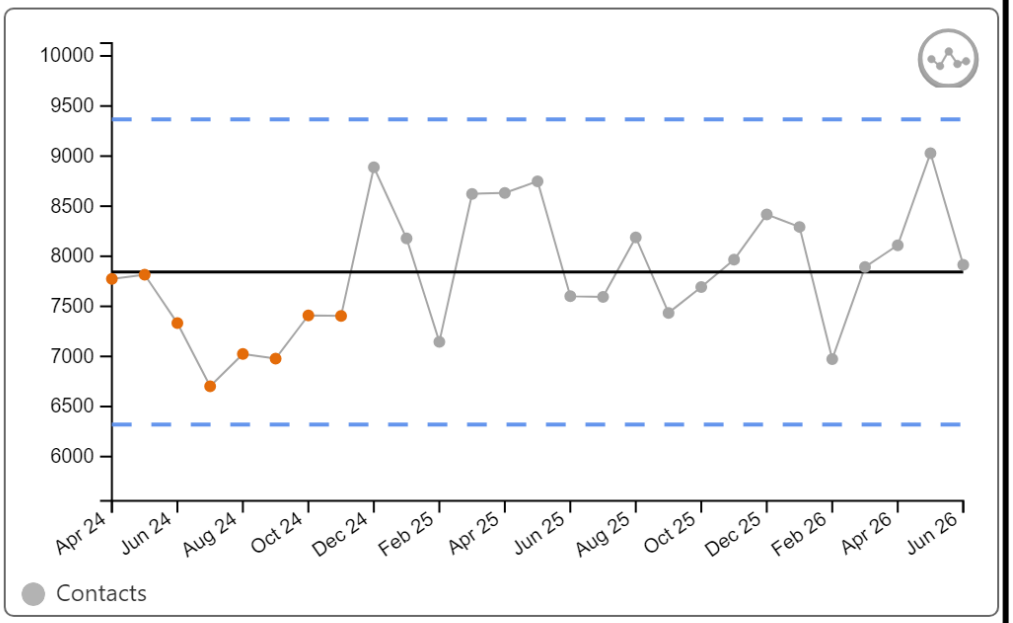
- Accepted referrals to Rapid Response: The number of accepted referrals currently shows no significant monthly change, with wide process limits indicating that performance is expected to vary between 300-480 accepted referrals per month. Q1 26/27 performance was relatively consistent at around 370 accepted referrals per month, while Q2 has shown greater variability between 300-400 per month. The total accepted referrals for Q2 was 2,177, which is around 350 fewer than the IMTP trajectory of 2,534.

- GP referrals to Rapid Response for 65+: The proportion of GP referrals made to Rapid Response for over 65s also shows no significant monthly change. Again, there are wide process limits, indicating that the proportion referred is expected to vary between 5%-11%. April performance met the Q1 IMTP trajectory of 8.5% but has been steadily reducing since, reaching a low of 6.1% in August and recovering slightly to 7% in September. As part of the UEC transformation programme (older people workstream), one of the outcomes of the Navigation Hub/Single Point of Access will be to reduce barriers for GPs to access Rapid Response Services.

Place Based Care

Measure: Maintain the number of Urgent Primary Care contacts (inc. virtual)
Performance: 25,054 (June 2026)
Trajectory: 25,437 (Q1 26/27)
National target: None

Better Care



Insights and Actions

- Urgent Primary Care (UPC): UPC contacts currently show no significant change month-on-month and exhibit a wide expected range of 6,300-9,400 contacts per month. Q1 performance finished on 25,054 contacts, around 400 contacts below the IMTP trajectory of 25,437.

NB: A data system issue is currently preventing post-June data reporting

Section 2.1: Timely Access to Care – Urgent & Emergency Care Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Urgent and Emergency Care	Ensure no ambulance patient handover waits over 45 minutes [All location types, GUH & eLGHs]	91 Mar-27	461 Sep-26 (Sep-26 Trajectory: 364)		F
	Ensure no ambulance patient handover waits over 45 minutes [GUH ED only]	80 Mar-27	398 Sep-26 (Sep-26 Trajectory: 320)		F
	Reduce the number of ambulance crew hours lost [All location types, GUH & eLGHs]	960 Mar-27	874 Sep-26 (Sep-26 Trajectory: 1,250)		F
	Reduce the number of ambulance crew hours lost [GUH ED only]	768 Mar-27	808 Sep-26 (Sep-26 Trajectory: 1,000)		F
	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	799 Mar-27	1,650 Sep-26 (Sep-26 Trajectory: 875)	H	F
	% of patients who spend less than 12 hours in all Major and Minor Emergency Care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95% Mar-27	90.4% Sep-26 (Sep-26 Trajectory: 94.5%)		F
	Reduction in time from arrival to ED triage - no waits over 60 minutes	200 Mar-27	615 Sep-26 (Sep-26 Trajectory: 200)		?
	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.	60 Mar-27	196 Sep-26 (Sep-26 Trajectory: 80)	H	F
	Increase and maintain national target of the percentage of patients waiting <4-hours in ED/MIU	77% Mar-27	69.3% Sep-26 (Sep-26 Trajectory: 76%)		?

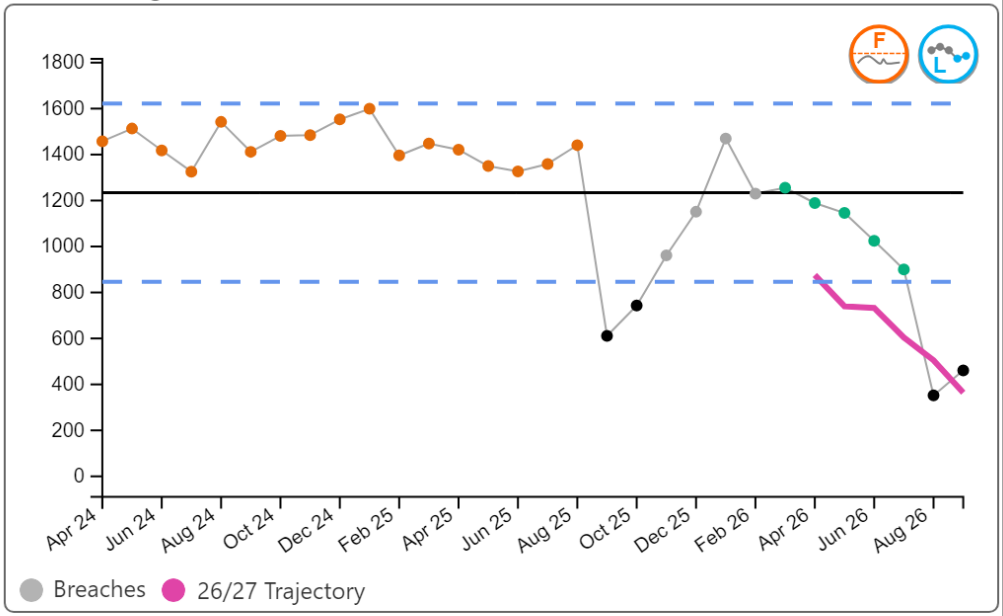
Section 2.1: Timely Access to Care – Urgent & Emergency Care Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Urgent and Emergency Care	Improve the percentage of pre noon Provider Spell discharges	17.1% Mar-27	15.8% Sep-26 (Sep-26 Trajectory: 16.7%)		
	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	120 Mar-27	191 Sep-26 (Sep-26 Trajectory: 140)		
	Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard	3,840 Mar-27	5,792 Sep-26 (Sep-26 Trajectory: 4,200)		
	Percentage of suspected stroke patients scanned within 20 minutes of clock start	35% Mar-27	27.5% Aug-26 (Aug-26 Trajectory: 27%)		
	% of patients directly admitted to an Acute Stroke Ward <4-hrs of clock start	23% Mar-27	51.6% Aug-26 (Aug-26 Trajectory: 20%)	H	
	% of unique Stroke patients given Thrombectomy (all stroke types)	6% Mar-27	2.9% Aug-26 (Aug-26 Trajectory: 5%)		
	% Assessed by OT within 24hrs	32.5% Mar-27	64.1% Aug-26 (Aug-26 Trajectory: 28%)	H	
	% Assessed by PT within 24hrs	30% Mar-27	65.6% Aug-26 (Aug-26 Trajectory: 25%)	H	
	% Assessed by SaLT within 72hrs	72% Mar-27	87.9% Aug-26 (Aug-26 Trajectory: 68%)		

Urgent & Emergency Care System

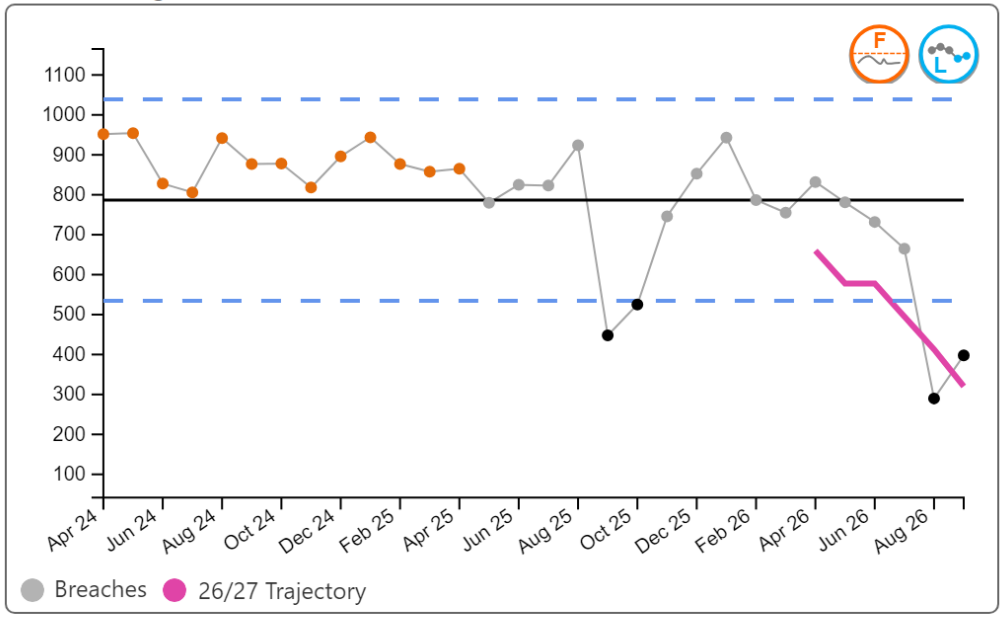
Measure: Ensure no ambulance patient handover waits over 45 minutes [All location types, GUH & eLGHs]
Performance: 461 (September 2026)
Trajectory: 364 (September 2026)
National target: 0

Ministerial Delivery
Targeted Intervention
Better Care



Measure: Ensure no ambulance patient handover waits over 45 minutes [GUH ED only]
Performance: 398 (September 2026)
Trajectory: 320 (September 2026)
National target: 943

Ministerial Delivery
Better Care



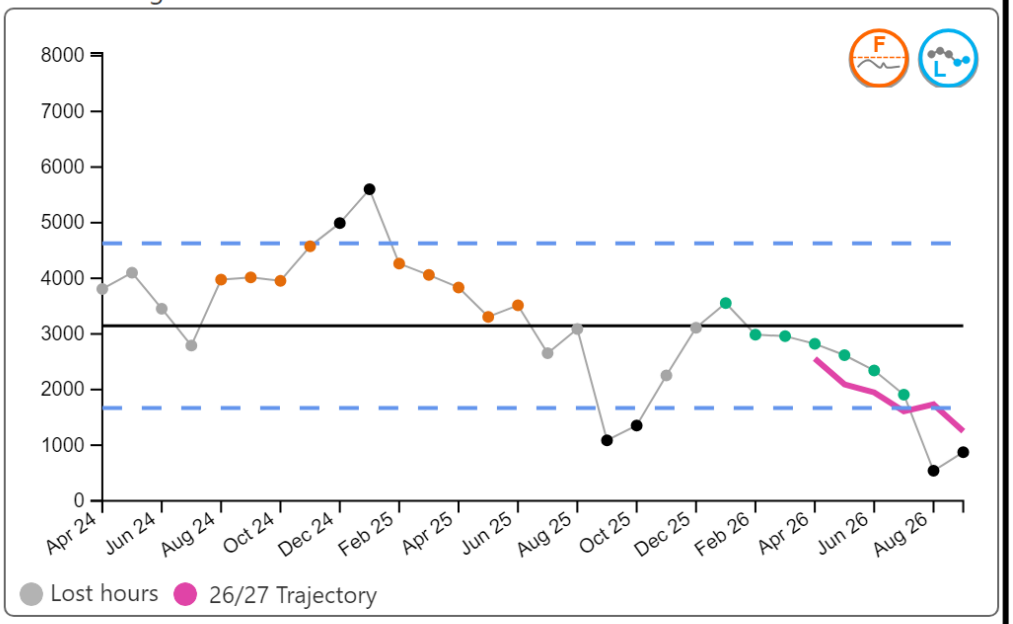
Insights and Actions

- Ambulance handovers over 45 minutes: Following the introduction of the Rapid Release Protocol (RRP) on August 12th and the significant improvement achieved against the Handover 45 (H45) standard in August, improvement was maintained when considering the historical context despite the month end positions being marginally above trajectory. 45 minute handover compliance at GUH ED was 73.6%, and across all location types at GUH and the eLGHs compliance was 81.8%. These are the second highest rates of compliance since the opening of GUH, following August of this year. Under the new Targeted Intervention (TI) definition (ambulances over 45 minutes at GUH & eLGHs across all location types) the TI de-escalation threshold (651) was met for the second consecutive months; this needs to be maintained for three months to full satisfy the criteria. Delivery of the RRP remains one of the three critical workstreams for the Health Board within its operational winter plan.

Urgent & Emergency Care System

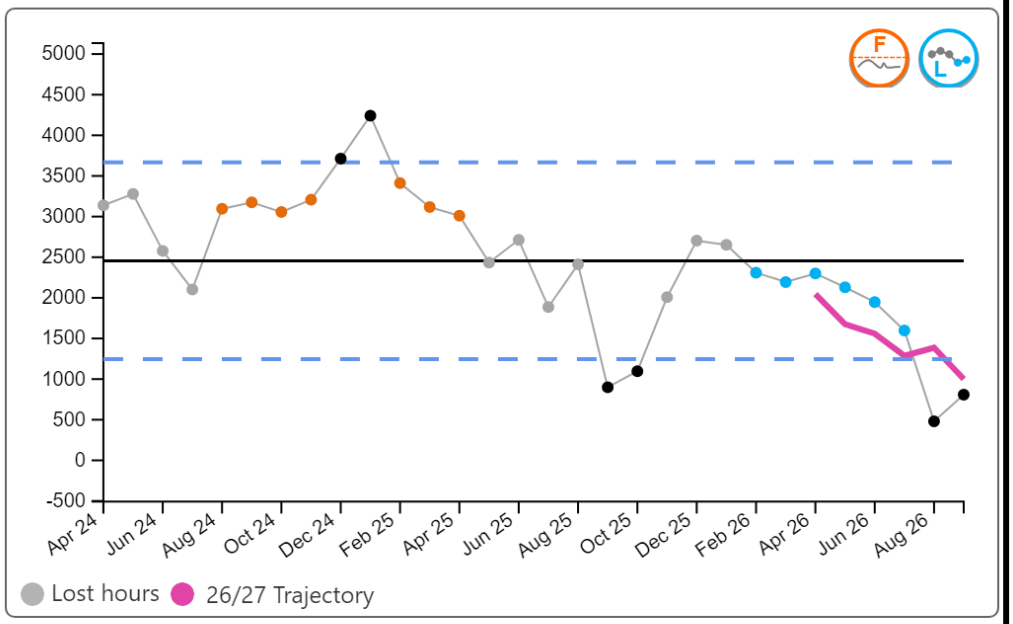
Measure: Reduce the number of ambulance crew hours lost [All location types, GUH & eLGHs]
Performance: 874 (September 2026)
Trajectory: 1,250 (September 2026)
National target: None

Better Care



Measure: Reduce the number of ambulance crew hours lost [GUH ED only]
Performance: 808 (September 2026)
Trajectory: 1,000 (September 2026)
National target: None

Better Care



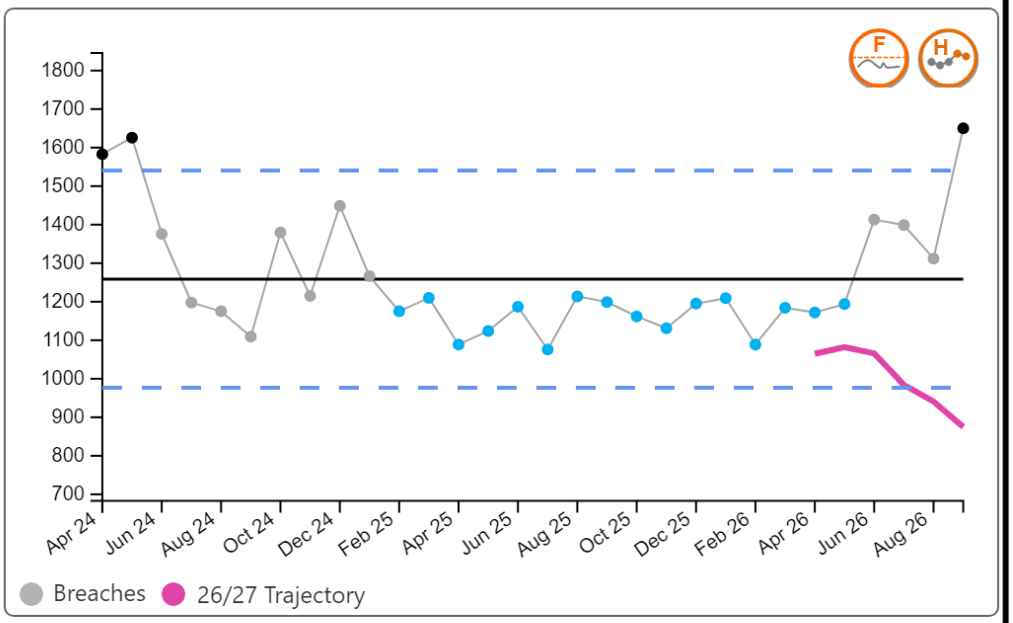
Insights and Actions

- Ambulance lost hours: With the slight increases in 45 minute handover breach volumes, lost hours correspondingly increased however both measures ended the month below trajectory and remain significantly reduced when considering the historical, system context. As winter pressures are highly likely to place further strain on the system from October, the key focus will be to maintain handover 45 performance and operational grip. Under the Our Next Patient (ONP) workstream of the UEC programme and as the RRP becomes more embedded, key enabling, operational actions need to be delivered with consistency to ensure timely handovers. This includes a focus in improving early morning flow, with pre-emptive moves out of the department to create capacity and maximise opportunities for step downs, as well as maximising SDEC, Frailty services and other, alternative pathways to avoid unnecessary admission.

Urgent & Emergency Care System

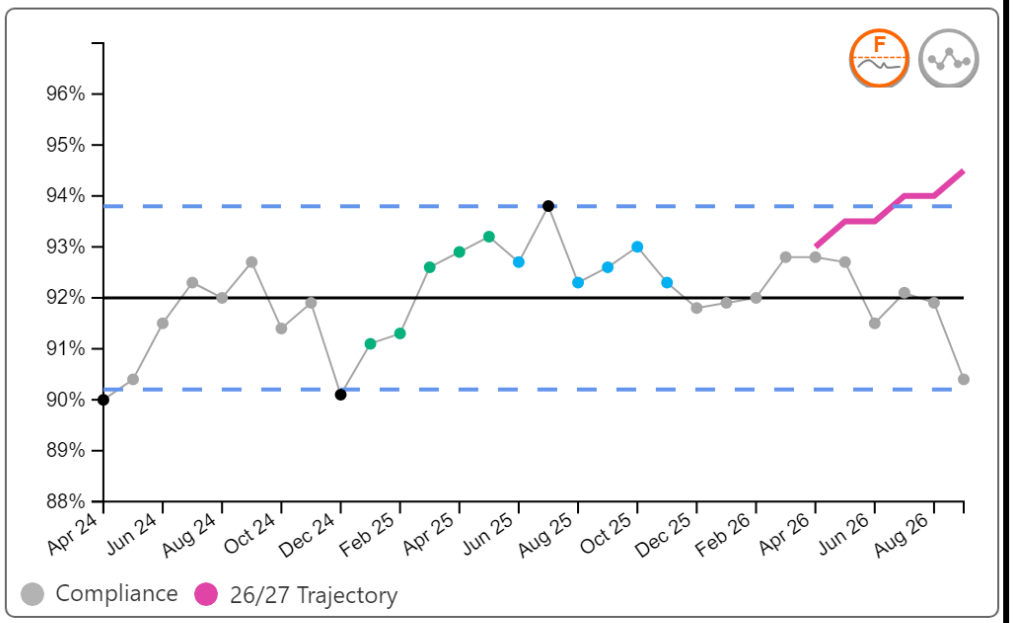
Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero
Performance: 1,650 (September 2026)
Trajectory: 875 (September 2026)
National target: 0

Ministerial Delivery
Better Care



Measure: % of patients who spend less than 12 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge
Performance: 90.4% (September 2026)
Trajectory: 94.5% (September 2026)
National target: 93.0%

Targeted Intervention
Better Care



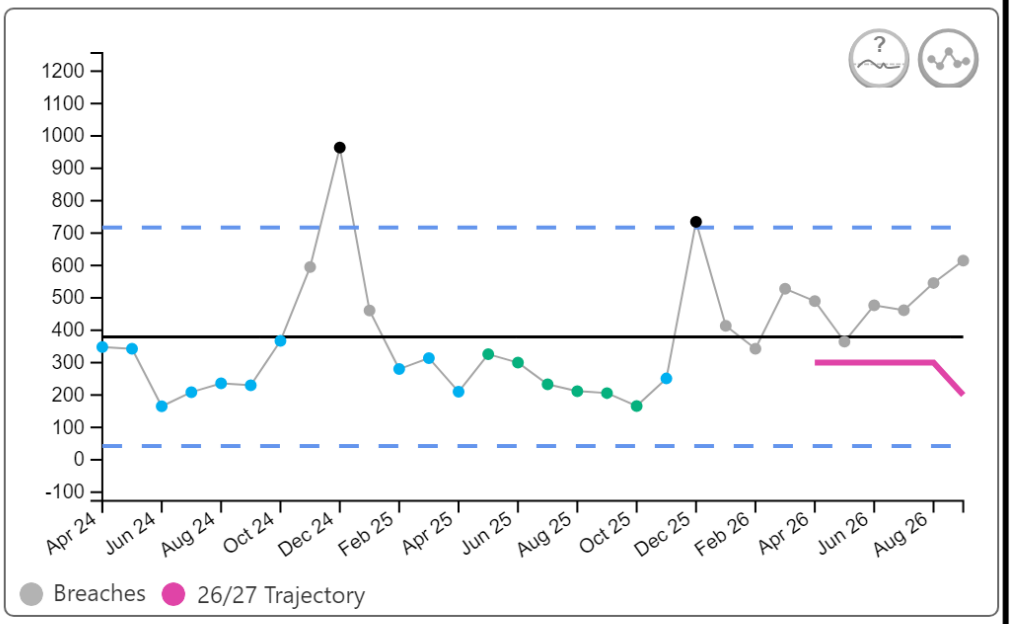
Insights and Actions

- 12hr EDMIU: The number of patients spending more than 12hrs in in GUH ED rose to their highest levels since Dec-22. One of the primary drivers has been demand, with attendances at GUH having been elevated through the course of 2026 to date. When excluding attendances attributable to paediatric care groups (CEAU), attendance volumes have been notable for their consistency at ~6,000 per month (excluding Feb which was 5,351) with less seasonality/month to month variance than is observable in previous years. This level of ~6,000 represents record highs for these non CEAU Care Groups since the opening of GUH. July, August and September saw a further increase to ~6,350 attendances per month. CEAU attendances also increased in September from the pervious month (+500), an observable, seasonal trend. With the implementation of WEDCS on the horizon and the removal of Clinical Exceptions from the dataset, the percentage of ED attendances with Clinical Exceptions applied reached its lowest rate at 7.0%. Further work is underway to assess why September outlies from July and August despite having a similar demand profile, however the cumulative effect of increased demand and longer waits at each constituent part of the pathway (triage, WTBS, specialty wait) provide a high level rationale. The continuous flow model and decongesting the department remain central to improved performance, but the recent demand trends are a cause for concern with winter pressures fast approaching.

Urgent & Emergency Care System

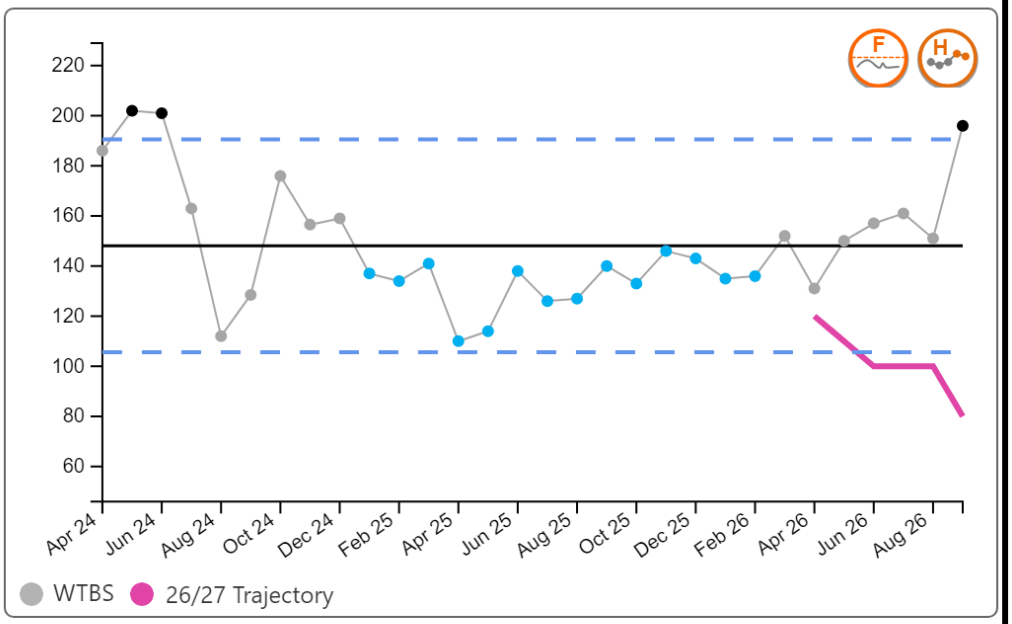
Measure: Reduction in time from arrival to ED triage - no waits over 60 minutes
Performance: 615 (September 2026)
Trajectory: 200 (September 2026)
National target: None

Better Care



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: 196 (September 2026)
Trajectory: 80 (September 2026)
National target: 60

Targeted Intervention
Better Care



Insights and Actions

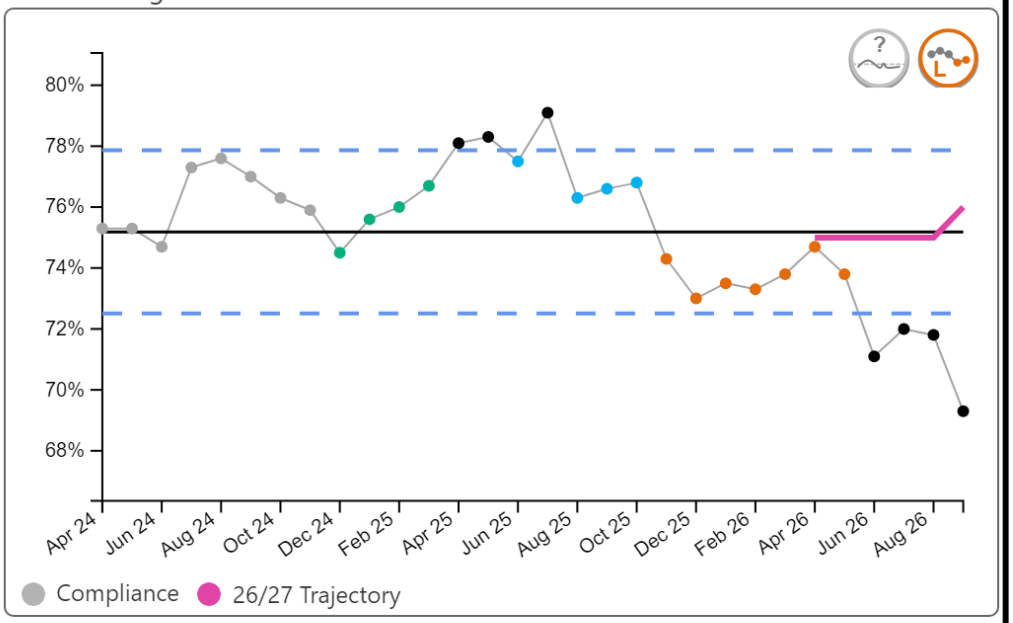
- Triage: Breaches remain elevated from levels seen in 2025. Isolating September, whilst there are some obvious days where demand correlates with triage breaches this is not always the case, indicating that the relationship is not always binary and that there are other factors to consider. Hourly arrival time distribution for each day has a large impact.

- Wait to be seen (WTBS): Clinician Median Wait/WTBS has been on an a slight, overall upwards trajectory since Apr-25 and remains in excess of the Annual Plan improvement trajectory. September saw perform outlie the upper control limit, with a median of over 3hrs. As described in the section on 12hr performance, part of this is attributable to demand and delays earlier in the pathway but further work is ongoing as there appear to be challenges within the 'Assessment' Care Group, which saw an increase of almost 2hrs to 5h36m for median WTBS. Attendances in this Care Group accounted for 36.3% of the total attendances, which clearly has a material impact on the department wide rate. A new 'POD' system is to be piloted in the department in October, organising clinical teams' senior decision makers around Care Groups and to effectively and efficiently manage individual patient pathways.

Urgent & Emergency Care System

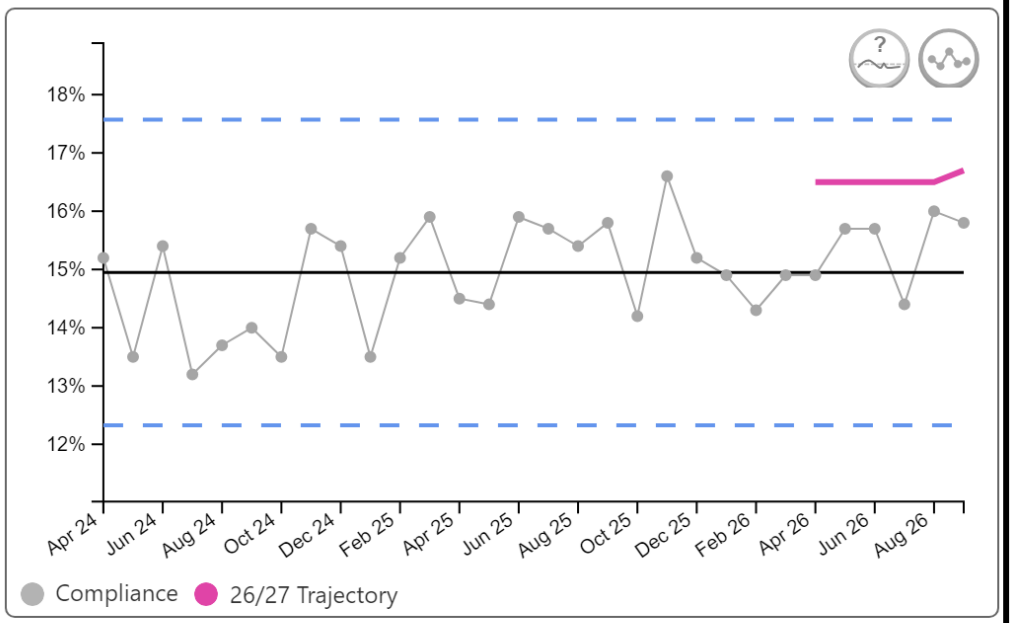
Measure: Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU
Performance: 69.3% (September 2026)
Trajectory: 76.0% (September 2026)
National target: 95.0%

Better Care



Measure: Improve the percentage of pre noon Provider Spell discharges
Performance: 15.8% (September 2026)
Trajectory: 16.7% (September 2026)
National target: 33.0%

Better Care



Insights and Actions

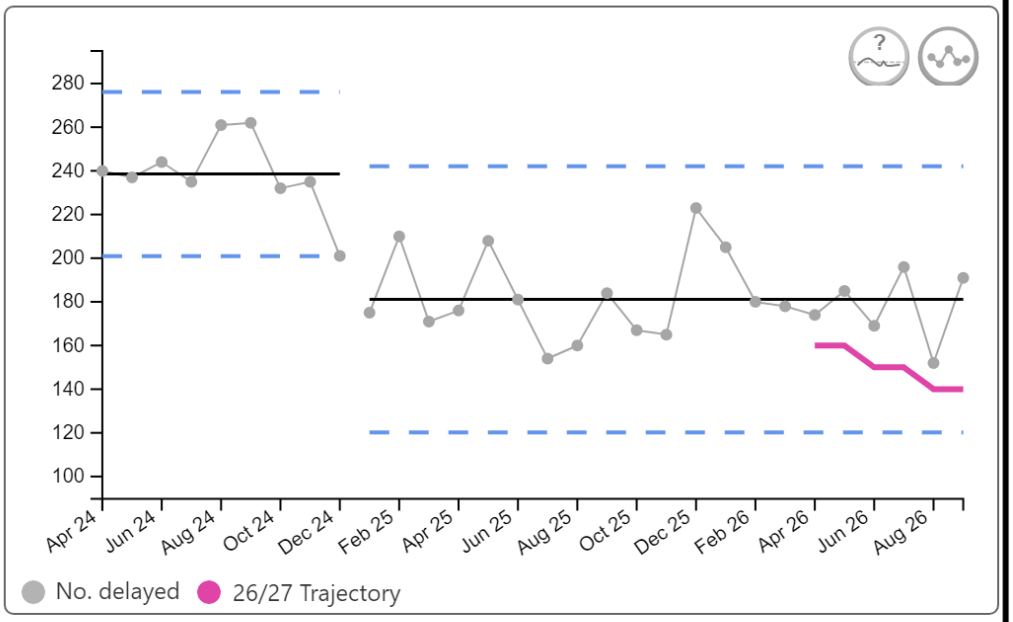
- 4hr EDMIU: 4-hour performance has been below the mean since October 25, driven by performance at the GUH. In the past four reportable months, performance has decreased further to levels outside of the lower process control limit and materially below the Annual Plan trajectory. As seen in other measures, September represented further challenge, with GUH ED decreasing to its lowest levels on record at 39.9% compliance.
- Pre noon discharge performance: Pre noon discharge performance was one of the key metrics monitored by NHS P&I during the Winter Sprint periods and continues to form part of the daily operational returns submitted by the Health Board. It is recognised that earlier discharges enable better flow through the hospitals, and therefore the Health Board included this measure in the 26/27 Annual Plan for the first time. As backdoor flow remains a critical part of the overarching UEC transformation plan, the work underway through embedding the Optimal Hospital Flow Framework (OHFF) seeks to improve the rate of pre noon Provider Spell (e.g. patients going to their usual place of residence/leaving the system rather than transfers). September performance maintained at 15.8% (0.9% lower than current trajectory), with no significant changes at site level.

Section 2.1: Timely Access to Care – Urgent & Emergency Care

Urgent & Emergency Care System

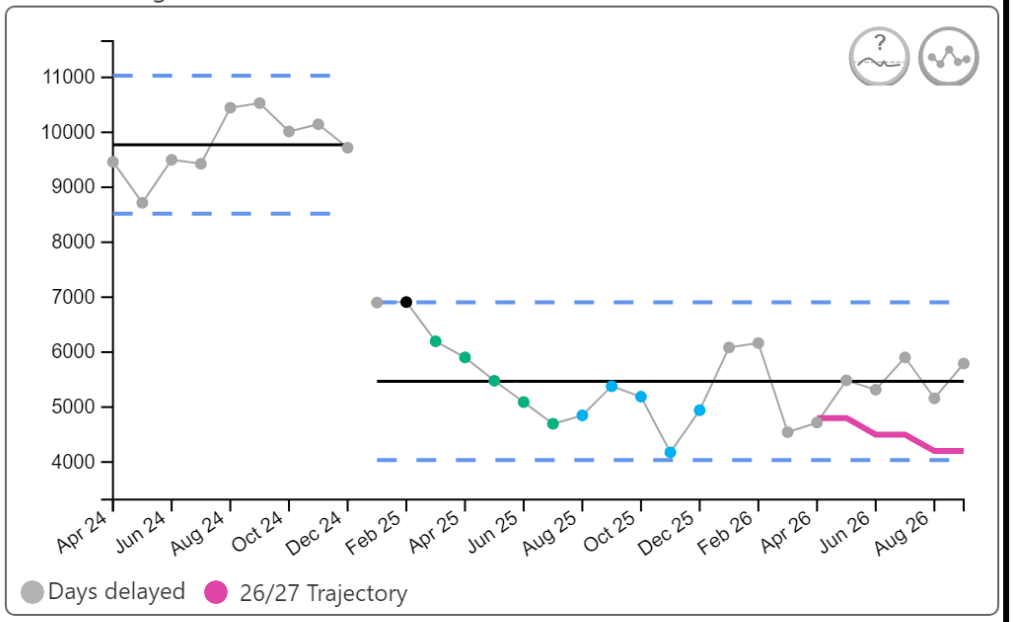
Measure: Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard
Performance: 191 (September 2026)
Trajectory: 140 (September 2026)
National target: None

Ministerial Delivery
Targeted Intervention
Better Care



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: 5,792 (September 2026)
Trajectory: 4,200 (September 2026)
National target: None

Ministerial Delivery
Better Care



Insights and Actions

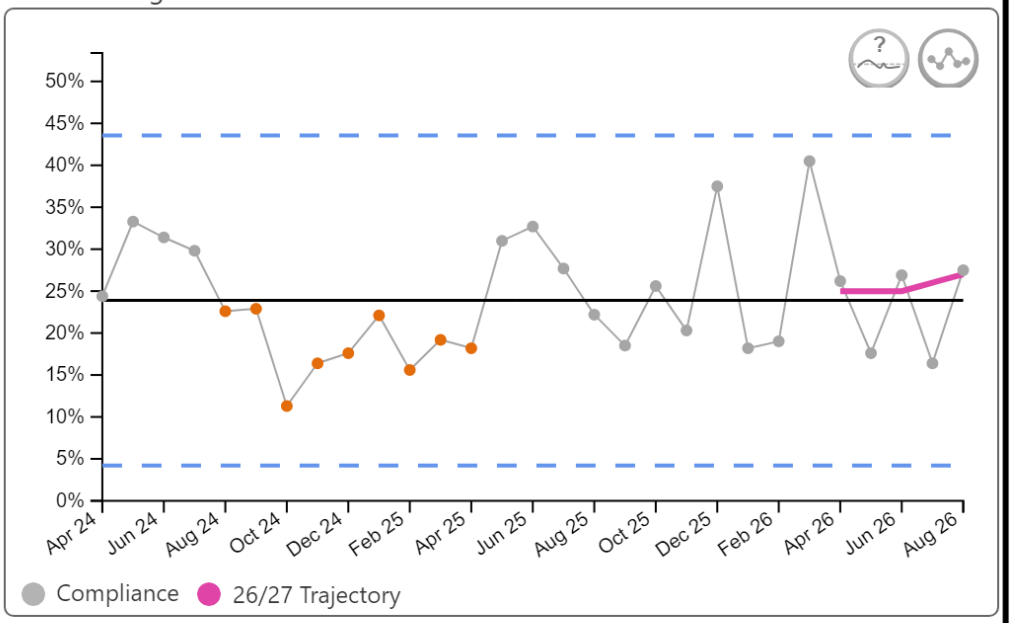
- Pathway of Care Delays (POCDs): The number of POCDs has been maintained around the mean of 181 from February 26, sustaining improvement from the 2025/26 high in December. The August position was a substantial reduction on July (-44, -22.4%) and the lowest position in the held dataset, following the Multi-Agency Discharge Event at the end of July. The September position shows a marked increase to 191 (+39, +25.7%), with increases in delays across Joint (+20), Health (+8) and Social Care (+11). POCDs by days delayed has shown more variability but has demonstrated close to mean (5,471) performance for the past 5 months. The September position has increased above the mean to 5,792 days (+632, +12.2%). POCDs by volume have increased by a greater proportion than days delayed in September, leading to a reduction in the average days delayed, down to 30 days from a high of 34 days in August. Both POCDs by volume and days delayed have yet to achieve the IMTP trajectories in 2026/27. Divisional reviews of POCD performance and borough action plans are being progressed with Local Authority partners, with particular focus on reluctant discharges and housing delays. Newport currently has the highest number of POCDs in Gwent and a new six-month Discharge Hub pilot at the RGH will seek to reduce delays by bringing post-discharge support, care coordination and further assessment into a single integrated team. A further Multi-Agency Discharge Event is also planned for the start of November.

NB: The POCD and Days delayed charts have been split from Jan-25, reflecting the sustained improvement born out of partnership working in the 50-day challenge.

Urgent & Emergency Care System

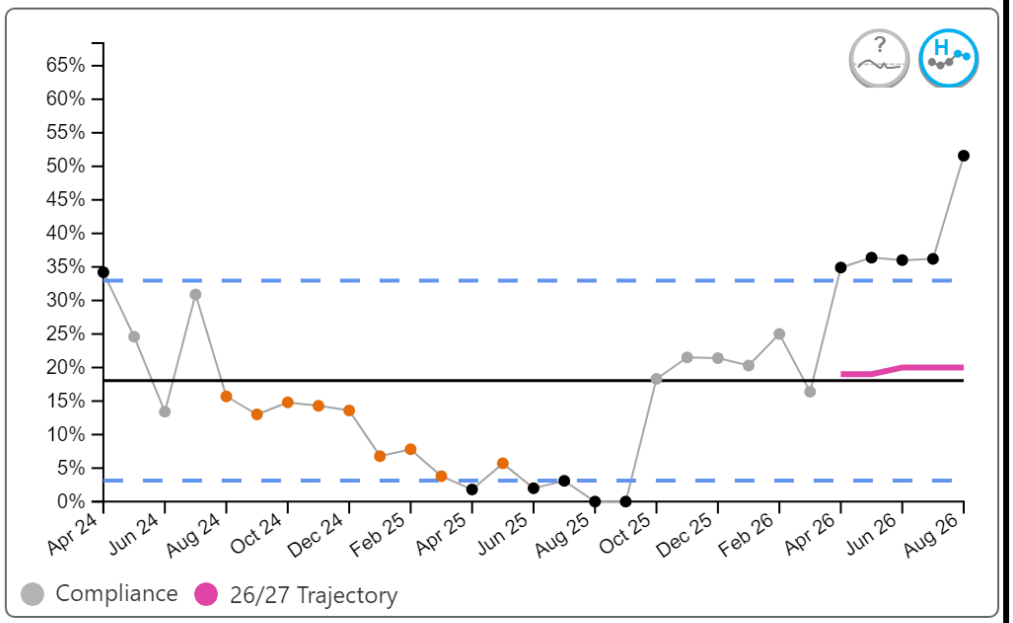
Measure: Percentage of suspected stroke patients scanned within 20 minutes of clock start
Performance: 27.5% (August 2026)
Trajectory: 27.0% (August 2026)
National target: 40.0%

Better Care



Measure: % of patients directly admitted to an acute stroke ward <4hrs of clock start
Performance: 51.6% (August 2026)
Trajectory: 20.0% (August 2026)
National target: 50.0%

Better Care



Insights and Actions

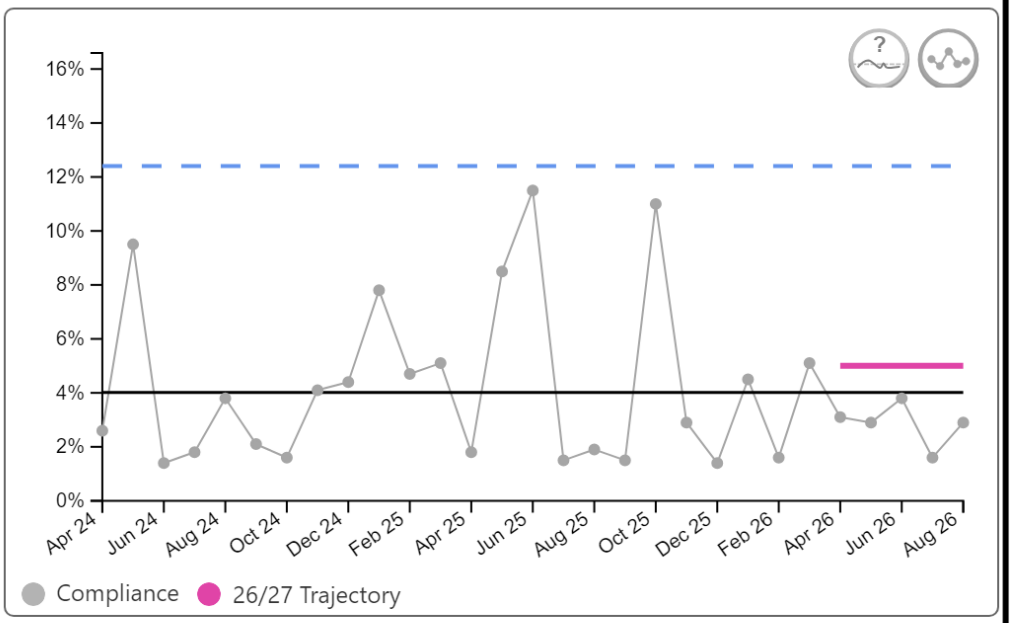
- Stroke time to scan: Performance for the percentage of patients scanned within 20 minutes of clock start has fluctuated, with August performance rising to 27.5% and meeting trajectory. A review of the CT scanning pathway and adoption of perfusion scanning is underway.

- Stroke 4-hour target: Year to date 4-hour performance had been much improved and consistent, in excess of 35% and materially above trajectory. August saw a further increase to 51.6%, resultant from better flow through the first floor. September performance will be a litmus test for the pathway, given the deterioration seen in ED wait metrics. Improvement actions include reducing portering delays across the patient pathway, establishing clearer exit routes for stroke mimic patients to improve flow, and reviewing rehabilitation capacity and the availability of B4 beds to support timely transfers and reduce delays.

Urgent & Emergency Care System

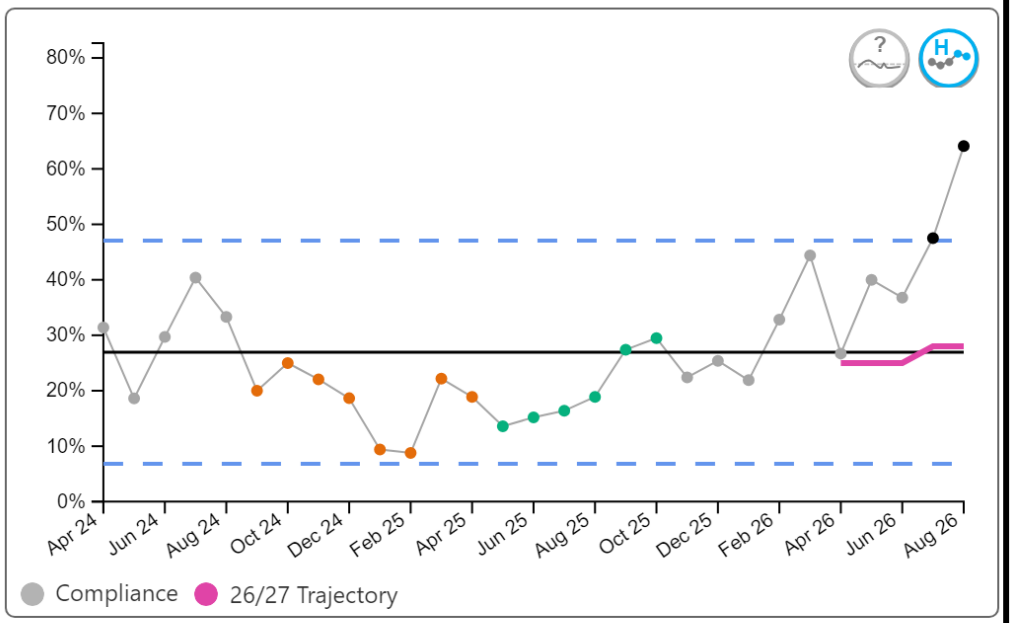
Measure: % of unique stroke patients given thrombectomy (all stroke types)
Performance: 2.9% (August 2026)
Trajectory: 5.0% (August 2026)
National target: 10.0%

Better Care



Measure: % Assessed by OT within 24hrs
Performance: 64.1% (August 2026)
Trajectory: 28.0% (August 2026)
National target: None

Better Care



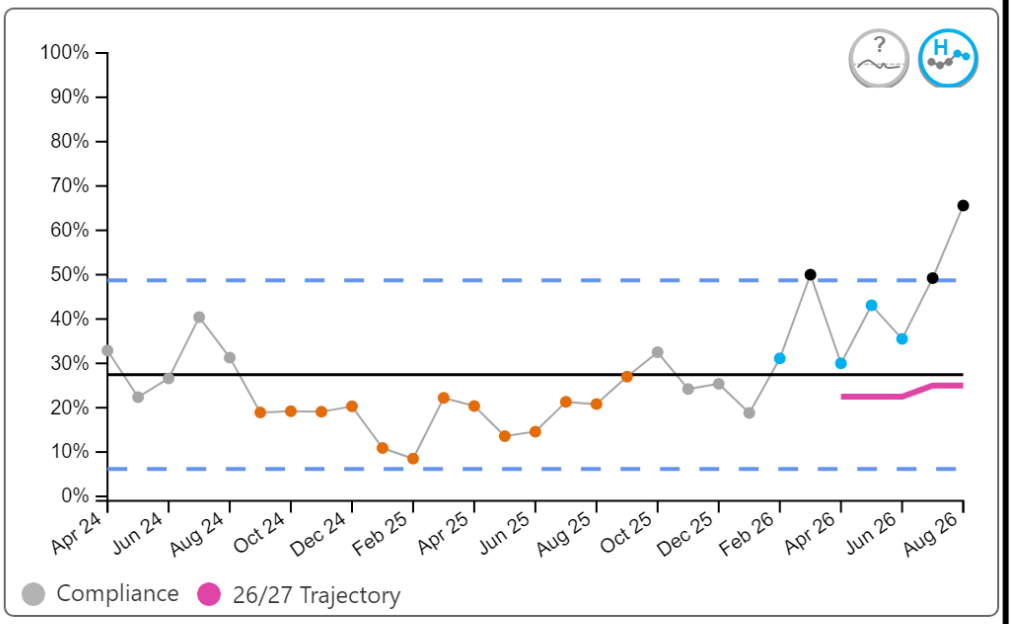
Insights and Actions

- Stroke thrombectomy: Thrombectomy rates were improved slightly through the first quarter of the 26/27, however there remains no overall variation in performance. Thrombectomy commissioning and data capture has been discussed between ABUHB and NHS P&I. NHS P&I continue to liaise with the JCC around commissioning approach and particularly hours of service provided from Southmead (NBT), an extension to which could assist in improving rates. The internal Stroke improvement plan linked to improving thrombolysis rates is underway and will have linked benefit to thrombectomy where applicable, with shared learning from other Health Boards who have introduced and significantly improved thrombolysis rates. A new Stroke Pathway Oversight Group has been established and will meet for the first time in late October, to provide strategic oversight of pathway performance, patient outcomes, and service improvement initiatives.

Urgent & Emergency Care System

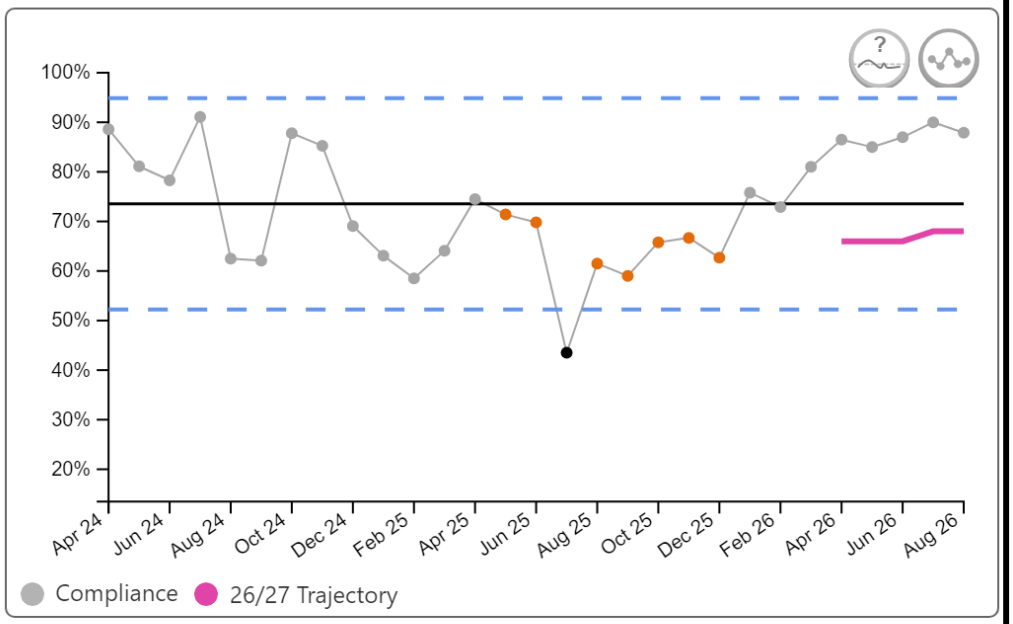
Measure: % Assessed by PT within 24hrs
Performance: 65.6% (August 2026)
Trajectory: 25.0% (August 2026)
National target: None

Better Care



Measure: % Assessed by SaLT within 72hrs
Performance: 87.9% (August 2026)
Trajectory: 68.0% (August 2026)
National target: None

Better Care



Insights and Actions

- Stroke therapies: Occupational (previous page) and Physiotherapy assessment within 24-hours continue to demonstrate an overall improvement trajectory, with each recording their latest performance continuing in excess of the upper control limit. Speech & Language within 72-hours also continues to deliver elevated levels of compliance. Work is underway with clinical teams to optimise Early Supported Discharge (ESD) pathways, including the development of direct discharge models from GUH and via YYF, alongside exploration of a dedicated Therapist model within GUH. Further opportunities include optimising length of stay within the dedicated Inpatient Rehabilitation Unit at YYF and reducing reliance on boarding within rehabilitation beds to improve patient flow and maximise rehabilitation capacity.

Section 2.1: Timely Access to Care – Cancer, Planned Care & Diagnostics Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Cancer, Planned Care & Diagnostics	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75% Mar-27	65.4% Aug-26 (Aug-26 Trajectory: 73.1%)		F
	% of urgent suspected cancer patients diagnosed within 28-days from point of suspicion	75% Mar-27	70.7% Aug-26 (Aug-26 Trajectory: 72.5%)		?
	Reduction in backlog of patients waiting over 62-days (SCP)	170 Mar-27	294 Aug-26 (Aug-26 Trajectory: 320)		?
	Reduction in backlog of patients waiting over 104-days (SCP)	50 Mar-27	94 Aug-26 (Aug-26 Trajectory: 95)		?
	Numbers of patients waiting over 104-weeks (all stages)	0 Mar-27	310 Sep-26 (Sep-26 Trajectory: 402)		?
	Reduction in the number of patients waiting more than 8-weeks for a specific diagnostic	0 Mar-27	1,389 Sep-26 (Sep-26 Trajectory: 1,375)		?
	Number of patients waiting over 52-weeks for Outpatients	3,012 Mar-27	1,503 Sep-26 (Sep-26 Trajectory: 3,021)	H	P
	Number of patients waiting over 26-weeks for Outpatients	18,306 Mar-27	16,253 Sep-26 (Sep-26 Trajectory: 15,398)	H	P
	Reduction in referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally	6,600 Mar-27	6,897 Sep-26 (Sep-26 Trajectory: 6,700)		?

Section 2.1: Timely Access to Care – Cancer, Planned Care & Diagnostics Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Cancer, Planned Care & Diagnostics	Monitoring of DNA rates Outpatient clinics	5% Mar-27	5.8% Sep-26 (Sep-26 Trajectory: 5%)		F
	Reduction in the number of patients waiting 100% past Outpatient follow-up target date	23,606 Mar-27	33,742 Sep-26 (Sep-26 Trajectory: 27,542)	H	F
	Increase in the rate of See On Symptom and Patient Initiated Follow-ups	15% Mar-27	12.5% Sep-26 (Sep-26 Trajectory: 14%)		?
	Number of adults waiting more than 14-weeks for all Audiology pathways	7,385 Mar-27	5,934 Sep-26 (Sep-26 Trajectory: 6,432)	H	P
	Number of children waiting more than 6-weeks for all Audiology pathways	1,762 Mar-27	1,432 Sep-26 (Sep-26 Trajectory: 1,428)	H	?
	No patient waiting more than 14-weeks for a Therapeutic assessment	830 Mar-27	813 Sep-26 (Sep-26 Trajectory: 540)	H	P

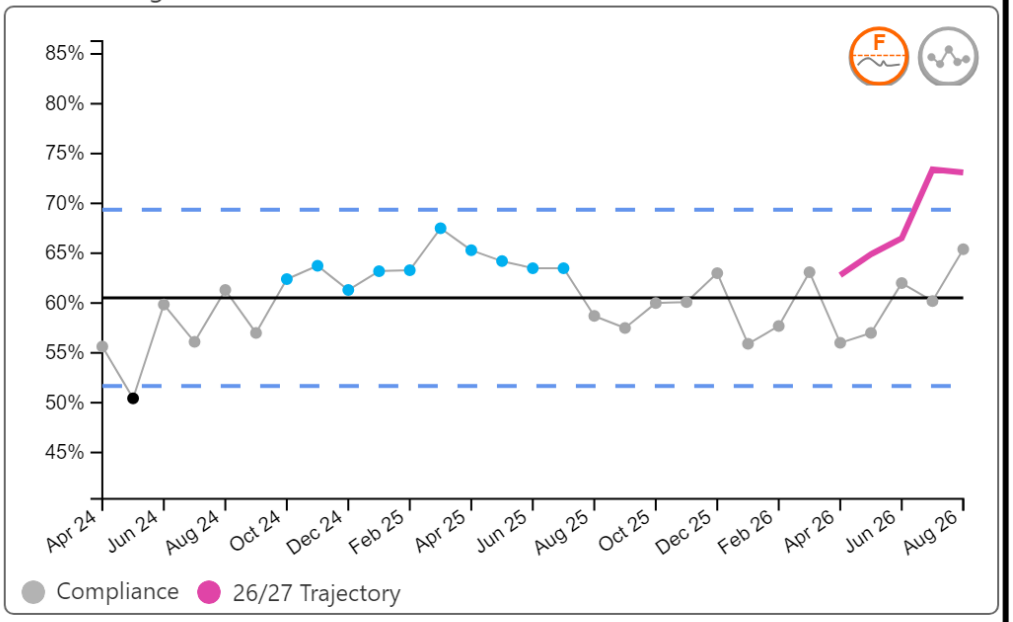
Section 2.1: Timely Access to Care – Cancer, Planned Care & Diagnostics Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Cancer, Planned Care & Diagnostics	Theatre Utilisation: late starts to less than 20%	25% Mar-27	40.4% Sep-26 (Sep-26 Trajectory: 32%)		
	Theatre Utilisation: early finishes to less than 10%	15% Mar-27	27.1% Sep-26 (Sep-26 Trajectory: 20%)		
	Theatre Utilisation: session utilisation to 85%	85% Mar-27	80.6% Sep-26 (Sep-26 Trajectory: 85%)		
	Deliver improvements in day surgery rates, measured through BADS day case rates	80% Mar-27	76.0% Jun-26 (Jun-26 Trajectory: 78%)		

Cancer

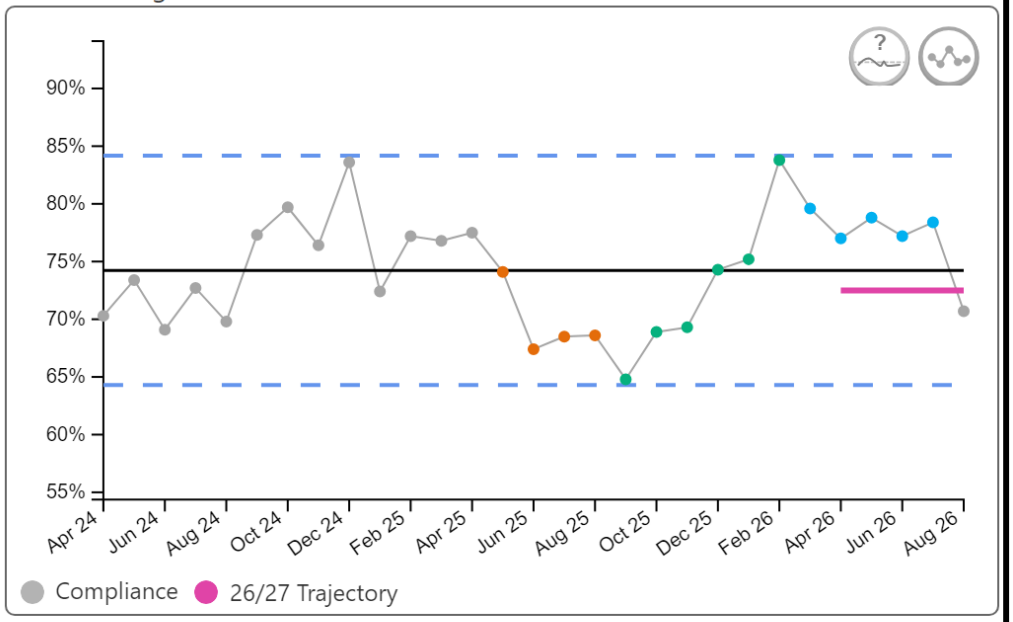
Measure: 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion
Performance: 65.4% (August 2026)
Trajectory: 73.1% (August 2026)
National target: 75.0%

Ministerial Delivery
Better Care



Measure: % of urgent suspected cancer patients diagnosed within 28 days from point of suspicion
Performance: 70.7% (August 2026)
Trajectory: 72.5% (August 2026)
National target: 75.0%

Better Care



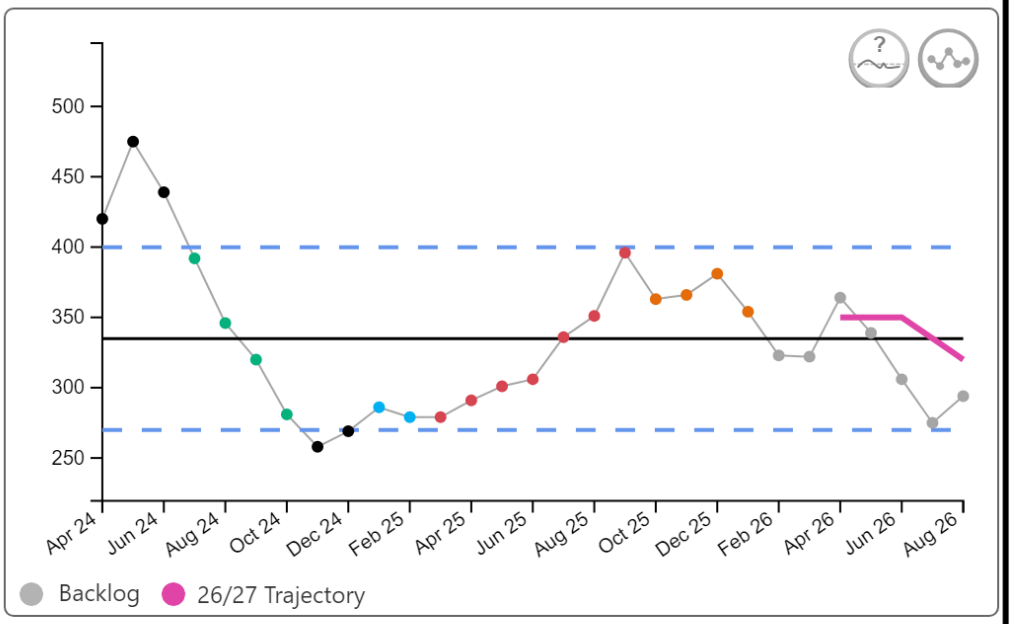
Insights and Actions

- SCP compliance: Performance has shown a notable improvement in August with compliance at 65.4% (+5.2%). The IMTP plan for August was 353 treatments, of which 95 would be breaches and 258 SCP achieved. Total treatments were as planned, but the volume of breaches was above plan (+27) leading to compliance not meeting the August IMTP trajectory of 73.1%. The majority of tumour sites showed below trajectory compliance for August, with only Head & Neck performing above trajectory, and Skin and Upper GI just under trajectory. Of note, LGI has maintained its improvement in compliance from 16% in May, up to 41%-49% from June to August. Following NHS P&I funding, the Health Board is establishing a Cancer Command Centre: a new delivery approach designed to provide a real-time operational view of cancer pathways, enabling proactive management and earlier escalation of issues. The proof-of-concept project will initially focus on prostate, bladder and colorectal services.
- 28 day diagnosis compliance: Performance has dropped to 70.7% in September, following consistent above-mean performance of around 78% from March 26. September performance is now below the IMTP trajectory of 72.5% and the national target of 75%. Notable reductions were seen in Haematology (83.3%, -16.7%) and Skin (50%, -18.9%), which generally follows a seasonal trend with a reduction over the summer months and increased compliance into winter.

Cancer

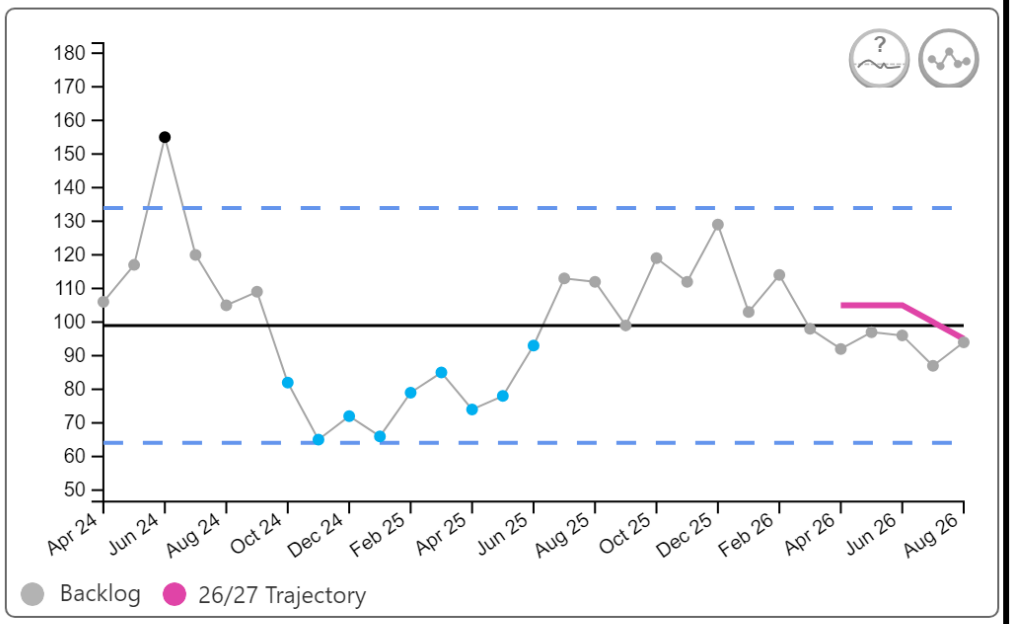
Measure: Reduction in backlog of patients waiting over 62 days (SCP)
Performance: 294 (August 2026)
Trajectory: 320 (August 2026)
National target: None

Ministerial Delivery
Better Care



Measure: Reduction in backlog of patients waiting over 104 days (SCP)
Performance: 94 (August 2026)
Trajectory: 95 (August 2026)
National target: None

Ministerial Delivery
Better Care



Insights and Actions

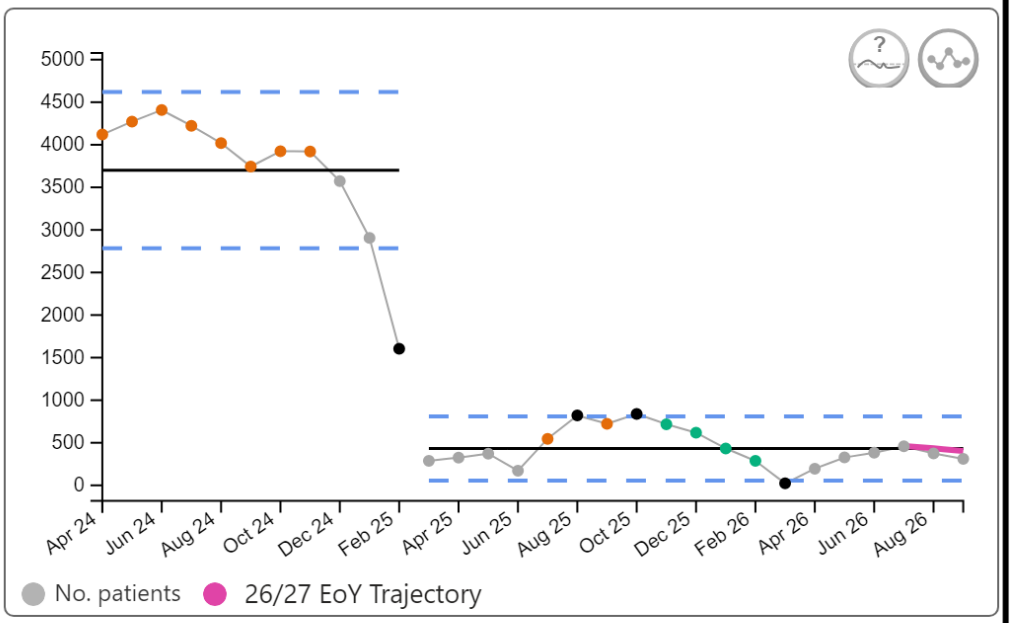
- 62-day backlog: The 62-day backlog showed a prolonged period of deterioration from February 25 until September 25, increasing by around 100 patients. This has been steadily reducing since, reaching a low of 275 in July 26. August performance has risen slightly to 294 but remains below mean and has surpassed IMTP trajectory of 320. The commitment for the 62-day backlog is to be 10% of the SCP Census, aspiring to 5% of the SCP Census. The SCP Census has mirrored the 62 day backlog trend, increasing through 25/26 reaching a high of ~3,900 in July 25, followed by a sustained reduction, maintained at around 2,800 since May 26, dropping slightly to 2,700 in August. The August backlog of 274 represents 10.2% of the total PTL. There remains a continued focus to reduce the backlog in the three tumour sites the make up over 65% of the entire 62 day backlog (Lower GI, Upper GI and Urology).

- 104-day backlog: The 104-day backlog has shown a steady decline since December 25, reducing by around 40 patients, and remaining consistently below-mean (99) for the last 6 months. September performance is 94 patients, which is just below the IMTP trajectory of 95. The commitment for the 104-day backlog is to be no more than 3% of the SCP Census, which hasn't been met in September with 3.5% of the SCP Census waiting over 104 days.

Planned Care & Diagnostics

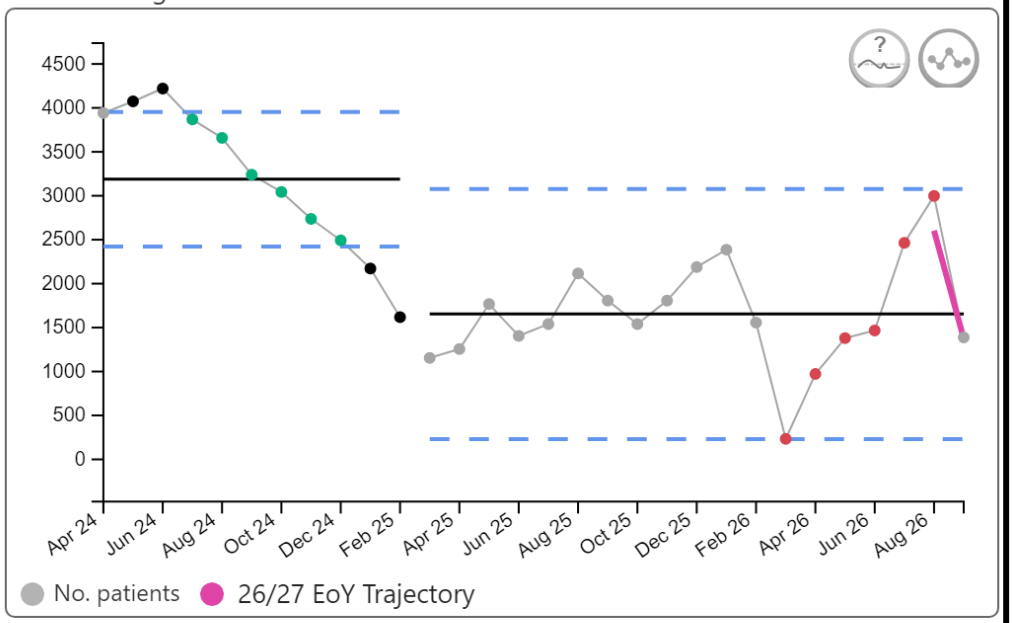
Measure: Numbers of patients waiting over 104 weeks (all stages)
Performance: 310 (September 2026)
Trajectory: 402 (September 2026)
National target: 0

Ministerial Delivery
Better Care



Measure: Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic
Performance: 1,389 (September 2026)
Trajectory: 1,375 (September 2026)
National target: 0

Ministerial Delivery
Better Care



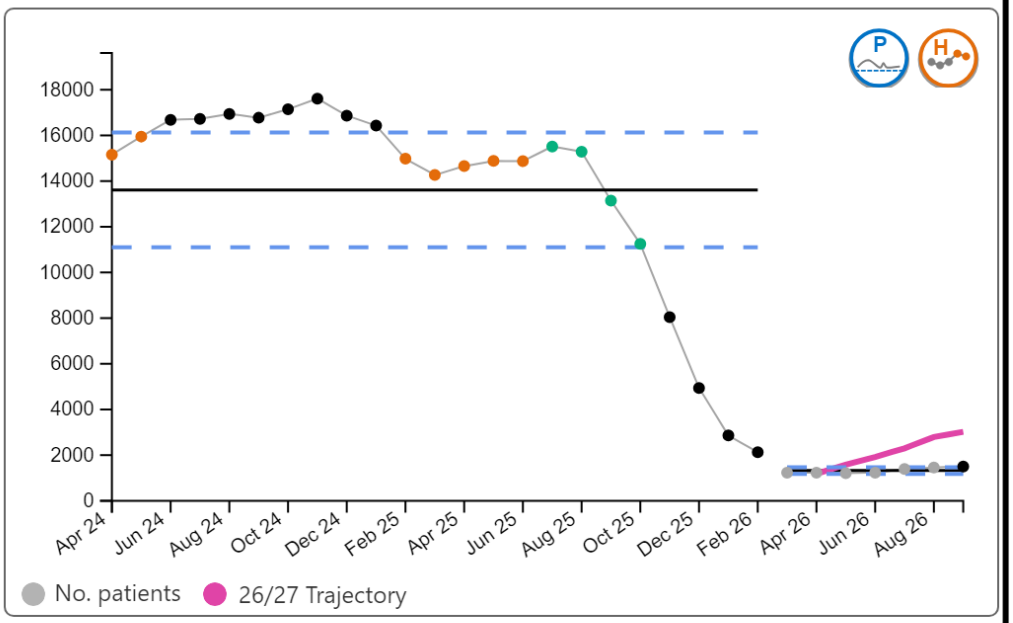
Insights and Actions

- 104 weeks RTT: The National Planned Care Recovery programme is now underway, with the Health Board receiving a level of non-recurrent funding with the goal of eliminating patients waiting more than 104 weeks for treatment by the end of 26/27. As of the September position, initial progress has been positive due to improvements in treat in turn rates sat alongside core delivery as well as initiatives for additional treatments (WLI & Backfill). Weekly assurance meetings are in place with NHS P&I to monitor progress. Delivery against the planned trajectory comes with some risk, due to the Health Board receiving proportional funding against that which was included in the proposal. An assessment against the capacity gap and funding required is underway
- Diagnostics: Like with 104wk waits, 8wk Diagnostics also formed a central part of the Planned Care Recovery bid. The level of additional activity undertaken in September is apparent, with patients waiting more than 8 weeks reducing by over 1,500 to 1,389, in line with the end of year trajectory. Again, the aim is to deliver a zero position by the end of 26/27 and monitoring progress against plans is subject to weekly review.

Planned Care & Diagnostics

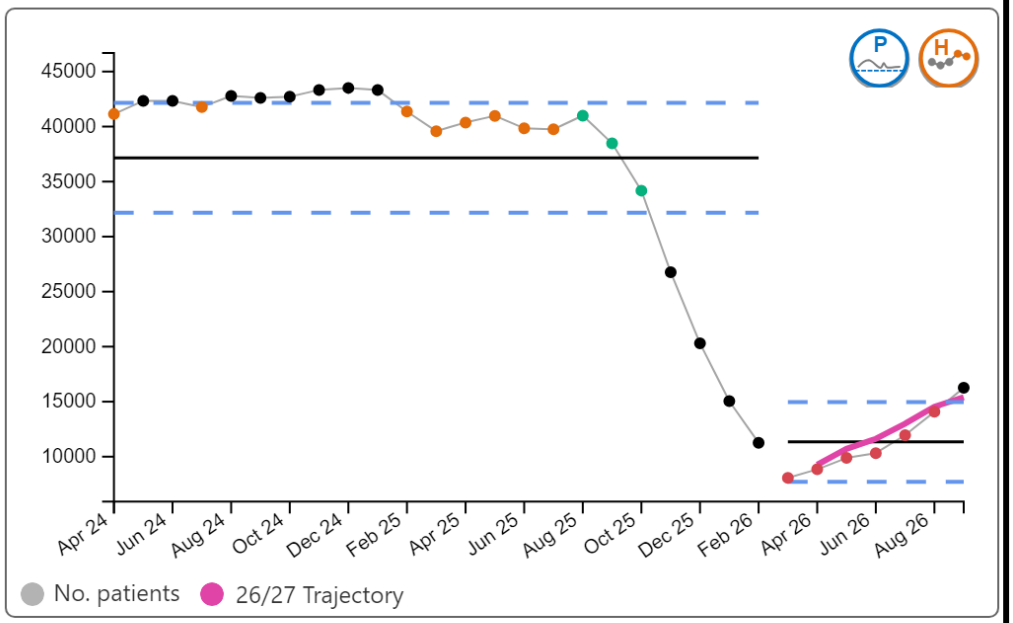
Measure: Number of patients waiting over 52 weeks for Outpatients
Performance: 1,503 (September 2026)
Trajectory: 3,021 (September 2026)
National target: 0

Better Care



Measure: Number of patients waiting over 26 weeks for Outpatients
Performance: 16,253 (September 2026)
Trajectory: 15,398 (September 2026)
National target: 0

Better Care



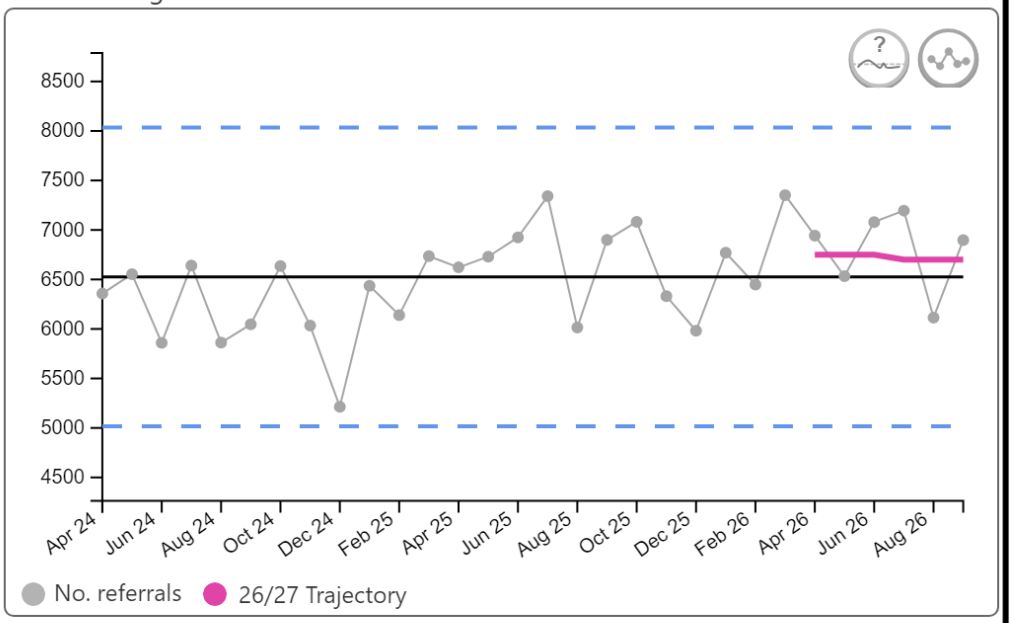
Insights and Actions

- 26 & 52 week new Outpatient: Patients waiting more than 52 weeks for an outpatient appointment remains largely stable through the course of the year to date and exceeds expectations. The majority of waits sit within Orthopaedics, Ophthalmology, Endocrinology and Maxillo-Facial. As of September there are a much lower numbers within General Surgery and Urology. With some assumptions having been outmoded, a reassessment is planned to cover the second half of the year. The 26 week position is tracking close to trajectory, however there was a notable increase in September with breach volumes rising by over 2,000 for the second consecutive month. The vast majority of these were within the larger Surgical specialties.

Planned Care & Diagnostics

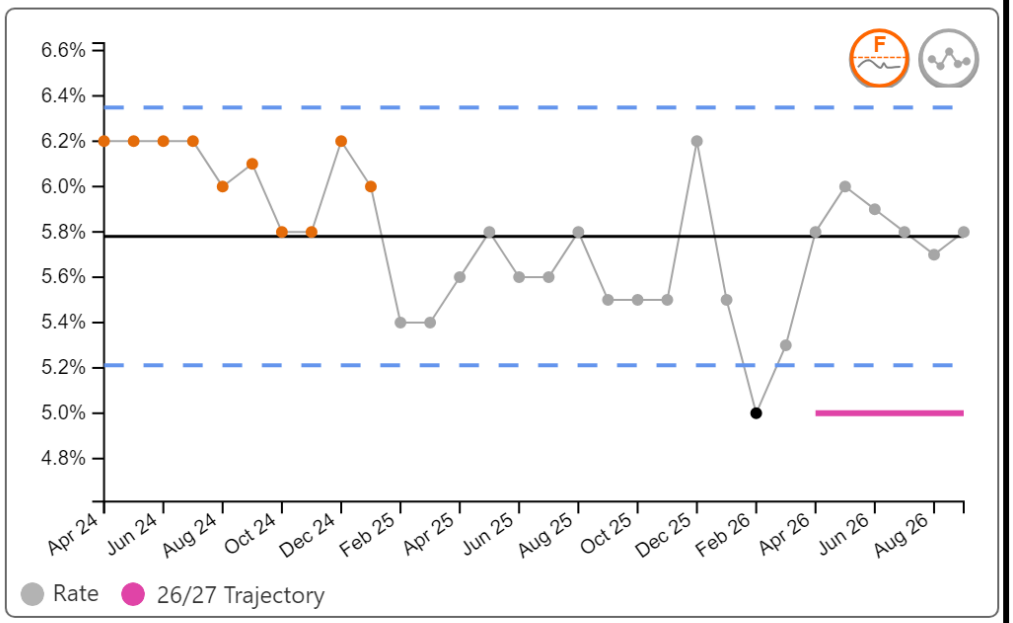
Measure: Reduction in referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally
Performance: 6,897 (September 2026)
Trajectory: 6,700 (September 2026)
National target: None

Enabling Action
Better Care



Measure: Monitoring of DNA rates Outpatient clinics
Performance: 5.8% (September 2026)
Trajectory: 5.0% (September 2026)
National target: 5.0%

Better Care



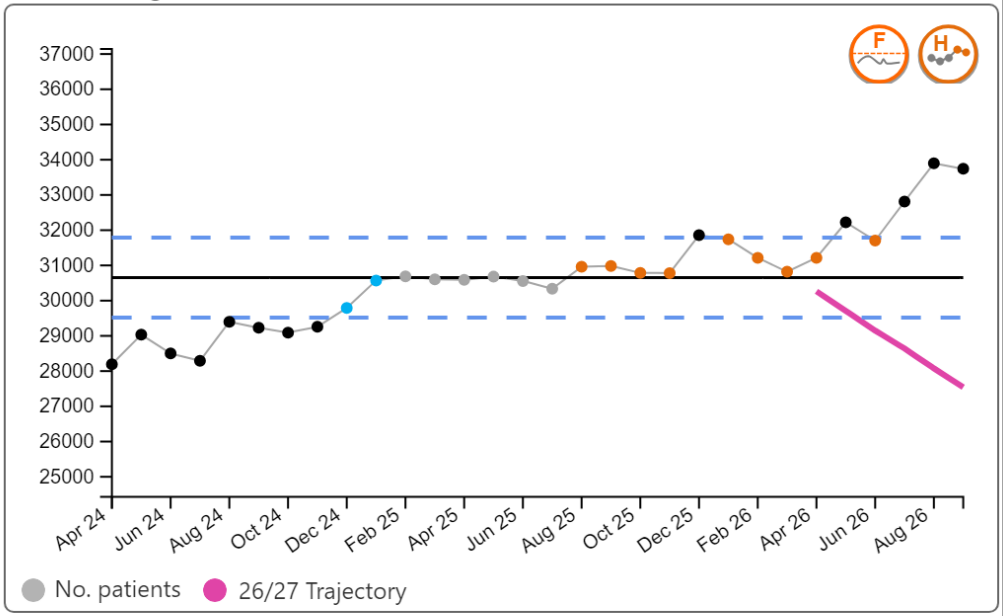
Insights and Actions

- Referral rates: A new Enabling Action for 26/27 is a reduction in Primary Care Planned Care referral rates. This rate has been on a sustained, upwards trajectory since 21/22. Whilst there was a significant decrease in August to below trajectory, this is a pattern seen in the same month in the preceding two years and September has increased to lie marginally above trajectory. The total RTT waiting list has increased to 115,039 in August (+~14,000 from the end of 25/26 low), representing a growth rate not seen since 2020. There are several actions which seek to aid in demand management, including Health Pathways, Interface GPs and E-Advice. Work is underway to develop an intelligence-led referral optimisation programme, using linked Primary and Secondary Care data to identify unwarranted variation in referral patterns and support more effective clinical decision-making. The project will combine enhanced analytics, implementation of national requirements, greater use of Health Pathways and Advice & Guidance services, and targeted education and engagement to improve referral quality, reduce variation, and ensure patients access the most appropriate care pathway.
- DNA/CNA rates: Current rate is in line with mean performance. The monthly DNA report and Hospital Initiated Cancellation directorate report recommenced in August. Diab and Endo directorate are working with DDAT on use of AI predictor model to allow identification of patients most likely to DNA and support an intervention e.g. nurse or admin phone call (currently used in Endoscopy).

Planned Care & Diagnostics

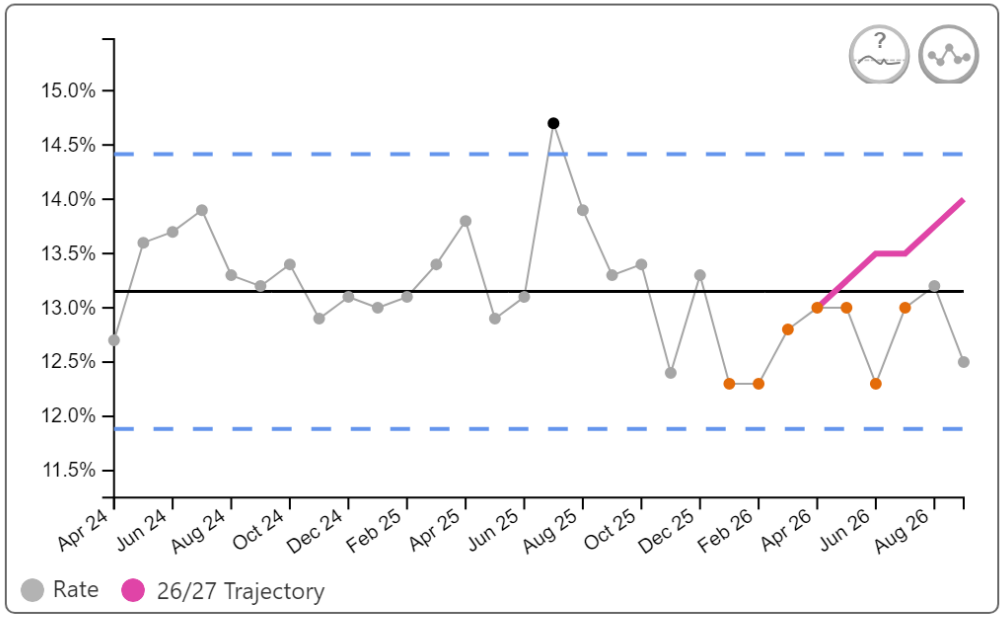
Measure: Reduction in the number of patients waiting 100% past Outpatient follow-up target date
Performance: 33,742 (September 2026)
Trajectory: 27,542 (September 2026)
National target: 23,694

Better Care



Measure: Increase in the rate of See On Symptom and Patient Initiated Follow-ups
Performance: 12.5% (September 2026)
Trajectory: 14.0% (September 2026)
National target: None

Better Care



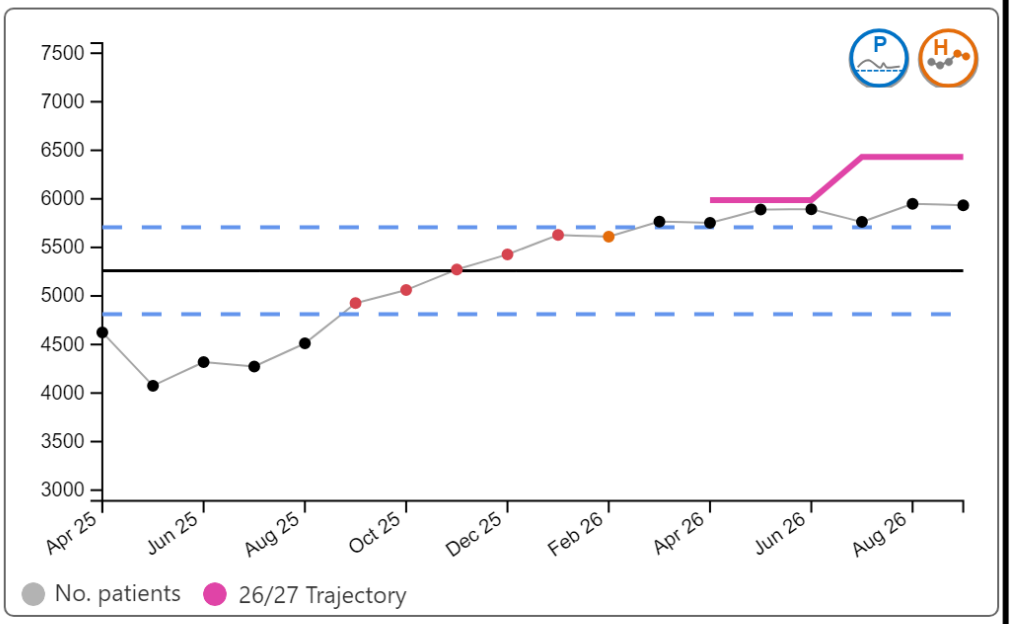
Insights and Actions

- The delayed follow up waiting list remains high, although the Health Board has committed to delivering against the national expectation of reducing the size of this list by 25%. A validation programme is underway to reduce delayed follow-ups and improve pathway management. A request has been submitted to link the confirmed cancer flag to follow-up waiting lists, enabling better prioritisation and visibility of cancer patient pathways. Using Planned Care Recovery funding, a task and finish group has developed a phased validation plan. The initial focus is on patients waiting over 104 weeks at treatment stage, where validation is currently removing around 5% of patients from the list. Work on other 104-week cohorts is continuing through core teams. The next priorities are those patients seen through the 26wk insourcing programme from 25/26, which is expected to improve both RTT and follow-up performance, followed by delayed follow-ups and 998/999 pathways. Validation of delayed follow-ups will include clinical review to ensure patients are transferred to more appropriate pathways, such as SOS, PIFU, discharge, or other alternatives, in line with national guidance and local protocols.

Planned Care & Diagnostics

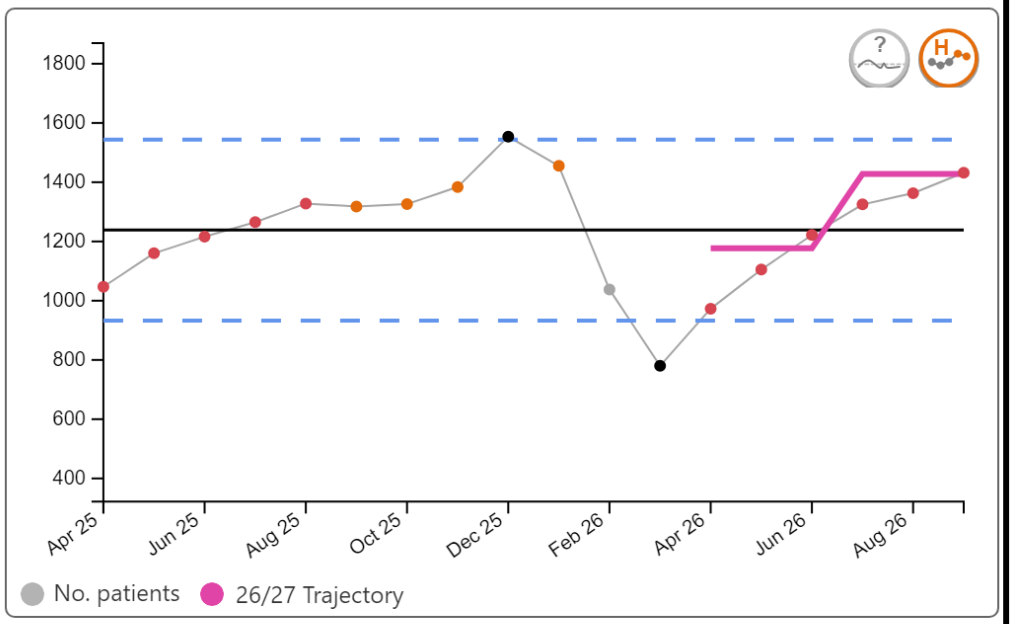
Measure: Number of adults waiting more than 14 weeks for all audiology pathways
Performance: 5,934 (September 2026)
Trajectory: 6,432 (September 2026)
National target: 0

Better Care



Measure: Number of children waiting more than 6 weeks for all audiology pathways
Performance: 1,432 (September 2026)
Trajectory: 1,428 (September 2026)
National target: 0

Better Care



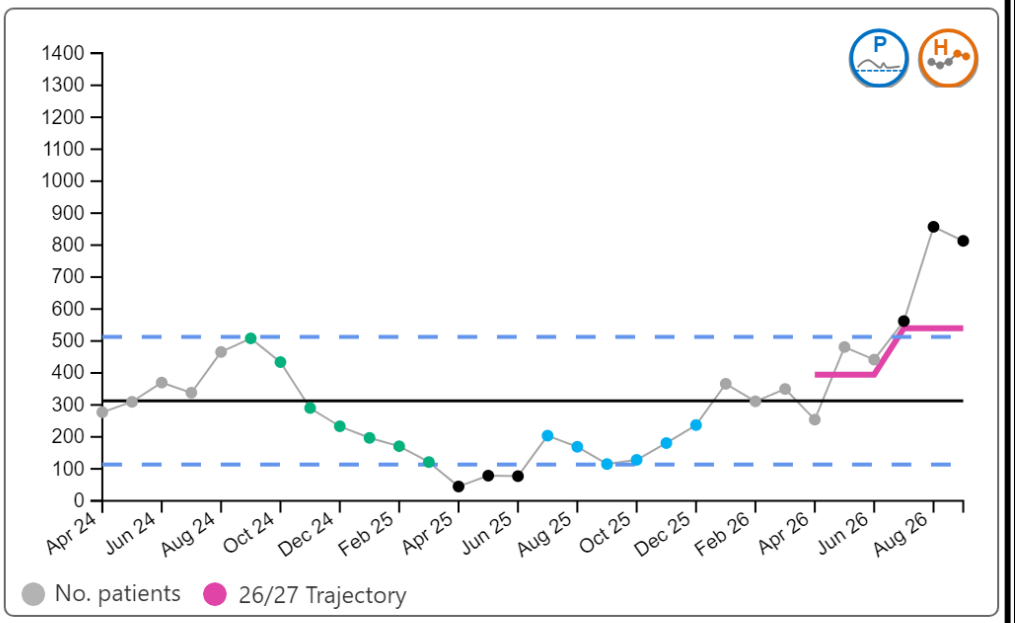
Insights and Actions

- Audiology: Adult pathway breaches have stabilised through the course of the year to date and are below trajectory. The national OP insourcing programme has placed additional demand placed on the Service as a result of the activity undertaken within ENT, which has front loaded the rate of demand to the Adult Hearing New (AHN) and diagnostic pathways. For Paediatric pathways, additional, end of year funding enabled a significant reduction in waiting list breaches. The cessation of this has seen breaches climb again through the first six months of the year, in line with forecast. Additional funding to reduce waits across both Adult and Paediatric pathways was included in the Planned Care Recovery Plan, and has been funded through the 'Sustainability' funding stream. This will enable the service to significantly reduce the number of patients (both adults and paediatrics) waiting beyond the standard, however the funding is non-recurrent and thus will not continue beyond the end of this financial year.

Planned Care & Diagnostics

Measure: No patient waiting more than 14 weeks for a therapeutic assessment
Performance: 813 (September 2026)
Trajectory: 540 (September 2026)
National target: 0

Better Care



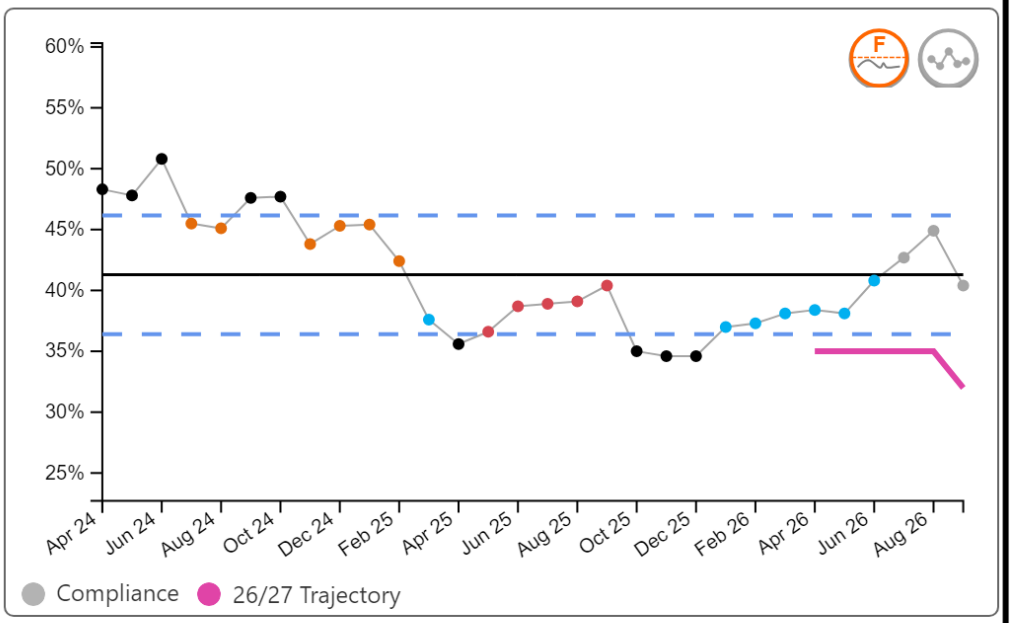
Insights and Actions

- Therapies: Therapies performance remains mixed across services. Dietetics continues to perform better than plan despite a small increase in breaches, with year-to-date performance significantly ahead of trajectory, although capacity pressures persist in paediatrics and gastroenterology. Occupational Therapy maintained zero breaches despite substantial workforce absence, supported by strong performance in advice-at-first-contact and ongoing work to manage increasing demand from direct parental access. Physiotherapy remains the main area of concern, with 683 patients waiting in excess of waiting time standard driven by rising referral volumes, workforce vacancies, sickness absence and capacity diverted to support RTT recovery, particularly within MSK, Neuro and Urology services. Podiatry maintained full compliance with no breaches, while Speech and Language Therapy reduced both waiting lists and breaches during September, although children's services continue to face workforce-related capacity constraints. Overall, while several services are maintaining or improving performance, sustained demand growth and workforce pressures continue to present risks, particularly for Physiotherapy and specific specialist therapy pathways.

Planned Care & Diagnostics

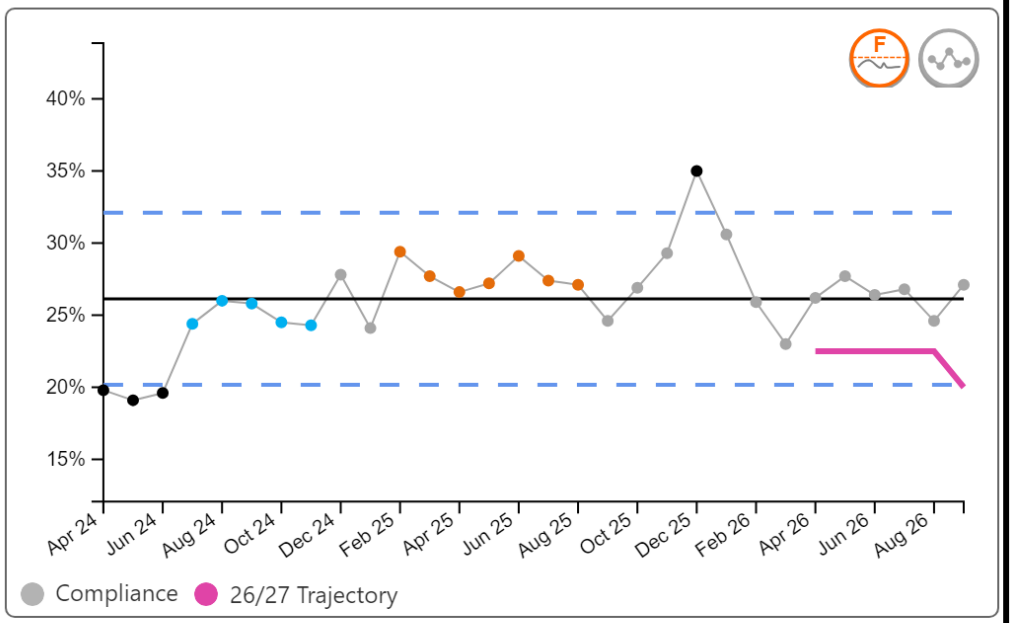
Measure: Theatre Utilisation: late starts to less than 20%
Performance: 40.4% (September 2026)
Trajectory: 32.0% (September 2026)
National target: 20.0%

Enabling Action
Better Care



Measure: Theatre Utilisation: early finishes to less than 10%
Performance: 27.1% (September 2026)
Trajectory: 20.0% (September 2026)
National target: 10.0%

Enabling Action
Better Care



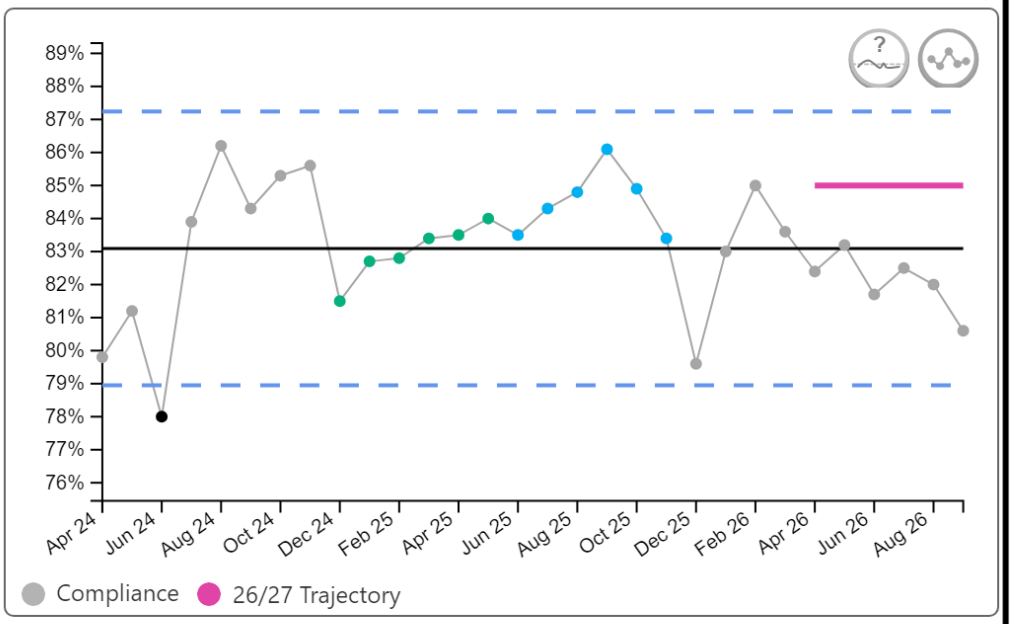
Insights and Actions

- Late starts have reduced below the mean in September but remain above trajectory. Early finishes have continued in line with average performance through 26/27 to date.
- The Theatres Optimisation Programme (TOP) was refreshed in May, reinforcing Theatre Services as a key Health Board priority. The programme adopts a whole-system approach to improve theatre productivity and performance through workstreams focused on workforce, theatre efficiency, right procedure/right place, and surgical hub accreditation. A key objective is the development of a simplified, consistent set of KPIs and performance measures to support decision-making and track improvement. In October, the Theatres Utilisation Group (TUG) will be reformed to drive operational improvements, initially focusing on short-notice cancellations, late starts, procedures per list, early finishes, utilisation and BADS day-case rates, with additional productivity metrics currently under development. Key actions over the coming period include preparations for the Surgical Hub Accreditation visit at YYF in October, progressing estate works at NHH to enable the pacing room to be converted into a treatment room from November, and identifying suitable procedures that can be relocated into the new space.

Planned Care & Diagnostics

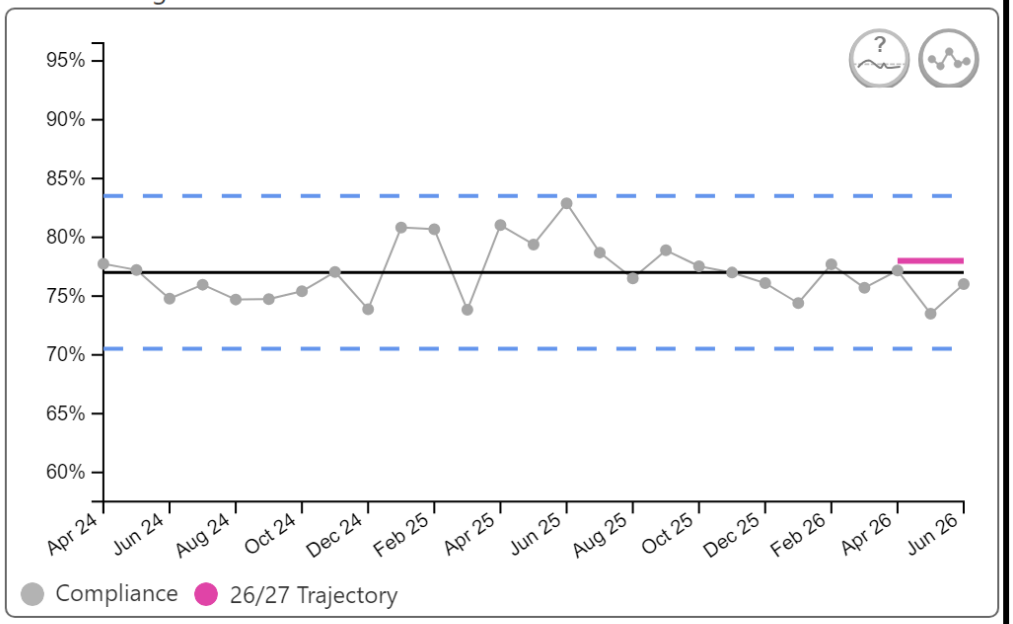
Measure: Theatre Utilisation: session utilisation to 85%
Performance: 80.6% (September 2026)
Trajectory: 85.0% (September 2026)
National target: 85.0%

Enabling Action
Better Care



Measure: Deliver improvements in day surgery rates, measured through BADS day case rates
Performance: 76.0% (June 2026)
Trajectory: 78.0% (June 2026)
National target: 80.0%

Better Care



Insights and Actions

- Session utilisation: Performance has been relatively close to the national standard of 85% since July 2024. Effective utilisation will be a key focus of the Theatres Optimisation Programme Group, as well as the reformed Theatres Utilisation Group (TUG). As the name suggest this metric will be central to TUG, drilling down at Theatre level to understand variation and the reasons for late starts/early finishes/lower utilisation.

- British Association of Day Surgery (BADS) rates: BADS rates continue to track closely to the national standard of 80%. Through the annual planning process for 26/27, the treatment demand and capacity plans indicate that Day Case treatments are set to increase by 7.7% (set it the context of an overall treatment increase of 2.7%). In the Plan the Health Board has committed to attaining the 80% standard by the end of the year. Validated day case rates are subject to lag, however June performance is largely in line with the Q2 trajectory.

Section 2.1: Mental Health Access Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Mental Health Access	Maintain Adults Part 1a to national target (assessment completed within 28-days)	80% Mar-27	94.3% Aug-26 (Aug-26 Trajectory: 80%)	H	?
	Maintain Adults Part 1b to national target (interventions completed within 28-days)	80% Mar-27	93.9% Aug-26 (Aug-26 Trajectory: 80%)		P
	Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)	90% Mar-27	78.9% Aug-26 (Aug-26 Trajectory: 90%)		?
	Maintain rate of psychological therapy received within 26-weeks	62% Mar-27	51.3% Aug-26 (Aug-26 Trajectory: 56%)		F
	Implement actions to deliver a material reduction in the number of out-of-area placements in 2026/27, and associated costs.	0 Mar-27	0 Aug-26 (Q2 Trajectory: 0)	L	?
	Maintain 80% compliance of SCAMHS Choice Assessments within 28-days from referral	80% Mar-27	94.3% Aug-26 (Jul-26 Trajectory: 80%)		P
	Maintain CAMHS Part 1a national target compliance (assessment completed within 28-days)	80% Mar-27	95.4% Aug-26 (Aug-26 Trajectory: 80%)		P
	Maintain CAMHS Part 1b national target compliance (intervention completed within 28-days)	80% Mar-27	92.5% Aug-26 (Aug-26 Trajectory: 80%)		?
	Maintain CAMHS Part 2 national target compliance	90% Mar-27	98.4% Aug-26 (Aug-26 Trajectory: 90%)		?

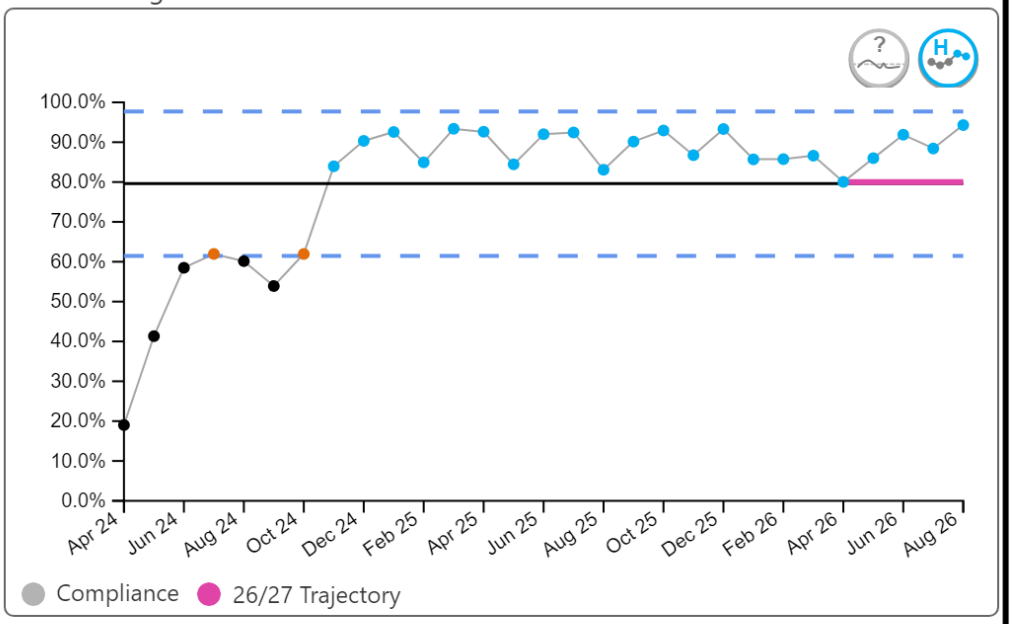
Section 2.1: Mental Health Access Performance Summary

Theme	Delivery Expectation	ABUHB commitment	In month performance against trajectory	Variance	Assurance
Mental Health Access	Improvement in Neurodevelopment waiting times compliance	**80%** Mar-27	**50.9%** Aug-26 (Aug-26 Trajectory: 49%)		

Mental Health

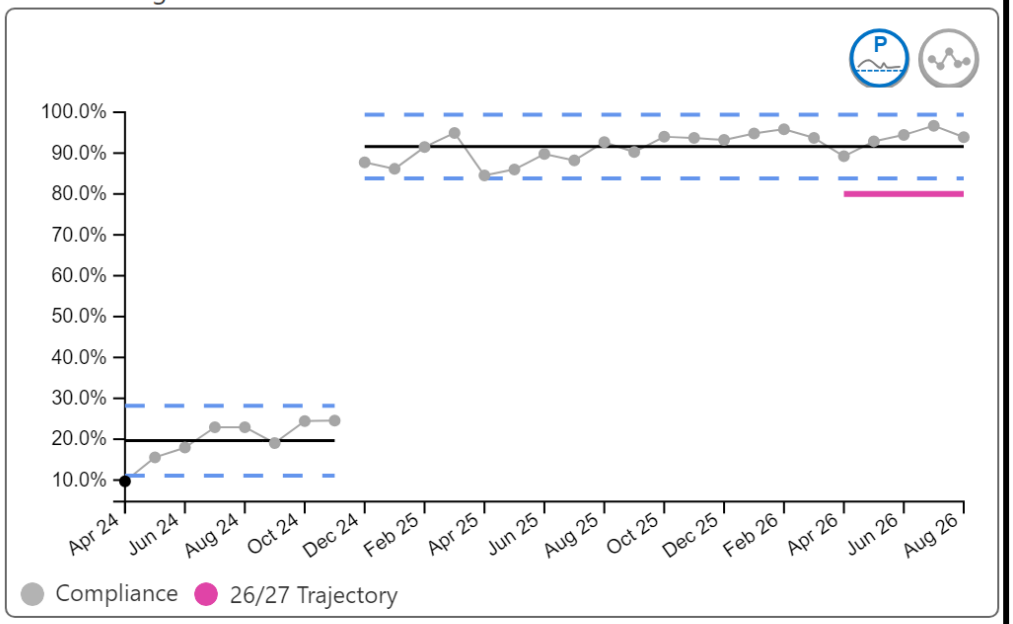
Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)
Performance: 94.3% (August 2026)
Trajectory: 80.0% (August 2026)
National target: 80.0%

Better Care



Measure: Maintain Adults Part 1b to national target (interventions completed within 28 days)
Performance: 93.9% (August 2026)
Trajectory: 80.0% (August 2026)
National target: 80.0%

Better Care



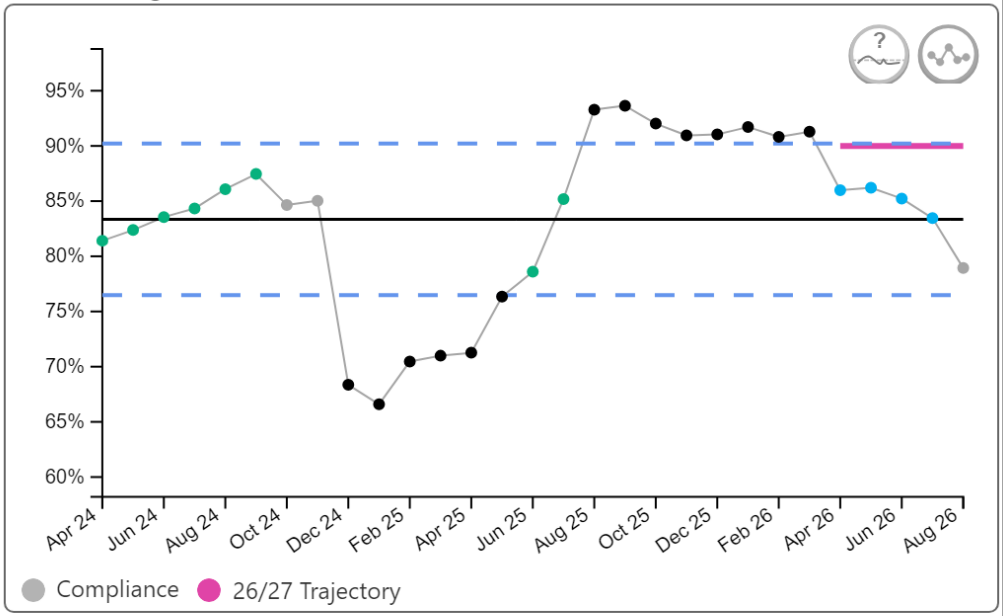
Insights and Actions

- Adults 1a & 1b: Delivery remains strong against these measures, with the Service balancing both demand and capacity to ensure continued compliance with the national standard through the entirety of 2025/26 and into 2026/27. The SPC chart for Part 1b has had a process break inserted from December 2024 to reflect the change in performance since this time, following the extensive data cleansing work and service improvements that were delivered.

Mental Health

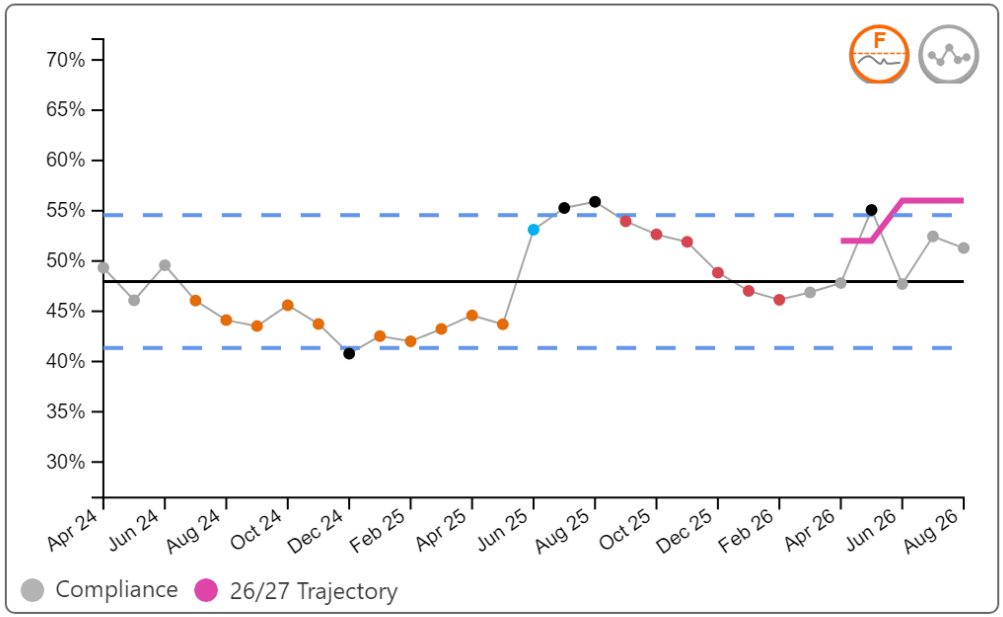
Measure: Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)
Performance: 78.9% (August 2026)
Trajectory: 90.0% (August 2026)
National target: 90.0%

Better Care



Measure: Maintain rate of psychological therapy received within 26 weeks
Performance: 51.3% (August 2026)
Trajectory: 56.0% (August 2026)
National target: 80.0%

Better Care



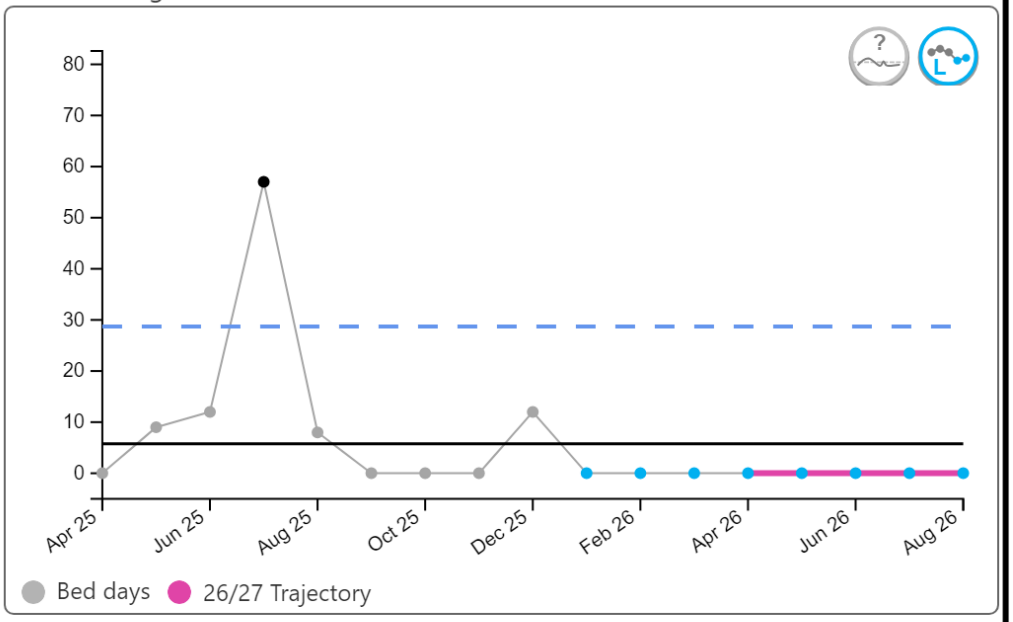
Insights and Actions

- Adults Part 2: Part 2 performance decreased below the mean in August. The Division have commenced a targeted piece of work to ensure compliance returns.
- Psychological Therapies: The Divisional recovery plan for 26/27, which aims to improve performance to 62% by the end of the year, is showing some improvement through the course of the year to date however performance remains slightly under the Annual Plan trajectory. ABUHB, in conjunction with Cardiff University, hosted a Masters student to work with the Service over the summer of a project for an MSc dissertation. The project developed a simulation model of adult psychological therapy pathways across the seven CMHTs in Gwent to understand the factors driving long waits and assess the impact of alternative service designs on patient flow and access to treatment. The model tested options such as different triage and treatment arrangements, changes to care coordination, workforce reconfiguration, and the effects of non-engagement and drop-out rates, to identify the staffing and service model required to achieve the Welsh Government target of 80% of patients starting treatment within 26 weeks.

Mental Health

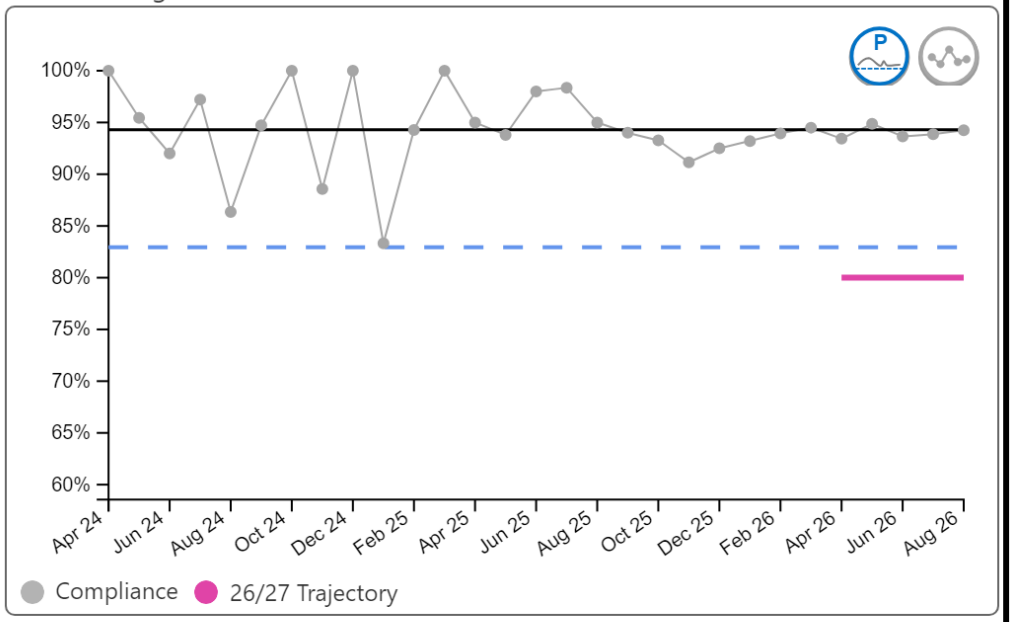
Measure: Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.
Performance: 0 (August 2026)
Trajectory: 0 (Q2 26/27)
National target: None

Enabling Action
Better Care



Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral
Performance: 94.3% (August 2026)
Trajectory: 80.0% (August 2026)
National target: 80.0%

Better Care



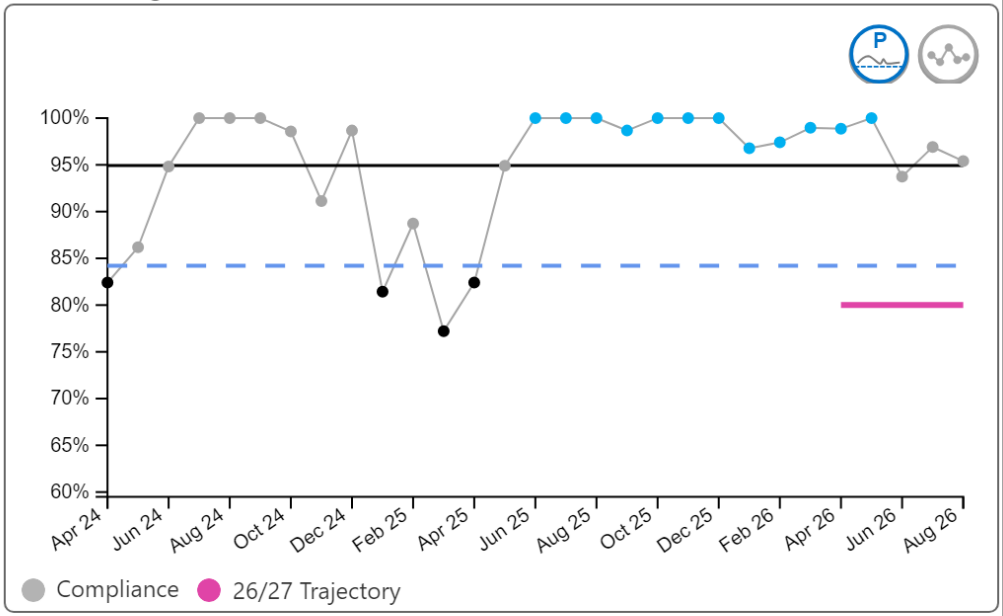
Insights and Actions

- Out of Area Placements (OAPs): A new Enabling Action for 26/27, the national directive is to reduce placements and the costs associated with them. OAPs can have a significant negative impact on mental health patients by separating them from their families, support networks, and local services, which are often critical to recovery. They can also lead to poorer patient experience, disruption to continuity of care, and increased lengths of stay, while creating additional financial pressures. The national reporting format was formalised after the submission of the plan, and the measurement is by bed days rather than the number of individual placements. Placement categories in scope of the reporting are: Adult & Adult PICU, and Older Adult and Older Adult PICU. In 25/26 the Health Board commissioned 98 bed days of OAPs with just four individual months of the year incurring them, at a total cost of £86,450. The 26/27 ambition in the plan is to deliver to zero bed days and thus cost, and as of August this remains on track.
- Specialist CAMHS Choice Assessments: No issues, performance continues to track well above national standard of 80%.

Mental Health

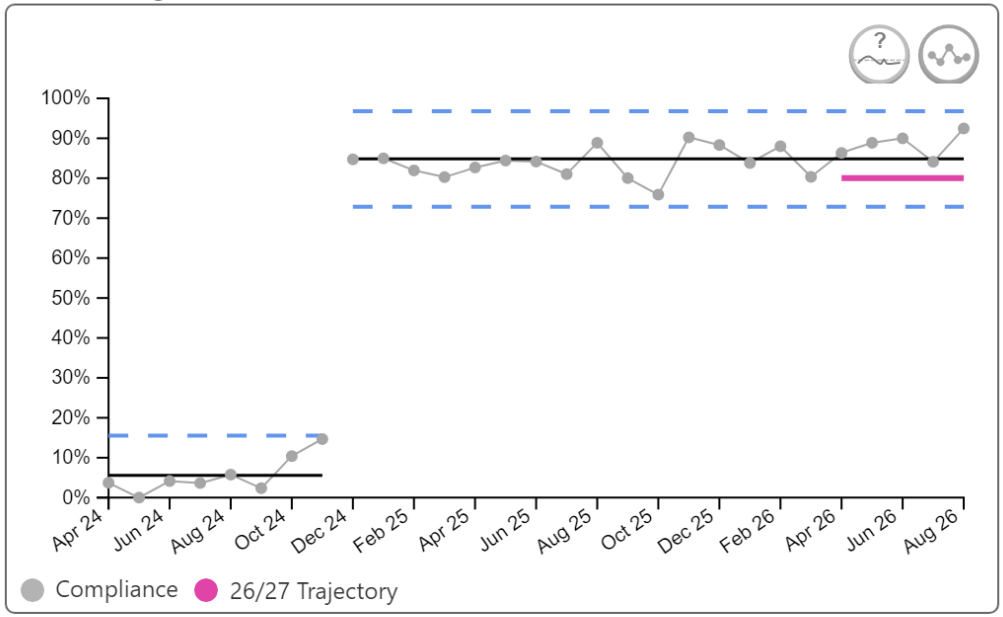
Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)
Performance: 95.4% (August 2026)
Trajectory: 80.0% (August 2026)
National target: 80.0%

Better Care



Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)
Performance: 92.5% (August 2026)
Trajectory: 80.0% (August 2026)
National target: 80.0%

Better Care



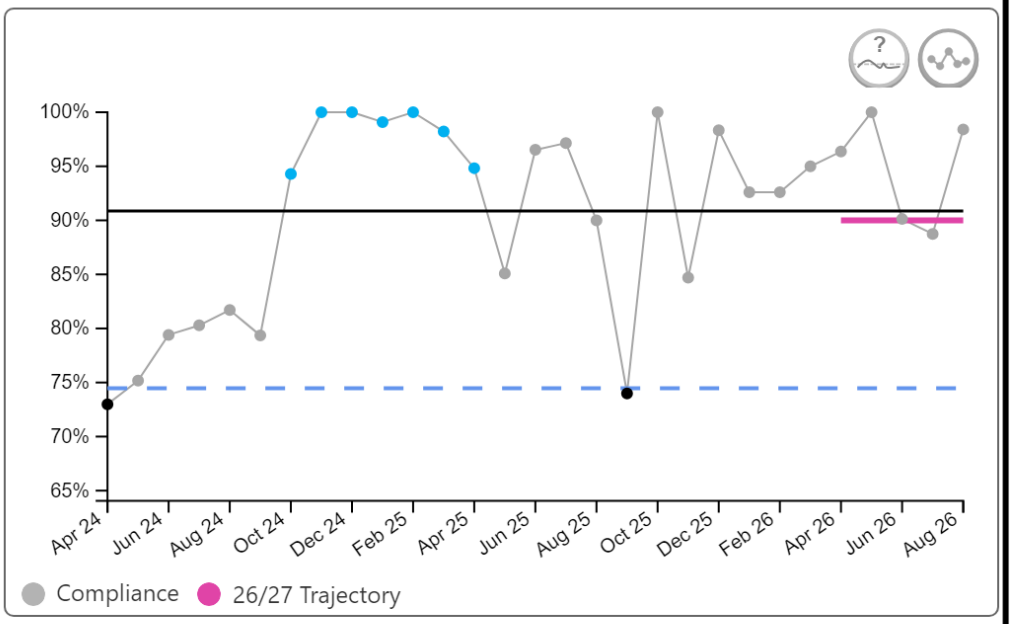
Insights and Actions

- CAMHS 1a & 1b: Like with Adults, strong delivery has been maintained for these measures, with the service balancing both demand and capacity to ensure continued compliance with the national standard, with 1a having met the national standard for the entirety of 2025/26 and continued in to 2026/27. The SPC chart for Part 1b has had a process break inserted from December 2024 to reflect the change in performance since this time.

Mental Health

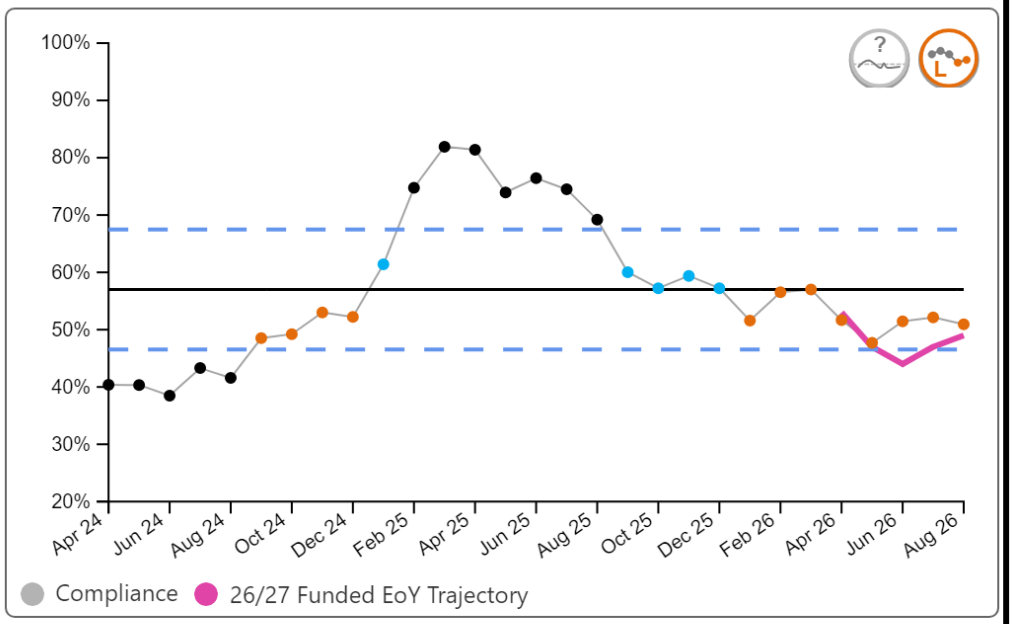
Measure: Maintain CAMHS Part 2 national target compliance
Performance: 98.4% (August 2026)
Trajectory: 90.0% (August 2026)
National target: 90.0%

Better Care



Measure: Improvement in Neurodevelopment waiting times compliance
Performance: 50.9% (August 2026)
Trajectory: 49.0% (August 2026)
National target: 80.0%

Better Care



Insights and Actions

- CAMHS Part 2: Performance has returned to close to 100%, following a two month decrease..
- CAMHS ND: Following a period of extensive challenge within the Service, whereby it has prioritised keeping the longest waits under 52-weeks at the cost of the <26-week compliance measure, NDIP funding of £568,536 has been secured for 2026/27 to support CAMHS Neurodevelopmental (ND) Referral to Treatment Time (RTT) recovery and service sustainability. This includes circa £281k to address existing staffing funding shortfalls, ensuring current service capacity can be maintained, and circa £187.5k to establish additional workforce capacity. A further £95k has been allocated to fund additional staff hours, increasing clinical delivery and supporting RTT recovery. This allocation also includes £4,000 for the CHRONOS AI pilot, which will support service efficiencies, improve waiting list management, and strengthen RTT performance monitoring and reporting. Collectively, this investment will help stabilise the service, expand capacity, and accelerate progress towards achieving RTT recovery targets. As of August, performance is tracking against the end of year trajectory.

Agenda Item:

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	03 November 2026
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Productivity Improvement Report –Ophthalmology Regional Cataract Analytics – Dashboard Overview
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe, Executive Director of Finance, Procurement & Value
SWYDDOG ADRODD: **REPORTING OFFICER:**	Greg Bowen, Assistant Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report presents the Ophthalmology Regional Cataract Analytics dashboard, developed by the Finance and Ophthalmology Directorate, process led by the Business Intelligence & Value team within Finance. It measures productivity, theatre efficiency, waiting list outlook and financial opportunity for the Regional Cataract Service at Nevill Hall Hospital (NHH), covering data from April 2025 to September 2026 (18 months).

Performance is assessed against the Welsh Government expectation of 7 cases per high-volume low-complexity (HVLC) list, and the GIRFT HVLC standard adjusted to 9.38 cases for ABUHB's 3.75-hour session.

A high-level snapshot of the results, and where the service sits against each benchmark, is shown below:

Cases per List (HVLC)	vs Welsh Government (7.0)	vs GIRFT adjusted (9.38)	Theatre Utilisation	Cash Releasing at GIRFT
7.11	**Target met (+1.6%)**	**Below target (−24.2%)**	**89%** (target ≥85%)	**£736,980** (18 months)

Beyond supporting operational management of the Regional Cataract Service, the dashboard provides a practical example of how data-driven productivity analysis can be used to identify capacity opportunities, support planned care recovery and inform the wider Financial Recovery Programme. At a time of significant financial challenge, understanding how effectively existing resources are utilised is increasingly important in ensuring that the Health Board maximises value from available capacity whilst maintaining patient access and service quality.

The dashboard has been developed to support informed discussion regarding capacity utilisation, elective recovery and productivity opportunities within one of the Health Board's highest-volume elective pathways.

The Regional Cataract Service was selected as the first pathway for detailed productivity analysis due to its high-volume nature, the availability of established national productivity benchmarks, and the inclusion of cataract productivity expectations within Welsh Government Planned Care criteria.

Key messages

- **Welsh Government target met and improving.** Cases per list rose from 6.98 in 2025-26 to 7.34 in 2026-27 to date. Every month since January 2026 has been above 7.0, with 7.36 in September 2026.
- **GIRFT gap remains.** Against 9.38, the gap is 2.27 cases per list. Closing it could have delivered 865 more procedures over 18 months, £736,980 of cash releasing by using existing capacity (about £491k a year).
- **Early finishes are the biggest lever.** 79% of the 11,105 theatre minutes lost (8,744 minutes) came from lists finishing early, equal to about 422 procedures. September was encouraging, with early finishes falling to 14% of lists from 54% in August.
- **Variation and dependency.** One consultant delivers 58% of HVLC lists at 7.47 cases per list; the other two average 6.81 and 6.31.
- **Productivity is what moves the waiting list.** At the current rate the list stays broadly flat, edging up from 1,120 to about 1,216 by September 2028. At GIRFT 9.38 it falls to about 68 over the same period, roughly 44 fewer patients waiting each month.
- Performance against the Welsh Government benchmark has improved consistently throughout the period and has been sustained above target throughout 2026.

Link to Dashboard: See Appendix 1

The position by financial year is summarised below:

Measure	2025-26 (Apr–Mar)	2026-27 (Apr–Sep, 6 months)	All periods (18 months)
HVLC-only lists	247	135	382
HVLC procedures	1,725	991	2,716
Cases per list (HVLC only)	6.98	7.34	7.11
Gap to Welsh Government target (7.0)	−0.02	+0.34	+0.11
Gap to GIRFT adjusted (9.38)	−2.39 (−25.5%)	−2.03 (−21.7%)	−2.27 (−24.2%)
Theatre utilisation (target ≥85%)	89%	90%	89%
Mixed HVLC/complex lists (share of lists)	13 (5%)	21 (13%)	34 (8%)
Cash releasing at GIRFT (existing capacity)	£502,680	£234,300	£736,980

The dashboard is illustrated by the screenshots in the Assessment section. Figures should be read as indicators of opportunity to inform discussion and prioritisation, rather than a judgement of individual performance

Cefndir / Background

The dashboard covers NHH Regional cataract activity only. Royal Gwent Hospital (RGH) core elective cataract activity is deliberately excluded. This scope was agreed with the Ophthalmology Directorate and endorsed by the Finance BI & Value Team.

Why RGH is excluded. Referral triage routes the simplest patients to NHH and the most complex to RGH. RGH runs no dedicated HVLC lists, operates training lists and complexity-based slot booking, and uses procedure codes that have only changed in the last nine months. No Welsh or GIRFT benchmark exists for complex cataract work. Comparing the two sites would compare different patient groups, so RGH requires its own analysis once suitable benchmarks exist.

Data sources. Three extracts from the Theatres Qlik app: theatre sessions (timing, utilisation, session owner), procedures (OPCS-coded) and the monthly waiting list position (referrals, removals, adjustments). The data is not live and is refreshed manually; this report reflects the refresh to September 2026.

List classification. Each session is classified by the procedures within it: HVLC only (standard cataract, OPCS C71.2 and C75.1), Complex only, or HVLC and Complex Mix. Only HVLC-only lists are benchmarked against national standards.

BENCHMARK FRAMEWORK OVERVIEW

The dashboard assesses the service against the following reference points:

Benchmark	Cases per List	Status / Use
Welsh Government target	7.0	Primary operational target for HVLC cataract lists
GIRFT HVLC standard (adjusted)	9.38	10 cases per 4-hour list scaled to ABUHB's 3.75-hour session (10 ÷ 4 × 3.75).
England national average (GIRFT 2022)	6.3	Reference only
Theatre utilisation	≥85%	Time from first patient in to last patient out ÷ planned session time

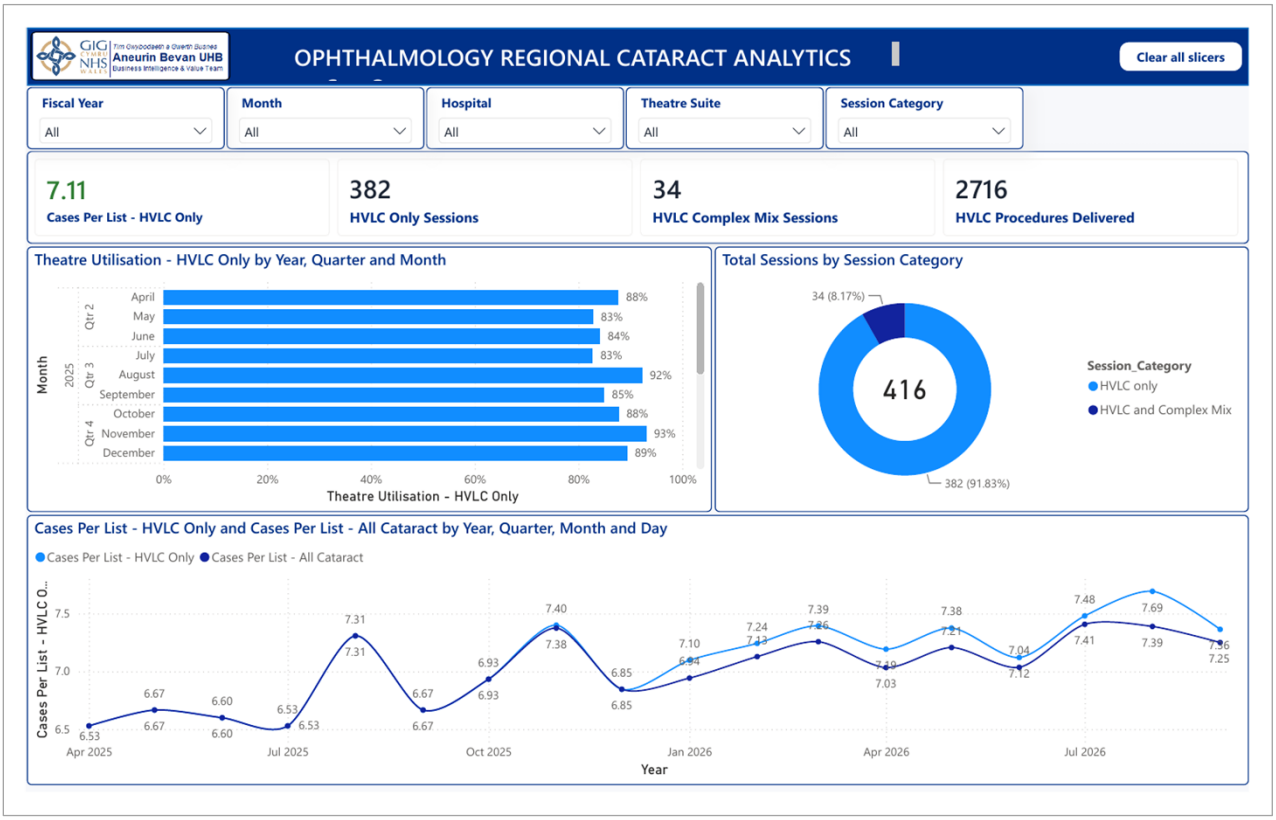
FINANCIAL ASSUMPTIONS

Outsourcing cost is £1,100 per cataract and the full in-house cost is £962. Additional cataracts delivered within contracted session hours incur an additional marginal cost of £248 per case. Each additional case delivered within existing capacity presents a cash releasing opportunity of £852 (£1,100 less £248). Financial values in this report represent the potential release of outsourced expenditure where additional Cataract activity can be delivered within existing capacity through productivity improvement.

The dashboard aligns closely with the objectives of the Financial Recovery Programme by providing greater transparency regarding the utilisation of existing resources and highlighting opportunities to maximise productivity from available capacity. Such analysis supports evidence-based decision-making and may help reduce reliance on additional commissioned activity, outsourced provision and other higher-cost interventions required to manage waiting list pressures.

Asesiad / Assessment

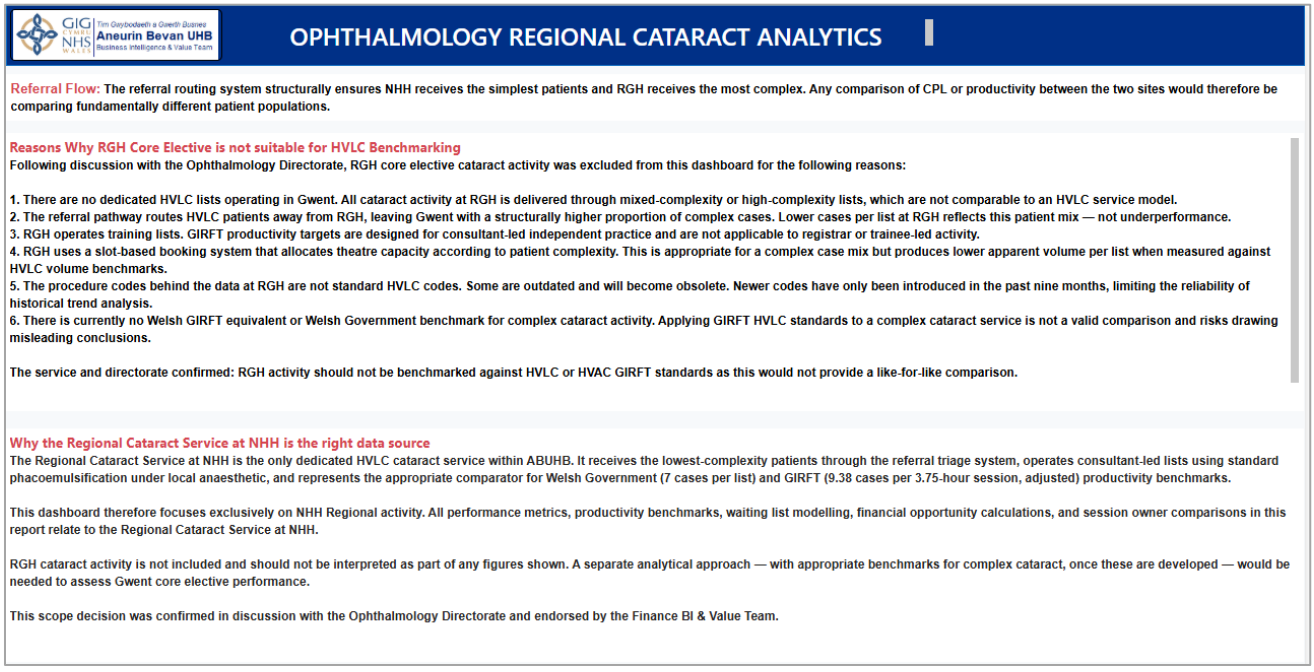
HIGH LEVEL OVERVIEW



Dashboard overview: cases per list, session mix, theatre utilisation and monthly trend (all periods, to September 2026)

INTEGRATED PERFORMANCE ANALYSIS

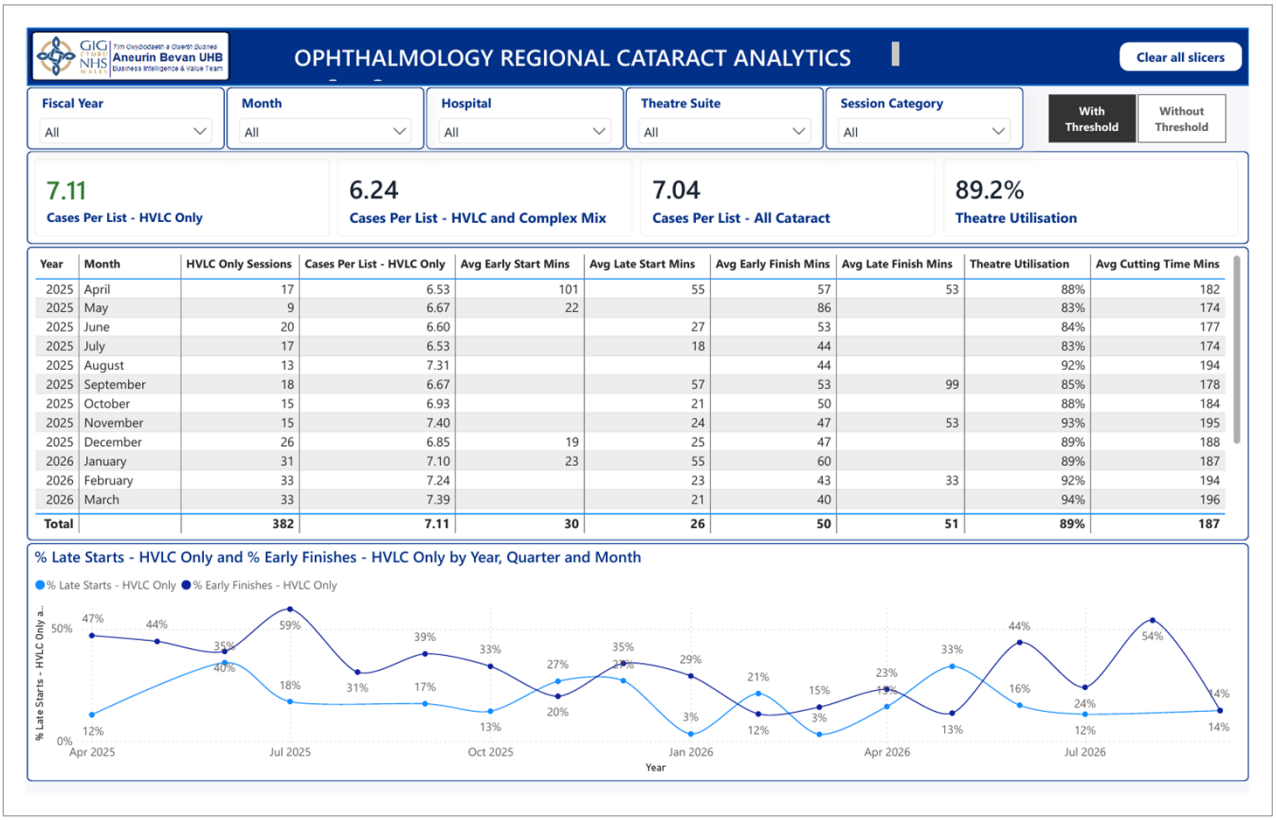
1. SCOPE AND REFERRAL FLOW



Scope statement and rationale for excluding RGH

The opening tab records the agreed scope. Every figure relates to the NHH Regional HVLC service, not all cataract surgery in ABUHB.

2. PRODUCTIVITY TREND



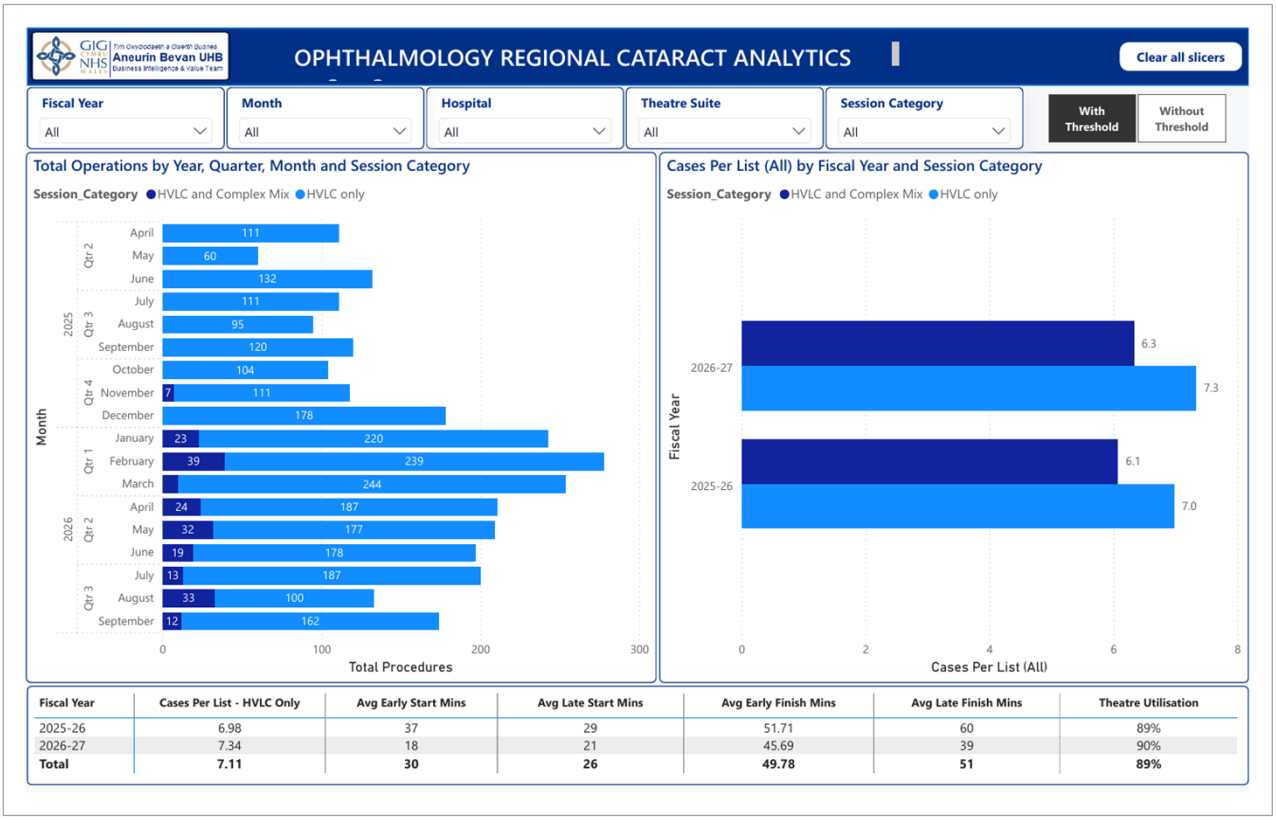
Year	Month	HVLC Only Sessions	Cases Per List - HVLC Only	Avg Early Start Mins	Avg Late Start Mins	Avg Early Finish Mins	Avg Late Finish Mins	Theatre Utilisation	Avg Cutting Time Mins
2025	April	17	6.53	101	55	57	53	88%	182
2025	May	9	6.67	22		86		83%	174
2025	June	20	6.60		27	53		84%	177
2025	July	17	6.53		18	44		83%	174
2025	August	13	7.31			44		92%	194
2025	September	18	6.67		57	53	99	85%	178
2025	October	15	6.93		21	50		88%	184
2025	November	15	7.40		24	47	53	93%	195
2025	December	26	6.85	19	25	47		89%	188
2026	January	31	7.10	23	55	60		89%	187
2026	February	33	7.24		23	43	33	92%	194
2026	March	33	7.39		21	40		94%	196
Total		**382**	**7.11**	**30**	**26**	**50**	**51**	**89%**	**187**

Monthly productivity and timing table, with late start and early finish trend

- Cases per list rose from 6.53 in April 2025 to a peak of 7.69 in August 2026, settling at 7.36 in September. Every month since January 2026 has been above the 7.0 target. Theatre Utilisation has held between 83% and 94%, with 93% in September 2026.
- Activity stepped up from December 2025: HVLC lists rose from 9–20 a month to 26–33 a month (December 2025 to March 2026), and have held at about 22–26 a month since. August 2026 dipped to 13 lists, likely reflecting summer leave, and recovered to 22 in September.
- Late starts are reducing: average late start fell from 29 minutes (2025-26) to 21 minutes (2026-27), with 12–16% of lists starting late each month from June to September 2026.
- Early finishes remain the main issue but improved in September: 14% of lists finished early, down from 54% in August. When lists do finish early, they finish about 46–52 minutes early, room for one to two more patients.
- Case mix is shifting: mixed HVLC/complex lists rose from 5% of lists in 2025-26 to 13% in 2026-27, running at about 6.3 cases per list. This should be checked against referral triage.

The findings presented within this report should also be recognised as a positive example of service improvement. The Regional Cataract Service is currently delivering productivity levels above the Welsh Government benchmark, whilst also exceeding utilisation targets. This demonstrates the benefits of focused pathway redesign, standardised operating models and ongoing performance monitoring. The dashboard therefore provides both assurance regarding current performance and insight into potential future opportunities.

3. THEATRE CAPACITY LOST



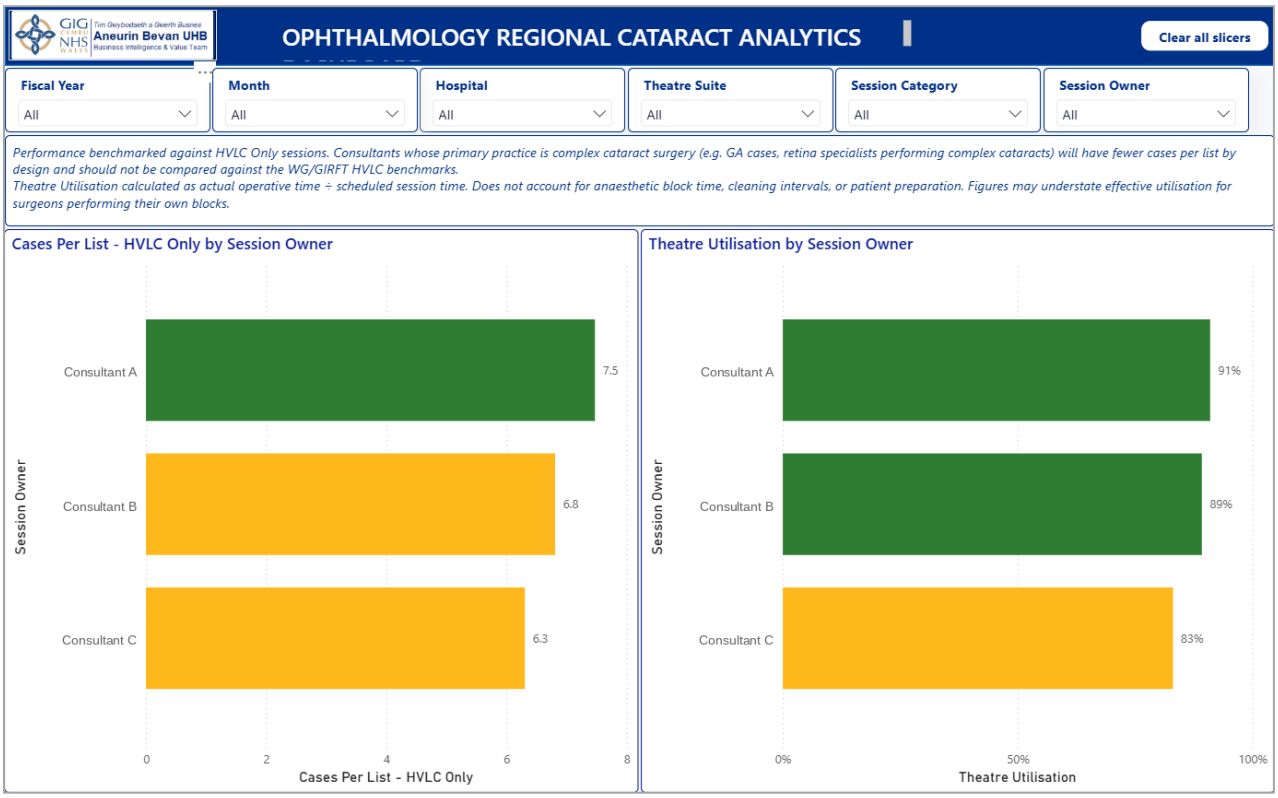
Fiscal Year	Cases Per List - HVLC Only	Avg Early Start Mins	Avg Late Start Mins	Avg Early Finish Mins	Avg Late Finish Mins	Theatre Utilisation
2025-26	6.98	37	29	51.71	60	89%
2026-27	7.34	18	21	45.69	39	90%
Total	**7.11**	**30**	**26**	**49.78**	**51**	**89%**

Procedures by month and session category, with timing summary by financial year

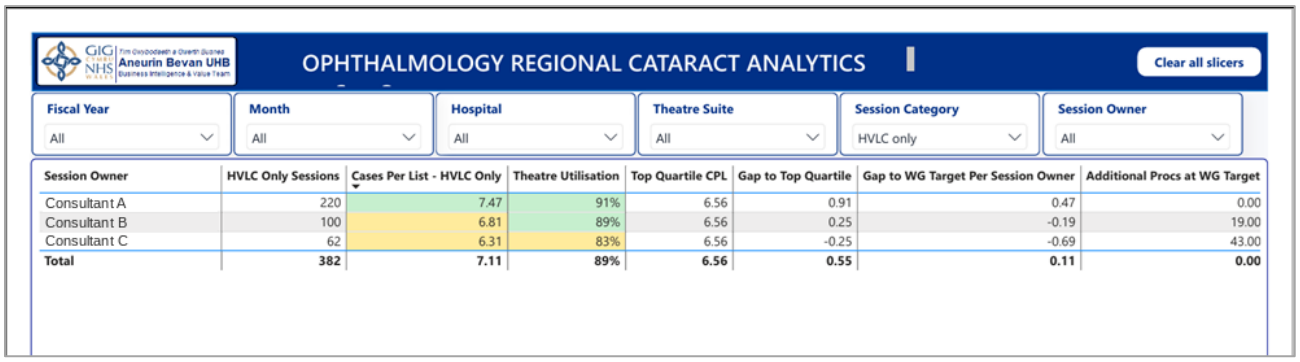
Period	Late Start Mins Lost	Early Finish Mins Lost	Total Mins Lost	Equivalent Procedures
2025-26	1,607	5,820	7,427	278
2026-27 (6 months)	754	2,924	3,678	143
All periods	**2,361**	**8,744**	**11,105**	**422**

- Early finishes account for 79% of lost time. The service is not slow in theatre; it is running out of patients before the list ends, through short-notice cancellations, patients unfit on the day or lists not fully booked.
- Recovering the 422 procedures lost represents a cash releasing opportunity over 18 months period of approx. £360k.

4. CONSULTANT VARIATION



Cases per list and theatre utilisation by session owner

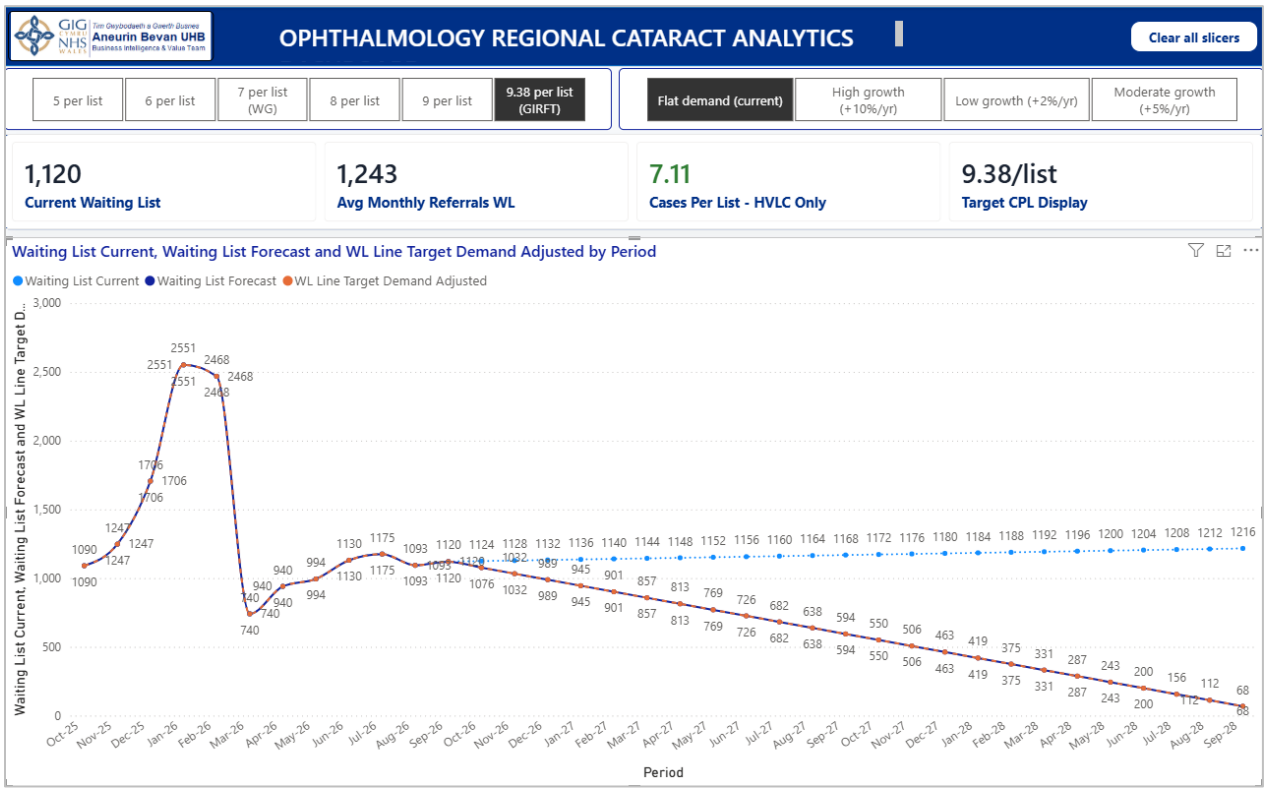


Session owner gap to top quartile and Welsh Government target

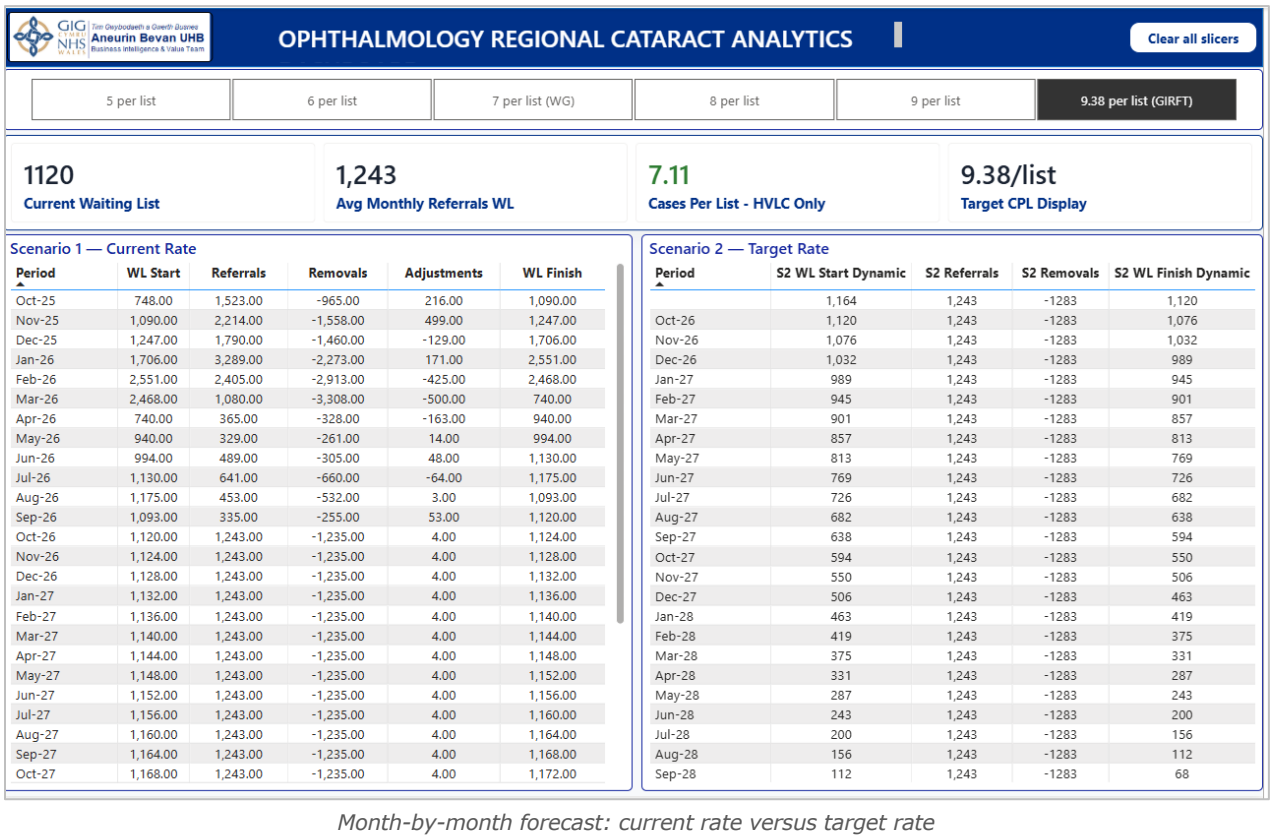
Consultant	HVLC Lists	Cases per List	Utilisation	Gap to WG Target	Procs Short of WG Target
Consultant A	220 (58%)	7.47	91%	+0.47	0
Consultant B	100 (26%)	6.81	89%	−0.19	19
Consultant C	62 (16%)	6.31	83%	−0.69	43

- Best practice exists in-house: Consultant A runs at 7.76 cases per list in 2026-27, and their list model is the obvious template.
- Dependency risk: one consultant delivers over half of all HVLC lists. Consultant C delivered 60 lists in 2025-26 but only 2 in 2026-27, while Consultant B rose from 39 to 61, so the 2026-27 improvement partly reflects a change in who is operating.

5. WAITING LIST OUTLOOK



Waiting list actuals and forecast (shown at 9.38 per list, flat demand)



Scenario 1 — Current Rate

Period	WL Start	Referrals	Removals	Adjustments	WL Finish
Oct-25	748.00	1,523.00	-965.00	216.00	1,090.00
Nov-25	1,090.00	2,214.00	-1,558.00	499.00	1,247.00
Dec-25	1,247.00	1,790.00	-1,460.00	-129.00	1,706.00
Jan-26	1,706.00	3,289.00	-2,273.00	171.00	2,551.00
Feb-26	2,551.00	2,405.00	-2,913.00	-425.00	2,468.00
Mar-26	2,468.00	1,080.00	-3,308.00	-500.00	740.00
Apr-26	740.00	365.00	-328.00	-163.00	940.00
May-26	940.00	329.00	-261.00	14.00	994.00
Jun-26	994.00	489.00	-305.00	48.00	1,130.00
Jul-26	1,130.00	641.00	-660.00	-64.00	1,175.00
Aug-26	1,175.00	453.00	-532.00	3.00	1,093.00
Sep-26	1,093.00	335.00	-255.00	53.00	1,120.00
Oct-26	1,120.00	1,243.00	-1,235.00	4.00	1,124.00
Nov-26	1,124.00	1,243.00	-1,235.00	4.00	1,128.00
Dec-26	1,128.00	1,243.00	-1,235.00	4.00	1,132.00
Jan-27	1,132.00	1,243.00	-1,235.00	4.00	1,136.00
Feb-27	1,136.00	1,243.00	-1,235.00	4.00	1,140.00
Mar-27	1,140.00	1,243.00	-1,235.00	4.00	1,144.00
Apr-27	1,144.00	1,243.00	-1,235.00	4.00	1,148.00
May-27	1,148.00	1,243.00	-1,235.00	4.00	1,152.00
Jun-27	1,152.00	1,243.00	-1,235.00	4.00	1,156.00
Jul-27	1,156.00	1,243.00	-1,235.00	4.00	1,160.00
Aug-27	1,160.00	1,243.00	-1,235.00	4.00	1,164.00
Sep-27	1,164.00	1,243.00	-1,235.00	4.00	1,168.00
Oct-27	1,168.00	1,243.00	-1,235.00	4.00	1,172.00

Scenario 2 — Target Rate

Period	S2 WL Start Dynamic	S2 Referrals	S2 Removals	S2 WL Finish Dynamic
	1,164	1,243	-1283	1,120
Oct-26	1,120	1,243	-1283	1,076
Nov-26	1,076	1,243	-1283	1,032
Dec-26	1,032	1,243	-1283	989
Jan-27	989	1,243	-1283	945
Feb-27	945	1,243	-1283	901
Mar-27	901	1,243	-1283	857
Apr-27	857	1,243	-1283	813
May-27	813	1,243	-1283	769
Jun-27	769	1,243	-1283	726
Jul-27	726	1,243	-1283	682
Aug-27	682	1,243	-1283	638
Sep-27	638	1,243	-1283	594
Oct-27	594	1,243	-1283	550
Nov-27	550	1,243	-1283	506
Dec-27	506	1,243	-1283	463
Jan-28	463	1,243	-1283	419
Feb-28	419	1,243	-1283	375
Mar-28	375	1,243	-1283	331
Apr-28	331	1,243	-1283	287
May-28	287	1,243	-1283	243
Jun-28	243	1,243	-1283	200
Jul-28	200	1,243	-1283	156
Aug-28	156	1,243	-1283	112
Sep-28	112	1,243	-1283	68

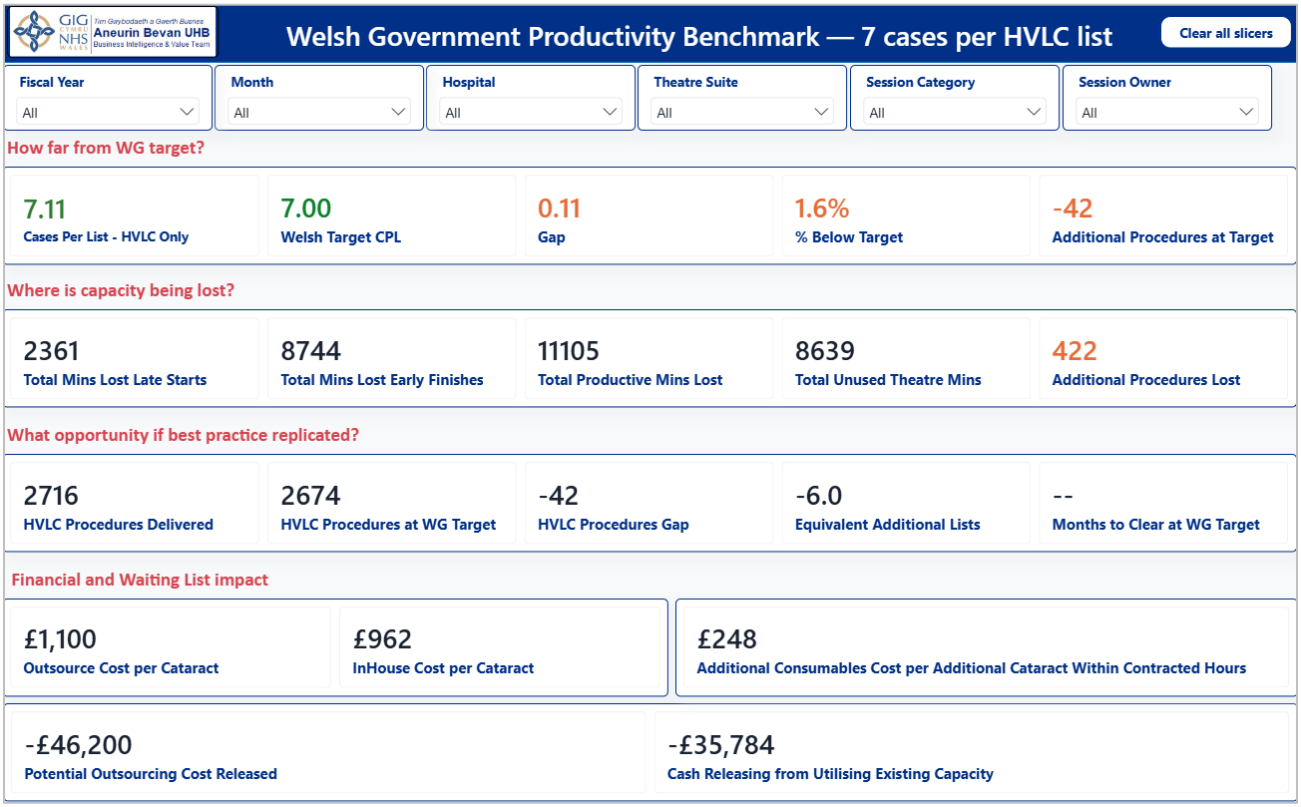
Month-by-month forecast: current rate versus target rate

- The waiting list stood at 1,120 in September 2026. The forecast assumes 1,243 referrals and 1,235 removals a month (the October 2025 to September 2026 averages), so demand and capacity are almost exactly balanced.

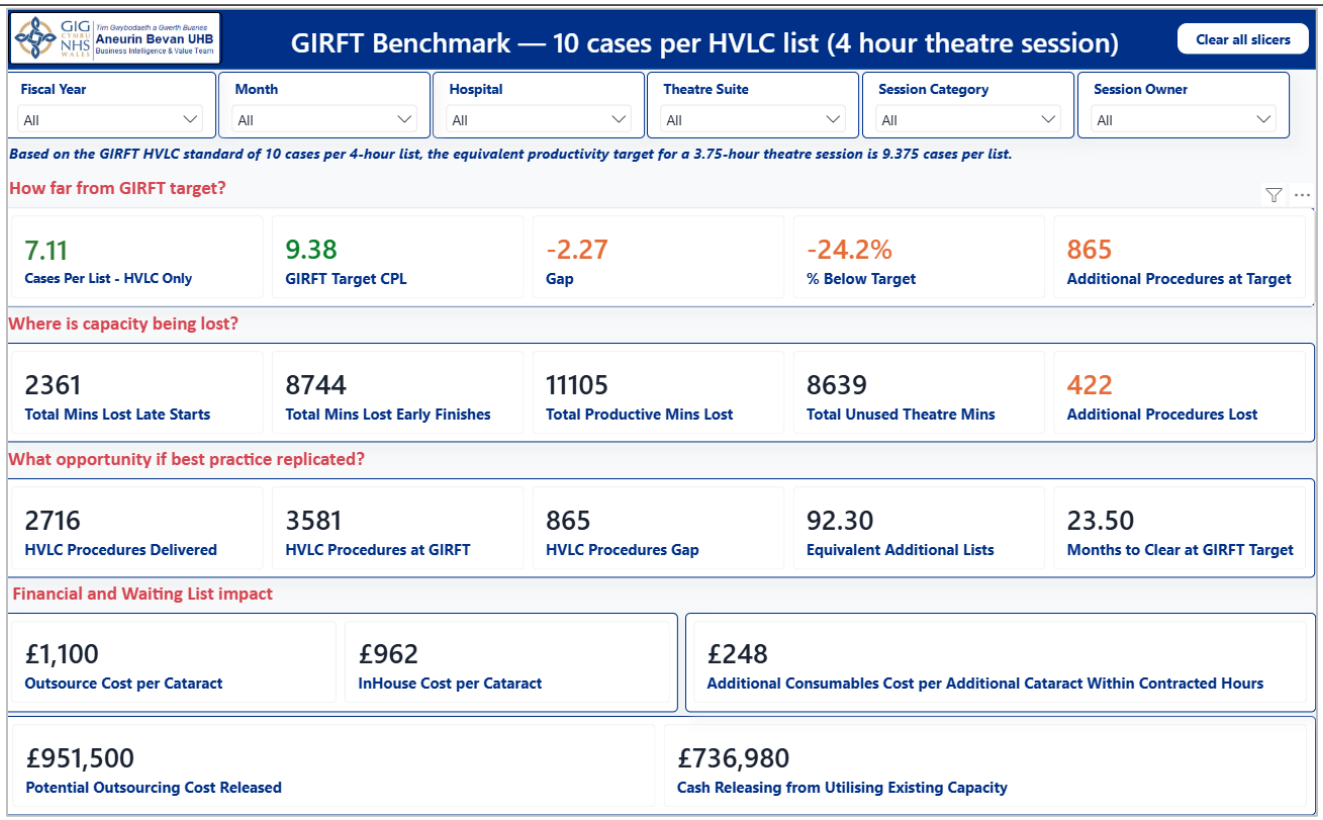
Scenario (flat demand)	Removals per Month	Oct-27	Sep-28	Change from Sep-26
Current rate (7.11 per list)	1,235	1,172	1,216	+96
GIRFT target (9.38 per list)	1,283	550	68	−1052

- At the current rate the list grows slowly, by about 4 patients a month. Lifting productivity to GIRFT 9.38 adds about 48 removals a month, turning that into a reduction of about 44 a month, without any additional lists.
- This is the clearest link between theatre productivity and patient access in the dashboard: the gap between the two scenarios is 836 fewer patients waiting by September 2028.
- Caveat: the averages include the October 2025 to March 2026 surge, when monthly referrals and removals were far above recent levels. Since March 2026 the actual list has risen from 740 to 1,120, faster than the current-rate line implies. The model assumes constant list numbers and no seasonality; it is a planning aid, not a prediction.

6. BENCHMARKS AND FINANCIAL OPPORTUNITY



Welsh Government productivity benchmark (7 cases per HVLC list)



GIRFT benchmark (9.38 cases per 3.75-hour HVLC list)

Whilst the service is now consistently achieving and exceeding the Welsh Government benchmark of seven cases per list, the analysis continues to identify opportunities for further improvement. Benchmarking against GIRFT productivity assumptions demonstrates that additional capacity may still be realisable through continued optimisation of theatre utilisation, reduction in unwarranted variation and adoption of best practice. As such, the dashboard should be viewed not only as a mechanism for demonstrating performance but also as a tool for identifying future improvement opportunities.

Whilst productivity has improved significantly and now exceeds the Welsh Government benchmark of seven cases per list, current activity levels remain broadly matched to underlying demand. As a result, the waiting list is forecast to remain relatively stable, or increase modestly under higher demand growth scenarios. Further productivity gains above current performance levels, alongside continued demand management, will therefore be required if the service is to achieve material reductions in waiting list size without additional capacity investment.

An alternative way of considering the opportunity is through the lens of capacity utilisation rather than additional activity. If productivity improved towards the adjusted GIRFT benchmark of 9.38 cases per list, the current level of Cataract activity could be delivered using fewer theatre sessions and consultant lists than are currently required. Whilst the primary benefit within Cataract Services may be improved patient access and reduced reliance on outsourced activity, the analysis also demonstrates the potential for productivity improvements to reduce core capacity requirements over time. This aligns with the objectives of the Theatre Optimisation Programme, whereby improved productivity can create opportunities to release capacity, improve utilisation and maximise value from existing resources. As this methodology is extended to additional pathways, particularly higher-cost specialties, understanding the relationship between productivity improvement and reduced capacity requirements will become increasingly important in identifying both service and financial benefits. Viewed through a capacity lens, achieving GIRFT productivity would have enabled delivery of the same 2,716 procedures using approximately 290 theatre sessions rather than 382, equivalent to around 92 sessions released over the 18-month period.

The opportunity is against GIRFT:

At GIRFT 9.38	2025-26	2026-27 (6 months)	All periods
Additional procedures	590	275	865
Outsourcing cost released	£649,000	£302,500	£951,500
Additional consumables cost (£248 per case)	£146,320	£68,200	£214,520
Cash releasing from existing capacity (£1,100 – £248 per case)	**£502,680**	**£234,300**	**£736,980**

The additional cases are delivered within existing funded sessions and therefore require additional consumables expenditure. The net cash-releasing opportunity is £736,980.

7. Wider Ophthalmology Productivity

The current dashboard and analysis are focused specifically on the Regional High Volume Low Complexity (HVLC) Cataract Service operating within Nevill Hall Hospital. Whilst direct productivity comparisons with other cataract activity may not be appropriate due to differences in operating models, case mix and service configuration, there may be merit in undertaking broader productivity analysis across Ophthalmology services.

Future development could include an assessment of utilisation, late starts, early finishes, session productivity and capacity management across wider cataract pathways. This would provide a more comprehensive understanding of productivity across the specialty and help identify opportunities for the sharing of best practice where appropriate.

8. Future Development & Conclusion

Whilst the current focus has been cataract productivity, the analytical methodology developed for this dashboard has potential wider application across elective care pathways. Consideration should be given to whether a similar approach could be applied to other specialties where theatre utilisation, productivity and waiting list management represent key operational and financial priorities.

Applying a consistent methodology across services may support wider improvement opportunities, enhance organisational understanding of productivity variation and strengthen the Health Board's ability to identify efficiencies whilst maintaining patient access and clinical quality.

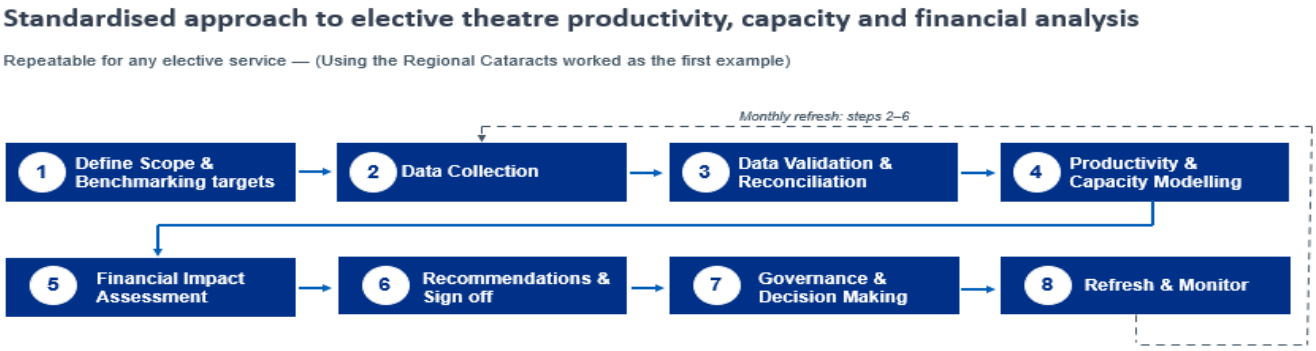
Whilst the financial opportunities identified within this report are relatively modest in isolation, the wider significance lies in demonstrating how pathway-level productivity analytics can identify opportunities to improve utilisation, maximise value from existing resources and support financial sustainability. Replication of this approach across additional services may support wider Financial Recovery Programme objectives whilst simultaneously improving patient access and operational performance.

The dashboard represents a collaborative piece of work between Ophthalmology Services, Operational Management, Finance Business Partnering Teams, and the Finance Business Intelligence & Value Team. The work demonstrates the benefits of combining operational, performance and financial intelligence within a single analytical framework to support evidence-based decision making.

The Regional Cataract Dashboard demonstrates how operational, waiting list and financial information can be combined to provide meaningful insight into service performance and productivity. Whilst performance currently exceeds Welsh Government expectations, opportunities remain to further optimise capacity and maximise value from available resources. More broadly, the work provides a practical example of how

analytical insight can support both planned care recovery and financial sustainability, and may offer a template for wider application across the Health Board.

The table below sets out the standardised methodology developed through the Regional Cataract Dashboard programme. Going forward, this approach will be used as the Health Board's consistent framework for assessing theatre productivity, modelling capacity requirements, quantifying financial impact and monitoring benefits across elective services.



Flowchart: Standardised approach to future theatre productivity and capacity analysis

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

1. Note the continued improvement in Regional Cataract Service productivity and achievement of performance above the Welsh Government benchmark.
2. Support ongoing review of operational opportunities identified through the dashboard, including utilisation, session productivity and capacity optimisation.
3. Note the potential financial and waiting list benefits associated with continued productivity improvements.
4. Support further development of productivity analytics across wider Ophthalmology services to provide a more comprehensive understanding of pathway performance.
5. Note the potential application of this analytical methodology to other elective pathways and support further exploration of opportunities to develop equivalent productivity dashboards within other priority services as part of the wider Planned Care and Financial Recovery agendas.
6. Note the positive performance achieved within the Regional Cataract Service and encourage dissemination of learning and best practice where relevant across other elective pathways.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Theatre session, procedure and waiting list extracts (Qlik), April 2025 to September 2026. Welsh Government HVLC cataract expectation (7 cases per list); GIRFT HVLC standard (10 cases per 4-hour list); GIRFT Ophthalmology review 2022.
Rhestr Termau: Glossary of Terms:	**HVLC** – High-volume, low-complexity. **CPL** – Cases per list: HVLC procedures ÷ HVLC-only lists. **Theatre utilisation** – First patient in to last patient out ÷ scheduled session time. **GIRFT** – Getting It Right First Time. **WG** – Welsh Government. **NHH / RGH** – Nevill Hall Hospital / Royal Gwent Hospital.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Ophthalmology Directorate (scope and exclusion of RGH activity agreed).

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**Yes Attached** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

OPHTHALMOLOGY REGIONAL CATARACT ANALYTICS

Referral Flow: **The referral routing system structurally ensures NHH receives the simplest patients and RGH receives the most complex. Any comparison of CPL or productivity between the two sites would therefore be comparing fundamentally different patient populations.**

Reasons Why RGH Core Elective is not suitable for HVLC Benchmarking

Following discussion with the Ophthalmology Directorate, RGH core elective cataract activity was excluded from this dashboard for the following reasons:

1. There are no dedicated HVLC lists operating in Gwent. All cataract activity at RGH is delivered through mixed-complexity or high-complexity lists, which are not comparable to an HVLC service model.
2. The referral pathway routes HVLC patients away from RGH, leaving Gwent with a structurally higher proportion of complex cases. Lower cases per list at RGH reflects this patient mix — not underperformance.
3. RGH operates training lists. GIRFT productivity targets are designed for consultant-led independent practice and are not applicable to registrar or trainee-led activity.
4. RGH uses a slot-based booking system that allocates theatre capacity according to patient complexity. This is appropriate for a complex case mix but produces lower apparent volume per list when measured against HVLC volume benchmarks.
5. The procedure codes behind the data at RGH are not standard HVLC codes. Some are outdated and will become obsolete. Newer codes have only been introduced in the past nine months, limiting the reliability of historical trend analysis.
6. There is currently no Welsh GIRFT equivalent or Welsh Government benchmark for complex cataract activity. Applying GIRFT HVLC standards to a complex cataract service is not a valid comparison and risks drawing misleading conclusions.

The service and directorate confirmed: RGH activity should not be benchmarked against HVLC or HVAC GIRFT standards as this would not provide a like-for-like comparison.

Why the Regional Cataract Service at NHH is the right data source

The Regional Cataract Service at NHH is the only dedicated HVLC cataract service within ABUHB. It receives the lowest-complexity patients through the referral triage system, operates consultant-led lists using standard phacoemulsification under local anaesthetic, and represents the appropriate comparator for Welsh Government (7 cases per list) and GIRFT (9.38 cases per 3.75-hour session, adjusted) productivity benchmarks.

This dashboard therefore focuses exclusively on NHH Regional activity. All performance metrics, productivity benchmarks, waiting list modelling, financial opportunity calculations, and session owner comparisons in this report relate to the Regional Cataract Service at NHH.

RGH cataract activity is not included and should not be interpreted as part of any figures shown. A separate analytical approach — with appropriate benchmarks for complex cataract, once these are developed — would be needed to assess Gwent core elective performance.

This scope decision was confirmed in discussion with the Ophthalmology Directorate and endorsed by the Finance BI & Value Team.

OPHTHALMOLOGY REGIONAL CATARACT ANALYTICS

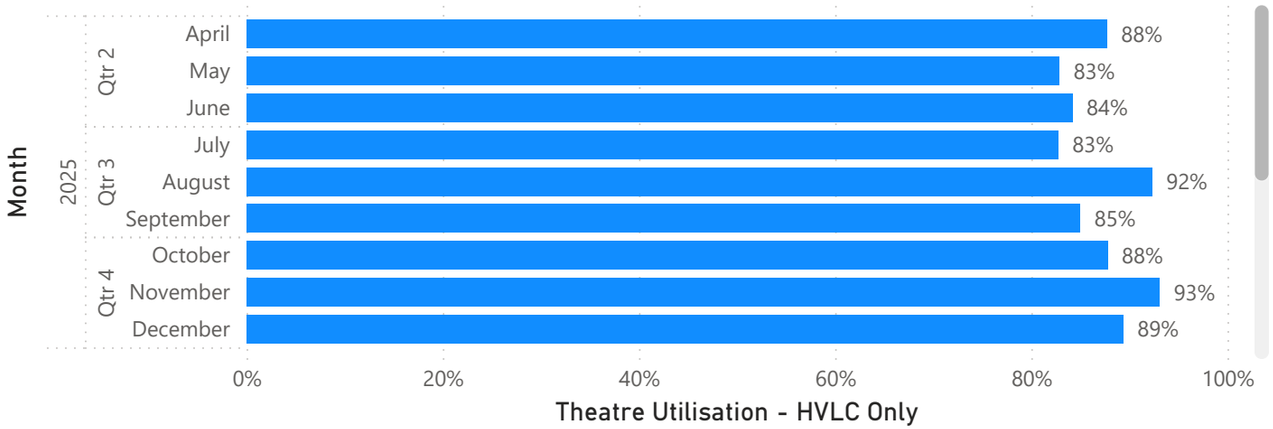
Tim Gwybodaeth a Gwerth Busnes
Aneurin Bevan UHB
Business Intelligence & Value Team

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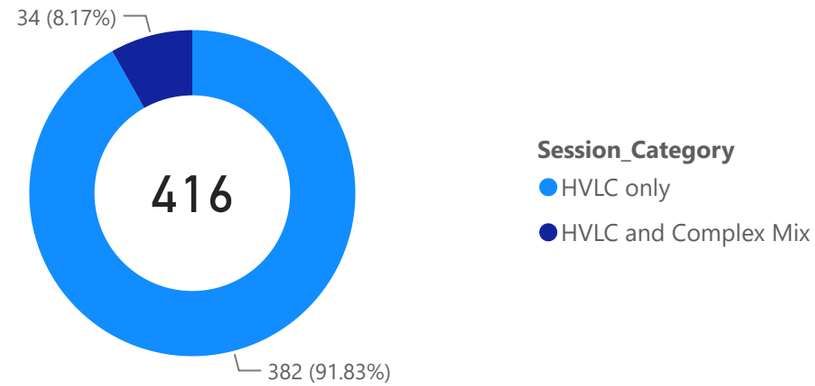
Fiscal Year	Month	Hospital	Theatre Suite	Session Category
All	All	All	All	All

7.11	382	34	2716
Cases Per List - HVLC Only	HVLC Only Sessions	HVLC Complex Mix Sessions	HVLC Procedures Delivered

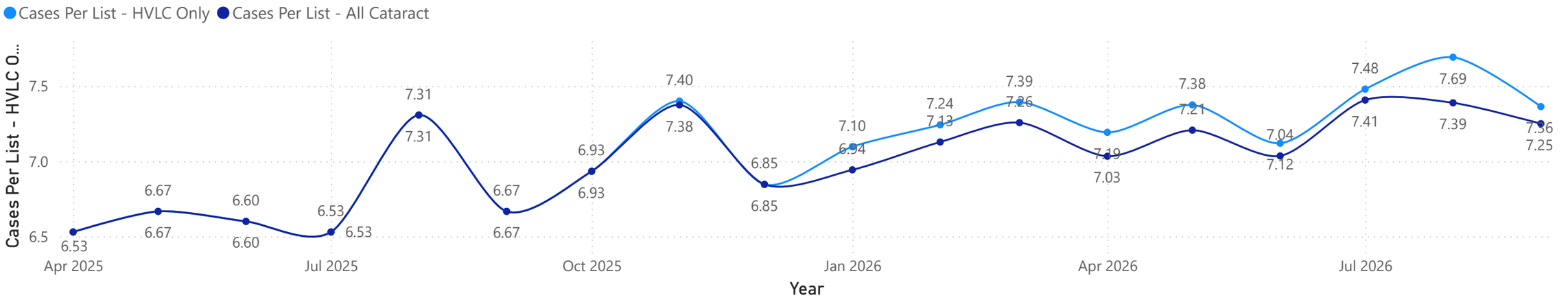
Theatre Utilisation - HVLC Only by Year, Quarter and Month



Total Sessions by Session Category



Cases Per List - HVLC Only and Cases Per List - All Cataract by Year, Quarter, Month and Day



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OPHTHALMOLOGY REGIONAL CATARACT ANALYTICS

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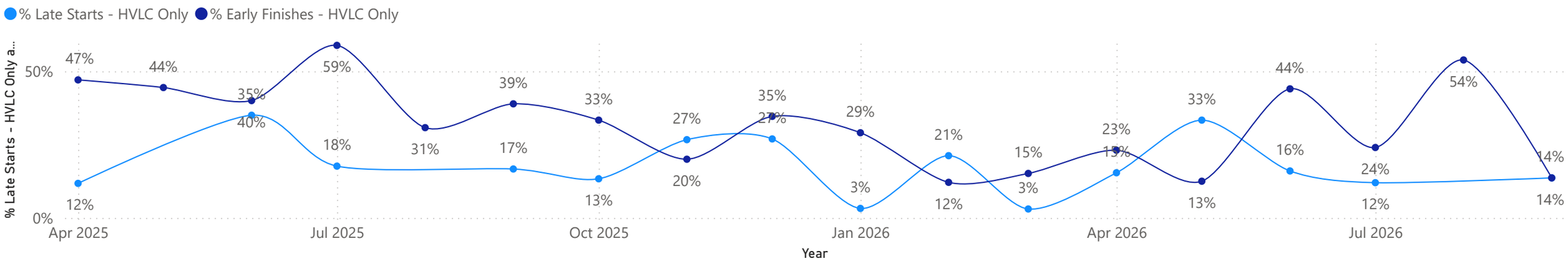
Fiscal Year	Month	Hospital	Theatre Suite	Session Category
All	All	All	All	All

With Threshold | Without Threshold

7.11	6.24	7.04	89.2%
Cases Per List - HVLC Only	Cases Per List - HVLC and Complex Mix	Cases Per List - All Cataract	Theatre Utilisation

Year	Month	HVLC Only Sessions	Cases Per List - HVLC Only	Avg Early Start Mins	Avg Late Start Mins	Avg Early Finish Mins	Avg Late Finish Mins	Theatre Utilisation	Avg Cutting Time Mins
2025	April	17	6.53	101	55	57	53	88%	182
2025	May	9	6.67	22		86		83%	174
2025	June	20	6.60		27	53		84%	177
2025	July	17	6.53		18	44		83%	174
2025	August	13	7.31			44		92%	194
2025	September	18	6.67		57	53	99	85%	178
2025	October	15	6.93		21	50		88%	184
2025	November	15	7.40		24	47	53	93%	195
2025	December	26	6.85	19	25	47		89%	188
2026	January	31	7.10	23	55	60		89%	187
2026	February	33	7.24		23	43	33	92%	194
2026	March	33	7.39		21	40		94%	196
Total		**382**	**7.11**	**30**	**26**	**50**	**51**	**89%**	**187**

% Late Starts - HVLC Only and % Early Finishes - HVLC Only by Year, Quarter and Month



OPHTHALMOLOGY REGIONAL CATARACT ANALYTICS

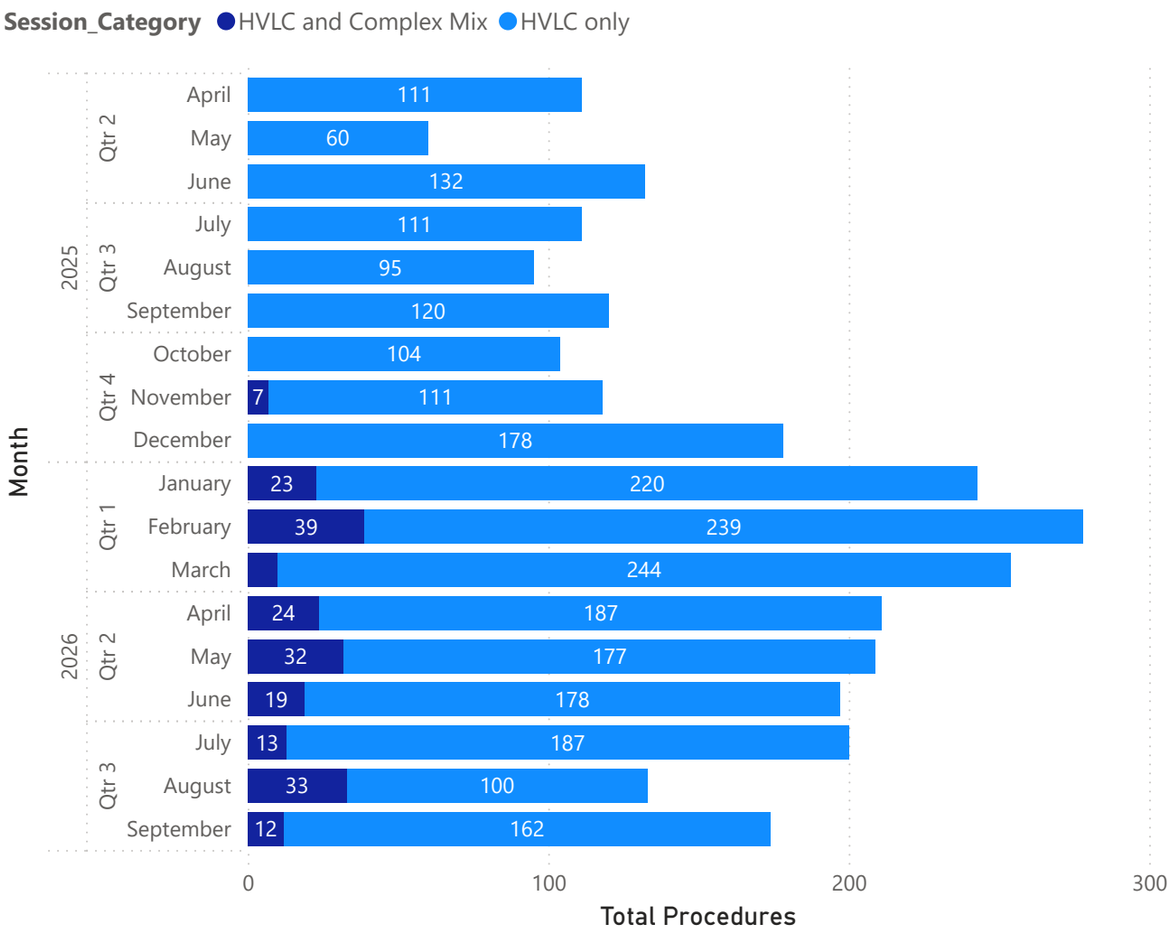
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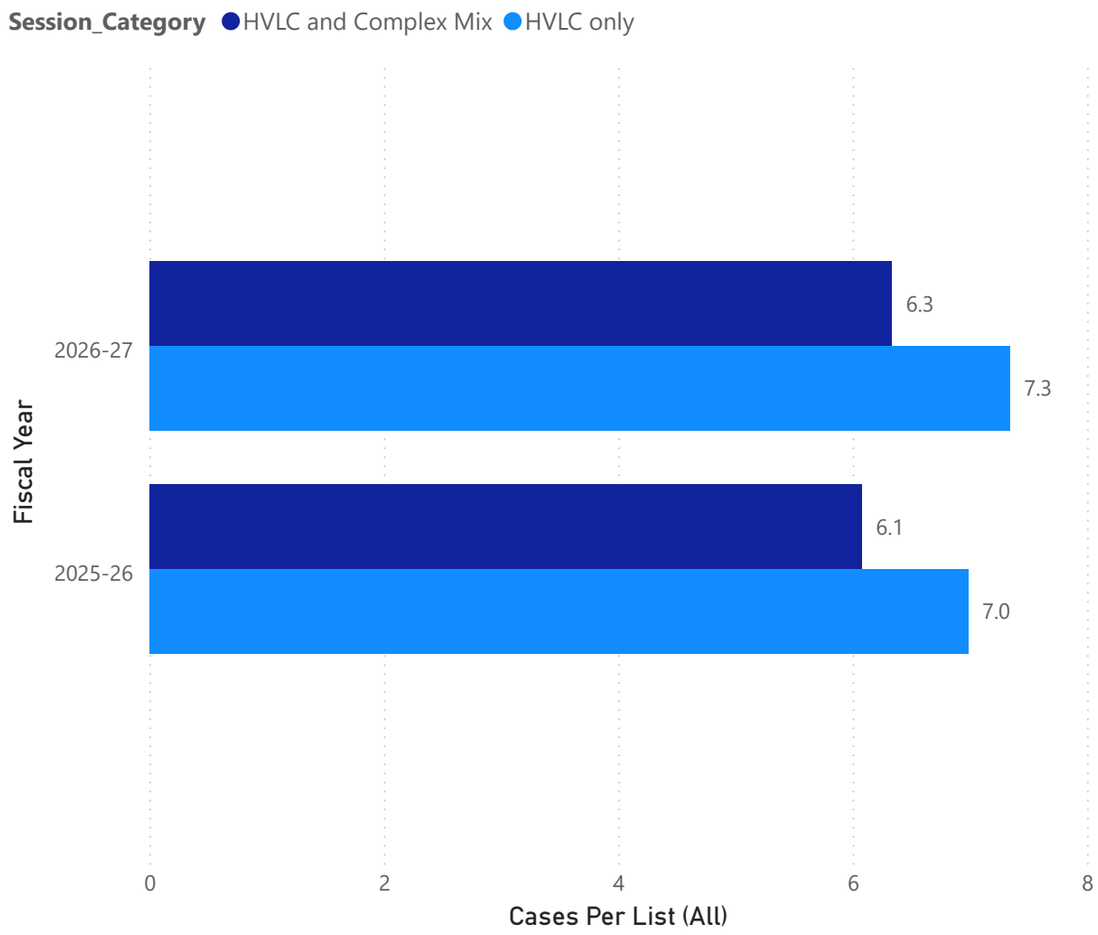
Fiscal Year: All | **Month**: All | **Hospital**: All | **Theatre Suite**: All | **Session Category**: All

With Threshold | Without Threshold

Total Operations by Year, Quarter, Month and Session Category



Cases Per List (All) by Fiscal Year and Session Category



Fiscal Year	Cases Per List - HVLC Only	Avg Early Start Mins	Avg Late Start Mins	Avg Early Finish Mins	Avg Late Finish Mins	Theatre Utilisation
2025-26	6.98	37	29	51.71	60	89%
2026-27	7.34	18	21	45.69	39	90%
Total	**7.11**	**30**	**26**	**49.78**	**51**	**89%**

OPHTHALMOLOGY REGIONAL CATARACT ANALYTICS

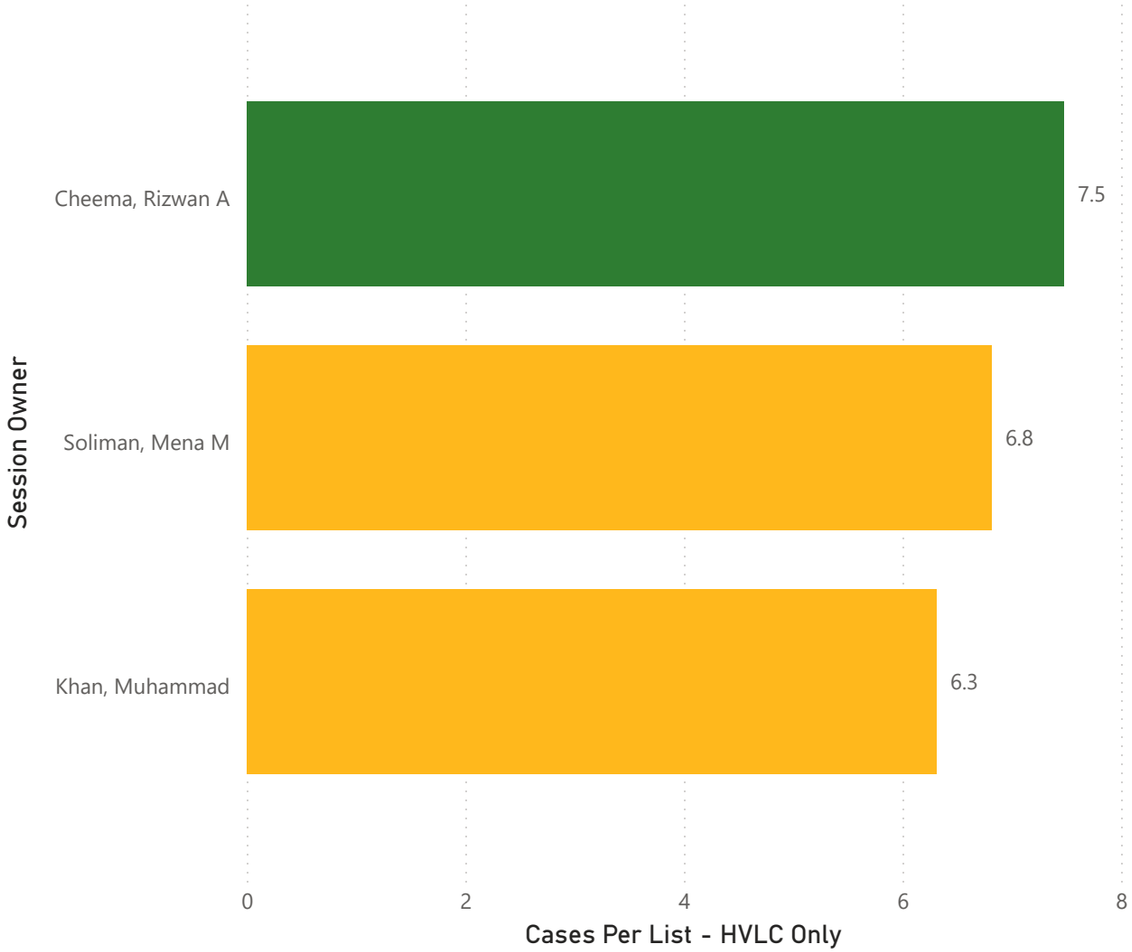
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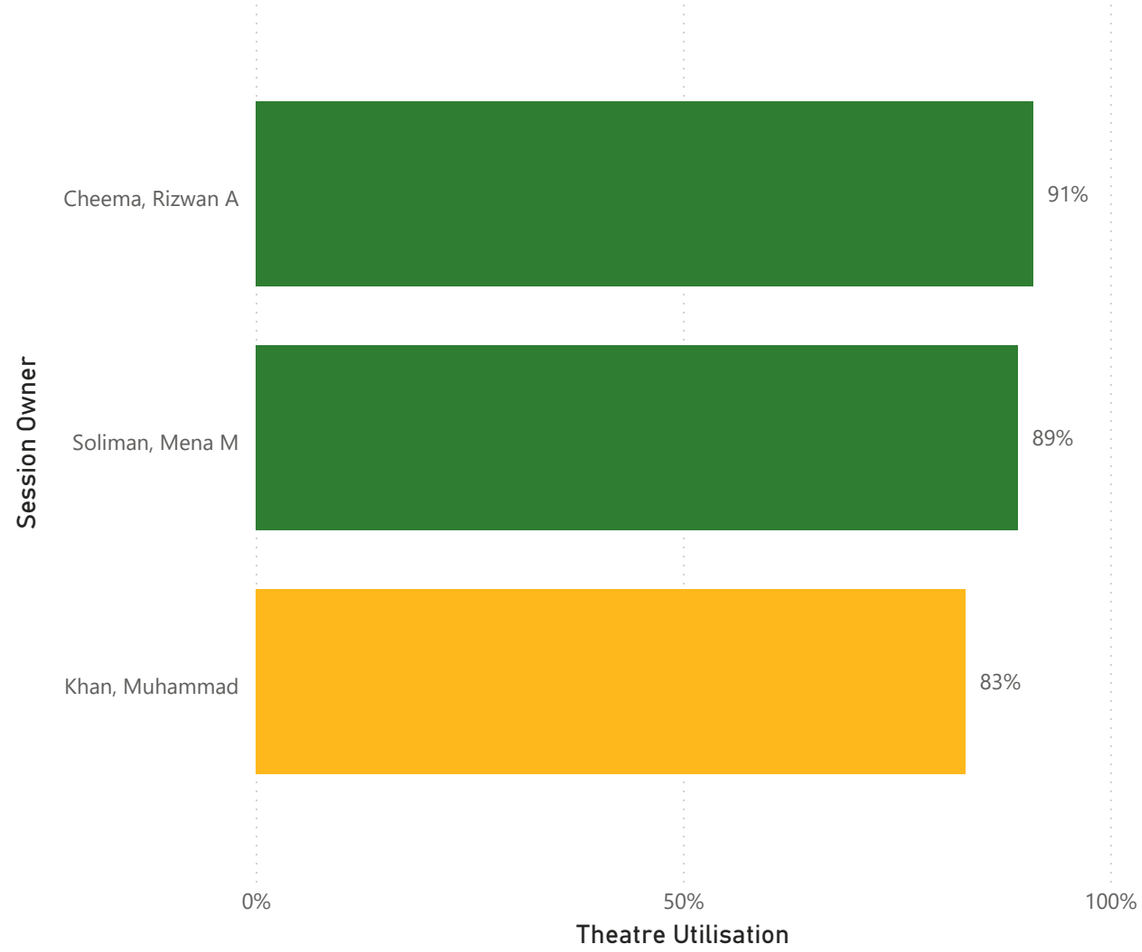
Fiscal Year	Month	Hospital	Theatre Suite	Session Category	Session Owner
All	All	All	All	All	All

Performance benchmarked against HVLC Only sessions. Consultants whose primary practice is complex cataract surgery (e.g. GA cases, retina specialists performing complex cataracts) will have fewer cases per list by design and should not be compared against the WG/GIRFT HVLC benchmarks.
Theatre Utilisation calculated as actual operative time ÷ scheduled session time. Does not account for anaesthetic block time, cleaning intervals, or patient preparation. Figures may understate effective utilisation for surgeons performing their own blocks.

Cases Per List - HVLC Only by Session Owner



Theatre Utilisation by Session Owner



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Fiscal Year	Month	Hospital	Theatre Suite	Session Category	Session Owner
All	All	All	All	All	All

Session Owner	HVLC Only Sessions	Cases Per List - HVLC Only	Avg Early Start Mins	Avg Late Start Mins	Avg Early Finish Mins	Avg Late Finish Mins	Theatre Utilisation	Avg Cutting Time
Cheema, Rizwan A	220	7.47	8	12	30	17	91%	191
Soliman, Mena M	100	6.81	5	12	20	12	89%	187
Khan, Muhammad	62	6.31	7	19	31	15	83%	174
Total	**382**	**7.11**	**7**	**15**	**28**	**15**	**89%**	**187**

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OPHTHALMOLOGY REGIONAL CATARACT ANALYTICS

Clear all slicers

Fiscal Year	Month	Hospital	Theatre Suite	Session Category	Session Owner
All	All	All	All	HVLC only	All

Session Owner	HVLC Only Sessions	Cases Per List - HVLC Only	Theatre Utilisation	Top Quartile CPL	Gap to Top Quartile	Gap to WG Target Per Session Owner	Additional Procs at WG Target
Cheema, Rizwan A	220	7.47	91%	6.56	0.91	0.47	0.00
Soliman, Mena M	100	6.81	89%	6.56	0.25	-0.19	19.00
Khan, Muhammad	62	6.31	83%	6.56	-0.25	-0.69	43.00
Total	**382**	**7.11**	**89%**	**6.56**	**0.55**	**0.11**	**0.00**

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Clear all slicers

5 per list	6 per list	7 per list (WG)	8 per list	9 per list	9.38 per list (GIRFT)

Flat demand (current)	High growth (+10%/yr)	Low growth (+2%/yr)	Moderate growth (+5%/yr)

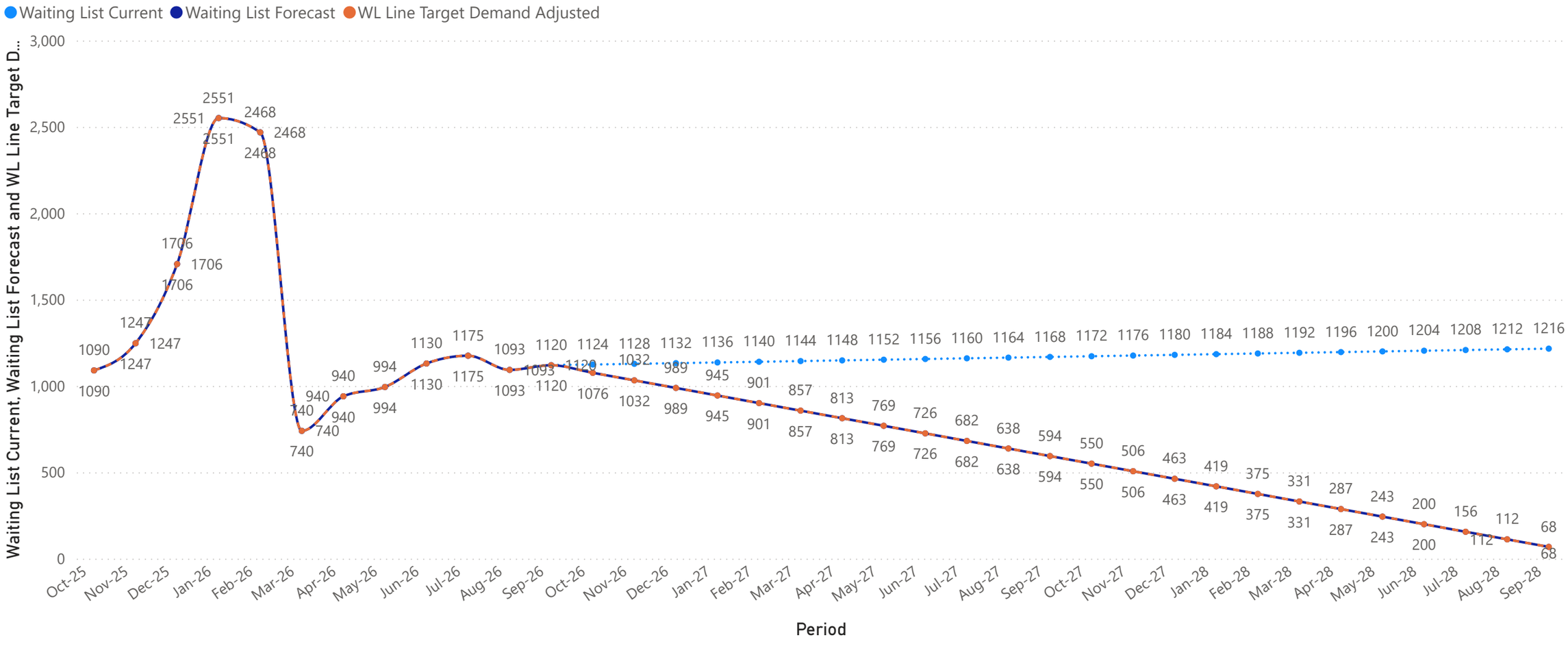
1,120
Current Waiting List

1,243
Avg Monthly Referrals WL

7.11
Cases Per List - HVLC Only

9.38/list
Target CPL Display

Waiting List Current, Waiting List Forecast and WL Line Target Demand Adjusted by Period



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Aneurin Bevan UHB
Business Intelligence & Value Team

OPHTHALMOLOGY REGIONAL CATARACT ANALYTICS

Clear all slicers

5 per list | 6 per list | 7 per list (WG) | 8 per list | 9 per list | 9.38 per list (GIRFT)

1120
Current Waiting List

1,243
Avg Monthly Referrals WL

7.11
Cases Per List - HVLC Only

9.38/list
Target CPL Display

Scenario 1 — Current Rate

Period	WL Start	Referrals	Removals	Adjustments	WL Finish
Oct-25	748.00	1,523.00	-965.00	216.00	1,090.00
Nov-25	1,090.00	2,214.00	-1,558.00	499.00	1,247.00
Dec-25	1,247.00	1,790.00	-1,460.00	-129.00	1,706.00
Jan-26	1,706.00	3,289.00	-2,273.00	171.00	2,551.00
Feb-26	2,551.00	2,405.00	-2,913.00	-425.00	2,468.00
Mar-26	2,468.00	1,080.00	-3,308.00	-500.00	740.00
Apr-26	740.00	365.00	-328.00	-163.00	940.00
May-26	940.00	329.00	-261.00	14.00	994.00
Jun-26	994.00	489.00	-305.00	48.00	1,130.00
Jul-26	1,130.00	641.00	-660.00	-64.00	1,175.00
Aug-26	1,175.00	453.00	-532.00	3.00	1,093.00
Sep-26	1,093.00	335.00	-255.00	53.00	1,120.00
Oct-26	1,120.00	1,243.00	-1,235.00	4.00	1,124.00
Nov-26	1,124.00	1,243.00	-1,235.00	4.00	1,128.00
Dec-26	1,128.00	1,243.00	-1,235.00	4.00	1,132.00
Jan-27	1,132.00	1,243.00	-1,235.00	4.00	1,136.00
Feb-27	1,136.00	1,243.00	-1,235.00	4.00	1,140.00
Mar-27	1,140.00	1,243.00	-1,235.00	4.00	1,144.00
Apr-27	1,144.00	1,243.00	-1,235.00	4.00	1,148.00
May-27	1,148.00	1,243.00	-1,235.00	4.00	1,152.00
Jun-27	1,152.00	1,243.00	-1,235.00	4.00	1,156.00
Jul-27	1,156.00	1,243.00	-1,235.00	4.00	1,160.00
Aug-27	1,160.00	1,243.00	-1,235.00	4.00	1,164.00
Sep-27	1,164.00	1,243.00	-1,235.00	4.00	1,168.00
Oct-27	1,168.00	1,243.00	-1,235.00	4.00	1,172.00

Scenario 2 — Target Rate

Period	S2 WL Start Dynamic	S2 Referrals	S2 Removals	S2 WL Finish Dynamic
	1,164	1,243	-1283	1,120
Oct-26	1,120	1,243	-1283	1,076
Nov-26	1,076	1,243	-1283	1,032
Dec-26	1,032	1,243	-1283	989
Jan-27	989	1,243	-1283	945
Feb-27	945	1,243	-1283	901
Mar-27	901	1,243	-1283	857
Apr-27	857	1,243	-1283	813
May-27	813	1,243	-1283	769
Jun-27	769	1,243	-1283	726
Jul-27	726	1,243	-1283	682
Aug-27	682	1,243	-1283	638
Sep-27	638	1,243	-1283	594
Oct-27	594	1,243	-1283	550
Nov-27	550	1,243	-1283	506
Dec-27	506	1,243	-1283	463
Jan-28	463	1,243	-1283	419
Feb-28	419	1,243	-1283	375
Mar-28	375	1,243	-1283	331
Apr-28	331	1,243	-1283	287
May-28	287	1,243	-1283	243
Jun-28	243	1,243	-1283	200
Jul-28	200	1,243	-1283	156
Aug-28	156	1,243	-1283	112
Sep-28	112	1,243	-1283	68

GIG CYMRU NHS WALES
Tim Gwybodaeth a Gwerth Busnes
Aneurin Bevan UHB
Business Intelligence & Value Team

Welsh Government Productivity Benchmark — 7 cases per HVLC list

Clear all slicers

Fiscal Year	Month	Hospital	Theatre Suite	Session Category	Session Owner
All	All	All	All	All	All

How far from WG target?

7.11	7.00	0.11	1.6%	-42
Cases Per List - HVLC Only	Welsh Target CPL	Gap	% Below Target	Additional Procedures at Target

Where is capacity being lost?

2361	8744	11105	8639	422
Total Mins Lost Late Starts	Total Mins Lost Early Finishes	Total Productive Mins Lost	Total Unused Theatre Mins	Additional Procedures Lost

What opportunity if best practice replicated?

2716	2674	-42	-6.0	--
HVLC Procedures Delivered	HVLC Procedures at WG Target	HVLC Procedures Gap	Equivalent Additional Lists	Months to Clear at WG Target

Financial and Waiting List impact

£1,100	£962	£248
Outsource Cost per Cataract	InHouse Cost per Cataract	Additional Consumables Cost per Additional Cataract Within Contracted Hours

-£46,200	-£35,784
Potential Outsourcing Cost Released	Cash Releasing from Utilising Existing Capacity

Tim Gwybodaeth a Gwerth Busnes
Aneurin Bevan UHB
Business Intelligence & Value Team

GIRFT Benchmark — 10 cases per HVLC list (4 hour theatre session)

Clear all slicers

Fiscal Year	Month	Hospital	Theatre Suite	Session Category	Session Owner
All	All	All	All	All	All

Based on the GIRFT HVLC standard of 10 cases per 4-hour list, the equivalent productivity target for a 3.75-hour theatre session is 9.375 cases per list.

How far from GIRFT target?

7.11	9.38	-2.27	-24.2%	865
Cases Per List - HVLC Only	GIRFT Target CPL	Gap	% Below Target	Additional Procedures at Target

Where is capacity being lost?

2361	8744	11105	8639	422
Total Mins Lost Late Starts	Total Mins Lost Early Finishes	Total Productive Mins Lost	Total Unused Theatre Mins	Additional Procedures Lost

What opportunity if best practice replicated?

2716	3581	865	92.30	23.50
HVLC Procedures Delivered	HVLC Procedures at GIRFT	HVLC Procedures Gap	Equivalent Additional Lists	Months to Clear at GIRFT Target

Financial and Waiting List impact

£1,100	£962	£248
Outsource Cost per Cataract	InHouse Cost per Cataract	Additional Consumables Cost per Additional Cataract Within Contracted Hours

£951,500	£736,980
Potential Outsourcing Cost Released	Cash Releasing from Utilising Existing Capacity

OPHTHALMOLOGY REGIONAL CATARACT ANALYTICS DASHBOARD

Glossary, Definitions, Assumptions & Reference Guide

Aneurin Bevan University Health Board · Business Intelligence & Value Team

A. DATA SOURCES

This dashboard draws on three data extracts from the ORMIS in Theatres Qlik App: **Theatre Session Data** (Sessions Opthal.xlsx — one row per theatre session including timing, utilisation and session owner), **Operations Data** (Procedures 2025-26.xlsx — one row per procedure including OPCS codes), and W**aiting list data** (WL_Actuals.xlsx — monthly waiting list position including referrals, removals and adjustments). Data is not live — source files must be updated manually and the report refreshed. Data period covers **April 2025 to September 2026 (18 months**).

B. SESSION CATEGORIES

Each theatre session is classified based on the OPCS procedure codes performed within it. **HVLC Only** — all procedures are standard high-volume low-complexity cataracts (OPCS C712, C751). These sessions are benchmarked against national targets. **Complex Only** — all procedures are complex cataracts (OPCS C751A, C751B, C751D). These are more time-intensive and should not be benchmarked against HVLC standards. **HVLC and Complex Mix** — all procedures are cataract but a mix of HVLC and complex types.

C. KEY METRIC DEFINITIONS

Cases Per List (CPL) — Average number of HVLC procedures performed per HVLC Only session. Primary productivity benchmark. Formula: Total HVLC Procedures ÷ Total HVLC Only Sessions.
Theatre Utilisation — Actual operative time (First Patient In to Last Patient Out) ÷ Scheduled session time, expressed as a percentage. Target ≥ 85%. Does not include anaesthetic block time, cleaning or patient preparation.
Late Start — First patient enters anaesthetic room after scheduled start time. 15-minute trigger version excludes minor delays ≤15 minutes.
Early Finish — Last patient leaves operating room before scheduled finish time. 30-minute trigger version excludes minor variations ≤30 minutes.
Total Productive Mins Lost — Sum of all minutes lost through late starts and early finishes. Equivalent Procedures Lost converts this to procedure numbers using average time per procedure (~29 minutes).

D. BENCHMARK REFERENCES

ABUHB Current CPL — Average across HVLC Only sessions, April 2025–September 2026.
National Average (6.3/list) — England average for HVLC cataract from GIRFT Ophthalmology Review 2022.
Welsh Government Target (7.0/list) — WG expectation for HVLC cataract lists. Primary operational target.
GIRFT Standard adjusted (9.38/list) — GIRFT HVLC standard is 10 cases per 4-hour session. Adjusted for ABUHB's 3.75-hour session: 10 ÷ 4 × 3.75 = 9.375. Subject to clinical confirmation with service.
GIRFT HVAC Standard (8.0/4hr) — GIRFT standard for any-complexity cataract lists. Not used in current dashboard.

E. WAITING LIST FORECAST METHODOLOGY

The forecast uses the formula: **WL Finish = WL Start + Referrals + Removals − Adjustments** (Removals are negative in source data). Forecast from September 2026 uses: historical average referrals (1243/month), historical average removals split into cataract (sessions × CPL) and non-cataract components, and historical average adjustments. Demand scenarios apply compound monthly referral growth: Flat (0%), Low (+2%/yr), Moderate (+5%/yr), High (+10%/yr). The model assumes constant session volumes and no seasonal variation. It is a planning tool, not a precise prediction.

F. FINANCIAL IMPACT (BASED ON CONFIRMED COSTS)

All financial figures are based on confirmed unit costs provided by Finance. **Outsource cost (£1,100/procedure)**, **Full in-house cost (£962/procedure)**, **(Additional Consumables Cost per Additional Cataract Within Contracted Hours (£248/procedure)**. Net opportunity is calculated using marginal cost because sessions are already scheduled. For the latest validated costing information, contact the **Business Intelligence & Value Team** or the **Finance Directorate**.

Agenda Item:

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	03 November 2026
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Information Governance, Cyber Security, Clinical Coding & Health Records Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Paul Solloway, Director of Digital
SWYDDOG ADRODD: **REPORTING OFFICER:**	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

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

Cefndir / Background

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

The report also includes performance reports for Clinical Coding; Health Records & Referral & Booking.

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

Asesiad / Assessment

1. Key Performance Indicators (KPI's)

Information Governance

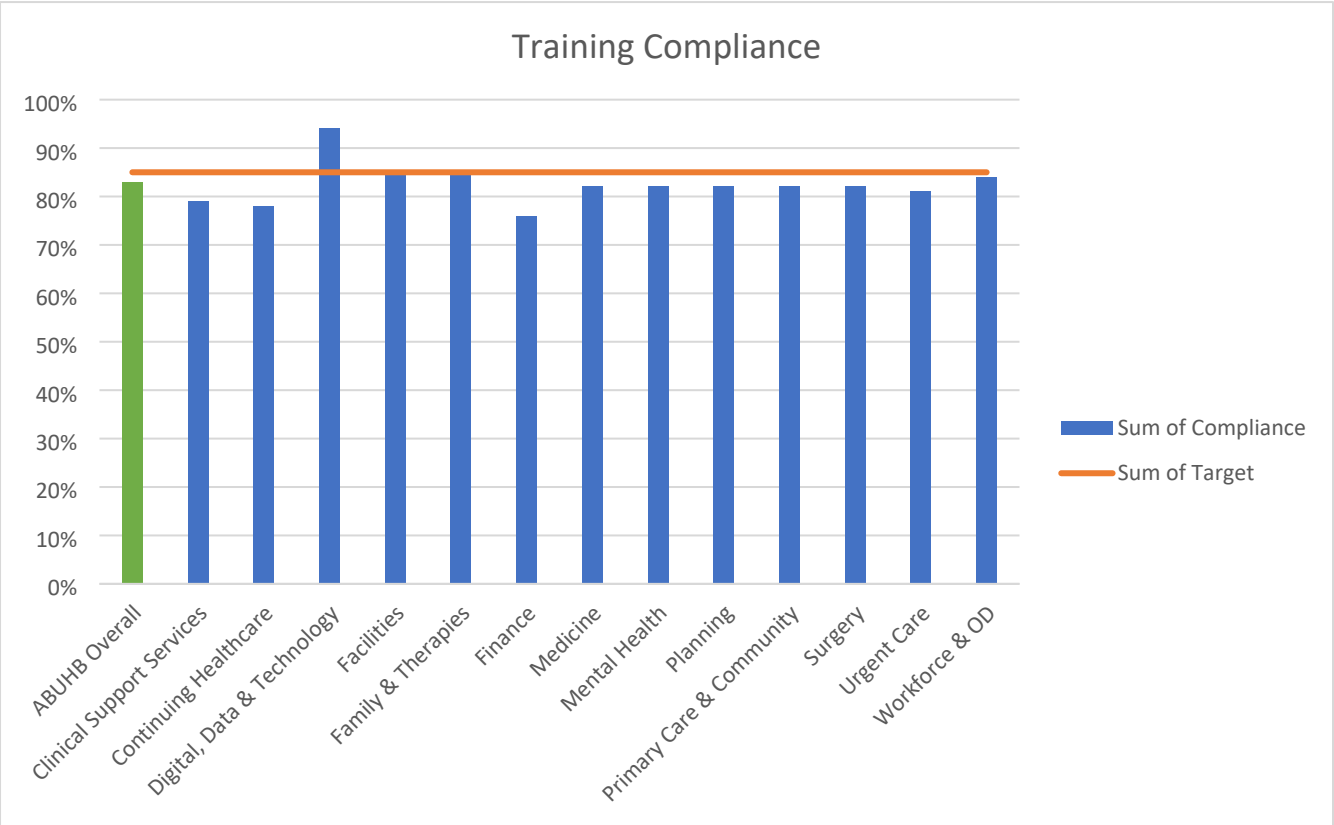
Information Governance Training Compliance

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

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

The current training compliance for the Health Board and divisions is shown below. The overall compliance is 82% which is slightly below the target compliance rate for Wales of 85%.

Information Governance will continue to target areas of low compliance.



Data Protection Impact Assessments (DPIA)

In compliance with the legislation DPIA's are developed in conjunction with the Information Governance team, project team/services and suppliers to assure that information is handled correctly and kept safe in our systems and processes. DPIAs are undertaken following requests from services and Divisions and any requests from New Digital Services Requests (NDSR).

There are two stages in the development of these:

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

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

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

Period	**Total number of DPIAs completed**
1st August 2026 – 30th September 2026	43

Please see Appendix A for the full list of DPIA's during the reporting period.

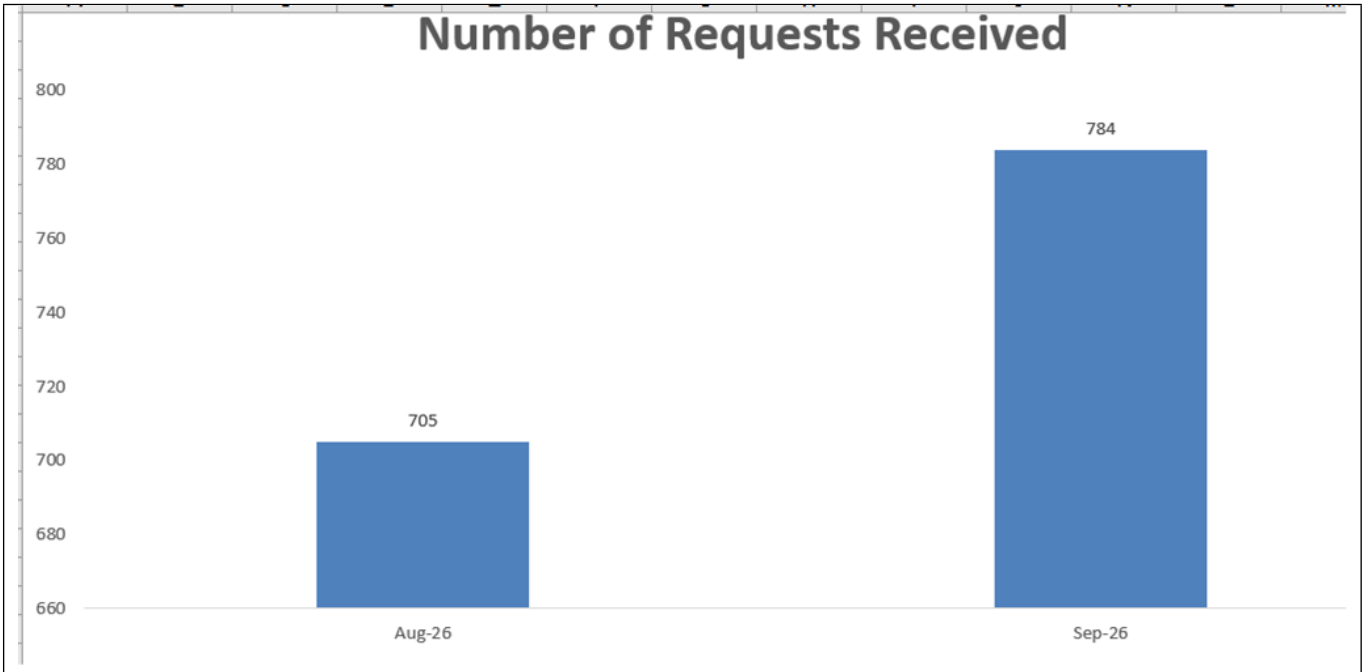
The Information Governance Team also participate in an All Wales DPIA Group to discuss national programmes of work. Key projects discussed recently are: -

- LIMS2 – issues identified with demographic matching patients therefore delay to roll out at present and DHCW engaging with supplier.
- ESR2 – NHS England led. National English DPIA with no Welsh specific DPIA at present and currently working through controllership queries.
- Proof of concept for Purview – approved in principle but no funding available to classify documents at present.
- Microsoft O365 – DPIA approved in 2020 but recognise gaps. DHCW currently reviewing DPIA and will be discussed at future All Wales group.

Subject Access Requests

The Access to Health Records Team consistently achieves 99% compliance rate when responding to subject access requests in compliance with the General Data Protection Act regulations and the Data Protection Act 2018. The team continue to see a general increase in the number of subject access requests received each month.

However, compliance rates remain consistent following the implementation of the Civica case management system which allows for better workflows when managing these subject access requests.



Cyber Security

Cyber risk remains broadly stable and well-managed across the Health Board. Desktop and server patching performance continues to exceed target levels, Windows 11 migration progresses well, and the organisation's Microsoft Secure Score significantly exceeds peer benchmarks. Key risks remain centred on supplier-managed systems, legacy database platforms, mobile device compliance, and dependencies on ageing applications such as MedSecs and G2 Speech. Focus during the next reporting period will be on reducing remaining technical debt, strengthening supply-chain assurance processes, and progressing CAF improvement activities ahead of the planned 2027 audit.

Desktop KPI's

Summary:
Desktop patching and operating system compliance remain well controlled, with performance exceeding target levels and Windows 11 migration proceeding at pace. The primary area of future focus is the retirement of Office 2021 before end of support.

The current desktop patching compliance rate stands at 98%, surpassing the 95% KPI target. This improvement has been enabled by the continued migration from the legacy Windows Server Update Services (WSUS) platform to Windows Update for Business (WUfB), which allows devices to receive security updates regardless of location, including home or public internet connections, significantly improving coverage and reducing exposure to vulnerabilities.

The Windows 11 migration programme is progressing well, with only 7 out of support Health Board-managed Windows 10 devices remaining upgrade, alongside 9 devices managed by third-party organisations.

A further 152 Health Board-owned and 184 third-party managed devices are currently operating on Windows 10 Long-Term Servicing Channel (LTSC) editions and remain within the upgrade pipeline.

In September 99.4% of computers were running a supported version of Microsoft Office.

14,461 devices have Office 2021 installed, which goes end of support on October 13th, 2026. This is 89.95% of the estate. Progress towards migration is currently constrained by the dependency on the MedSecs digital dictation platform. The planned replacement of this service will enable accelerated adoption of Microsoft 365 Apps and remove a significant future support risk. In the interim, devices not reliant on MedSecs continue to be upgraded to supported Office versions to minimise organisational risk.

Server KPI's

Overall server compliance remains strong; however, supplier-controlled systems and legacy database platforms continue to represent the most significant residual technical debt and security risk.

Server patching performance remains consistently above the 95% KPI target across both Health Board-managed and third-party managed infrastructure.

The principal exception remains the Clinisys pathology environment, where patching activity is constrained by a limited maintenance window imposed by the department, and vendor availability. Due to this dependency on supplier support and operational restrictions within pathology services, Clinisys servers can remain more than six months behind current patch levels.

The ongoing infrastructure refresh programme continues to reduce legacy technology across the estate:

- **99.79% of server operating systems are supported**
- **92.42% of database instances are supported**
- **Only 0.21% of servers and 7.58% of databases remain on unsupported platforms**

Where upgrade paths are not currently viable, options including Extended Security Updates (ESU), service replacement, or risk acceptance are being assessed.

A specific risk remains regarding the G2 Speech platform, which depends on an unsupported SQL Server 2014 database instance. An SBAR has been submitted outlining options for remediation or risk acceptance pending implementation of a replacement service.

Mobile KPI's

Mobile compliance has deteriorated during the reporting period and requires funding to replace unsupported devices.

Compliance across the mobile estate has reduced during the reporting period, reflecting an increase in devices operating unsupported operating system versions.

- Supported Android devices have reduced from **91% to 85%**
- Supported Apple devices have reduced from **93% to 87%**

Vulnerabilities

Vulnerability management performance remains positive, with a Secure Score substantially above peer organisations and continued reduction of dormant account exposure.

Significant progress continues in reducing security exposure associated with dormant accounts.

At the start of this programme in 2024, the Health Board held 9,951 dormant accounts. Working collaboratively with Digital Operations and DHCW, the number under review has reduced substantially, with 5,150 dormant accounts identified and processed.

Current position:

Dormant Accounts	Total
Enabled	1,021
Disabled	4,129
Total Identified	5,150

Dormant accounts represent a significant cyber security risk as they can provide attackers with unnoticed access pathways. Accounts are disabled following investigation and removed after 13 months where no legitimate requirement exists.

The organisation's Microsoft Secure Score is currently 69.79%, significantly outperforming the peer organisation average of 51%. This indicates a comparatively mature security control environment and continued improvement in implementation of Microsoft security controls.

The Cyber Security team continues to utilise automated vulnerability scanning across the server estate to identify missing security updates and configuration weaknesses. Work is also progressing to implement Centre for Internet Security (CIS) hardening benchmarks, strengthening baseline security controls.

Cyber Assessment Framework

CAF maturity continues to improve, with governance structures established to address CRU findings and support readiness for future assessment.

The findings from the latest DHCW Cyber Resilience Unit (CRU) assessment have been reviewed by the NIS CAF Working Group. Workstreams and responsible owners have been identified to address recommendations and improve compliance against CAF objectives.

Preparation activity continues in advance of the planned full NIS CAF audit in 2027, with particular focus on strengthening governance, technical resilience, and supply-chain assurance arrangements.

Health Records

The Health Records Service monitors performance through established dashboards covering scanning timeliness and processing efficiency. Performance is benchmarked against locally agreed operational targets and national best practice.

1. **Digitised Health Records (DHR) Operational Performance**

- Inpatient supplementary record scanning
  - Target: within 48 hours of receipt
  - Total records returned (August – September): 31,074
  - Performance (as of 20th October): **On Track**
    - 37.87% of records returns scanned within 24 hours of receipt

- Outpatient supplementary record scanning
  - Target: within 24 hours of receipt
  - Total records returned (August – September): 35,487
  - Performance (as of the 20th October): **On Track**

- Digitised Record Utilisation
  - % Of outpatient clinics using DHR: 92.70%
  - % Emergency Admissions using DHR: 97.75%
  - % Elective Admissions using DHR: 91.25%

- Additional Specialty Scanning (August – September 2026):
  - 718 Podiatry records
  - 18,514 HSDU documents
  - 2,288 Adult Weight Management & Dietetic records
  - 1,535 District Nursing records
  - 1,017 Mental Health archive records
  - 1,248 Speech & Language records

2. **Referral & Inpatient Movement Processing**

- Total referrals processed (August 2026 – September 2026): 36,845
  - Automation (RPA vs Manual): 68.91%:31.09%

- Admissions, Transfers, Discharge & Demographic notifications processed (August 2026 – September 2026): 91,656
  - Automation (RPA vs Manual): 92.60%:7.40%

3. **Compliance & Audit Assurance**

- Filing bay checks: 97.50% compliant
- DHR preparation standards: 98.28% compliant
- DHR scanning standards: 98.17% compliant
- Confidential Waste Checks: 98.90% compliant
- Welsh Language Standards: 98.96% compliant

Clinical Coding

The Welsh Government has set ministerial target of 95% clinical coding completion for 2026/27. Following review of current activity levels and operational capacity, Aneurin Bevan University Health Board has submitted a performance trajectory of 91%, representing the highest level considered achievable within existing resources.

Alongside the ministerial target of 95%, maintaining high-quality coded data remains key priority. Aneurin Bevan University Health Board will continue its robust audit program, including individual coder and specialty-based audits, to ensure compliance with the accuracy standards outlined in the Terminology Delivery Service Clinical Coding Audit Methodology Version 19.0.

- 90% for the Primary Diagnosis and Primary Procedure
- 80% for the Secondary Diagnosis and the Secondary Procedures

The Health Board consistently achieves the 90% coding accuracy target but has historically struggled to meet the 95% completeness target. In September 2023, a clinical coding improvement plan was submitted and approved by the Executive Committee to enable the clinical coding service to achieve the Welsh Government 95% clinical coding completion target. This improvement plan was predicated on a monthly volume of 18,500 finished consultant episodes per month and the workforce required to clinically code 95% of that volume of episodes monthly. Following the Executive Committees approval of the plan, a recruitment programme ran from January 2024 to July 2025 to ensure that the clinical coding department was fully established to meet the 95% completeness target. Following successful appointments to all posts, the clinical coding service has been operating at full capacity since September 2025. However, just recently the coding service has lost 2 WTE Trainee Clinical Coders.

It was anticipated that the 95% completion target would be achievable with the service being able to consistently clinically code 95% of the anticipated 18,500 episodes on a monthly basis. This expectation however has not come to fruition as the volume of episodes on a monthly basis has increased to over 18,500 episodes since January 2025. The below table illustrates this increase with the increase since January 2025 highlighted in red font. Highlighted in green font is the volume of episodes coded since the clinical coding service became fully established in September 2025, it should be noted that the 95% target would have been achieved in these months if monthly activity had remained at the anticipated 18,500 episodes per month.

A significant portion of the rise in FCE’s is attributed to the Regional Cataracts, which have increased by over 6000 annually. Any further increase in demand is likely to affect the achievement of current and future coding completeness targets.

Increase in FCE's since January 2025

Month	Episodes	Coded	% Compliance	
Nov-24	18581	15078	81.1%	
Dec-24	17954	15260	85.0%	
Jan-25	19778	17287	87.4%	
Feb-25	18792	15384	81.9%	
Mar-25	20938	17226	82.3%	
Apr-25	19219	15168	78.9%	
May-25	19554	15376	78.6%	
Jun-25	20323	18051	88.8%	
Jul-25	20561	17108	83.2%	
Aug-25	18703	16792	89.8%	
Sep-25	20241	17515	86.5%	
Oct-25	20899	18218	87.2%	
Nov-25	19519	17543	89.9%	
Dec-25	20421	18454	90.4%	
Jan-26	21955	19183	87.4%	
Feb-26	20469	18730	91.5%	
Mar-26	22688	19354	85.3%	
Apr-26	20837	16942	82.0%	
May-26	19949	17874	90.1%	
Jun-26	21503	17785	82.9%	
Jul-26	22202	19481	87.7%	
Aug-26	20383	18627	91.4%	
Sep-26	21388	6479	30.29%	Current priority month

Work is ongoing to increase the amount of work done by Robotic Process Automation (RPA) which is used to automatically code the more straightforward of cases. Along with exploring how Artificial Intelligence can be used to support with coding completeness levels.

The Health Board is has recently agreed to be one of the pilot sites for the DHCW Clinical Coding Workbench initiative, initially piloting Trauma and Orthopaedics.

4. Incidents

Information Governance

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

Confidentiality – i.e. it has been made available or disclosed to unauthorised entities.
Integrity – i.e. the accuracy and completeness of information has been compromised.
Availability – i.e. the data is not accessible when required by authorised personnel.

Incident Type	Incidents Investigated	Number Reportable to Information Commissioner (ICO)	Incidents Outstanding
Confidentiality	62	2	8
Integrity	25	0	2
Availability	104	0	1
TOTAL	**180**	**0**	**11**

Incidents reported to Information Commissioner

Two incidents were reported to the Information Commissioner due to the serious nature of the breaches. The Information Governance Team liaised with the ICO to ensure all actions were undertaken and mitigations out in place to prevent reoccurrence. The ICO confirmed that actions taken were sufficient therefore o further action taken.

- Adoptive child attended A & E and old NHS number had not been retired therefore child called by his birth name.
- St Cadoc's Hospital storage of records. Urban explorer entered disused wards in main building at St Cadoc's and posted video on social media.

Cyber Security Incidents

Incident response processes remain effective, with all significant incidents contained rapidly. Supply-chain security has emerged as a growing area of concern requiring increased scrutiny.

The reporting period saw an unusually high number of cyber security incidents affecting third-party suppliers, several of whom experienced ransomware attacks.

As a precautionary measure, inbound supplier support connectivity from those effected was temporarily suspended until assurance was received that the incidents had been successfully contained and posed no risk to Health Board systems or information.

These events highlight the growing threat posed by supply-chain attacks.

In response, Cyber Security will undertake a review of the Incident Management Plan to incorporate lessons learned and strengthen organisational preparedness.

Account compromise through phishing continues to represent the most common attack vector across NHS Wales. The Health Board maintains a mature and well-rehearsed response capability, incorporating security monitoring, rapid containment procedures, phishing simulations based on real-world attack techniques, and targeted user awareness training.

5. Risk Management

Information Governance Risks

Information governance risks are identified through various workstreams but many are realised through the completion of Data Protection Impact Assessments and engagement with Divisions through the Governance and Assurance Groups. Some key risks identified in this reporting period are: -

Division	Risk Description	Mitigations	Risk Score
Corporate	Electronic Prescribing & Medicines Administration – currently no functionality to allow Access to Health Records to export information for subject access requests.	Currently in discussions with provider, other Health Boards and digital colleagues to provide solution/workaround	9
Corporate	Digital Dictation Work Around. Use of WhatsAPP for business continuity. Users have been reported adopting personal device voice memo and WhatsAPP to dictate letters. This leads to a breach of UK GDPR, misidentification issues, records missing from Clinical Workstation record and personal identifiable information being stored on personal devices	Proposal to use audio recordings in one note was rejected as being too onerous a task to be undertaken by clinicians.	15
Corporate	Digital letter Patient Portal - As a result of the portal holding letters for 2 years, this means that when a Looked After Child moves from foster care to parents care the letters are visible for foster care parents addresses etc. Therefore, risk of breach of confidentiality. Also Safeguarding risk identified.	Risk of breach of confidentiality and inappropriate access to data/data sharing.	10
Corporate	Medico Legal extract in Clinical Workstation no longer fit for propose. To comply with subject access requests team need to undertake manual process with is resource intensive.	Risk of being non-compliant with UKGDPR legislation	8

Cyber Security Risks

The Digital, Data & Technology risk register has 3 open cyber risks with a score of 10+

ID	Title	Likelihood	Impact	Score	Progress
2030	Windows 10 end of life	3	4	12	Windows 10 update programme almost complete
2045	Supply chain security	3	4	12	Business support enhancing supply chain reviews, improvement driven by NIS CAF assurance group
2046	Shadow IT and Internet of Things	3	4	12	New firewall has identified devices and allows better network segmentation

This is in addition to the corporate and strategic cyber risks which are being presented to Board in its September meeting.

Health Records Risks

The following key risks may impact the delivery of DHR performance standards:

Risk Description	Mitigations	Risk Score
DHR Infrastructure and System Upgrade: Core DHR functionality is currently operating on outdated server infrastructure, with an upgrade to the latest Electronic Document Record Management System (EDRMS) delayed.	Extended server support in place until October 2026. 3-year contract with EDRMS supplier commenced in 2024 for an upgrade to the latest service however upgrade delivery remains under review. Meeting rescheduled to pick up concerns, issues and plan to progress.	16
Records Management Compliance: Variable adherence to records management procedures across areas.	Strengthened training (Ward Accreditation compliance criteria, the Journey of Excellence Corporate Induction for Nurses, Corporate Induction for Junior Doctors), scheduled 27/10/2026,	12

	28/10/2026 & 05/11/2026. A Health Records Support Network has been established to share best practice and support for ward clerks and ward staff. Employee Handbook has been updated to include records management guidance and resources to support new starters. Health Records Awareness sessions continue to be scheduled bi-monthly, advertised via Pulse, held 26/10/2026. Storage areas identified as high risk have now been emptied and records transferred to Online house and Nevill Hall Hospital (St Cadocs Mental Health Records archive store, Goldcliffe ward and Langstone Hut). Additional areas at St Cadocs that held personal identifiable information now emptied and relocated to Online House. All other documents remain in place but services notified to take corrective action.	
Storage Capacity & Digitisation Demand: Increasing demand for digitisation due to limited or inappropriate storage areas, compounded by extended retention due to public inquiries.	Ongoing digitisation programmes and clearance of high risk storage areas, progress constrained by staffing and funding. Due to current day to day demands and priority tasks, additional scanning has slowed over the last month, however we aim to	12

	progress further from the 14/09/2026.	

Argymhelliad / Recommendation

The Finance & Performance committee are asked to note the content of the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	CAF – Cyber Assessment Framework CIS – Centre for Internet Security CRU – Cyber Resilience Unit DHCW – Digital Health & Care Wales DHR – Digital Health Record DPA – Data Protection Act DPIA – Data Protection Impact Assessment EDRMS – Electronic Document Records Management System

	GDPR – General Data Protection Regulations ICO – Information Commissioners Office KPI – Key Performance Indicators NCSC – National Cyber Security Centre NIS-R – Network & Information System Regulations RPA – Robotic Process Automation USC – Urgent Suspected Cancer WSUS – Windows Software Update Services WU4B – Windows Update for Business
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital, Data & Technology team

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Title	ID	Cause	Event	Effect	Risk Level	Date Identified	Inherent - Likelihood	Inherent - Impact	Inherent - Risk Score	Risk Response	Action Plan	Progress	Current - Likelihood	Current - Risk Score
Business continuity plans	1308	As a result of lack of understanding around the production of BCP's	There is a risk of disruption to service due to resource of system failure	Which will lead to disruption of services within both AHR and IG teams	Department/Team	18/10/2024	2	2	4	Treat	Develop BCP's for IG and AHR	01/04/26 Health records plans in place, wider directorat plans to be developed. Jonathan working with Peggy Edwards to address this	2	4
Subject Access Requests	1309	As a result of a lack of understanding by staff across the HB regarding Subject Access Requests process	There is a risk that subject access requests are not being processed in a timely manner	Which will lead to non compliance with UK GDPR Legislation	Corporate	18/10/2024	2	2	4	Treat	Raise importance of compliance with subject access requests via Governance and Assurance Groups, communication via AB Pulse and discussion between DPO, Caldicott Guardian and MH CD'	SAR FAQ's developed, discussion regarding SARs to be added to GAG agendas	2	4
Storage of patient records	1310	As a result of the lack of understanding of the Records Management Policy	There is a risk of records being stored inappropriately, not catalogued and unknown to both IG and AHR teams that these records exist	Which will lead to non compliance with UK GDPR Legislation	Corporate	18/12/2020	3	3	9	Treat	Formal and adhoc audits to be undertaken to identify areas of non compliance	SBAR created for the storage of records in ST Cadocs Jon to provide update from IG group discussion regarding the outcome	3	6
Images and voice recordings stored without IG knowledge	1311	As a result of images and voice recordings being stored without IG knowledge	Information Governance are unable to comply fully with Subject Access Requests	Which will lead to non compliance with UK GDPR Legislation	Department/Team	21/10/2024	3	3	9	Treat	Discussions to held via GAG's and Divisional Key contacts to ensure Information Asset Register is up to date	Work ongoing with Divisions Update to be provided by SIGOs	3	9
Mental Health Professional Body Disclosure process for records that sit outside of clinical waiver	1312	pressures within the MH clinical team - staff are refusing/unable to undertake their obligation under the AHR Act 1990 - DPA 18 and UK GDPR to provide the data controller with professional advice regarding harm and distress exemption	There is a risk of disclosures not being actioned within the timescale of one calendar month	Which will lead to non compliance with UK GDPR Legislation	Corporate	21/08/2023	3	3	9	Treat	Raise importance of compliance with subject access requests via GAGS, communication via AB pulse and discussion between DPO, Caldicott Guardian and MH CD's	worked to provide a SOP which should improve this situation by adopting an MDT approach to disclosures however, MH clinicians are now asking for admin staff to undertake reviews to identify harm and distress	3	9
CCTV - lack of technology to obscure faces of people who are not relevant to Subject Access Requests	1314	As a result of the inability to obscure faces of people not relevant to request	There is a risk of breach of confidentiality when providing CCTV footage as part of a subject access request	Which will lead to non compliance with UK GDPR Legislation	Department/Team	30/07/2021	2	2	4	Treat	Review of procedure and systems to ensure compliance with UKGDPR Legislation	Update required from GO on review of procedure and systems to ensure compliance with legislation	2	4
EPEX - decommissioning of service	1316	As a result of the decommissioning of the EPEX system	There is a risk of loss of information	Which will lead to non compliance with UK GDPR Legislation	Corporate	21/10/2024	3	3	9	Treat		JJ and MM to speak to JM	3	9

WCCIS - not all steps being undertaken when uploading information to WCCIS	1317	As a result of the migration of information from EPEX to WCCIS being incomplete due to staff not completing all steps of the process when uploading information into WCCIS.	There is a risk of loss of information	Which will lead to non compliance with UKGDPR Legislation	Department/Team	21/10/2024	3	3	9	Treat		JJ and MM to speak to JM	3	9
Information Governance Training - Compliance of 85% across the HB - non compliance with IG toolkit	1318	As a result of a lack of protected time for all staff groups of the Health Board to undertake their mandatory IG training	There is a risk of IG/Records Management and Cyber processes not being followed	Which will lead to non compliance with UKGDPR Legislation. This will also mean that we are unable to achive minimum standards for the IG toolkit which will have a knock on effect for CAG requests	Department/Team	01/06/2021	2	2	4	Treat	Bespoke training to be arranged for Facilities/Audit Days/Induction days. Sway communications to be developed. Notices put on ABPulse. Raise importance of undertaking this training via GAGS and Divisional Key Contacts.	Discussions held nationally to review elearning package and locally to review compliance and training provision within HB	3	9
Medico Legal extract not fit for purpose - specifically A&E and WinPath	1326	As a result of insufficient resource to develop A&E and WinPath data extract funcationality. Overtime was being used to develop this functionality and overtime has been stopped due to health board financial situation. The situation is being made worse for AHR as the number of requests and sources of data increases.	If resource not available to develop Medical legal extract in Admin Portal and AHR have insufficient resource to safely maintain manual process within timescales.	Delays in producing medico legal extracts. Possible fines for breaching targets or additional staff costs to meet targets.	Programme/Project	07/09/2023	4	2	8	Transfer	Develop and submit business case for Digital Platform as part of ABUHB EHCR Delivery Strategy	08/05/2025 - transfer to JM 20/02/2025 - submit risk as part of CWS business case after delivery of CGI Risk report MM to speak to CH	4	8
Inappropriate Access to Systems	1379	As a result of not all departments having starters, leavers and movers process	There is a risk of staff being able to access information systems outside of their job role	Which will lead to a breach in UKGDPR Legislation and is a breach of the Computer Misuse Act 1990	Directorate	18/11/2024	2	2	4	Treat	SIGO's to work with Divisions to ensure S,M and L processes are in place and adhered to	Update required from SIGOs	1	1
Significant data loss within Mental Health	1472	As a result of some files being set up as teams files as opposed to SharePoint files with a 7 year retention period placed on them	There is a risk of information being deleted	which will lead to a significant data loss for the HB	Directorate	12/09/2024	3	3	9	Treat	DHCW has set up a new retention policy that excludes our affected sites from the overall All Wales wide retention policy. This means that going forward, these sites will retain all their data indefinitely.	Update required	3	9
Local Authorities purchase of WCCIS replacement system which will not include ABUHB	1519	As a result of this proposal there is a risk that ABUHB data may be migrated onto this system.	There is a risk that ABUHB would not know where the information will be stored, would not know who would have access to the information	Which may lead to a significant loss of data for the HB	Corporate	24/10/2024	3	3	9	Treat			3	9

EMPI	1673	As a result of inbound messaging from EMPI a numbers of data quality errors resulting in data breaches have occurred.	There is a risk of inappropriate disclosure of information/breach of data protection legislation	Which will led to non compliance of data protection legislation and loss of organisational reputation	Department/Team	13/03/2025	3	3	9	Treat		SBAR being looked at by Lynne Wilde to see impact of turning off messaging to other systemsS	3	9
G2 work around - IG	1817	As there is currently no practical way to provide business continuity for G2 in the event of unacceptable speed or inaccessible application	users are reported to be adopting personal device voice memo and whats apping	which leads to a breach of GDPR, misidentification issues, records missing from CWS record, PII on personal devices	Corporate	03/06/2025	5	3	15	Treat	Identify BC	28/05 PE - paper went to exec last year identifying Whats app as the only alternative to G2 accepted by the service. Agreement to use. Procurement ongoing for G2 replacement Back up plan if G2 is down is to use audio recordings in one note ICT currently undertaking testing	3	15
Outlook autocomplete	1996	As a result of staff across the HB using the autocomplete function within outlook	There is a risk of breach of confidentiality by sending information to an incorrect recipient	Which will lead to non compliance with UKGDPR	Corporate	22/04/2025	3	2	6	Treat	Work to be undertaken across divisions regarding the the removal of this function		3	6
Medico Legal extract in open eyes not fit for purpose	2215	As a result of no set process for medico legal process in the new open eye system	There is a risk of not being compliant with Subject Access Requsts	Which leads to a breach of GDPR	Corporate	16/01/2026	3	3	9	Treat	Further information required during DPIA process	Jonathan Meredith (Aneurin Bevan UHB - Digital Data and Technology),	3	9
Open Eyes	2257	Numerous risks have been identified inline with Articles under DPA2018 & UKGDPR, these have been highlighted on the Local Risk Assessment document	The Consultant Ophthalmologist and Senior Responsible Owner confirmed that from a clinical standpoint the Health Board should accept the residual risks.	Risks highlighted non compliance with DPA2018 & UKGDPR	Directorate	16/01/2026	3	3	9	Treat		DPIA completed	3	9
Digital letter Patient Portal Risk	2422	As a result of the portal holding letters for 2 years this means that when a LAC moves from foster to parents care the parents can see address of previous foster carers	There is a risk of a breach of confidentiality via inappropriate access/sharing	Which will lead to a breach of UKGDPR	Corporate	07/05/2026	2	5	10	Treat	Turn off electronic letters for all patients under 18	DPIA to be updated to reflect risks. mitigation actions	2	10

Child Health Service storing patient information on SharePoint	2658	Due to insufficient storage capacity and the absence of a suitable operational system for managing Child Health records, patient information is currently being stored within a secure SharePoint environment pending implementation of a replacement solution. At present, the service does not have funding available to support Health Records staff with the scanning and digitisation of these records.	There is a risk that Child Health patient records held on SharePoint are not readily available to clinical staff through normal clinical systems and may not be managed in accordance with approved records management processes.	This could result in incomplete patient information being available at the point of care, delays in clinical decision-making, non-compliance with ABUHB records management requirements, difficulties responding to Subject Access Requests and legal disclosures, and potential adverse impacts on patient safety and organisational compliance. This process is intended to be a temporary arrangement. Once the replacement system for WCCIS is implemented, the service will transition to the new system and this process will cease.	Department/Team	10/06/2026	2	2	4	Tolerate	The service has identified the replacement of WCCIS as a long-term solution. Once implemented, records will be migrated to the new system and the current process will cease. The service anticipates implementation within the next six months.	2	4
Resources/staffing Access to Health Records	2666	As a result of Staff leaving department and a career break	There is a risk of non-compliance with UKGDPR and possible staff illness due to burn out	Which will lead to decrease in compliance with SAR's, increase of sickness due to staff burn out, possible sanctions imposed by ICO	Corporate	14/10/2026	3	3	9	Treat	Scrutiny forms currently with SIRO for sign off, once signed, recruitment process to start asap	3	9
Resources - Staffing IG	2676	As a result of a significant increase in workload with no investment in recruitment for additional staff since 2017	There is a risk of non compliance with UKGDPR, retention of staff and health and well being of staff being affected	Which will lead to sanctions/fines from ICO, increase of complaints, experienced staff leaving, staff going sick due to burnout	Corporate	01/01/2026	3	4	12	Treat	Paper going to board for additional staff 5th November 2026	3	12

Ticket ID	Division	Department	Summary	Ticket Type	Status
358458	Clinical Support Services	Clinical Support Services Management	DPIA - POCT Point of Care Testing - Amal Shandall - NDSR 0270713	Information Governance - Data Protection Impact Assessment	New
349557	Workforce & OD	Workforce Planning Systems & Projects	DPIA Query Civica Occupational Health - NWSSP DPIA	Information Governance - Data Protection Impact Assessment	New
361002			ThinkCancer - Verity Butcher	Information Governance - Screening Questions	In Progress
345764	Facilities	Facilities	DPIA - ID Badge/Access Audit Request Form	Information Governance - Data Protection	In Progress

Ticket ID	Division	Department	Summary	Ticket Type	Status
				Impact Assessment	
364483	Family Therapies	Public Health Nursing incl: HV/SHN/LAC	Digital Health Questionnaire for Looked After Children's Health Assessments_Sarah Miles	Information Governance - Screening Questions	In Progress
361067	MH & LD		Local DPIA and Data Sharing Agreement for RIO - Go Live	Information Governance - Data Protection Impact Assessment	In Progress
365610	MH & LD	Adult Mental Health Services	DPIA Review - Promptly - Mental Health - Jonathan Cartwright	Information Governance - Data Protection Impact Assessment	In Progress

Ticket ID	Division	Department	Summary	Ticket Type	Status
351783	MH & LD	Other Specialist MH Service	Screening Questions = Padlet Access	Information Governance - Screening Questions	Resolved
351783	MH & LD	Other Specialist MH Service	Screening Questions = Padlet Access	Information Governance - Screening Questions	Resolved
349588	Primary Care & Community		Screening Questions IMPOWER - Louise Williams	Information Governance - Data Protection Impact Assessment	Resolved
345950	Primary Care & Community	Managed Practices	DPIA - AccuRx into EMIS - Managed GP Practices	Information Governance - Data Protection Impact Assessment	Resolved

Ticket ID	Division	Department	Summary	Ticket Type	Status
347913	Digital Data & Technology		Vocera Clinical Communication Platform - Kyle Mackay	Information Governance - Data Protection Impact Assessment	Resolved
357830	Surgery	Clinical Haematology	Screening Questions - Eamon Mahdi	Information Governance - Screening Questions	Resolved
357830	Surgery	Clinical Haematology	Screening Questions - Eamon Mahdi	Information Governance - Screening Questions	Resolved
363762	Clinical Support Services		NDSR Tasks - IG Review - Microbiology Biofire Fireworks System - BioMerieux	Information Governance - Screening Questions	Resolved

Ticket ID	Division	Department	Summary	Ticket Type	Status
345138	Corporate	Research & Development	Screening Questions Kirstin Davies - EDCRN	Information Governance - Screening Questions	Resolved
346594	Clinical Support Services	Radiology	Information Governance - Screening Questions	Information Governance - Screening Questions	Closed
348857	Clinical Support Services	Pathology	DPIA - Reviewed - Blueteq	Information Governance - Data Protection Impact Assessment	Closed
350828	Clinical Support Services		DPIA - HER2 - Neill Maynard	Information Governance - Data Protection Impact Assessment	Closed

Ticket ID	Division	Department	Summary	Ticket Type	Status
351509	Corporate		HOSPITAL TO HOME REFERRAL FORM - JAMIE-LEE COOK	Information Governance - Screening Questions	Closed
353932	Digital Data & Technology	Information Governance	All Wales DPIA Group - Assemble	Information Governance - Data Protection Impact Assessment	Closed
346162	Digital Data & Technology	Digital Programmes	Page One - Kelly Teasdale - Screening Questions	Information Governance - Screening Questions	Closed
346181	Digital Data & Technology		Screening Questions - Securitas Bleep System - Kelly Teasdale	Information Governance - Screening Questions	Closed

Ticket ID	Division	Department	Summary	Ticket Type	Status
346205	Digital Data & Technology		Vocera - Kelly Teasdale - Screening Questions	Information Governance - Screening Questions	Closed
350140	Digital Data & Technology	Service Delivery	Data Protection Impact Assessment - EE to Vodafone - Dan Lee and Maria Fryc	Information Governance - Data Protection Impact Assessment	Closed
345753	Surgery	Ophthalmology	Information Governance - Screening Questions	Information Governance - Screening Questions	Closed
355584	Primary Care & Community	Dental	DPIA - MDU Form for Special Schools - Helen Boulter	Information Governance - Data Protection Impact Assessment	Closed

Ticket ID	Division	Department	Summary	Ticket Type	Status
356303	Primary Care & Community	Dental	Screening Questions - Helen Boulter - Dental	Information Governance - Screening Questions	Closed
351831	Primary Care & Community	Primary Care Projects	Screening Questions - Filming Consent Form and Use for Melo Content - Louis Davies	Information Governance - Screening Questions	Closed
345934	MH & LD		Screening Questions - Ty Cynnal	Information Governance - Screening Questions	Closed
353249	MH & LD	Other Specialist MH Service	Screening Questions - PSOA Padlet	Information Governance - Screening Questions	Closed
351267	MH & LD	Adult Mental Health Services	Screening Questions - Emma Jones - Ty	Information Governance	Closed

Ticket ID	Division	Department	Summary	Ticket Type	Status
			Cynnal Support House	- Screening Questions	
355797	Medicine	Respiratory	SQs_Respiratory ILD Database Project	Information Governance - Screening Questions	Closed
365041	Complex Care		Local Risk Assessment - Direct Payments Helen OHara	Information Governance - Data Protection Impact Assessment	Closed
347058	Planning		Screening Questions H2H - Jamie-Lee Cook	Information Governance - Screening Questions	Closed
363679	Corporate	Public Health	DPIA - Local Risks Regional Ophthalmology - ABUHB Host	Information Governance - Data Protection	Updated

Ticket ID	Division	Department	Summary	Ticket Type	Status
				Impact Assessment	
358128	MH & LD	Other Specialist MH Service	Local Full DPIA - Filming Consent Form and Use for Melo Content - Louis Davies	Information Governance - Data Protection Impact Assessment	On Hold
365035	Complex Care		National DPIA - Direct Payments Helen OHara	Information Governance - Data Protection Impact Assessment	On Hold
355869	ABUHB		ACCESS TO WORK Non Standard IT Order - Andrew Gibbs (Aneurin Bevan UHB - Chaplains)	Information Governance - Screening Questions	Forwarded In

Ticket ID	Division	Department	Summary	Ticket Type	Status
355869	ABUHB		ACCESS TO WORK Non Standard IT Order - Andrew Gibbs (Aneurin Bevan UHB - Chaplains)	Information Governance - Screening Questions	Forwarded In
363420	Medicine		NDSR Tasks - Core Pulse - pre hospital video triage for stroke - Sian Redwood	Information Governance - Screening Questions	Forwarded In
365496			Coroner referral portal - Lucy Bennett	Information Governance - Screening Questions	Forwarded In
362595	Medicine	Respiratory	ILD registry form - Adhnan Omar	Information Governance - Data Protection Impact Assessment	IG - For Operational Meeting

Agenda Item:

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	03 November 2026
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Assurance Report from the Digital, Data and Technology Group
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Paul Solloway – Director of Digital
SWYDDOG ADRODD: **REPORTING OFFICER:**	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 continues to deliver a broad portfolio of digital transformation and Information and Communications Technology (ICT) activity aligned to the Health Board's operational priorities. The Digital Transformation portfolio currently comprises seven programmes and 41 live projects.

While significant progress continues across a broad range of programmes and projects, assurance remains constrained in a number of areas by funding uncertainty, supplier dependencies, finite specialist capacity, assurance backlogs and reliance on national programmes and infrastructure. This report brings together delivery progress, financial sustainability and the principal dependencies and risks requiring continued oversight.

Cefndir / Background

DDaT supports the delivery of the Health Board's Integrated Medium-Term Plan (IMTP) through digital transformation, infrastructure modernisation and the ongoing provision of digital services. Its portfolio spans clinical systems, patient access and communications, community services, medicines management and the

infrastructure needed to support safe, reliable care. Microsoft 365 development and automation provide further opportunities to improve productivity and reduce manual processes.

Delivery involves a combination of local, regional and national programmes, with interdependencies across suppliers, application development, integration and infrastructure. Investment in new systems must therefore be balanced with maintaining existing services, addressing ageing technology and ensuring sufficient clinical safety, information governance and cyber assurance capacity. Implementation funding is often time-limited, while licensing, support and maintenance create recurrent commitments for the Health Board.

The DDaT Group oversees portfolio performance, risks, benefits and delivery capacity. Divisional Engagement Meetings and the New Digital Service Request (NDSR) process support alignment with organisational priorities, while regional collaboration across South East Wales seeks to reduce duplication and make better use of specialist resources.

Asesiad / Assessment

Major digital transformation projects are delivered through seven programmes, summarised below. Overall assurance remains moderate, with delivery continuing across most programmes despite significant financial, resource and dependency pressures.

1. Acute Programme

- Regional Digital Eye Care governance oversees OpenEyes and OPERAi delivery across South East Wales. The OpenEyes Version 2026 upgrade is progressing with Cardiff and Vale University Health Board (CAVUHB), alongside cataract biometry integration following Welsh Government (WG) funding confirmation. Joint Controller Agreements and Wales General Ophthalmic Services (WGOS) pathway development are progressing to support primary care access. Health Boards await OPERAi demo access to assess secondary care referral triage workflows. Key risks remain around contract end dates, future pathway development and system integration.

- The Digital Dictation business case was approved by the Board on 28 September 2026. The project is moving to contract award with T-Pro, with updated financial profiling, resource recruitment, implementation planning and continuity arrangements being taken through project governance.

- eAdvice development is due to restart, with go-live targeted for January 2027. Delivery remains dependent on application development capacity and competing priorities.

- WECDS went live on 22 September 2026. Work now focuses on the Symphony version 3 upgrade in the Emergency Department (ED) and scoping deployment in medical assessment units (MAU) to support electronic transfer and wider urgent and emergency care workflows.

- A new project this reporting period is the development of a single discharge planning record within Clinical Workstation (CWS), bringing together information currently recorded across multiple systems. The new approach is intended to reduce duplicate entry and give ward and discharge teams a clearer, shared view of discharge dates and readiness. The discharge planning form is being tested, with ward readiness planning underway to support a phased introduction. Requirements gathering has also begun for the complex list view and Qlik dashboards.

2. Digital Ward Programme

- Procurement and evaluation for Digital Health Communications, which will replace Vocera and bleeps, remains in progress. The business case is being developed alongside the network-readiness requirements needed to support a preferred solution.

- CareFlow Connect rollout in Surgery is progressing and will use the remaining available licence capacity. Any expansion beyond the current scope will require additional licences and investment. Discussions are underway with the supplier.

3. ICT Programme

The ICT Programme comprises 24 projects and remains a critical cross-portfolio dependency. During the reporting period, activity continued to focus on infrastructure resilience, supplier dependency and legacy technology. Positive progress has been made in reducing technical debt through server refresh activity and infrastructure modernisation.

- Critical server refresh activity continues to reduce infrastructure risk. Thirty of 31 Structured Query Language (SQL) 2014 servers have now been upgraded, with the final server subject to a dedicated issue and remediation plan. In addition, 94 Windows 2016 servers have been upgraded, with 47 remaining in scope for completion by December 2026.

- The CCube electronic document and records management upgrade remains at risk. End-to-end testing of the Referral Updater Service has completed successfully, and project activity was ready to recommence. However, the supplier has recently advised that resource commitments elsewhere prevent confirmation of a restart date. The project continues to monitor supplier availability, legacy infrastructure risks and associated service impacts.

- Infrastructure modernisation continues across the estate. The Datacentre Transit Link project remains under review pending completion of prerequisite activities and confirmation of milestone dates, resulting in the Palo Alto firewall replacement programme being placed on hold. Progress continues within the Royal Gwent Hospital (RGH) Critical Edge Refresh programme, where approximately 75% of identified cabling remediation activity has now been completed.

4. Clinical Support Services Programme

- Following the implementation of RISP in June 2026, operational support and issue resolution continue alongside preparations to move radiology requesting and reporting from Welsh Clinical Portal (WCP) back to CWS in November 2026. Delivery remains dependent on stable live operations, development capacity and defect resolution.

- LIMS 2.0 is live in Microbiology, while plans for implementation in Blood Sciences are currently being reviewed and re-planned nationally. Delivery confidence remains affected by outstanding configuration, testing, live-service fixes and dependencies within the national plan. Weekly national escalation meetings are in place with senior digital leads across Wales to oversee the plan and support risk mitigation.

- The Theatre System upgrade is being planned, with Infection Control Network integration being worked through subject to data, supplier and recurrent-cost requirements.

- Preparatory work is underway to introduce electronic Hospital Initiated Referrals from the Health Board to Velindre Cancer Services, replacing current paper and email processes. Implementation will use WCP, as integration with CWS is not currently available.

5. ePMA Programme

The ePMA pilot is live on Bargoed and Penallta wards at YYF, with further rollout across YYF continuing following a lessons-learned and governance review. The revised approach strengthens clinical and divisional accountability, go-live assurance and alignment across project, design, development and operational teams. Rollout beyond YYF remains dependent on application-development capacity and will be sequenced through readiness and dependency management.

6. Digital Community Programme

The Digital Community Programme continues to move forward across the main areas of delivery. Technical work is progressing well, with core connectivity in place, migration environments established and initial demographic data migration underway. Work on integration, reporting and system configuration is continuing alongside this, supported by learning and collaboration with other health boards in Wales.

There has also been good progress on service readiness. Future processes have been mapped across key inpatient areas and training materials are being developed with services. Staff engagement has been particularly positive, with more than 82% of the eligible workforce completing the digital capability survey. Preparations for the rollout of community devices are also nearing completion, with the supporting asset management and data arrangements agreed.

The focus over the next period is preparing services for the planned go-live in quarter 2 (Q2) 2027/28. The timetable remains challenging, particularly around system configuration and data migration and these dependencies are being closely managed. This will be important in maintaining progress towards the programme's

wider requirement to exit the Welsh Community Care Information System (WCCIS) by September 2027.

7. Digital Patient Programme

- The further rollout of Healthcare Communications remains on hold pending an independent review, Referral and Booking Centre (RBC) process review, NHS Wales App roadmap development and Welsh Patient Administration System (WPAS) improvement plan. These will inform revised requirements, benefits and procurement options to address the ongoing financial pressure before the supplier contract ends in March 2027.

- The Referral and Booking Process Review is assessing future operating model options for outpatient referral and booking arrangements, including the balance between centralised and divisional booking and patient access. An options appraisal is scheduled to be considered by the Executive Committee in November 2026.

- WG has commissioned NHS Wales Performance and Improvement to develop the future strategic direction and implementation approach for Technology Enabled Care (TEC) across Wales. The work will consider how technology can support prevention, independence, care closer to home and sustainable service and pathway transformation. The Health Board is coordinating a single organisational return covering its current portfolio, governance, readiness, priority pathways, enabling requirements and evidence from delivery.

Microsoft 365 Transformation

- The Microsoft 365 team continue to support productivity, collaboration and service redesign. Recent developments include automated visa end-date notifications, a Theatre Specimen Tracker, a Community Situation Reporting dashboard, an Internal Lateral Transfer Scheme and further workflow automation supporting operational services. Identification badge and School Nursing Flu solutions remain in testing. The team is also supporting deployment of the Same Day Emergency Care (SDEC) Scheduler to support a pilot to improve operational coordination and patient flow within urgent and emergency care pathways.

- Regional collaboration opportunities continue to be explored through the South East Wales Digital Partnership, including Microsoft 365 collaboration, workforce communications and opportunities to reduce duplication through shared approaches and reusable solutions.

Programmes Backlog and Scoping

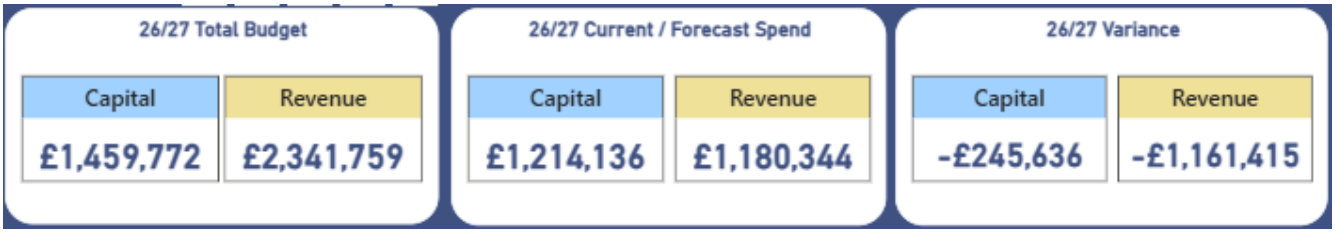
- A number of projects remain in the programme backlog awaiting capacity, prioritisation and funding, including Digital Consent, urgent-care electronic observations, Theatre Management System procurement, the Welsh Intensive Care Information System, the national Digital Cellular Pathology Programme and Welsh Point of Care Testing (WPOCT) Programme.

- Discovery is continuing to progress across patient flow, complex care, telephony infrastructure, 111 #2 telephony replacement, Women's health Hub, additional learning needs, digital dictation integration requirements and the CWS business case. Requirements work has recently been completed for Subject Access Requests (SARs) redaction.

Financial position:

The key financial risks relate to affordability, sustainability and the alignment of approved business cases with recurrent funding allocations. Whilst national investment continues to support implementation activity, several programmes create ongoing revenue commitments which become the responsibility of the Health Board once systems are operational. The financial position therefore remains sensitive to delayed funding transfers, national programme timescales and the requirement to maintain critical legacy services during transition periods.

Finance summary:





The 2026/27 revenue position is forecasting spend of £1.180 million against a budget of £2.342 million, a favourable variance of £1.161 million. However, the position is expected to deteriorate significantly in 2027/28, with forecast revenue expenditure of £6.535 million against a budget of £2.328 million, resulting in a projected funding gap of £4.206 million. This reflects the full-year impact of historic unfunded programmes and approved business cases where recurrent funding has not transferred into the DDaT baseline.

National Digital Priorities Investment Fund (DPIF) support has contributed to the 2026/27 financial position. In addition, £425,350 of non-recurrent Planned Care recovery funding has been approved for 2026/27: £311,904 for digital dictation subscription costs, £101,446 for additional clinical coding capacity and £12,000 for enhancements to the outpatient booking application. This investment supports productivity improvements and the coding of additional elective activity.

However, national transformation funding does not meet the ongoing operating costs that fall to the Health Board once systems are implemented. Approved business cases therefore create continuing revenue commitments for the lifetime of the systems, requiring close oversight of affordability, enabling infrastructure and any interim arrangements needed to protect service continuity.

Digital demand and prioritisation

Alongside programme delivery, the directorate continues to mature portfolio governance through Divisional Engagement Meetings, NDSR prioritisation processes and alignment of digital plans to the IMTP.

The DDaT Group considered the demand position in September 2026 and concluded that existing demand levels cannot be accommodated within available delivery, assurance and specialist resource without clearer organisational prioritisation. DDaT received 51 NDSRs in quarter 1 (Q1) 2026/27 and a further 37 in Q2, in addition to its agreed IMTP delivery commitments. As the directorate entered quarter 3 (Q3), 64 NDSRs remain active.

Progress in expanding Robotic Process Automation (RPA) remains constrained by the absence of an agreed sustainable funding and support model with 50 requests on the backlog. Options to address the backlog are being explored, including training divisional staff to develop automations, although the operating model, competency requirements and ongoing support arrangements have yet to be agreed. Local development would not remove the need to fund licensing, maintenance and support.

Application development and integration are critical requirements for a number of projects across the digital portfolio. However, individual projects do not have dedicated development and integration resources and rely on shared specialist teams, which also support and maintain existing applications. Project approval therefore does not, in itself, secure the technical capacity needed for delivery, making agreed prioritisation and sequencing essential.

The application development priorities for the remainder of 2026/27 and into 2027/28 are RISP, WPAS web services, discharge development, Growth Charts Replacement, eAdvice, Digital Dictation, ePMA Phase 2 and Rio. Delivery must be coordinated across these commitments, taking account of technical dependencies, testing and assurance requirements. Additional requests and projects will require explicit agreement on which existing commitments would be delayed or displaced and existing commitments reduce capacity for next year's IMTP priorities and new organisational requirements.

To help mitigate these capacity risks, the Strategic Digital Transformation Plan has been approved by the Board, with horizon planning underway to align future demand, investment and delivery commitments with available specialist capacity. This will support earlier identification of dependencies and more realistic sequencing across financial years, including work carried forward into 2027/28. Development of the CWS business case will help shape future investment choices by clarifying the options, resource requirements and dependencies associated with the platform and its integration with other systems.

Regional Planning and Digital Blueprint

Regional digital partnership arrangements continue to mature across South East Wales, supporting the practical implementation of the emerging NHS Wales Digital Blueprint. The regional portfolio currently includes work relating to the Regional Health Park in Llantrisant, orthopaedics, radiology, ophthalmology, endoscopy, Microsoft 365 collaboration and the NHS Wales App. The approach aims to reduce

duplication, improve use of specialist capacity and create opportunities for shared solutions where common challenges exist.

Recent regional discussions have focused on establishing a clearer regional operating model, improving visibility of digital activity across Wales and identifying opportunities for greater reuse of solutions, shared procurement and coordinated delivery. A regional collaboration pipeline is also being explored covering shared care record functionality, workforce communications, virtual care, remote monitoring and regional cancer initiatives.

Benefits Realisation

Benefits realisation arrangements continue to mature across the portfolio, with a number of Microsoft 365 solutions now in business-as-usual use. Automated information and reporting for Primary Care and Community has reduced administrative effort and improved the availability, reliability and operational use of information. The Neurodiversity referral solution is improving administrative efficiency and supporting clinical screening of high referral volumes. Digital patient questionnaires have reduced paper administration and made completion and return easier for patients, while digital sign-in and room-booking solutions in Children's Services have improved access, supported greater patient independence and released staff time for care.

Digital Patient Communications recorded its first monthly saving from digital letter delivery in October, reducing postage costs by £471.66. This represents an early realised saving and will require continued monitoring to establish the recurrent financial benefit.

Ahead of further ePMA rollout, the benefits profile has been reviewed and revised. Benefits now being actively monitored include improvements in medicines reconciliation, antimicrobial prescribing and allergy recording; reductions in missed doses, prescribing errors, paper use and medicines expenditure and the release of nursing and health records time.

Target ePMA benefits include completing 70% of medicines reconciliations within 72 hours, reducing missed doses by 50% to 7.85%, reducing reported prescribing errors by 40%, recording allergy assessments for 90% of ePMA records and releasing 1,337.5 hours of nursing time to care. The programme is also monitoring opportunities to reduce paper charts by 50%, equivalent to 15,078 charts and approximately 11,512 kg CO2e, together with improvements in antimicrobial stewardship and the management of critical medicines.

Benefits reviews for the Welsh Nursing Care Record and Maternity are planned for the next reporting period. These reviews will provide further evidence of realised benefits and support stronger benefits tracking through programme governance.

Overall Assurance and Key Risks

The DDaT Group reviewed portfolio performance, risks, issues and delivery capacity during the reporting period.

The Group concluded that:

- delivery remains broadly on track across the majority of programmes;
- benefits realisation arrangements continue to mature and are increasingly being embedded within programme governance;
- demand for digital services continues to exceed available delivery, assurance and specialist technical capacity;
- financial sustainability remains dependent on recurrent funding transfers associated with approved business cases and the outcome of national funding decisions;
- several programmes remain dependent upon national timescales, supplier performance and enabling infrastructure outside direct Health Board control;
- prioritisation controls are required to protect delivery of agreed organisational and statutory priorities.

The Group supported strengthened internal prioritisation arrangements, a temporary pause on new unfunded commitments requiring additional capacity and the development of a short, agreed Health Board priority list to improve delivery confidence and resource focus.

The principal risks requiring continued oversight are:

- affordability pressures arising from recurrent costs associated with approved digital business cases (16);
- reliance on supplier delivery timescales and national programme dependencies (16);
- cyber security, infrastructure resilience and legacy technology risks associated with ageing platforms (12);
- clinical safety, information governance and cyber assurance backlogs affecting project lead times (12);
- programme dependencies linked to CWS, infrastructure modernisation and integration capability (16); and
- the risk that organisational demand continues to exceed available delivery capacity (20).

These risks are actively managed through portfolio governance, programme controls and escalation through DDaT governance routes.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **Note** the progress made across the DDaT portfolio during the reporting period.
- **Note** the current financial position and the continuing affordability risks associated with recurrent costs not yet transferred into DDaT baseline budgets.
- **Support** the strengthened prioritisation arrangements endorsed by the DDaT Group, including the temporary pause on uncommitted requests requiring additional funding or delivery capacity.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol:	CRR 020 – RISP: 15 (Extreme); CRR 029 – LIMS 2.0: 20 (Extreme).

Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 4.2 Patient Information 6.2 Peoples Rights 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well High quality care and best health outcomes for all
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve access to information and services for all communities Support equitable digital access and inclusion in service transformation

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Programme and project highlight reports; portfolio and benefits tracking; finance reports and funding correspondence; programme governance records and approved business cases referenced within this report.
Rhestr Termau: Glossary of Terms:	ABUHB – Aneurin Bevan University Health Board CAVUHB – Cardiff and Vale University Health Board CWS – Clinical Workstation CWS2 – Clinical Workstation 2 DDaT – Digital, Data and Technology ED – Emergency Department ePMA – electronic Prescribing and Medicines Administration ICT – Information and Communications Technology IMTP – Integrated Medium-Term Plan LIMS – Laboratory Information Management System MAU – Medical Assessment Unit

	NDSR – New Digital Service Request (plural: NDSRs) NHS – National Health Service Q1 / Q2 / Q3 – Quarter 1 / Quarter 2 / Quarter 3 of the financial year RBC – Referral and Booking Centre RGH – Royal Gwent Hospital RISP – Radiology Informatics System Procurement RPA – Robotic Process Automation SDEC – Same Day Emergency Care SQL – Structured Query Language TEC – Technology Enabled Care WCCIS – Welsh Community Care Information System WCP – Welsh Clinical Portal WECDS – Wales Emergency Care Data Set WG – Welsh Government WGOS – Wales General Ophthalmic Services WPAS – Welsh Patient Administration System WPOCT – Welsh Point of Care Testing YYF – Ysbyty Ystrad Fawr
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Programme and Project Boards Divisional Engagement Meetings Digital Prioritisation and Optimisation Meetings Digital Portfolio Progress Sub Group DDaT Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	Resource implications are described within the programme and financial updates.
• **Workforce**	Delivery depends on a combination of programme resource, clinical engagement, digital specialist capacity and technical infrastructure expertise.
• **Service Activity & Performance**	The portfolio is intended to improve service access, operational efficiency, data quality and clinical safety through reduced manual processing, improved information flow, better communication with patients and more reliable digital support for front-line services.
• **Financial**	Financial impact is currently linked primarily to national funding availability, business case approvals, contract timing, supplier dependencies and the affordability of enabling infrastructure.
Asesiad Effaith Cydraddoldeb	Not Applicable

Equality Impact Assessment (EIA) completed	
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	03 November 2026
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance and Performance Committee – Review of Committee Programme of Business 2026-27
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Governance Support Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Finance and Performance Committee is asked to review the agreed Committee Forward Work Plan appended to this report as **Appendix A.**

The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2025/26 and to enable the Committee to:

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

In line with good governance practice, the Finance and Performance Committee has a Forward Work Plan that has been developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The Forward Work Plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

The Forward Work Programme Plan is designed to assist the Committee in the review of its programme of business. It captures the timing of report submissions, identifies items that have been deferred, and captures new requests for reports. The plan also allows the Committee to monitor and review its business at each meeting.

Due to the Health Board currently operating under the NHS Wales Oversight and Escalation Framework at Level 4 – Targeted Intervention, the Board has agreed to hold an additional monthly meeting of the Finance and Performance Committee to support the focused scrutiny of the two key escalation areas of finance, strategy and planning, and performance and outcomes in relation to urgent and emergency care. These additional meetings will be chaired by the Health Board Chair

During the period the following requests and/or changes to the forward work plan have been included.

Additional items to the Forward Work Programme:

- **Productivity Improvement Report** has been added for November's Committee Meeting 2026
- **Dental Access and Performance Update** has been added for January's Committee Meeting 2027
- **Outpatient Efficiencies Report** has been added for March's Committee Meeting 2027

Changes to the Forward Work Programme:

- **Reporting on Benefits Realisation Projects** scheduled for update in January 2027 from November 2026

Argymhelliad / Recommendation

The Committee is requested to **NOTE** the updated Finance and Performance Committee Forward Work Plan as provided in **Appendix A**.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business are a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Annual Programme of Business for 2026-27

Finance and Performance Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2025/26
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

The purpose of the Finance & Performance Committee is to provide assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan. In doing so, the Committee will seek assurance that there is:

- ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework;
- that arrangements for financial management and financial performance are sufficient, effective and robust;
- that services are improving efficiency and productivity and financial plans are being delivered;

- there is timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services; and
- risks are suitably identified, mitigated, residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of citizen experience and the quality and safety of directly provided and commissioned services.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings					
			QTR 1 Apr to June		QTR 2 July to Sept		QTR 3 Oct to Dec	QTR 4 Jan to Mar
			21st April 2026	10th June 2026	22nd Sept 2026	3rd Nov 2026	26th Jan 2027	9th March 2027
Preliminary Matters								
Attendance and Apologies	Chair	SI	✓	✓	✓	✓	✓	✓
Declarations of Interest	All	SI	✓	✓	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓	✓	✓
Committee Action Log	Chair	SI	✓	✓	✓	✓	✓	✓
Committee Governance								
Development of Committee Annual Programme of Business 2027/28	DoCG	AN						✓
Review of Committee Programme of Business 2026/27	DoCG	SI	✓	✓	✓	✓	✓	✓
Committee Risk Report	DoCG	SI	✓	✓	✓	✓	✓	✓
Committee Annual Report 2026/27	DoCG	AN						✓

• Annual Review of Committee Terms of Reference 2026/27 • Annual Review of Committee Effectiveness 2026/27 • Outcome of Annual Review of Committee Effectiveness 2026/27								
Performance Management								
Annual Review of Performance Management Framework	DoSP&P	AN						✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN						✓
Performance Management and Escalation Update.	DoSP&P	SI	✓	✓	✓	✓	✓	✓
AB Escalation Update	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Integrated Performance Report, including performance against Ministerial Priorities	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Reporting on Benefits Realisation Projects	DoF&P/DoSP&P			✓		✓	✓	✓
Financial Performance								
Monthly Finance Report and Monitoring Returns	DoF&P	SI	✓	✓	✓	✓	✓	✓
Financial Outlook for Future Financial Year, including	DoF&P	AN						✓

Revenue Budget Allocation letter								
Value and Sustainability Assurance Reporting	DoF&P	SI	✓	✓	✓	✓	✓	✓
Efficiency Opportunities and Update Report	DoF&P	SI	✓	✓	✓	✓	✓	✓
Commissioning Update Report to include: • Primary Care • CHC • Intra NHS Agreements • SLAs	DoF&P	AN						✓
Productivity Improvement Report	DoF&P	AN				✓		
Service Activity and Performance								
Outpatient Transformation Programme Update	DoSP&P	AN				✓		
Stroke Improvement Plan Update Report	DoT&HS	AN		✓				✓
Theatres Efficiency	DoSP&P	AN			✓			
HBS Delivery	COO		✓					
Dental Access and Performance Update	COO						✓	
Outpatient Efficiencies	COO							✓
Endoscopy Transformation Programme Efficiencies Update	COO						✓	

Information Management								
Information Governance Report, including SIRO Update	DoD	SI	✓	✓	✓	✓	✓	✓
Corporate Information Performance.	DoCG	AN	✓					
Digital and IM&T								
Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes	DoD	SI	✓	✓	✓	✓	✓	✓
Digital Patient Communications project benefits realisation update	DoD				✓			
Capital, Estates and Facilities								
Estates Compliance including compliance with Health Technical Memorandums	COO	AN						✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health

DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

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