

Finance and Performance Committee

Mon 23 February 2026, 09:30 - 12:00

Agenda

09:30 - 09:35 **1. PRELIMINARY MATTERS**
5 min

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence


Chair

1.3. Declarations of Interest

Chair

1.4. Draft Minutes of the last Meeting held on 15th December 2025

Chair

 FPC_20260223_1.4_Draft_Minutes_15_December[1].pdf (10 pages)

1.5. Committee Action Log

Chair

 FPC_20260223_1.5_Committee_Action_Log_-_Approved[1].pdf (2 pages)

09:35 - 09:35 **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**
0 min

There are no items for inclusion in this section

09:35 - 11:35 **3. ITEMS FOR DISCUSSION**
120 min

3.1. Ophthalmology Business Case Progress Update

Chief Operating Officer

 FPC 20260223 3.1 Ophthalmology Business Case - 26 Final.pdf (8 pages)

 FPC 20260223 3.1 Ophthalmology Business Case Appendix A.pdf (22 pages)

3.2. Estates Compliance Assurance Report

Chief Operating Officer


 FPC 20260223 3.2 Estates Compliance Assurance Report.pdf (53 pages)

3.3. IMTP Ambitions for Future Years

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

3.4. Reporting on Benefits Realisation Projects


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

 FPC 20260323 3.4 Reporting on Benefits Realisation Projects.pdf (6 pages)

3.5. Integrated Performance Report, including performance against Ministerial Priorities


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

 FPC 20260223 3.5 Integrated Performance Report, Including ministerial priorities..pdf (8 pages)

 FPC 20260223 3.5 Integrated Performance Report, Including ministerial priorities Appendix A.pdf (52 pages)

3.6. Monthly Finance Report and Monitoring Returns

Director of Finance & Procurement

 FPC 20260223 3.6 Monthly Finance Returns and Monitoring Returns.pdf (26 pages)

 FPC 20260223 3.6 Monthly Finance Returns and Monitoring Returns Appendix A.pdf (36 pages)

3.7. Efficiency Opportunities focused on Planned Care

Director of Finance & Procurement

3.8. Commissioning Update Report


Director of Finance & Procurement

 FPC 20260223 3.8 Commissioning Update Report.pdf (31 pages)

 FPC 20260223 3.8 Commissioning Update Report Appendix A .pdf (75 pages)

3.9. Development of Committee Programme of Business 2026/27

Director of Corporate Governance


 FPC 20260223 3.9 FPC 2026-27 Forward Work Plan.pdf (7 pages)

11:35 - 11:45 4. ITEMS FOR INFORMATION

10 min

4.1. Review of Committee Programme of Business 2025/26

Director of Corporate Governance


 FPC 20260223 4.1 Committee Programme of Business 2025-26.pdf (3 pages)

 FPC 20260223 4.1 Appendix A, FWP FPC 2025-2026.pdf (7 pages)

4.2. Committee Risk Report

Director of Corporate Governance

 FPC 20260223 4.2 Committee Risk Report.pdf (6 pages)

 FPC 20260223 4.2 Committee Risk Report Appendix A Risk Assessments.pdf (15 pages)

4.3. Value and Sustainability Board Assurance Report


Director of Finance & Procurement

 FPC 20260223 4.3 Value and Sustainability Board Assurance Report.pdf (15 pages)

4.4. Revenue Budget Allocation letter

Director of Finance & Procurement

 FPC 20260223 4.4 Revenue Budget Allocation Letter.pdf (16 pages)

 FPC 20260223 4.4 Revenue Budget Allocation Letter Appendix A.pdf (11 pages)

 FPC 20260223 4.4 Revenue Budget Allocation Letter Appendix B.pdf (16 pages)

11:45 - 12:00 5. OTHER MATTERS

15 min

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

Chair

5.2. Any Other Urgent Business

Chair

5.3. Date of the Next Meeting:

Chair

21st April 2026



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE

DATE OF MEETING	15 December 2025 09.30-12.30
VENUE	Microsoft Teams
PRESENT	<p>Neil Patrick, Chair</p> <p>Dafydd Vaughan, Independent Member</p> <p>Iwan Jones, Independent Member</p> <p>Akmal Hanuk, Independent Member</p>
IN ATTENDANCE	<p>Nicola Prygodzicz, Chief Executive</p> <p>Robert Holcombe, Director of Finance and Procurement</p> <p>Hannah Evans, Director of Strategy, Planning and Partnerships</p> <p>Rani Dash, Director of Corporate Governance</p> <p>Paul Solloway, Director of Digital</p> <p>Jonathan Simms, Clinical Director of Pharmacy</p> <p>Naomi Murtagh, Board Business Manager</p> <p>Gavin Thomas, Governance Support Officer</p>
APOLOGIES	None

Preliminary Items	
FPC/1512/01	<p>Welcome and Introductions</p> <p>Neil Patrick (NP), Chair, welcomed everyone to the meeting.</p>
FPC/1512/02	<p>Apologies for Absence</p> <p>Neil Patrick (NP), Chair, NOTED that there were no apologies received.</p>
FPC/1512/03	<p>Declarations of Interest</p> <p>There were no Declarations of Interest to record.</p>
FPC/1512/04	<p>Draft Minutes of the last Meeting held on 29 September 2025</p>



	The Committee received and reviewed the previous draft minutes, and these were AGREED as a true and accurate record of the meeting.
FPC/1512/05	<p>Committee Action Log</p> <p>The Committee received the Committee action log and Neil Patrick (NP), Chair, NOTED that there were no outstanding actions.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
	There were no items for discussion during this section.
ITEMS FOR DISCUSSION	
FPC/1512/06	<p>Committee Risk Report</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the Committee Risk Report, summarising the strategic risks allocated to the Committee for oversight, including financial sustainability, performance management, digital, and carbon reduction. RD highlighted the interdependencies between sickness absence and financial risk and noted that the report content was consistent with what had previously been shared with the Board.</p> <p>Neil Patrick (NP), Chair, agreed that the overall risk position remained stable, with persistent challenges in certain areas. The Committee recognised that some strategic risks were likely to be long-standing and committed to ongoing review of risk tolerance and mitigation effectiveness.</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, provided an update on financial risk, referencing recent Board deep dives and emphasising the need for continued mitigation, cost control, and income optimisation. He noted that while the situation was repetitive, ongoing vigilance was required.</p> <p>The Committee NOTED the report.</p>
FPC/1512/07	<p>Performance Management and Escalation Update</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Performance Management and Escalation Update, summarising the impact of the Welsh Government’s escalation framework following the Health Board’s change in status in July. HE noted that the Health</p>



Board had been de-escalated for finance and strategy/planning but remained under enhanced monitoring for urgent and emergency care at the Grange University Hospital.

HE explained that the formal de-escalation criteria had not changed significantly, with only minor refinements in language and the removal of some patient safety metrics due to concerns over data reliability.

The Committee noted that progress against escalation criteria was now tracked through existing arrangements, including monthly IQPDS and JET meetings, rather than quarterly meetings. HE reported that the mid-year divisional reviews were nearing completion, with outcomes to be reviewed by the Executive Team in January to determine internal escalation levels.

Neil Patrick (NP), Chair, requested assurance regarding the financial position and the risk of re-escalation, given the requirement to submit a satisfactory IMTP. HE confirmed that the previous de-escalation had been based on a balanced financial plan but acknowledged that the forecast had since changed and that escalation status would be reviewed nationally.

Robert Holcombe (RH), Director of Finance and Procurement, added that, while there was a risk of escalation, the Health Board's financial position was not as severe as some other Welsh Health Boards. Nicola Prygodzicz (NP), Chief Executive, noted that an announcement on escalation status was expected imminently and that finance remained the greatest risk for increased scrutiny.

The Committee **NOTED** the update.

FPC/1512/08

Integrated Performance Report, including performance against Ministerial Priorities

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report to the Committee, highlighting key updates and November data where available. HE reported improvements in COVID vaccination uptake, which exceeded the all-Wales average, but noted ongoing challenges with staff and community



sickness due to COVID and flu. Efforts to increase staff vaccination rates were underway.

HE updated the Committee on population health metrics, noting increased smoking quit attempts and the launch of the Gwent Nicotine Control Alliance to address underage and illicit tobacco use. Diabetes care processes remained slightly below target, with improvement actions in place.

The Committee noted that primary and community services showed increased activity across pharmacy, optometry, and emergency dental services. However, weekend community nursing activity remained challenged, and the team was reviewing forecasting and planning for 2026/27. Urgent and emergency care performance had improved due to the "Our Next Patient" initiative, with notable gains in September and October. November saw increased demand and pressure, prompting a national sprint to address patient flow and discharge, particularly at YYF and the Grange University Hospital.

Cancer pathway performance had declined, particularly in gynaecology, colorectal, and dermatology, but backlog reduction was underway. Planned care showed significant improvement, with the number of patients waiting over 104 weeks reduced to 718 in November, supported by £3.5 million in Welsh Government funding. Outpatient waiting times also improved, although diagnostic waits increased.

Mental health services sustained strong progress, though neurodevelopmental services experienced some pressure in October. Additional funding and clinical sessions were being provided to recover performance.

The Committee discussed winter pressures, with HE confirming that flu and respiratory illness had arrived earlier and at higher levels than expected, impacting front-door demand and system congestion.

Akmal Hanuk (AH), Independent Member, raised concerns about workforce productivity and job planning compliance. HE and Rani Dash (RD), Director of Corporate Governance, assured the Committee that the People and Culture Committee was focusing on workforce metrics and that a detailed assurance report would be presented to the Audit,



Risk and Assurance Committee in January specifically on job planning.

The Committee noted the ongoing challenges and improvement actions across ministerial priorities, including vaccination, urgent and emergency care, planned care, cancer, mental health, and workforce productivity.

The Committee **NOTED** the update.

FPC/1512/09

Monthly Finance Report and Monitoring Returns

Robert Holcombe (RH), Director of Finance and Procurement, presented the report to the Committee, summarising the position at month 7. The year-to-date revenue deficit stood at £13.7 million, with a forecast outturn of £19.9 million. Capital spend was £14.5 million, on track for a balanced position at year-end. Public sector payment policy compliance was 97%, exceeding the 95% target, and cash holdings were within Welsh Government guidelines.

RH outlined the main deficit drivers and analysis, noting that savings delivery totalled £43.5 million against a plan of £40.4 million. Additional opportunities of £5 million had been identified, with £0.5 million delivered at month 7.

Operational cost pressures were discussed, including winter costs, pay, and non-pay variances. Variable pay had reduced slightly, while substantive pay increased marginally. Non-pay costs rose due to regional contracts and outsourcing, which were funded but showed higher spend.

RH noted that funding for quarter 1 and 2 RTT activity was still pending confirmation from Welsh Government, and non-receipt could worsen the deficit. Reserves were being held for 104-week waits, to be delegated as activity was performed. Key risks included Welsh Risk Pool contributions, national appeals, non-receipt of bank wage award funding, drugs, and winter pressures. Additional savings had been identified to offset winter costs, and acute drugs remained a focus area.

RH provided a brief update on month 8, reporting a revised forecast deficit of £18.3 million due to a positive settlement for the bank pay award and anticipated slippage returned from shared services. Welsh Government had confirmed funding for Welsh Risk Pool and bands 2–3 national



settlement, neutralising significant risks. RH informed the Committee that, while further improvement was unlikely, the position had stabilised, and next year would present new challenges due to a real-terms reduction in funding.

Iwan Jones (IJ), Independent Member, raised questions about vacancy cover and sickness costs, noting improvements in recruitment but ongoing cost pressures from vacancies and sickness absence. RH explained that natural turnover and recruitment speed affected vacancy costs, and that some vacancies could be beneficial given the underlying deficit.

The Committee discussed the likelihood of risks materialising, with RH confirming that most high-value risks had been addressed, but winter and acute drugs remained ongoing concerns. Welsh Government funding for diagnostics and RTT activity was also highlighted as a potential risk for the new financial year.

The Committee **NOTED** the update.

FPC/1512/10

Value and Sustainability Assurance Reporting

Robert Holcombe (RH), Director of Finance and Procurement, presented the Value and Sustainability Board (VSB) paper, outlining the current arrangements and the breakdown of the £43.5 million savings across VSB groups. RH clarified the split between recurrent (£22.4 million) and non-recurrent (£21.1 million) savings, with a full-year effect of over £28 million expected next year. Additional opportunities totalling £5 million had been identified, with £0.5 million delivered at month 8.

RH reported that, for Welsh Government purposes, all savings were currently reported as deliverable, although some internal ambers remained due to timing. The Committee noted the need for a greater push on efficiency delivery, particularly in theatres and beds, and ongoing focus on variable pay. RH explained that Welsh Government was expected to shift service redesign focus onto estates, with positive progress noted on the Ty Gwent move and ongoing work at Nevill Hall Hospital.

Neil Patrick (NP), Chair, asked about the process for identifying new cost-saving initiatives. RH explained the top-down and bottom-up approaches, including national VSB



opportunities, executive group discussions, and the Quality Impact Assessment (QIA) process for service impacts. RH anticipated a need for stricter programme management next year.

Akmal Hanuk (AH), Independent Member, queried the medicines management process and its impact on savings. RH described the complexity of medicines finance, including national and local contracting, prescribing arrangements, and VAT optimisation. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, added that cross-divisional workshops were being held to identify system-wide opportunities for next year, beyond divisional budget holders.

AH and RH discussed the challenges of meeting savings targets in medicines management, given external factors and the introduction of new high-cost drugs, especially in cancer.

RH noted the team's efforts in switching to biosimilars, generics, and optimising prescribing, but acknowledged that new initiatives could offset savings.

Jonathan Simms (JS), Clinical Director of Pharmacy, joined the meeting and provided a deep dive on secondary care prescribing, highlighting the impact of new NICE-approved medicines, statutory obligations, and the lack of new funding for the New Treatment Fund. JS reported significant growth in secondary care expenditure, particularly in ophthalmology and haematology, and outlined national and local planning for biosimilars and generics.

JS described assurance processes, divisional savings plans, and the implementation of the Blue Tech high-cost drug system to improve oversight. He noted that barriers to switching medicines were minimal, with established processes and patient engagement.

The Committee discussed forecasting challenges, waste and expiry management, and the difficulty of predicting net cost reductions in medicines, given legal, market, and clinical uncertainties. RH confirmed that savings plans for next year were in development, but a net cost reduction was unlikely.

The Committee **NOTED** the update from the Value and Sustainability Board and further **NOTED** the Deep Dive into Medicines Management in Secondary Care.



<p>FPC/1512/11</p>	<p>Consideration of the Issues Raised from the Public Accountability Meeting</p> <p>The Committee reflected on the recent Public Accountability Meeting, with Robert Holcombe (RH), Director of Finance and Procurement, noting that significant preparation had taken place and that feedback, both internal and external, had been positive. RH highlighted that the Cabinet Secretary’s expectations were clear, particularly regarding the financial challenge for the next year and the need to prioritise efficiency to support the financial bottom line.</p> <p>RH emphasised that the Board would need to make difficult decisions about service delivery, as it would not be possible to maintain current levels due to financial constraints. He also stressed that efficiency improvements must be linked to cost reduction, not simply increased activity.</p> <p>Nicola Prygodzicz (NP), Chief Executive, reported that she had not yet received any formal feedback following the meeting. She reiterated the importance of aligning efficiency with capacity reduction and recognised the significant effort required to prepare for the meeting.</p> <p>NP and Iwan Jones (IJ), Independent Member, discussed the challenge of balancing executive and independent member roles during the meeting, noting that many questions were operational rather than assurance-focused. They suggested that clearer differentiation in questioning would be helpful in future sessions.</p> <p>Akmal Hanuk (AH), Independent Member, and Dafydd Vaughan (DV), Independent Member, commended the team’s performance and preparation, noting that the tone of the meeting was appropriate and that the team had addressed challenging questions effectively.</p> <p>The Committee AGREED that the meeting provided a useful reference point for future strategic focus, particularly on finance, urgent and emergency care, and planned care, which were identified as the main priorities by the Cabinet Secretary.</p>
<p>ITEMS FOR INFORMATION</p>	
<p>FPC/1512/12</p>	<p>Assurance reports from the Digital, Data and Technology Group.</p>



Paul Solloway (PS), Director of Digital, presented the report to the Committee, providing an update on the digital programme of work. He noted that the programme was now supported by refreshed digital engagement meetings with divisional colleagues and a new request process to improve prioritisation and governance.

PS informed the Committee that there were 122 active requests, including 48 transformational projects, 39 ICT projects (covering new builds and technical refreshes), and 50 robotic process automation/software development requests underway.

Key updates included progress on the Open Eyes EPR for ophthalmology, with a planned go-live in February, completion of the interim e-referral solution, and concerns regarding the ambitious national target for implementing the new ophthalmology referral solution by the end of March. PS indicated that this timeline appeared unachievable and confirmed that discussions with the national programme were ongoing. The digital dictation procurement was nearing completion, and a paper on challenges with the Welsh Emergency Care Data Set was being prepared for the Executive Committee.

PS highlighted significant risks with the LIMS 2.0 programme, citing delays, configuration challenges, and the need to define a minimum viable product for go-live. He confirmed that these risks were being reported to national leadership.

The Committee noted positive progress with the Winpath system go-live and the radiology system (PACS/RIS), with lessons being learned from other health boards' implementations. The mortuary digital system had gone live successfully, addressing a key improvement action, and initial teething issues were being managed. The electronic prescribing programme was progressing well, with a planned go-live in the first quarter of 2026.

PS reported that the NHS Wales app had seen high patient engagement within the Health Board, recording the highest number of referral notifications and hospital appointment details shared across Wales. In addition, PS confirmed that



	<p>there were no current issues with mortuary capacity, and recent inspections had not raised significant concerns.</p> <p>The Committee NOTED the update.</p>
FPC/1512/13	<p>Review of Committee Programme of Business 2025/26</p> <p>The Committee NOTED the updated Committee Programme of Business for 2025/26.</p>
FPC/1512/14	<p>Audit Wales Eye Care Report</p> <p>Rani Dash (RD), Director of Corporate Governance, informed the Committee that the Audit Wales Eye Care Report had been presented for information, as it had already been discussed in detail at the Audit Risk and Assurance Committee.</p> <p>The Committee noted that the report included a recommendation for ongoing oversight of eye care, which was now reflected in the committee's future work plan.</p> <p>RD added that the Patient Quality, Safety and Outcomes Committee had also received an overview of the report and the approach to harm review, and that progress was being made on these actions.</p> <p>The Committee NOTED the report.</p>
OTHER MATTERS	
FPC/1512/15	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee AGREED there were no items to be brought to the attention of the Board or other Committees.</p>
FPC/1512/16	<p>Any Other Urgent Business</p> <p>There was no other Urgent Business.</p>
FPC/1512/17	<p>Date of the Next Meeting</p> <p>23 February 2026</p>



Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
September 2025	FPC/0929/07	<p>Committee Risk Report</p> <p>The cause/effect of the relationship between staff absence and financial risk to be clarified in the risk paper</p>	Director of Corporate Governance	December 2025	<p>Completed</p> <p><u>November update</u> Action has been included in the Committee forward work plan.</p> <p>The Risk Report will include the cause/effect of the relationship between staff absence and financial risk.</p>

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Glaucoma Virtual Hub - Progress Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ian Jenkins, General Manager Surgery

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 Ophthalmology Virtual Hub will mark two years since its inauguration, in January 2026, in what is a milestone for ABUHB and a first for eye care in Wales. The hub facilitates virtual clinics which enable patients to undergo streamlined monitoring for eye conditions including glaucoma, reducing time per clinic visit and improving access to eye care services. The original case is included as Appendix 1.

Cefndir / Background

Glaucoma is a term used to describe a group of diseases affecting the eye. It is typified by progressive optic nerve damage that causes irreversible change in vision/visual field. Frequently, the most common form of glaucoma, chronic open angle glaucoma (COAG), is preceded by ocular hypertension (OHT) where the pressure is elevated alone. Once diagnosed, patients require appropriate treatment, either medical or surgical, and will require regular, usually lifetime review.

In its advanced stages, glaucoma can cause permanent vision loss and blindness. Yet, in most cases this outcome is preventable when patients receive timely diagnosis, ongoing monitoring, and appropriate treatment. Severe visual impairment or bilateral glaucoma-related blindness ought to be exceptionally uncommon; nevertheless, several cases have arisen within ABUHB. A series of recent incidents of glaucoma-related sight loss as a result of appointment delays at ABUHB highlight a service under significant strain. These events have triggered redress procedures and medicolegal actions against the health board.

Diagnostic hubs are advantageous as they offer key diagnostic testing by technician staff, to a greater number of patients in one session, allowing for virtual review thereafter by senior clinical staff. Many glaucoma and medical retina patients can be safely managed in this manner.

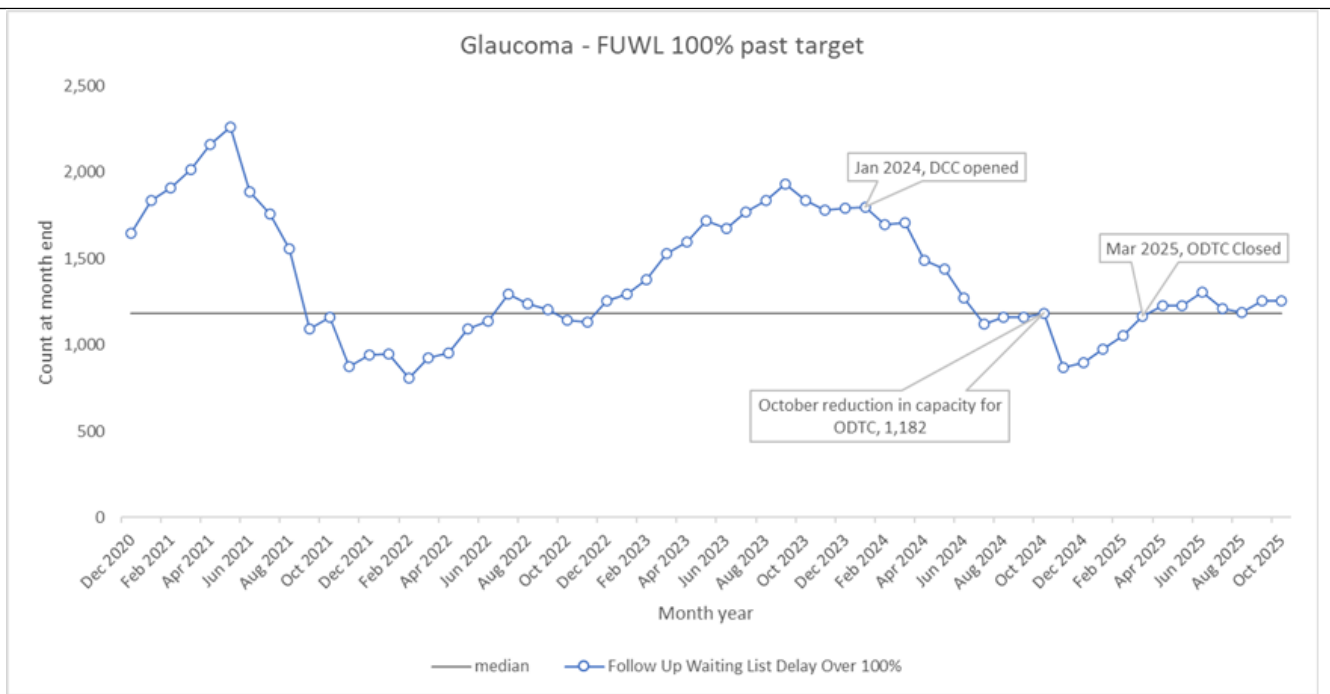
The ophthalmology virtual hub at ABUHB is the first in Wales to deliver a continuous weekday service; 10 sessions a week. This model, supported by the Royal College of Ophthalmologists, has enabled an additional 25 patient appointments at ABUHB per day, equating to 5,000 (based on 40 week, 5 day/week) patient appointments in the last year within the glaucoma service alone, and significantly reduced outpatient waiting times (including eliminating outpatient appointment delay above 1 year within the glaucoma service). It has also helped to identify those patients at higher clinical risk requiring further medical or surgical intervention for whom face-to-face appointments have been prioritised.

Following the Primary Care contract reform mandated by the Welsh Government, Optometric Diagnostic and Treatment Centre (ODTC) services were withdrawn in March 2025. Established at ABUHB many years ago, the ODTC model enabled glaucoma patients to undergo diagnostic testing within community optometry practices, with results subsequently reviewed by hospital clinicians. This system ensured that treatment pathways and follow-up care were arranged appropriately.

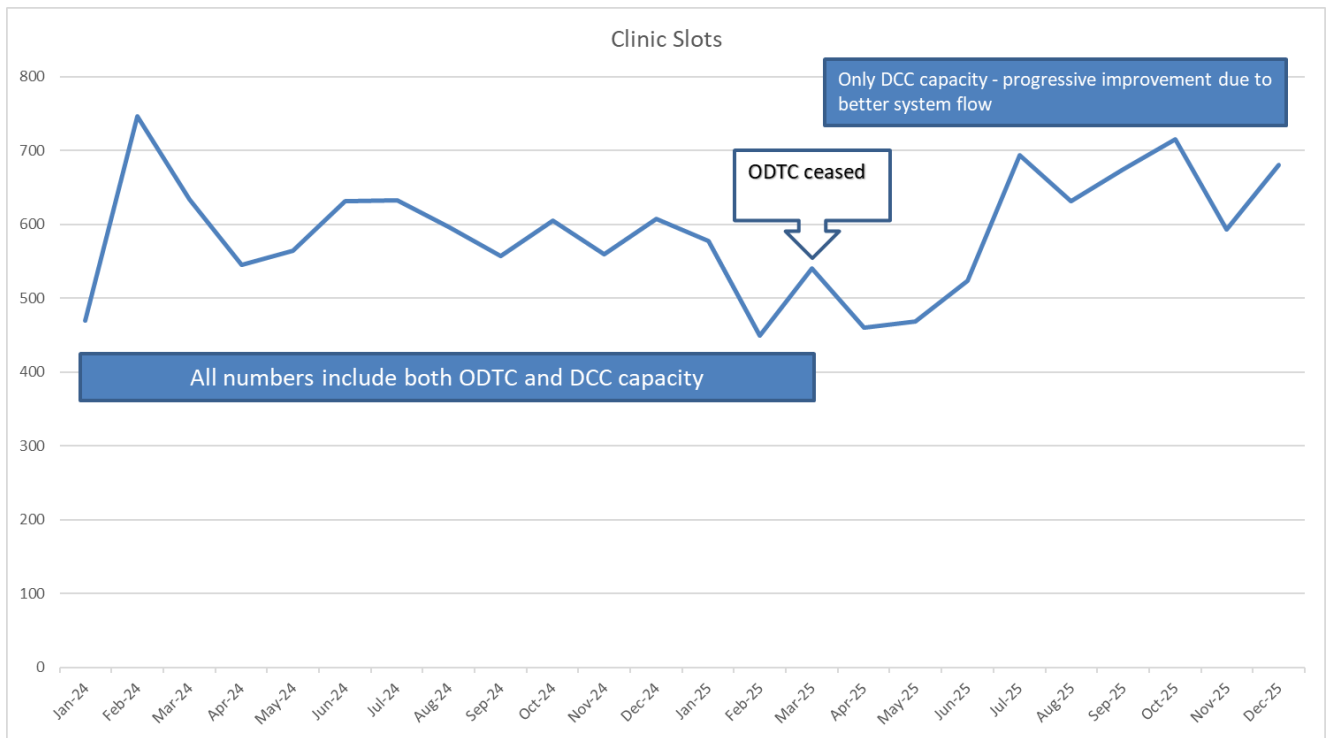
The approach proved highly beneficial for patients, offering convenient access to essential diagnostics closer to home. Under the revised framework (WGOS 1–5), none of the pathways incorporated a shared primary/secondary care model. As a result, capacity for this patient group is now confined to hospital settings. The withdrawal of ODTC services represents a loss of approximately 600 slots per month (subject to individual practice availability). Importantly, this reduction impacts a broader patient population, as many glaucoma patients awaiting both new and follow up appointments could previously have been managed through this pathway.

Asesiad / Assessment

The follow up waiting list FUWL 100% past target graph highlights the initial positive effect of having the first DCC operating alongside ODTC, with numbers trending downward as expected. More recently, however, the graph reflects a steady increase following the closure of ODTC. Securing a second hub would allow us to reverse this trend and regain progress.



The attendance figures (below) at the diagnostic hub clearly demonstrate the value and impact of this facility.



26 Nationally Reportable Incidents have been provided to NHS Wales Performance and Improvement (NHS P&I) relating to Ophthalmology treatment and follow up delays between 2023 and 2025 (YTD. 15 of these related to glaucoma patients whose care were lost to follow up and have been fully investigated and closed with NHS Wales Performance and Improvement).

It has been confirmed with the legal team that two cases have been settled – 1 in 2023 costing £204,466 and another in 2024 costing £559,496.

Since the first hub opened, 28 serious incidents have been reported internally, with 16 classified as moderate or severe harm following review. Given that glaucoma is a slow-progressing, chronic condition, it may be premature to expect a reduction in these incidents until patients waiting beyond their follow-up targets

are fully addressed. Until this backlog is resolved, the number of serious incidents is likely to rise as patients progress through the system. A full, rolling glaucoma action plan is in place and accepted by NHS P&I providing overall assurance to how actions mitigate the current risk in the system, including:

- Clinical and clerical validation of the waiting lists
- A separate glaucoma stratification tool to ensure the most appropriate care to each patient
- Full utilisation of WGOS4 glaucoma filtering pathway and integration into secondary care pathways. This has allowed appropriate patients to be identified and triaged directly to the diagnostic hub; supporting earlier access and initiation of treatments remotely without delays associated with face to face appointments.
- Strengthening clinical workforce in the glaucoma team with new appointments in hospital optometry now in place, and a second consultant due to start in September 2026.

GIRFT Recommendations:

- Establish virtual diagnostic pathways to ensure patients are reviewed according to their risk profile.
- Involve both MDT decision-makers and consultants in virtual reviews. Adjust schedules to free up optometrists and nurse practitioners on selected days to provide support.
- Assign technicians, HCSWs, and assistants to carry out diagnostics and visual field testing instead of nurses, streamlining processes to increase throughput.
- Reconfigure physical floor space to accommodate these changes.
- Implement patient questionnaires to capture subjective information, symptoms, and medical history, enhancing the effectiveness of virtual clinics.

The introduction of the diagnostic hub has enabled all these improvements, representing a significant advancement in the delivery of glaucoma care.

Finance

Since its inception, the hub has been operating on an at-risk financial basis, incurring a yearly cost of around £190,000, comprising:

- £136,000 for staff revenue
- £4,000 for non-pay consumables
- £50,000 for WLI/overtime to support virtual reviews

To establish a sustainable financial model, it is recommended to appoint one substantive WTE Band 8a Optometrist. This role would enable the management of virtual reviews, increase outpatient face-to-face capacity, and create potential for additional laser capacity following completion of training.

Risks:

If diagnostic hub capacity is not expanded and the loss of ODT capacity is not addressed, patients—particularly vulnerable follow-up cases—may face extended delays in accessing diagnostics. This could prevent timely treatment interventions, with some patients potentially missing their critical treatment window, resulting in avoidable harm.

High flow ophthalmic diagnostic data collection clinics are fully supported by the Clinical implementation Network. The Network are actively encouraging all health boards to consider these clinics for glaucoma and medical retina patients, as they offer a valuable solution to one of Wales's most pressing outpatient challenges.

Overall progress of the first diagnostic hub can be broken down as below, looking at what we set out to achieve in the medium-term plan, and how they have been achieved:

Initiative	Initial Goal	Achievement Since Opening
Creating more capacity for new and follow-up patients who can be managed in this manner	120 extra patient slots per week or 5,040 over a 42-week year	This has been exceeded with around 150 extra patient slots per week or 6300 over a 42-week year.
Create a positive impact on waiting lists, especially those follow-up patients waiting over their target dates	Aug 2023 there were 6073 patients waiting with 3849 overdue	Aug 2024 there were 4879 patients waiting with 2408 overdue showing a significant reduction. However, this number has now risen to 3088 during Jan 2026, showing the impact of ODTG services closing.
Training programme for community optometrists in place	Spaces for 3 individuals to obtain training would be ring-fenced	Achieved; 2 community optometrists have completed their training placements with another 2 currently mid placements. This is in addition to 4 optometrists having completed MR placements A number of engagement and teaching events and Improved feedback has strengthened glaucoma pathways
GIRFT-recommended stratification tool to ensure care is risk-based	Glauc-strat-fast tool to be utilised	Now in place. Diagnostic hub allows prioritisation or "red flagging" of highest risk patients to prioritise review by most senior clinicians Governance team completed a pilot review of 151 patients and identified 10% of them at risk of significant sight loss showing there is still


		more that we need to do to ensure safety on the waiting list.
Workforce to be strengthened in all areas including medical, optometry and nursing	Second glaucoma specialist to be recruited. Further optometrist session for virtual capacity. Training for optometrist in laser. Nurse practitioner to be obtained as part of glaucoma team.	Second glaucoma consultant secured and due to start October 2026. Increased number of specialist optometrists undertaking virtual reviews and face to face clinics All optometrist sessions in place and training complete with principal optom now undertaking YAG lasers independently and a second optometrist started training. Nurse prac not yet in post, but further work with nursing team is underway to establish the necessary personnel to take this forward.
POD Clinics	Increase the level of clinical personnel in clinic at the same time to allow for better patient throughput as well as escalation on-hand and good training. Initial thought that an extra 20 patients per week could be seen in this manner.	This has been achieved – a consultant-only clinic will yield 8 patients per session, however when in a POD this increases to 20 patients. This will be doubled when the second glaucoma specialist joins later this year.

Argymhelliad / Recommendation

The Committee are asked to note progress against the initial business case

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Divisional risk register score 20

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5. Timely Care 1.1 Health Promotion, Protection and Improvement 1. Staying Healthy
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Appendix 1:  Glaucoma%20Service%20SBAR%20v3.doc
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p> <p>Choose an item.</p>

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 September 2023
CYFARFOD O: MEETING OF:	Executive Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Glaucoma Service Risk
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Glenys Mansfield, General Manager, Scheduled Care; Carrie Hopkins, Directorate Manager,

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to escalate potential serious patient harm within the glaucoma service due to appointment delays and medico-legal liability within the Health Board. Glaucoma, if not treated, can result in irreversible sight loss and potentially blindness. If individuals receive timely, appropriate diagnosis, surveillance, and treatment sight loss can be avoided. Severe sight impairment/bilateral glaucoma blindness should be rare.

Since 16th August 2022, a total of 22 Datix's have been submitted relating to glaucoma; 9 of these Datix's have indicated sight loss due to appointment delay. Following clinical investigation, "severe harm" has been identified in 2 of the 9, indicating irreversible sight loss. There remaining 7 are currently in the process of being clinically harm reviewed.

There are capacity constraints within the service. COVID-19 had a significant impact on the volume of patients falling into the backlog; 3,849 patients over their appointment target date, and 1,843 have been waiting over 100% over their target date. Referrals have increased (chart 1). There is excess demand for the service which is increasing inline with the Royal College of Ophthalmologist forecasts of a 44% rise over the next 20 years. Additionally, there are workforce challenges within the service with limited availability of ophthalmology consultants with a special interest in glaucoma, especially within Wales.

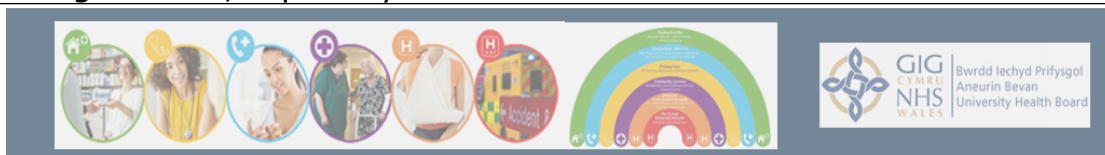
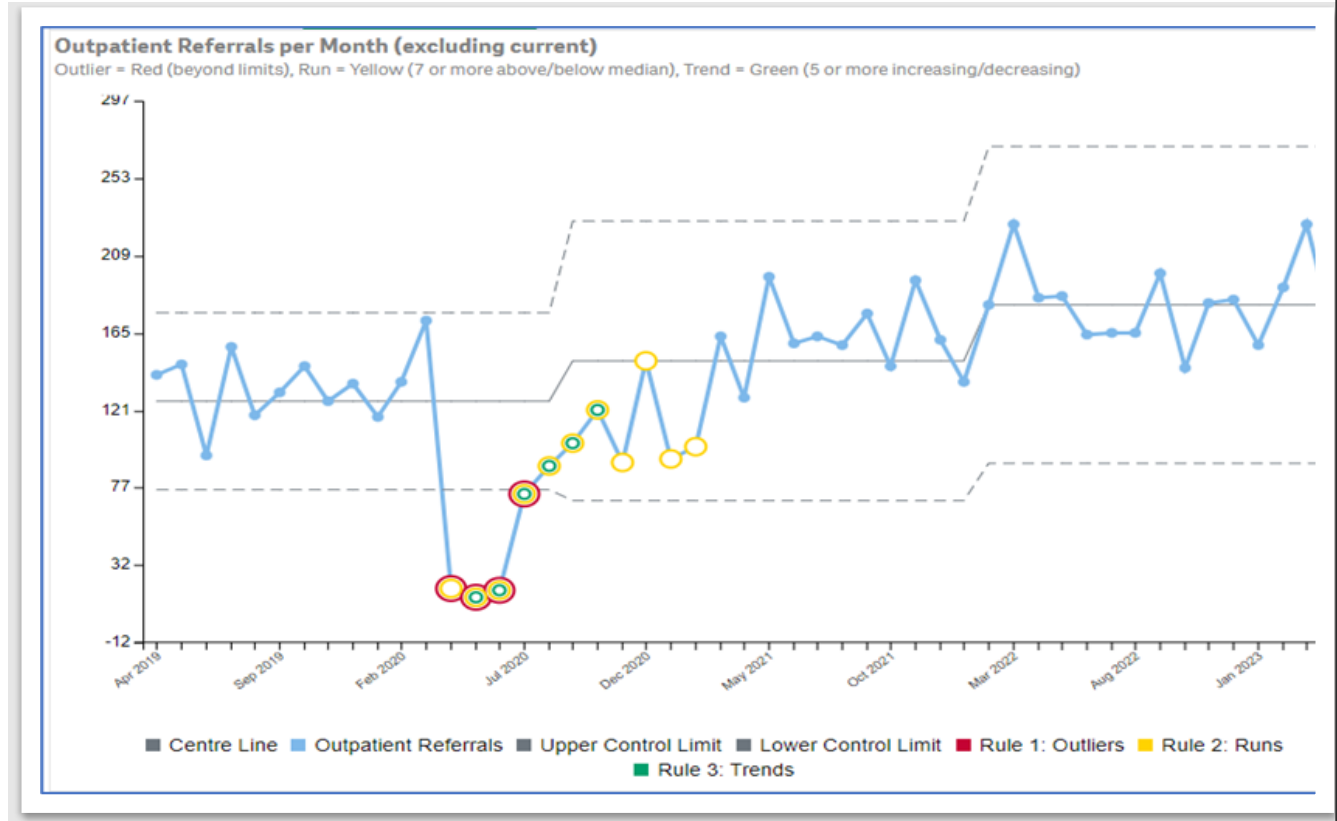


Chart 1: Glaucoma Referrals



Of the new glaucoma patients seen in 2023/24, to date 75% of have gone on to require a minimum of 1 further follow up appointment.

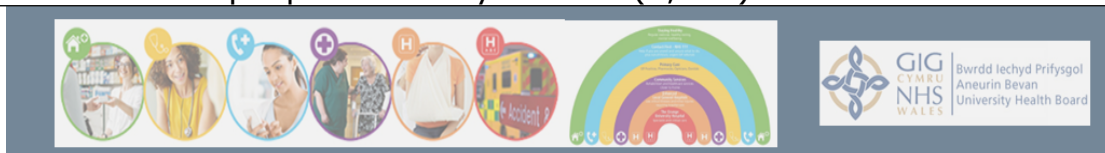
Work by the Directorate and Divisional teams has been underway to utilise the available resource to address the issue and several initiatives have already been implemented. Whilst these initiatives within the short-term have increased capacity they are not sufficient to meet the growing demand for glaucoma, nor does it address the backlog.

The Executive Committee is asked to consider the proposal outlined that will require additional investment which will in the long-term support appropriate management of follow-up. Therefore, ensuring timely appointments and avoiding further patient harm occurrences.

Cefndir / Background

Glaucoma is a term used to describe a group of diseases affecting the eye. It is typified by progressive optic nerve damage that causes irreversible change in vision/visual field. Frequently, the most common form of glaucoma, chronic open angle glaucoma (COAG), is preceded by ocular hypertension (OHT) where the pressure is elevated alone. When diagnosed, patients require treatment, either medical or surgical, and require frequent lifetime review. The estimated prevalence of glaucoma is:

- Around 2% of the Gwent population over 40 years old (6,249) have COAG with this number increasing to around 10% in those over 75 years-old (5,493)
- Around 4% of people over 40 years-old (6,249) have OHT



Individuals are often unaware of their visual loss until the advanced stages. Early detection and treatment are key to maintaining a sighted lifetime. It is estimated that 10% of all blindness registrations are due to glaucoma; in the main, this sight loss is avoidable. With an aging population, this will inevitably place an increasing pressure on already constrained capacity.

Sight loss has a profound impact on individuals lives and wellbeing. It can shorten life, increase the risk of other conditions, restrict social participation and independence, and impair physical and mental health. In addition, the risk of injurious falls increases. As well as the profound personal impact there is a wider cost to society; it is estimated that the economic cost within the UK of sight loss is £36billion annually. Costs include additional health and social care requirements, lost productivity, and informal care.

Below are several patient stories affecting a range of patients who have been subjected to severe harm to the delay in Glaucoma follow-ups because of capacity constraints. These delays have resulted in irreversible loss of vision.

51-year-old male school site manager & driver	Listed for urgent trabeculectomy in 2015 which didn't occur due to significant follow-up delays. During this time, there has been significant further glaucoma progression with uncontrolled intraocular pressure on maximal medical treatment. Driving status is now threatened due to central visual field loss in the left eye.
80-year-old retired nurse who previously worked at NHH	Noticed increased blurring of vision on the right eye over the last year. Patient has had nearly a year delay to glaucoma follow-up. Intraocular pressure is now uncontrolled and probably has been for a year without treatment.
88-year-old female	Delayed by nearly two years for glaucoma follow-up care. Patient has developed irreversibly, end stage glaucoma visual loss.
68-year-old female	Delayed by nearly two years for glaucoma follow-up. Patient has rapid progression of glaucomatous visual loss in both eyes. Irreversible damage to both eyes will result in significant adaptations to this patient's life.
78-year-old male	Patient already had advanced, pseudo exfoliative glaucoma with thin corneas. Last seen in clinic in 2018. Failure to monitor this patient has resulted in significant visual roll and he now meets the criteria for sight impairment registration.
87-year-old female	Patient has bilateral advanced glaucoma and has rapidly progressive, irreversible visual field loss in the right eye. The continued absence of Zeiss Forum is hindering clinical decision.
83-year-old female	Encountered a three-year follow-up delay. Patient already had end stage pseudo exfoliate glaucoma. She has now become wheelchair-bound, with visual loss a contributing factor. Patient is now heavily dependent on care from live-in son (her carer) for daily care.



Asesiad / Assessment

3.1.1 Service Demand and Capacity

New referrals are triaged by consultants and those suitable are sent to the Ophthalmic Diagnostic Treatment Centres (ODTC). ODTC is a community-based service for monitoring patients with glaucoma. All Ophthalmology consultants are currently triaging patients for ODTC. The ODTC regularly assess these patients and feedback to hospital clinicians. The available appointments are predominately used for follow-up with very few new patients. This is because only a specific cohort of patients can go via the ODTC.

Patients are also seen in hospital-based consultant led clinics and nurse led clinics. However, these clinics stopped functioning temporarily during the pandemic resulting in a large backlog of new and follow up glaucoma patients.

Patients not deemed fit for ODTC remain with secondary care where there is not adequate capacity to see them in a timely manner. There is currently a 3-month virtual ODTC review delay and insufficient flagging of high-risk patients from ODTC providers which contributes to further delays.

	Hospital Capacity (per year)	ODTC Capacity (per year)
New	504	14,280
Follow-up	2268	

The frequency of follow-up appointments per individual patient is variable based on the treatment and severity of the condition. The additional appointments required per patient stretch the capacity beyond any achievable way of meeting the target date.

Of the patients added to the waiting list, 89% (n=5,433) will require one or more appointments within a rolling 12 months, and at least 40% (n=2,439) of those will require at least four or more appointments within a rolling 12 months, as illustrated in the table below.

Glaucoma Patients' frequency of follow-up appointments (all patients)

Frequency of return follow-up appointment	1 week – 3 months	4-8 Months	9-11 Months	12 months and over
Number of patients	1467	2600	1366	113



Hospital Demand and Capacity

Financial Year	Demand	Capacity	Gap
2023/2024	6104*	2268	3836

*This is not distinct patients; this is the demand on the service factoring in patients returning for multiple follow-up appointments within the 12 months outlined in the frequency follow up table.

The directorate have been working hard to reduce the longest waits which were patients waiting more than 52 weeks. Now, of the 3,849 patients waiting past their follow-up date, 200 patients have been waiting 52 weeks or longer for a follow-up appointment (face-to-face or virtual). As at 18/8/23 the longest waiting patient is a 96-year-old female that has been waiting 98 weeks. This patient is 482% past target; the appointment has now been booked.

The Number of Patients waiting past the target date appointment

Number of weeks wait	Total waiting	0-52 weeks	52w+
Number of patients	6073	5873	200

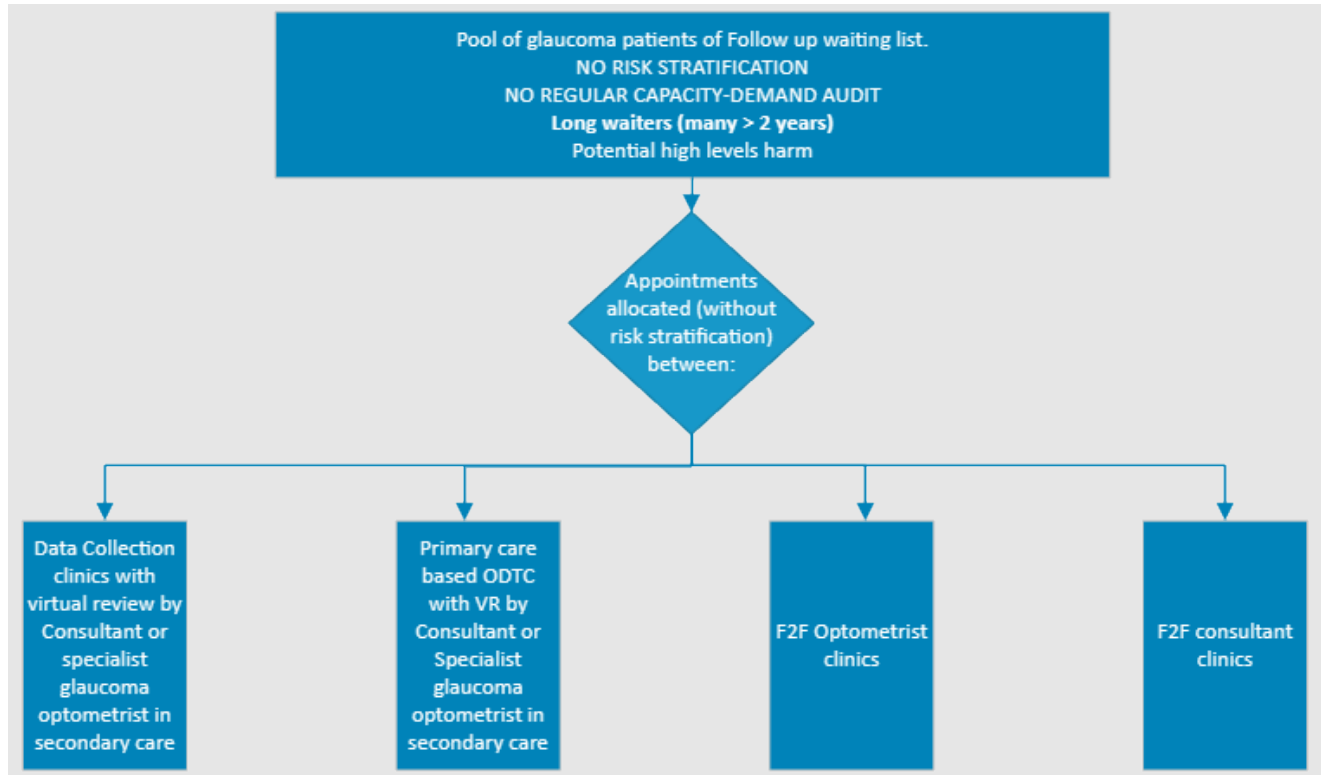
The current risk stratification tool used within Ophthalmology is the Eye care measures for NHS outpatients. However, all glaucoma patients fall into the R1 category: "risk of irreversible harm or significant patient adverse outcome". Therefore, it does not stratify risk within the patient cohort. Therefore, patients are currently seen in date order.

Current pathway

Contract reform for community Optometrists has been with Welsh Government for a significant amount of time which has restricted the development of the redesign of the glaucoma pathway. Current expectation that the new contract will be agreed by January 2024. The Directorate is working with Primary Care to ensure we are doing all we can without formal contract reform. For example, we are meeting on the 4th of September to look at a standardised referral for glaucoma services, and HEIW (Health Education and Improvement Wales) have funded a placement coordinator which will help coordinate all optometrist placements throughout the Health Board. This will delay the changes to the pathway that could be delivered through community services and therefore patients remain in the hospital system.

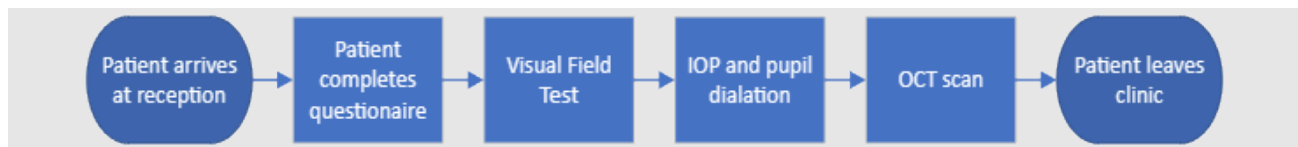


The current pathway is illustrated below:

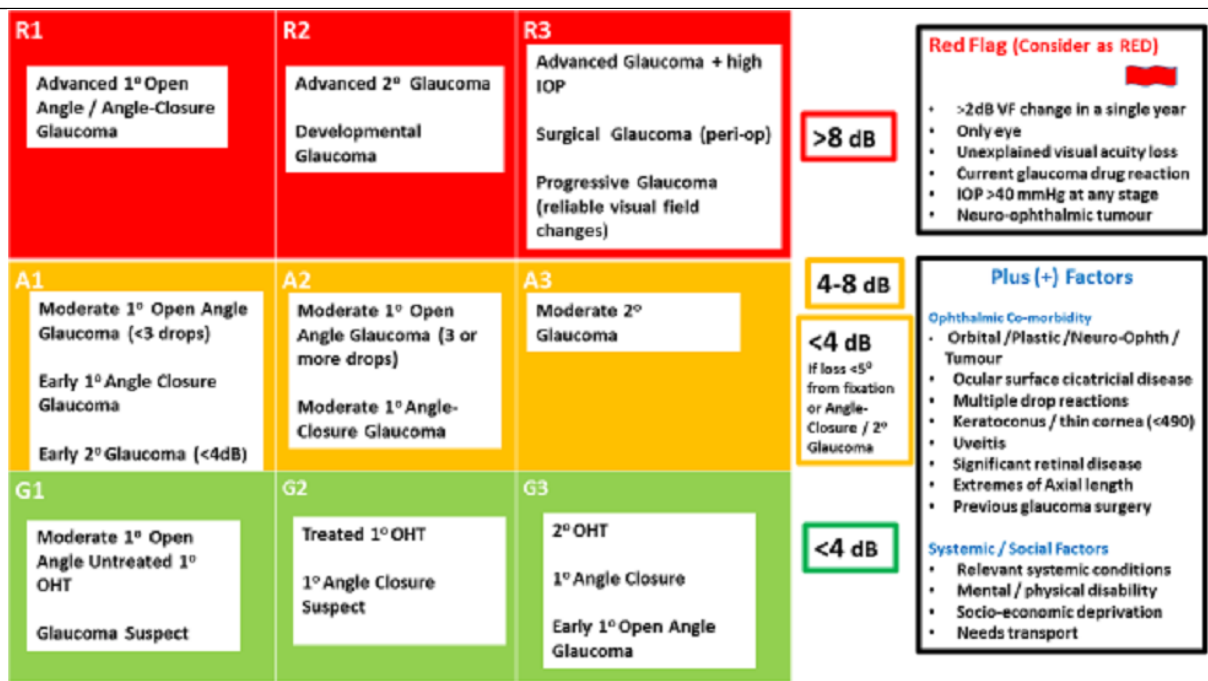


3.3.2 Data Collection Clinic Pilot (Proof of Concept)

To increase the capacity for the most clinically vulnerable patients, the directorate have undergone a period of 'proof of concept,' introducing a glaucoma data collection clinic. The clinics were held over 2 weekly sessions and increased the current nurse practitioner clinic capacity by 100% per clinic – raising from 6 to 12 patients in each session. The patient journey through the clinic is as follows:



When these patients have had their diagnostics, their results are categorised utilising the 'glauc-strat-fast' stratification tool (RCO recommended), with a red flag being utilised to highlight the most clinically vulnerable patients as illustrated below. The results are reviewed virtually by glaucoma consultant.



It is then determined as to whether the patient will need to:

- Be discharged to community setting for continued care
- Remain on this follow-up, and period of time needed
- Undergo treatment – prescriptions and change of medication given virtually and send out to patients and primary care provider for information.
- Have review in the hospital – appointments sent to see specialist as required

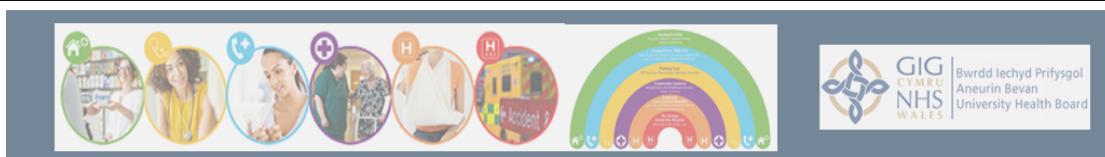
Initial findings have shown that some of the patients who are over their target date for follow-up are coming to harm. 151 patients have been reviewed utilising this proof of concept, the results of which can be seen below:

- 24 (16%) red (complex/advanced disease)
- 40 (26%) amber (moderate glaucoma)
- 53 (35%) green (dischargeable)
- 34 (23%) white (no glaucoma)

Over half have been identified as having significant, advanced and/or rapidly progressive Glaucoma and significant follow-up delay, meaning that 1 in 10 patients are at risk of critical harm and significant sight loss through appointment delay. Should this be representative of the delayed follow-up cohort, there could be as many as 384 patients at significant risk of critical harm.

The outcome of pilot is positive and clearly identifies the urgency of seeing patients and supporting high risk patients to prioritise clinical treatment. It also evidences that this clinical environment is both appropriate for these patients, and required to identify the highest risk patients who are losing sight or needing urgent surgery. It is to be noted that Outpatient Transformation funds ends March 2024.

While forecasting litigation costs is challenging, assumptions can be made that implementing the proposed improvements in the Glaucoma Service will minimise the risk of future harm and repeated litigation. Legal services have advised that sight lost payments can be more than £400,000, dependent on several factors. As an example, a 34-year-old female patient in NHS England that lost her sight



advanced and progressive glaucoma are reviewed remotely +/- with optometrist.

- No agreement with optometry primary care on pathways facilitating discharge of ocular hypertensive patients or lowest-risk glaucoma patients out of hospital eye service and into community, which would delegate care of lowest individuals.
- Wales-wide optometric contract reform is expected soon and should provide some clarity on this point.

3.2.6. Lack of supporting infrastructure

- It is not possible to extract multiple glaucoma metrics within CWS (Clinical Workstation) resulting in inefficiencies and wasted time in the Outpatient department setting.
- Continued delay to rollout of 'Electronic Patient Record' and 'Zeiss Forum' which is regarded as a clinical risk.

3.2.7. Staff recruitment, retention, and training

- No consistency of trainee working in glaucoma over the last year (due to change from next month).
- A GIRFT (Getting It Right First Time) review has identified areas of workforce improvements; this includes clarifying roles and responsibilities of MDT (Multi-Disciplinary Team) workforce. This is part of the Divisions action plan to mitigate this risk.

3.3. Action taken to date to address the identified problem

Getting It Right First Time recently undertook a review and the actions taken have been aligned to the recommendations from that report (appendix 4).

Initiative	Description	Benefit/ Output	GIRFT Recommendation
Appointment of a Principal Optometrist	• New principal Optometrist started W/C 10/07/23.	<ul style="list-style-type: none"> • Additional capacity • 16 follow-ups (face-to-face) • 20 virtual per week. 	40
Vetting of new Glaucoma referrals	<ul style="list-style-type: none"> • Vetting of new glaucoma referrals to be handed to principal optometrist • Referrals will be sent back if the minimum required information is not received. 	<ul style="list-style-type: none"> • Avoid inappropriate referrals • Ensure patients are seen in the correct service 	39
Stratification tool 'glau-strat-fast'	• Stratification tool 'glau-strat-fast' (info included in hub SBAR) being used for Data Collection Clinic patients.	<ul style="list-style-type: none"> • Ensures patients are red flagged appropriately • Ensure patients are given the correct treatment • Ensures patients are placed into the most appropriate areas for follow-up care in a timely manner based on clinical risk. 	37



Data Collection Clinics	<ul style="list-style-type: none"> £83k Outpatient Transformation funding allocated for ophthalmology to utilise for extra capacity Weekend/out of hours DCC capacity will be opened, Utilises nurse staffing and photography assistants to undergo patient tests to inform treatment pathways once the consultant has virtually reviewed them. The risk here would be ensuring all 55 weekend appointments can be fully staffed. Funding ceases at the end of March 2024. 	<ul style="list-style-type: none"> Additional capacity 1100 outpatients (diagnostics and virtual reviews) until March 2024 Risk stratification 	41, 42, 43
POD clinics	<ul style="list-style-type: none"> Face to Face consultant clinics. The team involved consultants, trainees and optometry and will mean a change in timetables for some. Resourced by timetable changes Space identified within E Block. Awaiting delivery of replacement flood equipment. To be implemented once equipment has arrived. Estimated October 	<ul style="list-style-type: none"> Additional capacity 20 - 30 patients per session. 1 session a week (no additional costs – if further PODs developed this would require additional funding) Equipment £26,254 purchased via Charitable funds 	38, 40, 45, 47
Appointment of second full-time Glaucoma Consultant	<ul style="list-style-type: none"> Funding is available for a second full-time glaucoma consultant A JD has been sent to the College for approval and will be advertised ASAP Risk that there will be nobody available/interested in filling this post. 	<ul style="list-style-type: none"> Additional capacity 14 Outpatients 20 Virtual 9–12-day cases Per week 	57



	<ul style="list-style-type: none"> Plan for appointment by April 2024 		
Intraocular phasing provision	<ul style="list-style-type: none"> Currently there is no mechanism for intraocular phasing (monitoring pressure over 24hr period) This can determine what form of treatment is required. Ordered I-cares which allows patients to do it themselves Patients would be instructed by nurses to undertake themselves Minimal nurse training required to instruct patients Minimal patients but they will be able to be monitored in community rather. 	<ul style="list-style-type: none"> Provision of intraocular phasing. £6000 for icare being purchased via charitable funds. 	
Actions to protect workload of Glaucoma Optometrists	<ul style="list-style-type: none"> Ensuring both Glaucoma Optometrists are working to Glaucoma only sessions. one of the Health Board Optometrists will be upskilled in advanced Glaucoma by obtaining their higher certificate. Allow for more complex patients to be seen 	<ul style="list-style-type: none"> 6-month training (started in August) 	40
Therapeutic laser training	<ul style="list-style-type: none"> Principal optometrists to begin training on therapeutic lasers – lead time of 3-6 months Once trained they will be the training lead and able to train other optometrists and trainees, therefore Training will also be given to ST5 joining in August. 	<ul style="list-style-type: none"> Senior medical staff no longer having to do this. free up medical staff in longer term which will free up capacity. 5 patients per week. Once trained 5 cataract per week reinstated. Noting risk to cataract services as consultant teaches 1x session per week. 	40



Development of a glaucoma nurse post	<ul style="list-style-type: none"> • Nurse will add to MDT working and provide efficiencies in the service including: • Coordinating an IOP phasing service • Glaucoma liaison GPs and optometrist regarding drop etc queries. • Eye drop coaching/facilitating with use of compliance aid – • Treatment effectiveness clinics • An individual has already been identified; however, their current workload will need to be redistributed. • At this point, we are unsure on the impact of this, however it is likely that the nurse practitioner post would need to be replaced to support other areas in the department. 	<ul style="list-style-type: none"> • Reducing queries/admin for medical staff • Improves patient treatment adherence and improves clinic throughput • Improve capacity in glaucoma clinics • Additional 7 IOP checks per week • Reallocation of existing nursing resource from unfilled vacancies 	54
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The below tables provide a summary of additional outpatient activity each of the initiatives have added

Summary of actions to date

Initiative	Additional Outpatient Activity			
	2023/24 (July-March)		2024/25	
	Outpatient	Virtual	Outpatient	Virtual
Principle Optometrist	-	560	672	840
Consultant Glaucoma Referral Vetting	-	-	-	-
Stratification tool	-	-	-	-
Weekend/Out of Hours Data Collection Clinics	1100	[1100]	-	-
2nd Glaucoma Consultant	-	-	588	840
Intraocular Phasing Provision	6	-	12	
Actions to protect workload of Glaucoma Optometrists	-	-	-	-
Therapeutic laser training	84	-	210	-
Glaucoma Nurse	73	-	294	-
POD Clinics	420	-	1260	-
Total	1683	560	3036	1680

To date all the initiatives have been funded within Ophthalmology Directorate, except for:

- Data Collection Clinics - £83,000 Outpatient Transformation Fund (until March 2024)
- Intraocular Phasing Provision - £6,000 Charitable Funds
- POD Clinics - £26,254 Charitable funds

In addition to the actions already taken to increase available capacity, the Directorate have developed short and medium-term plans to address the existing risks and to transform the service and provide care to those patients most clinically at risk of harm in the Glaucoma delayed follow up cohort.

Short Term Plans			
Initiative	Description	Benefit/ Output	Support Required
Installation of Forum	Forum to be installed in the Health Board and utilised to ensure scans and visual fields can be safely and easily compared	<ul style="list-style-type: none"> • This comparison and trend analysis would ensure patients are receiving the most appropriate treatment and care • Allow increased discharge of patients that do not need to 	There has been a significant delay in implementing this system. IT are working with ophthalmology to get this off the ground, however further escalation



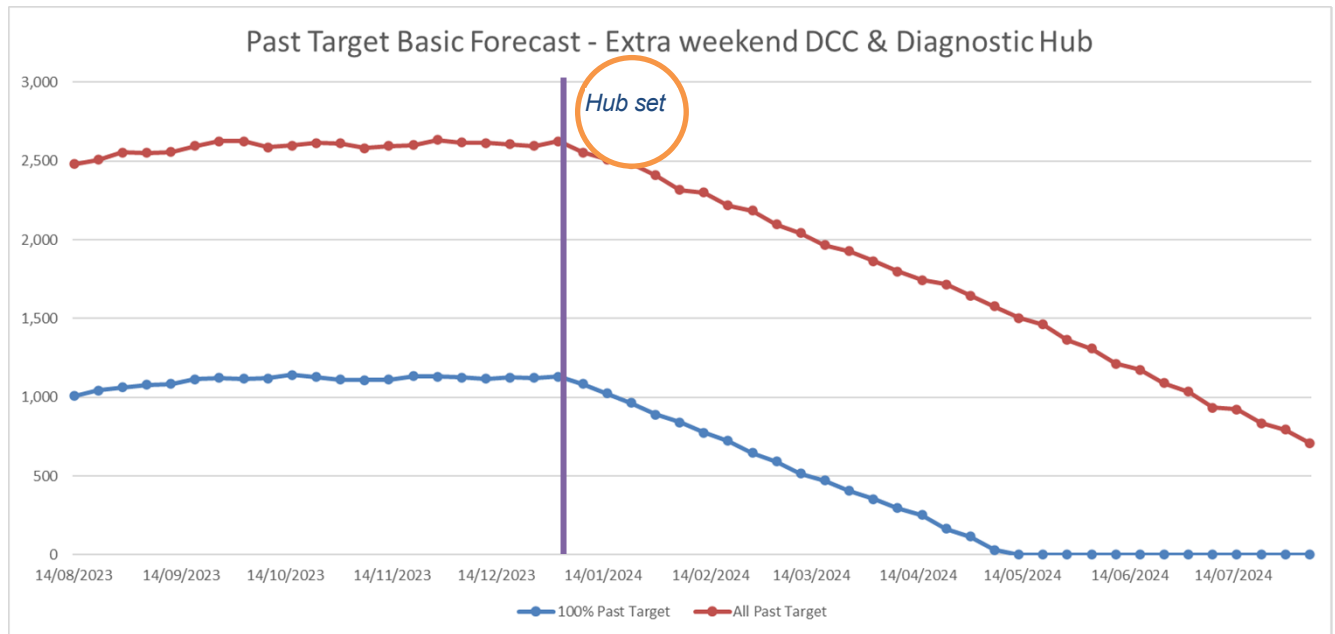
		<ul style="list-style-type: none"> be seen in secondary care. Potential to increase efficiencies within clinic GIRFT recommendation 44 	is required to ensure this is kept as a priority. No cost.
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Medium Term Plans			
Initiative	Description	Benefit/ Output	Support Required
Glaucoma diagnostic hub	<ul style="list-style-type: none"> Technician led clinics Diagnostics to inform patient's treatment pathways Current data collection clinic has been running well and will require a stand-alone. diagnostic hub to continue and fully extend. Equipment is required as it is use in working hours Proposed start January 2024 	<ul style="list-style-type: none"> 120 patients per week Identification of those patients at greatest risk. Reduction in FUWL Reduction of 100% past target GIRFT recommendation 41 	<p>Capital £126,139 23/24. Flagged to Capital Planning as part of Scheduled Cares priorities</p> <p>Revenue £50,960 (PYE 23/24) £203,840(24/25)</p> <p>Full assessment can be found in appendix 3</p>
Community optometrists training	<ul style="list-style-type: none"> 3 Community optometrists to receive hospital-based training to obtain higher certificates in glaucoma Currently being funded by vacant consultant monies). 	<ul style="list-style-type: none"> More patients to be managed within the community setting additional capacity 36 patients per week GIRFT recommendation 56 	<p>Revenue £15,246 23/24 £15,246 24/25</p>
Extrapolate the ocular hypertensive patients from the follow up waiting list	<ul style="list-style-type: none"> The team are working with informatics to try and extrapolate the ocular hypertensive patients from the follow up waiting list. 	<ul style="list-style-type: none"> The development of a glaucoma pathway across primary and secondary care is essential. GIRFT recommendation 62 	Support to facilitate the development of this pathway

If a diagnostic hub is set up by January 2024, there would be a reduction in number of patients by March 2024 waiting 100% past follow-up target as illustrated the below chart. The chart includes the weekly additions to the follow up waiting list and the return demand because of seeing these additions within the year. The directorate are confident the required workforce for the Diagnostic hub is



available. Though, to note a consequence of seeing these patients is a there will an increase to high-cost drugs.



To mitigate the risk, the Directorate has undertaken these actions, realigning resources currently available. The diagnostic hubs could not be implemented without impacting on the resource within the Emergency Eyecare Clinics.

3.5. Options Appraisal

3.5.1. Option 1: "Do Nothing"

As this is a patient safety risk this option has been deemed unacceptable. Therefore, several short-term actions have already been implemented. However, the risks outlined in section 3.2 would remain.

3.4.2. Option 2: Preferred Option – supporting short- and medium-term plans

The preferred option is to support all the short and medium-term plans. Below is a summary of costs for each of the proposed initiatives.

Cost Summary	2023/2024		2024/2025	
	Revenue	Capital	Revenue	Capital
Installation of Forum	-	-	-	-
Glaucoma diagnostic hub	£50,960 (Jan-March)	£126,139	£203,840	-
Community optometrists training	£3,812 (Jan-March)	-	£15,246	-
Extrapolate the ocular hypertensive patients from the follow up waiting list	-	-	-	-
Total	£54,772	£126,139	£219,086	-



Activity Summary	2023/2024		2024/2025	
	Outpatients	Virtual	Outpatients	Virtual
Installation of Forum	-	-		-
Glaucoma diagnostic hub	1260 (Jan-March)		5040	-
Community optometrists training	378 (Jan-March)	-	1512	-
Extrapolate the ocular hypertensive patients from the follow up waiting list	-	-	-	-
Total	1638	-	6552	-

Proposed initiatives	Revenue Cost per head
Glaucoma diagnostic hub	£40.44
Community optometrists training	£10.08

Alignment with national and local objectives

The proposal within this SBAR is intricately connected to the key Health Board objectives through:

- Delivering the ambitions of the 'Optometry: Delivering a Healthier Wales' vision
- Compliance with NICE guidance
- Supporting experience, quality, and safety as a key enabler of the IMTP (Integrated Medium-Term Plan)
- Ensuring people with the right skills, competencies and experience are in the right place at the right time as per the ambitions of the People Plan
- Supporting effective resource utilisation
- Meeting the 'Getting It Right First Time' recommendations
- External Review of Eye Care Services in Wales (Andrew Pyott Report)

Argymhelliad / Recommendation

The preferred option is option 2. The adoption and implementation of the preferred option will provide improvements to quality, safety and patient experience and will be fully realised through:

1. Generating increased capacity to deliver against increase demand.
2. Improved patient outcomes through ensuring shorter waiting times and higher quality of service.
3. Eliminating patients waiting 100% past their follow-up target.
4. Maintaining follow-up targets.



5. Delivering a technician led diagnostic hub which addresses recruitment risks amongst consultant workforces.

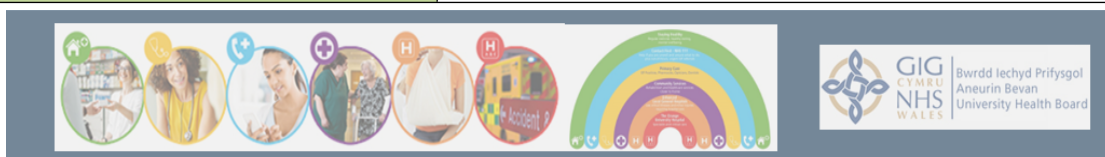
The Executive Team is asked to consider:

- The examples of patient harm that have already taken place
- The notable risk of additional patient harm
- The work that has already been done so far to resolve this issue
- The investment decision offset against considerable legal costs and fees

It should be noted that the Directorate have already made some significant changes and progress in certain areas where this has been achieved within their current resource, including changes within pathways to be more efficient. It should also be noted that the current transformation money supporting some of the plans will cease at the end of March 2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	4596
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3. Effective Care 5. Timely Care 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau:	DCC – Data collection clinic



Glossary of Terms:	RCO – Royal College of Ophthalmologists NICE – National Institute for Health and Care Excellence ODTC - Ophthalmic Diagnostic Treatment Centres CWS - Clinical Workstation WLI – Waiting List Initiatives GIRFT – Getting It Right First Time
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

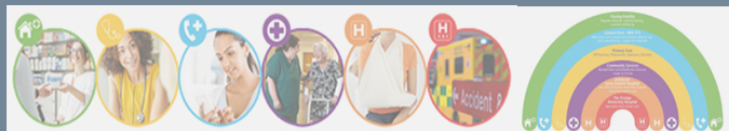
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or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





Appendix 1: Risk Register

Risk	Likelihood	Impact	Score	Mitigation
Patient safety & quality Increase in high-risk patients waiting 100% over target date and therefore increase risk of avoidable irreversible sight loss and increase serious incidences (1 in 10 patients with delayed follow-up).	5	4	20	The Directorate is actively seeking to establish a diagnostics hub and recruit additional consultant to provide additional capacity to meet growing demand. Sustainable management of demand would require actions as identified within the long-term plan i.e., expansion of diagnostic hubs.
Inadequate glaucoma pathways and lack of risk stratification	5	4	20	The medium-long term plan identified opportunities to revise the glaucoma pathway to ensure that patients are treated by the right person, in the right place and at the right time. Additionally, as part of the diagnostic hub, a 'glau-strat-fast' stratification tool (RCO recommended) will be utilised.
Increase growth in demand and insufficient capacity 44% rise in Glaucoma diagnosis forecasted in the next 20 years	5	4	20	Medium-long term plans have been developed to address the risk of increased demand and limited capacity, including the establishment of a diagnostic hub, and strengthening the glaucoma pathway to provide additional care and management of condition within the community.
Staff recruitment and retention It is unknown as to whether there are appropriate and willing candidates for appointment of a 2 nd full-time glaucoma consultant.	3	5	15	Risks regarding appointment of a 2 nd full-time glaucoma consultant remain. However, in the instance of the diagnostic hub, skill mix has been reviewed and it is proposed that technicians lead the diagnostic hubs, rather than nursing.
Timely and efficient treatment – 3-month virtual ODT review delay and insufficient flagging of high-risk patients from ODT provider	3	3	9	Several mitigating actions have been developed including the proposed appointment of a Glaucoma nurse to focus on strengthening MDT working as well as a comprehensive training programme being developed and delivered.
Lack of supporting infrastructure resulting in inefficiencies and wasted time in OPD setting and infection control practices	3	3	9	The Directorate are working with Informatics and Infection Control to address inefficiencies and opportunities.



Appendix 4 – GIRFT Glaucoma Recommendations



GIRFT%20Glaucoma
%20Recommendatic



Estates Compliance

F&P Committee 23rd February 2026

Jamie Marchant, Estates and Facilities

Estates Compliance

- The Health Board operates across a range of guidance, documents, protocols and rules relating to how it should manage its estate and land
- This report provides an update to the Committee, building on the report provided in December 2024, and covers the Health Boards approach to monitoring, maintaining and improve compliance and standards across the estate.

Welsh Health Technical Memorandums (WHTMs)

- WHTM 00 – Policies and Principles of Healthcare Engineering
- WHTM 01 – Decontamination
- WHTM 02 – Medical Gas Pipeline Systems (scheduled for revision in 2026)
- WHTM 03 – Ventilation
- WHTM 04 – Water Safety (scheduled for revision in 2026)
- WHTM 05 – Firecode (scheduled for revision in 2026)
- WHTM 06 – Electrical services (HV and LV)
- WHTM 07 – ‘environmental’ areas including water and energy management dating between 10 and 14 years old but 07-01 “Safe Management of Healthcare Waste” has been updated in late 2025.
- WHTM 08/03 -Lifts

WHTMs are NHS Wales versions of English HTMs issued by Shared Estates Services. The above is not an exhaustive list of the WHTMs and each topic has many sub documents. There are also topics like Radon and Asbestos Management which do not have an assigned HTM but are complex and require significant monitoring and management.

Objectives of WHTMs

- *“To give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare”*
- *“To provide best practice engineering standards and policy to enable management of the healthcare providers duty of care to ensure appropriate arrangements are in place and managed effectively”*
- These are not a substitute for wider legislation such as Health and Safety at Work.
- These are not just about how to maintain our estate but also importantly when we improve and make alterations also
- Alongside HB also needs to comply with Estate code and WHTMs and should be read in conjunction with Health Building Notes (HBNs). HBNs are not retrospective but apply once we update a department or specifically change its use.

Approach to Governance

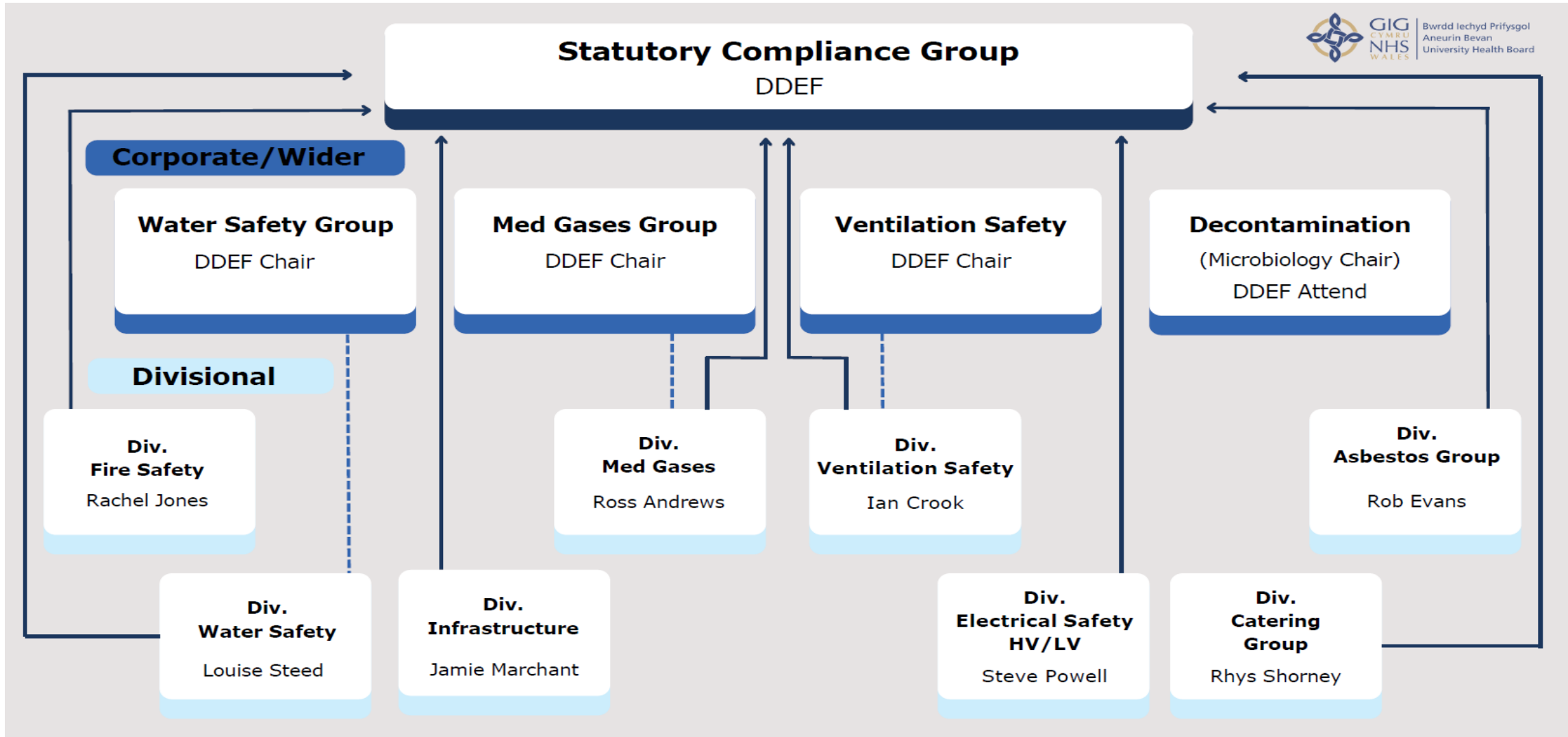


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Statutory Compliance Group Structure




Statutory Compliance Groups (i.e. WHTMs)

- A number of HB wide groups consistent with some specific WHTMs are in place, namely Decontamination, Ventilation, Water, Med Gases
- Representatives from each Division (and in some cases additional specific departments) are requested to compile a highlight report that is presented to each HB group on an “*alert, assure, advise, inform*” approach and these groups are attended by the relevant Authorising Engineer from Shared Estate Services.
- Within the Division of Estates and Facilities, there are Chairs for each sub-group and they compile a highlight report to the Divisional Statutory Compliance Group (and any HB groups as necessary). The Division also operates an Electrical Group, which is attended by AE but is specifically technical and thus does not warrant other divisions to attend.
- At the sub-group level each estates region also produces a highlight report to inform sub-group action and escalation.
- HB wide groups and the Divisional sub-groups also consider AE reports and develop action plans for these reports as well as developing appropriate Policies and Procedures
- Escalation will be through Health and Safety Committee, Capital and Estates Board or directly to Executive Committee based upon subject and risk.

Compliance Activity	Asbestos		Author	Choose an item. Rachel Jones/ Rob Evans																																																																													
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Date of next sub-group meeting: 11/12/25																																																																																	
What's Changed Since Last Report:																																																																																	
<ul style="list-style-type: none"> Asbestos Surveying Consultancy Contract utilised on several projects with new contractors Environics, engaged to carry out multiple R&D surveys – current performance noted as satisfactory and turnaround of results/ response time noted as good Asbestos annual budget now significantly overspent, PPD submitted for additional funding. Asbestos awareness training due to start expiring and sessions being arranged with external provider for refresher training – RE/ RJ to link with EM's & other parties to arrange attendance for sessions Significant areas at SWH found to have no asbestos data due to longstanding historical contamination of pigeon guano. Options for management or removal being currently discussed in wider impact paper. Risk assessment for maintenance staff who are required to enter areas being drafted to maintain any live services. IT reported potential disturbance to asbestos due to network installations in Pathology RGH – no consultation of register despite some of the engineers previously attending asbestos awareness – all IT staff to be retrained and incident was logged on datax with subsequent investigation (air sampling found no elevated levels of asbestos present for reassurance for Pathology staff) – further incident and query regarding asbestos 19/11 indicates a formal comms and information needs to be cascaded as IT have training and access to register but not following procedures (also specifically in Asbestos management plan with flow chart regarding IT responsibilities) SCH Undercroft management survey now complete with asbestos contamination noted throughout – quote for remediation provided to make safe and restricted access required to these areas for any works – accompanying photographic survey also being provided – awaiting full report from Bradleys Environmental Notifiable asbestos removal works undertaken in NHH/ Llanfrecfa and have gone smoothly with no HSE spot visits noted 																																																																																	
Risk	Mitigating action			Current Risk Rating Score:		Indicative Cost £		Current actions								Target Date																																																																	
Describe the risk – top 5 on	What measures will address the risk identified?			Likelihood x Impact = Risk		£																																																																											
1. Nevill Hall Undercrofts - Degrading ACM in routinely accessible location.	Continuation and evolution of existing Restrictions of access and remedial works where possible.			4	4	16	£10k	Existing control measures and restricted access to be maintained via controlled entry points, quarterly air monitoring, PPE & RPE requirements. Controlled entry point discussions ongoing with Estate								23/12/25																																																																	

Compliance Activity	Electrical		Author	Choose an item. Steven Powell																																																																											
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Date of next sub-group meeting: 26-11-2025																																																																															
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<p>YYF – Capital funding allocated for new chillers; tender is live and closing 03.10.25. All Regions – DSA funding released, £37,500 per region. All sites to arrange Solar PV testing. NHH - LV generator fuel pump fault & lack of electrical schematics for the site. J.W Bowkett awarded testing for 2025/2026. GUH - UPS systems now in first term for overhauls. YYF – 3 x LV CP's appointed.</p>																																																																															
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1. All Regions - ECIR 5 year testing	Many properties ECIR had expired			3	4	12		YYF - EICR work complete at YYF this financial year, full 37.5k budget is spent. 20 departments at YYF are due testing (approximately 50k required). GUH - Starting year two of a five-yearly testing program (25% of electrical circuits), some areas will be out of compliance until complete in 2030. NHH - J.W Bowkett awarded testing for 2025/2026 RGH - Regions to include annual solar PV testing (MCS accredited).								April 2026																																																															
2. AP (HV)	Expired AP(HV) Refresher Training HV(AP) Training required for new staff.			3	3	9		HV Assessments Daniel Keyse – Assessed, ready to be appointed. Ian Crook – Assessment ongoing.								Aug 2025																																																															

Compliance Activity	Water		Author	Choose an item. Louise Steed																																																																											
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Date of last sub-group meeting: 15 th September 2025.																																																																															
Date of next sub-group meeting: 18 November 2025																																																																															
What's Changed Since Last Report:																																																																															
<ul style="list-style-type: none"> Positive legionella results still remain in 1 legionella positive in the shower room, with the shower positive at NNH haematology ward 2/4, point of use filters (POU) remain in place. Contacted haematology staff regarding emergency spill procedure for cytotoxic drug spill, to enable removal of contaminated shower- waiting response. Call for contingency plans to be completed for loss of water on each site. GUH almost completed. Welsh water can assist writing the report and arrangement are required to contact WW for each site. RGH Haematology had a local disinfection of the unit. first round of legionella results was negative, 2nd round one outlet positive for legionella. 1 outlet remains positive. Further investigation is required to find out why one out let remains positive. GUH Maternity one shower remains positive, scheduled weekend 15/11/25 – 16/11/25 work to remove pipework, staff room WHB and disposal hold and resample scheduled for the week commencing 24/11/2025. Overall, there has been a huge decrease from positive samples in GUH. The modified drinking outlet has been approved by IPAC collating costs for the restaurants. Costing are being collated for installation in the restaurants except for RGH because there is no drainage this type of drinking water outlet is not suitable. Update there has been a delay in installation of these units. Reviewing a new water cooler which will accommodate filling water bottles where the Nesbitt units cannot ne installed. GUH tanks deterioration of components of the tanks ie bolts rusting. require Full relying £60k, partial relying on area of the tank where bolts are rusting £10k. RGH and NHH tanks cannot be relined to the age of the tanks. Tanks in NNH area located on RAAc, therefore recommendation to take into consideration for the replacement of tanks during the future plans of NHH site this has now been added to the highlight report. <i>Update November:</i> quotes being gathered for removal and renewal of tanks and a risk-based approach. Microsoft forms now available on ABUHB Apps now needs trialling on a ward and unit. Lee Vincent has moved to GUH therefore there is a vacancy for DRP (W) NHH Water safety Fundamentals arranged in December and January for Soft FM ops Manager and Supervisor, however due to staff shortage on Harper water side this has been postponed and to be rearranged for January 2026. Velindre has successful has added water safety training to ESR – will review to establish is this will also be suitable for ABUHB. Reviewed water planned preventative maintenance to reflect current practices. Legionella risk assessment currently underway for RGH and will run until Dec 25 New CAFM software awarded implementation phase from Dec 26 to 1st April 2026 this now will cover water compliance with the aim to ensure accuracy and reduce workload. 																																																																															

Risk	Mitigating action	Current Risk Rating Score:	Indicative Cost £	Current actions	Target Date	
Describe the risk – top 5 only	What measures will address the risk identified?	Likelihood x Impact = Risk	£			
1. Flushing/infrequently used outlets through:- a) Lack of communication between estates and clinical and department areas when areas have been vacated or have had a change of use. b) Clinical staff not flushing infrequently used outlets (taps Showers) c) Bathrooms and other areas being used as storage preventing water outlets being used. d) Water cooler infrequently being used and in a poor hygiene state e) Lack of assurance the sites with ensuites are being used as frequently as required which potentially causing	Continuity of flushing infrequently used outlets (taps wash Hand Basins, Showers). Educating staff, the importance of flushing through training and to understand their responsibility in their departments and wards Reduction of water coolers and ensure maintenance and clean are in place. Strict measures for the requirements of the water coolers. Recommendation for domestic on sites with ensuites to flush outlets in the ensuites to flush whilst clean patient bedrooms Introduction of electronic flushing records to all staff and monitored by estates Removal of wash hand basins in areas where not	4	5	20	Flushing Microsoft forms Microsoft forms completed. The forma are now on ABUHB apps will require a Trial to address any issues from completing the forms storage and notifications. Requested from comms to obtain a tile for water safety on the main home page of the intranet  Suggestion for water hygiene awareness to be put onto ESR for all staff however this will require a possible all Wales agreement and is ongoing- Velindre has successfully utilised ESR for water safety training to enquire if the can be rolled out across ABUHB also GUH – water coolers continuous removal on the hospital site now down from 65 to 13 The focus needs to be on the other site needs which remains status quo. Gathered cost for the Nesbit to be installed in YYF, YAB, NNH restaurants. Pedestal type for GUH due to the lack of wall fixtures. RGH cannot house a Nesbitt catering sink for a drinking water outlet because the lack of drainage. This needs further review to what type can accommodate the site, Update awaiting installation on the units in site restaurants. awaiting more information of a bottle fill unit. As an alternative there is a requirement for patient to have water and the Nesbitt sinks are not suitable.	Dec 25
					Dec 25	
					Dec 25	
					Comp lete -	

Examples of Divisional Highlight Reports to Medical Gases Group

AT A GLANCE – HIGHLIGHT REPORT FROM DIVISION REPRESENTATIVES FOR STATUTORY COMPLIANCE GROUPS

Meeting	Medical Gas Safety Group
Division	Clinical Support Services (CSS)
Author/s	Ruth Hill
Date of report	November 2025
Agreed by	
Reported submitted to	Zoe Harris

Escalate / alert
Nothing brought forward from any Departments within CSS.
Advise
All departments asked to raise any concerns relating to medical gas safety.
Assure
<p>Pathology:</p> <ul style="list-style-type: none"> - No issues to raise for haematology <p>Clinical Photography:</p> <ul style="list-style-type: none"> - Nil to report for clinical photography/medical illustration. <p>Radiology</p> <ul style="list-style-type: none"> - No issues to raise for radiology <p>PACCT</p> <ul style="list-style-type: none"> - No issues new or old to report for RGH Theatres - No issues to highlight from NHH DSU theatres or GUH theatres.
Inform
<p>Action Log Update from last meeting:</p> <ul style="list-style-type: none"> - Draeger Pendant Hoses: Medical Gasses in theatres at NHH Theatres are used daily, so no purging is necessary. Any purging regime is undertaken by W&E.

AT A GLANCE – HIGHLIGHT REPORT FROM DIVISION REPRESENTATIVES FOR STATUTORY COMPLIANCE GROUPS

Meeting	Medical Gas
Division	Primary Care – Community Dental Service
Author/s	Nick Jones
Date of report	10/6/2025
Agreed by	
Reported submitted to	

Escalate / alert
n/a
Advise
Assure
Inform
<p>19 Hills. BOC unable to deliver to 19 Hills until racking fitted in the 19 Hills medical gases/cylinder storeroom. Dan Keyse has visited the site and aware that CDS cannot offer a sedation service without med gases. We are now taking delivery from BOC. Racking from Clytha moved to 19 Hills as a temp solution.</p>

AT A GLANCE – HIGHLIGHT REPORT FROM DIVISION REPRESENTATIVES FOR STATUTORY COMPLIANCE GROUPS

Meeting	Medical Gas
Division	Primary Care – Community Dental Service
Author/s	Nick Jones
Date of report	08/09/2025
Agreed by	Nick Jones
Reported submitted to	

Escalate / alert
n/a
Advise
Assure
Inform
<p>Are our used and full bottles separated? Yes, at all sites Do we have suitable storage? racks etc. Trolley – yes. Do we have signage? yes Do we have a blender – no. not needed in dental Training – yes on ESR and induction</p>

Examples of Divisional Highlight Reports to Water Safety Group

AT A GLANCE – HIGHLIGHT REPORT FROM DIVISION REPRESENTATIVES FOR STATUTORY COMPLIANCE GROUPS

Meeting	Water Safety
Division	Families (F&T)
Author/s	Kerian Buck
Date of report	20th November 2025
Agreed by	Families representatives (Maternity, Child Health, Gynae, Neonates, Public Health/ School Nursing/ Immunisation)
Reported submitted to	WSG- Victoria Kioi

Escalate / alert

e.g. by exception, new risks or demands not previously shared or mitigated, with potential for significant impact on care, provision, capacity, capability, reputation

nil

Advise

e.g. by exception providing information/progress re new or previously reported risk or demands where matters are appropriately controlled with oversight and plan in place

No update regarding SOP for birthing pool or birthing pools section of Water Safety Plan

Water coolers on NICU, GUH and Neonates secretary and consultant base B5 RGH still to be collected

Work been undertaken this week on water pipes within obstetric room close to CHANTS room and also in CHANTS room ceiling (GUH)

Assure

by exception where audit/review/evaluation has been undertaken and actions any are in train, e.g. actions plans progressing following external inspection, internal audit, concerns, Sis

Inform

e.g. highlight good news, QI, service development opportunities, awards

AT A GLANCE – HIGHLIGHT REPORT FROM DIVISION REPRESENTATIVES FOR STATUTORY COMPLIANCE GROUPS

Meeting	Water Safety Group Information
Division	Primary Care and Community
Author/s	Nick Jones
Date of report	21 Nov. 25
Agreed by	
Reported submitted to	

Escalate / Aert

e.g. by exception, new risks or demands not previously shared or mitigated, with potential for significant impact on care, provision, capacity, capability, reputation

Eira Turner - Trethomas Health Centre - As previously highlighted to W&E there are a number of unused water outlets within Trethomas HC site.

NO CHANGE

Advise

e.g. by exception providing information/progress re new or previously reported risk or demands where matters are appropriately controlled with oversight and plan in place

Eira Turner - Not familiar with Water Plan on SharePoint. Flushing documentation non-compliant. Water Cooler/Water Dispensers information request on the location of water coolers/water dispensers completed and sent to ABUHB Estates & Facilities Health & Safety. As previously highlighted to W&E there are a number of unused water outlets within Trethomas HC site. As a multi service site need to develop a clear process on who/when water flushing is to be undertaken - Under review

No change. – (They try to run the taps when they remember but due to the sessional basis and room usage this isn't easy to keep on top of.)

Nick Jones (CDS) - Familiar with Water Plan on SharePoint. Flushing documentation in place. 19 Hills. Water Cooler/Water Dispensers information request on the location of water coolers/water dispensers completed and sent to ABUHB Estates & Facilities Health & Safety. **Blocked toilet next to the compressor room at 19 Hills. Suspected cause – vibration from the compressor room loosening plumbing. Now resolved.**

Monmouthshire Borough Monnow Vale Hospital Removal of non-essential water coolers at GUH - We have 2 at MV 1 on the ward and 1 in the staff kitchen as Trish has advised all on mains water - we have been asked to look at a third mains water cooler (Friends of Monnow Vale will pay for the cooler) to be placed in reception. I am waiting for a quote to come through from Equans. We have 1 water cooler in Chepstow integrated team but its not bottled water, its connected to the main supply and therefore doesn't have water bottles as such. Its been in place since I've been in Monmouthshire, purchased initially by the LA and used frequently every day. None on the ward at CCH. There is a water cooler in the staff kitchen at MVH, again attached to mains water, same as CCH. Our supervisors are flushing as per the ACoP for Legionella, but she isn't sure any bacterial sampling has been done since Feb (last visit for OCS). She didn't know if there would be regular sampling going forward or if so, how frequently, as the hospital is not categorised as providing augmented care. But she did say if there was a particular issue with anything, she can try to find out the situation? Water Cooler/Water Dispensers information request on the location of water coolers/water dispensers completed and sent to ABUHB Estates & Facilities Health & Safety.

NO CHANGE

Blaenau Gwent Water safety plan circulated to all teams across BG. documentation of flushing shared. Water cooler/dispenser form complete in relation to maintenance contracts in place. YAB I can confirm documents.

AT A GLANCE – HIGHLIGHT REPORT FROM DIVISION REPRESENTATIVES FOR STATUTORY COMPLIANCE GROUPS

Meeting	Water Safety
Division	Therapies
Author/s	Kerian Buck
Date of report	19-3-25
Agreed by	Therapies HOS
Reported submitted to	WSG- Leonard Lelren

Escalate / alert

e.g. by exception, new risks or demands not previously shared or mitigated, with potential for significant impact on care, provision, capacity, capability, reputation

Concern been raised by clinicians at County site regarding quality of drinking water (2 blocks covering main physio and neurophysio/ SALT shared kitchen). Staff note water can be cloudy and noted sediment on occasions. It has been raised and confirmed that the supply is mains fed. Staff seeking assurance of the water quality

Advise

e.g. by exception providing information/progress re new or previously reported risk or demands where matters are appropriately controlled with oversight and plan in place

Serennu pool chemistry issue (calcium hardness) now resolved- photometer replaced

Tracey Smith has provided report relating to replacement of CO2 with dry acid, have not been able to arrange meeting to discuss further

Issues with YYF hydro pool last month- pool had to be closed for 2 days following repair to liner and subsequent time to regain pool temperature. Aware there is need for further repair work and local Physio and Estates will be in close communication to ensure timely notification to reduce disruption for patients

Assure

AT A GLANCE – HIGHLIGHT REPORT FROM DIVISION REPRESENTATIVES FOR STATUTORY COMPLIANCE GROUPS

Meeting	Water Safety Group 28/05/2025
Division	Clinical Support Services (CSS)
Author/s	Ruth Hill
Date of report	
Agreed by	
Reported submitted to	

Escalate / alert

Resuscitation Service: Tredegar Ward, St Woolos Hospital (included on last Highlight Report, still a concern)

- There are 2 baths present on the ward which need to be removed.
- These baths are unable to be flushed as they cause flooding in both bathrooms.
- Both bathrooms are being used for storage.
- All other outlets are flushed 3x a week.

Advise

Theatres YYF & GUH:

- Currently having the system flushed through over the next few weeks, attempting to eliminate legionella in the system.
- Filters currently on all taps but to work towards removing them W&E have successfully flushed out the systems in NICU and are going to try and do the same on the theatre unit at GUH.
- Over the past week we have been liaising with W&E for them to fit the flushing points in and next week they hope to flush the solution through.
- Everything is in place and all staff on duty have been informed also W&E are supplying the relevant bottled water for either cleaning, washing and drinking for staff to continue and will be carried out when minimal activity is going on (out of normal hours)

Assure

No other concerns raised from any other departments within Clinical Support Services.

Inform

Statutory Compliance Groups – Key Messages

- These groups are used to monitor the overall approach to HTMs including input from the AEs who audit sites and processes.
- Operational issues and actions (which predominantly lie with the Estates function) are monitored through these groups but also at an operational level within Estates.
- Issues which require input or action from other Divisions are picked up in these groups
- The work of these groups including AE reports also inform risk assessments for capital investment and were used extensively to inform the TEF bids submitted in Feb 2025 which led to significant funding for ABUHB.

Estate Condition



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

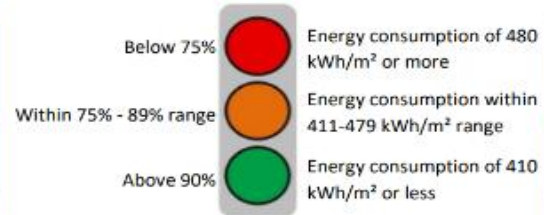


HEALTH BOARD / TRUST ESTATE PERFORMANCE BREAKDOWN 2023/2024

National Key Performance Indicators

Percentage of the estate which is of reasonable standard and therefore falls within Estatecode category 'B'/'F' or above:

	Physical Condition (%)	Statutory & safety compliance (%)	Fire safety compliance (%)	Functional suitability (%)	Space utilisation (%)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	96	94	83	98	92
BETSI CADWALADR UNIVERSITY HEALTH BOARD	68	73	67	75	94
CARDIFF & VALE UNIVERSITY HEALTH BOARD	74	87	88	70	83
CWM TAF MORGANNWG UHB	89	93	98	100	96
HYWEL DDA UNIVERSITY HEALTH BOARD	86	88	67	90	99
POWYS TEACHING LHB	68	82	74	76	88
SWANSEA BAY UNIVERSITY HEALTH BOARD	76	75	98	87	97
VELINDRE UNIVERSITY NHS TRUST	45	98	98	88	99
WELSH AMBULANCE SERVICES NHS TRUST	75	94	94	75	99



Energy Performance and Carbon Dioxide (CO₂) Emissions

	Net Energy Consumption (kWh/m ²)	CO ₂ Emissions* (kg/m ²)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	332	68
BETSI CADWALADR UNIVERSITY HEALTH BOARD	388	79
CARDIFF & VALE UNIVERSITY HEALTH BOARD	334	79
CWM TAF MORGANNWG UHB	385	80
HYWEL DDA UNIVERSITY HEALTH BOARD	421	95
POWYS TEACHING LHB	369	76
SWANSEA BAY UNIVERSITY HEALTH BOARD	409	82
VELINDRE UNIVERSITY NHS TRUST	337	76
WELSH AMBULANCE SERVICES NHS TRUST	127	28

Backlog Maintenance Costs

	High Risks (£)	Significant Risks (£)	Moderate Risks (£)	Low Risks (£)	Risk Adjusted Cost (£)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	52,102,285	51,059,640	62,619,550	64,976,498	205,992,186
BETSI CADWALADR UNIVERSITY HEALTH BOARD	98,681,338	155,587,061	75,257,833	49,812,937	260,273,459
CARDIFF & VALE UNIVERSITY HEALTH BOARD	34,630,801	86,773,066	35,030,808	16,064,393	109,098,019
CWM TAF MORGANNWG UHB	38,465,474	45,065,438	22,604,330	2,351,162	84,412,685
HYWEL DDA UNIVERSITY HEALTH BOARD	42,365,203	164,587,388	29,084,080	19,506,373	207,266,422
POWYS TEACHING LHB	5,594,561	27,219,296	14,463,280	12,828,223	33,982,241
SWANSEA BAY UNIVERSITY HEALTH BOARD	10,345,170	58,231,888	40,978,942	1,665,699	69,818,345
VELINDRE UNIVERSITY NHS TRUST	1,670,000	4,497,658	4,989,931	37,288	2,224,000
WELSH AMBULANCE SERVICES NHS TRUST	246,810	2,919,130	3,853,246	2,737,305	3,782,840

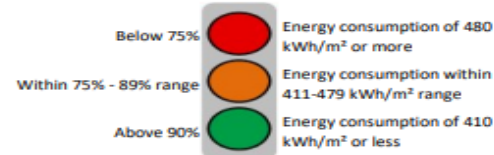
*Target to be agreed

HEALTH BOARD / TRUST ESTATE PERFORMANCE BREAKDOWN 2024/2025

National Key Performance Indicators

Percentage of the estate which is of reasonable standard and therefore falls within Estatecode category 'B'/'F' or above:

	Physical Condition (%)	Statutory & safety compliance (%)	Fire safety compliance (%)	Functional suitability (%)	Space utilisation (%)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	96	94	86	98	92
BETSI CADWALADR UNIVERSITY HEALTH BOARD	81	82	76	80	95
CARDIFF & VALE UNIVERSITY HEALTH BOARD	74	87	88	70	83
CWM TAF MORGANNWG UHB	92	93	98	98	98
DIGITAL HEALTH AND CARE WALES (DHCW)	29	100	100	100	100
HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)	100	100	100	100	100
HYWEL DDA UNIVERSITY HEALTH BOARD	86	88	67	90	99
NHS WALES SHARED SERVICES PARTNERSHIP	100	100	100	100	100
POWYS TEACHING LHB	69	82	74	78	85
PUBLIC HEALTH WALES (PHW)	100	100	100	100	100
SWANSEA BAY UNIVERSITY HEALTH BOARD	73	75	78	73	87
VELINDRE UNIVERSITY NHS TRUST	45	98	98	88	99
WELSH AMBULANCE SERVICES NHS TRUST	79	94	95	69	99



Energy Performance and Carbon Dioxide (CO₂) Emissions

	Net Energy Consumption (kWh/m ²)	CO ₂ Emissions* (kg/m ²)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	326	67
BETSI CADWALADR UNIVERSITY HEALTH BOARD	384	81
CARDIFF & VALE UNIVERSITY HEALTH BOARD	328	78
CWM TAF MORGANNWG UHB	400	82
DIGITAL HEALTH AND CARE WALES (DHCW)	120	29
HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)	213	46
HYWEL DDA UNIVERSITY HEALTH BOARD	474	98
NHS WALES SHARED SERVICES PARTNERSHIP	75	15
POWYS TEACHING LHB	346	69
PUBLIC HEALTH WALES (PHW)	105	24
SWANSEA BAY UNIVERSITY HEALTH BOARD	396	79
VELINDRE UNIVERSITY NHS TRUST	349	78
WELSH AMBULANCE SERVICES NHS TRUST	139	30

Backlog Maintenance Costs

	High Risks (£)	Significant Risks (£)	Moderate Risks (£)	Low Risks (£)	Risk Adjusted Cost (£)
ANEURIN BEVAN UNIVERSITY HEALTH BOARD	88,433,316	13,003,952	68,881,505	73,274,149	232,969,219
BETSI CADWALADR UNIVERSITY HEALTH BOARD	109,157,024	160,202,707	77,894,559	51,550,111	277,989,371
CARDIFF & VALE UNIVERSITY HEALTH BOARD	41,757,389	88,775,279	37,000,994	8,684,245	111,491,073
CWM TAF MORGANNWG UHB	31,278,137	43,950,743	17,197,797	2,418,725	75,945,063
DIGITAL HEALTH AND CARE WALES (DHCW)	0	0	0	0	0
HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW)	0	0	10,269	0	0
HYWEL DDA UNIVERSITY HEALTH BOARD	35,915,184	182,580,349	27,806,452	18,665,379	220,998,806
NHS WALES SHARED SERVICES PARTNERSHIP	4,800,000	638,500	205,000	92,000	5,453,350
POWYS TEACHING LHB	5,846,317	28,444,164	14,989,051	13,405,522	35,501,441
PUBLIC HEALTH WALES (PHW)	0	0	0	0	0
SWANSEA BAY UNIVERSITY HEALTH BOARD	10,345,170	64,061,294	51,726,220	13,621,926	76,153,638
VELINDRE UNIVERSITY NHS TRUST	1,703,400	4,587,610	5,089,729	38,033	2,268,480
WELSH AMBULANCE SERVICES NHS TRUST	147,275	1,741,759	3,002,534	2,127,184	2,250,302

EFPMS –key messages

- EFPMS returns are completed annually and cover estate (commonly called hard FM) and much wider facilities (soft FM) services including waste, cleaning, portering, catering and many other measures.
- Significant time committed to completing these returns and to date only output of comparable data is this dashboard on estate
- Shared Estate Services are promising a data tool which will allow HBs to compare at hospital level across Wales which will be useful –work outstanding.
- On the estate dashboard, ABUHB compares well on the ‘performance measures’ but the backlog maintenance costs have risen. This data was after the impact of the WG funded £4m of backlog monies in 24/25 but before benefit of TEF monies. It is worth noting that each year backlog will increase as buildings continue to age or ‘de-condition’ so a rise is not wholly unexpected.
- The Backlog Risk Register used to inform the backlog figure has been shared with SES and WG and has been verbally commended as being a detailed and costed register in comparison to others. More work however is needed and facet condition surveys will assist in the future.

Condition (6 Facet) Surveys

- Condition surveys are a requirement of 'Estatecode' but importantly they provide key information and assessment of the condition of the estate
- There are 6 facets which can be used to assess estate condition;
 1. Physical Condition
 - Buildings, mechanical and electrical systems
 2. Functional Suitability
 - Internal space relationship, support facilities and location
 3. Space Utilisation
 4. Quality
 - Amenity (function), comfort engineering and design (appearance)
 5. Fire, health and safety requirements
 6. Environmental Management
 - Procurement, energy performance, water consumption, waste management, transport
- Guidance is that these surveys should be done 'regularly'.
- Historically HBs have undertaken 5 facet surveys but the most recent surveys done by ABUHB (approximately 8 years ago) included for the first time the 6th facet of quality. (as not promoted in Estatecode).



Condition (6 Facet) Surveys

- ABUHB currently scoping options for condition surveys during 2026/27 including considerations of which facets to use of the 6. A trial has been agreed on one site to inform a final specification for this work across HB.
- This work will be pivotal to inform ABUHB Estates Strategy as well as informing backlog maintenance assessments
- The key elements for backlog maintenance and risk are 'physical condition' and 'fire health and safety' with the condition being assessed as A to X condition (see table 3.1)

TABLE 3.1: RANKINGS FOR PHYSICAL CONDITION

The physical condition of each sub-element should be categorised as follows:	
A	as new and can be expected to perform adequately to its full normal life
B	sound, operationally safe and exhibits only minor deterioration
B(C)†	currently as B but will fall below B within five years
C	operational but major repair* or replacement is currently needed to bring up to condition B
D	operationally unsound and in imminent danger of breakdown**
X	supplementary rating added to C or D to indicate that it is impossible to improve without replacement

* Expenditure for major repair would be expected to exceed one-third of the sub-element's replacement cost. This will usually be funded from capital although it could come from revenue as part of routine maintenance, depending on the investment solution adopted.

** Expenditure required to bring a condition D sub-element up to condition B would be expected to exceed 50% of its replacement cost. This will also usually be funded from capital.

† Sub-elements classified as B(C) should not be considered as backlog until such time as the condition of the sub-element has fallen to below condition B. Such sub-elements would be expected to be sustained in condition B by ensuring the required investment is made in sufficient time to prevent the sub-element falling below condition B.

Estate Risk Register (divisional level) as at Dec 25

Title	Controls in place	Rating (current)	Risk level (current)
Accuracy of Asbestos Data and Compliance with Asbestos Regulations	Contracted third party survey company to survey and enter compliance data on to the MICAD system - as above checks have shown inaccuracies QR codes available to directly access the Lucion System and live reports.	20	Extreme risk
Asbestos Containing Materials - risk of failure to services to St Woolos	Restriction of access has been in place to the catering duct since summer 2020 due to historical asbestos in the main catering duct excluding the confined "offshoots" described in the Description of Risk. This restriction of access together with emergency access procedure remains in place until further notice and all non-critical access has been prohibited. Failing plant and machinery in the ducts of the site is necessitating increased access in order to prevent further plant failure. Increased access will result in the increased likelihood of potential exposure to ACMs	20	Extreme risk
Electrical Fixed Wiring/ Distribution Boards	25 percent of testing organised by EO's through the regions to cover distribution boards - task and finish group in process of being set up to establish a refreshed plan of maintenance and system for coverage of the testing for fixed wiring and distribution boards. Asset data held on planet but unsure of date of audit/ check to ensure up to date	20	Extreme risk
Management of water borne pathogens in the water system within ABUHB	To effectively control the risk of legionella in our water systems we primarily rely on keeping cold water below 20 degrees C and hot water circulating at greater than 55 degrees C and these temperatures are checked monthly. At Royal Gwent Hospital and Nevill Hall Hospital we also have the secondary control of chlorine dioxide dosing into our water systems. The level of this is also checked monthly. All of these controls can be nullified if the water doesn't move and the resultant stagnation promotes the growth of the biofilm that legionella feed on and the growth of the bacteria itself. This is why it is imperative that infrequently used water outlets are identified and flushed thoroughly to ensure these conditions are avoided. The Health board have a Water Safety Policy and Water Safety Plan that is updated as required. ABUHB hold a bimonthly Water Safety Group and sub group that follows. We engage with Specialist Estates Shared Services for support and they carry out external audits to monitor our compliance. The statutory compliance team also carry out internal water safety audits. We use 'ripple'sensors to electronically monitor water temperatures and flushing regimes where there are concerns. AE for Water RP for Water DRPs on each site and a compliance DRP - all trained via eastwood park Water Safety Team x 3 in post currently - who flush closed wards/departments. one other post is out to advert currently. Flushing training videos created to remind staff how to correctly flush an outlet and available on sharepoint. POU filters and disinfection carried out on area where positive samples are found. Descaling carried out by facilities (Minor Scale) Estates (Major Scale) but we need departments to begin to raise calls if they discover scale issues in their areas	20	Extreme risk
Degradation of Duct St Cadocs	The area of concern has been closed and access is prohibited. Structural survey has been conducted and PPD has been submitted. Delay due to the work being more specialised than originally planned, but area is prohibited and secure until repair work can be completed. Capital Projects working with specialist contractors to develop a long term plan	16	Extreme risk
Leaks in many areas of the building	Socks are in place to support. Wet floors signs. Staff awareness on supporting leaks in areas but it is not feasible to contain due to condition of building and volume of water coming in.	16	Extreme risk

Estate Risk Register (divisional level) as at Dec 25

Lift Management and Maintenance	Reactive maintenance as per incidents or shut down - escalating costs for rectification with no specific lift management policy, plan or asset monitoring (also to ensure DDA compliance)	16	Extreme risk
RAAC (Reinforced Autoclaved Aerated Concrete) panels	<p>Preliminary initial report identifying NHH and areas of RAAC - non intrusive - Bear Structures - acrow props in place in response in 2 locations as interim measure for support</p> <p>Update - received e-mail from Capital Projects 08/11/2022 -confirmed Curtains will be attending NHH site 9th November 9 30am. They have received the report commissioned from Bear Structures and read this - NWSSP will then be carrying out an audit - findings or feedback from this visit to be added after visit - Stuart Douglas NWSSP has arranged the NWSSP visit</p> <p>It will be HB responsibility to produce a risk matrix and monitoring based on their findings</p> <p>Acroprops all now in place - see attached update.</p>	15	Extreme risk
Duct Areas (multi sites)	<p>PPM walk through weekly - now suspended advised via e-mail no work to take place unless required and is subject to local assessment for need</p> <p>Specific risk assessment created with action points on issued to control risks - to be attached - for RGH/ SWH, NHH and SCH</p> <p>Specific agenda item for discussion at Infrastructure group</p> <p>Confined spaces consultancy engaged for classification reports to help govern safety requirements for working in these areas</p>	15	Extreme risk
Missed PPMs	<p>PPM's being missed due staffing shortages</p> <p>Continual monitoring and allocation of labour highest risk/ statutory PPM's for completion</p>	12	High risk
There is a risk that there will be significant failure of the Health Boards Estates	<ul style="list-style-type: none"> • Health Board Estates Rationalisation Strategy • Health Board Estates Strategy • Health Board policies and procedures related to the maintenance of Health Board estate. • 6 Facet survey completed in 2019. • The divisional risk register is reviewed regularly and reported to SCG and DMT • A robust internal training programme in place covering all aspects of estate management including food hygiene. • Asbestos reinspection programme <p>Backlog maintenance register</p>	12	High risk
Hazard from Refractory Ceramic Fibres	none currently as new hazard	9	High risk
Inability to complete repair work due to presence of asbestos	Asbestos register checked prior to any work being completed where the presence of asbestos is a possibility i.e. Any site younger than YAB and YYF. Some instances where historical access has not been possible for the asbestos service provider requires new surveys to be scheduled and completed.	9	High risk

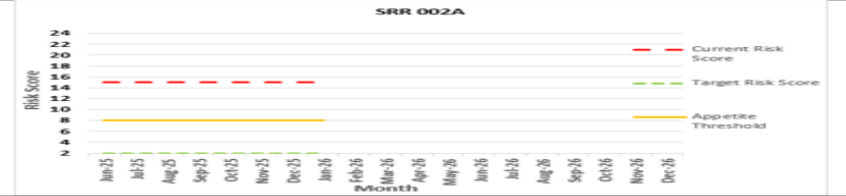
RAAC @ NHH



- Ongoing governance in place. £850k approved by WG for ongoing surveys and management in 2025/26
 - Velindre Windsor Suite moved from OPD2 to 2/2 due to impact of props on the service
- Additional RAAC related work still to do
 - Need to confirm intent around wider OPD2 occupants
 - Work in kitchen canteen to remove props linked to skylights
 - Seeking to demolish vacated area
- SOC approved by Board and now with WG



RISK THEME	COMPLIANCE AND SAFETY			
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES			
Strategic Risk SRR 002 A	There is a risk that there will be significant failure of the Health Boards Estates.			
Threat (As a result of)	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.			
Impact (Consequences of the threat)	<ul style="list-style-type: none"> Harm or injury to patients Adverse impacts on delivery of care to patients across acute and non-acute settings 	<ul style="list-style-type: none"> Harm or injury to staff 	<ul style="list-style-type: none"> Litigation & Financial Penalties Loss of estate 	Risk Appetite Level – MINIMUM Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/low likelihood of occurrence of the risk after application of controls. Risk Appetite Threshold – Score 8 and below Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Partnerships, Public Health and Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)
Last Reviewed	01 January 2026	Risk rating	= 15 (Extreme)	= 2 (Low)
Next Review (Monthly based on risk score)	01 February 2026			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included))
<ul style="list-style-type: none"> Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (surveys ongoing in December 25 and January 26) Funding agreed from Welsh Government to implement actions related to surveys and specific actions relating to 'skylights'. Some will require more substantial work - which are being scoped. Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance Remediation work to areas of high-risk areas undertaken Controlled access to roof areas which is being enhanced with proposals around cameras and designated walkways Implemented toolbox talks for awareness for estate teams and contractors to work in area where RAAC is present. Ongoing engagement with expert surveyor Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management Risk assessments completed by the Health and Safety function in departments with props to manage any consequences of the presence of props. Note: H&S assessments are around the location of props have been reviewed by H&S team and feedback provided to departments Links with NHS England and other Health Boards in Wales for shared learning. Regular dialogue with Welsh Government and Shared Services Estates. Management Action Plan agreed following Internal Audit including the development of a Management Strategy and submitted to the ABUHB Health and Safety "Committee" in March 2025 	<ul style="list-style-type: none"> Additional Surveys continue to take place with expert surveyors to inform the next steps relating to further remediation of the issues and monitor existing issues Management Strategy and the Management Plan are completed and was approved at the Health & Safety Committee in April

Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Actions to Address Gaps (What further evidence is required to provide the effectiveness of controls)
Level 1 Operational (Implemented by the department that performs daily operation activities)		
<ul style="list-style-type: none"> Monthly checks in place for the props albeit fortnightly checks in new prop locations in OPD 2 department Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) Review of existing arrangements in place supported by external body 	<ul style="list-style-type: none"> Ongoing management of the issues. 	N/A
Level 2 Organisational (Executed by risk management and compliance functions)		
<ul style="list-style-type: none"> Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. Outcome of H&S risk assessment in place and reviewed May 2025. H&S team reissuing the assessments to Department Leads in January 26 to review locally Formal reporting to the Board/Committees in place SOC approved by Health Board and submitted to Welsh Government 	None	N/A
Level 3 Independent (Implemented by both auditors internal and external independent bodies)		
<ul style="list-style-type: none"> Internal Audit 2024/25 Plan – report received as Reasonable Assurance (albeit Substantial Assurance on the process relating to surveys. Report submitted to Audit Committee November 2024. Internal Audit also commented that the risk appetite needs to reflect the current position of monitoring and managing the RAAC pending SOC and FBC hence appetite of 15 should be considered by Board. 	<ul style="list-style-type: none"> Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan 	<ul style="list-style-type: none"> Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implemented Internal Audit 2024/25 Plan <ul style="list-style-type: none"> Implementation of the management responses to close off recommendations been concluded.

Assurance Rating (Overall Assessment of controls and assurances) Guidance		
Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
		REASONABLE

St Woolos Hospital (SWH)



- PPPH committee updated in October 2025 relating to the work to rationalise the estate on SWH and the Board was briefed in committee in November 2025.
- In December 2025 all the department moves committed to in the briefings were completed and orthopaedic booking, central booking, community resource team, rheumatology and care of the elderly teams were relocated to Casnewydd. The staff wellbeing space was opened for staff to use in the absence of the previous canteen location.
- The older estate has been formally closed down and boarding (combination of Perspex and chipboard) have been placed over ground floor windows to prevent access.
- Work was ongoing in January 2026 to take some additional modifications to the external areas including some additional lighting and cameras
- The Senior Responsible Officer is the Divisional Director Estates and Facilities with corresponding Project Director and Project Manager roles fulfilled by the Capital Planning department. In terms of the development of any appropriate business cases there has been engagement of external planning support for the SOC development and will commence with a feasibility study with the aim to develop the SOC within 6 months from the start of the first draft. As per the Green Book Guidance, the five-case model will be used to develop and define the following stages:
 - Stage 1 - Strategic Outlines Case (SOC): Appraise and recommend a preferred way forward
 - Stage 2 - Outline Business Case (OBC): Develop the preferred option in more detail, including detailed analysis of the costs, benefits, risks, and implementation plans. This stage aims to secure approval for the investment in principle and ensure that the project is viable and deliverable.
 - Stage 3 - Full Business Case (FBC): Provide a detailed and comprehensive plan for the implementation of the project, including finalised costs, procurement arrangements, and detailed project management plans. This stage seeks to obtain formal approval for the full investment and proceed to implementation



Empty/Vacant Areas

Empty buildings - Old Theatres, Health Prom, Old Laundry, Pharmacy, Old OPD, E Block, D Block, C Block, Occ Health, Linen

Phase 1 - Complete

Doctors Residence - Closed in November
Newport CRT, T & O inpatient Team, Rheumatology, Booking Team,

Old Medical Records - Closed in November
Unscheduled Care Wound Med Sec & Diabetes Consultant

Catering - Closed in November
Kitchen/Dining room, Main Corridor

A Block - Closed in November
Age Concern, T & O, COTE, Rheumatology

Phase 2

B Block

Childrens Outpatients, Newport CRT, T & O, Physiotherapy, Occ Health, Practice Education Facilitators

Phase 3

OPD

Neurophysiology

Chest Clinic
Respiratory Medicine

EBME/Workshop
EBME, Compliance

Boiler House
Estates & Facilities

Workshop/Minor Works
Minor Works

Chapel
Chaplaincy

Estates Department – Workload (Demand and Capacity)



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Estates Workforce (as reported to Audit Wales January 2026)

Sites	Maintenance Budget								Please provide the total maintenance budget for 2025-26	Please provide the maintenance spend up to 30th September 2025	
	2022-23		2023-24		2024-25		2025-26				
	Total maintenance budget	Total maintenance spend	Total maintenance budget	Total maintenance spend	Total maintenance budget	Total maintenance spend	Total maintenance budget	Total maintenance spend			
NEVILL HALL HOSPITAL	£ 1,477,889	£ 1,404,564	£ 1,577,968	£ 1,506,150	£ 1,583,220	£ 1,611,990	£ 1,631,658	£ 950,445	Includes pay costs for all sites in Abergavenny Region		
GRANGE UNIVERSITY HOSPITAL	£ 1,493,704	£ 1,464,118	£ 1,578,827	£ 1,522,083	£ 1,575,769	£ 1,547,311	£ 1,722,070	£ 889,063	Includes pay costs for all sites in Llanfrecchfa Region		
ROYAL GWENT HOSPITAL	£ 2,192,942	£ 1,969,290	£ 2,229,888	£ 2,124,608	£ 2,116,387	£ 2,040,539	£ 2,258,041	£ 1,113,575	Includes pay costs for all sites in Newport Region		
COUNTY HOSPITAL	£ 63,289	£ 64,125	£ 63,289	£ 62,542	£ 63,289	£ 74,108	£ 63,289	£ 54,067	Non pay only		
ST WOOLOS HOSPITAL	£ 89,283	£ 173,250	£ 89,283	£ 117,738	£ 89,283	£ 139,257	£ 89,283	£ 83,717	Non pay only		
YSBYTY ANEURIN BEVAN	£ 30,824	£ 109,839	£ 30,824	£ 92,515	£ 30,824	£ 57,800	£ 30,824	£ 40,877	Non pay only		
YSBYTY YSTRAD FAWR HOSPITAL	£ 742,533	£ 760,959	£ 808,008	£ 800,754	£ 857,033	£ 841,180	£ 936,902	£ 464,959	Includes pay costs for all sites in Rhymney Valley Region		
MONNOW VALE HEALTH AND SOCIAL CARE FACILITY	Not HB Owned in 22/23	Not HB Owned in 22/23	Not HB Owned in 23/24	Not HB Owned in 23/24	Not HB Owned in 24/25	Not HB Owned in 24/25	Not HB Owned in 25/26	Not HB Owned in 25/26			
CHEPSTOW COMMUNITY HOSPITAL	Not HB Owned in 22/23	Not HB Owned in 22/23	Not HB Owned in 23/24	Not HB Owned in 23/24	Not HB Owned in 24/25	Not HB Owned in 24/25	£ 128,262	£ 49,634	Non pay only		
ST CADOC'S HOSPITAL	£ 48,997	£ 104,171	£ 48,997	£ 65,774	£ 48,997	£ 86,077	£ 56,997	£ 53,727	Non pay only		
MAINDIFF COURT HOSPITAL	£ 7,500	£ 8,641	£ 7,500	£ 7,587	£ 7,500	£ 26,617	£ 7,500	£ 4,078	Non pay only		
YSBYTYR TRI CHWM	Not separated out	Not separated out	Not separated out	Not separated out	Not separated out	Not separated out	Not separated out	Not separated out			
LLANFRECCHFA GRANGE HOSPITAL	£ 21,872	£ 32,150	£ 21,872	£ 22,805	£ 21,872	£ 38,838	£ 21,872	£ 8,420	Non pay only		
RHYMNEY RESOURCE CENTRE	£ 23,794	£ 7,171	£ 23,794	£ 46,863	£ 23,794	£ 14,230	£ 23,794	£ 8,739	Non pay only		
SERENNU CHILDREN'S CENTRE	Not separated out	Not separated out	Not separated out	Not separated out	Not separated out	Not separated out	Not separated out	Not separated out			
AGGREGATED SITES ABU	£ 2,570,290	£ 2,617,871	£ 2,388,298	£ 2,789,678	£ 2,874,856	£ 3,013,480	£ 3,011,048	£ 1,454,408	Includes Maintenance Management & all service contracts		
TOTAL	£ 8,762,917	£ 8,701,807	£ 8,868,548	£ 9,159,097	£ 9,292,824	£ 9,491,427	£ 9,981,540	£ 5,158,231			

Sites	Number of Staff		Apprentices	Workforce Profile			
	As at 31st March 2025, what was the total number (headcount) of Estates Staff in post (employed by the NHS body)	As at 31st March 2025, what was the total number (WTE) of Estates Staff in post (employed by the NHS body)	As at 31st March 2025, what was the total headcount of apprentices in place within the estates function	As at 31st March 2025 how many staff (headcount) were 16-29	As at 31st March 2025 how many staff (headcount) were 30-44	As at 31st March 2025 how many staff (headcount) were 45-59	As at 31st March 2025 how many staff (headcount) were 60+
NEVILL HALL HOSPITAL	40	40		4	8	15	13
YSBYTY ANEURIN BEVAN							
MAINDIFF COURT HOSPITAL							
YSBYTYR TRI CHWM							
GRANGE UNIVERSITY HOSPITAL	22	22		4	7	8	3
LLANFRECCHFA GRANGE HOSPITAL							
ROYAL GWENT HOSPITAL	29	29		4	9	7	9
ST WOOLOS HOSPITAL							
CHEPSTOW COMMUNITY HOSPITAL							
ST CADOC'S HOSPITAL							
SERENNU CHILDREN'S CENTRE							
YSBYTY YSTRAD FAWR HOSPITAL	17	17		0	2	6	9
COUNTY HOSPITAL							
RHYMNEY RESOURCE CENTRE							
MONNOW VALE HEALTH AND SOCIAL CARE FACILITY							
AGGREGATED SITES ABU							

Sites	Vacancies		Can you provide details of current vacancies
	As at 31st March 2025, how many posts were vacant within the estates team	As at 30th September 2025 how many posts were vacant within the estates team	
NEVILL HALL HOSPITAL	7	7	NHH 1 x Carpenter Band 4 2 x Band 4 Assistants
GRANGE UNIVERSITY HOSPITAL	0	1	
ROYAL GWENT HOSPITAL	10	10	
COUNTY HOSPITAL	Staffed via YF	Staffed via YF	YF 4 x Band 2 Maintenance Assistant
ST WOOLOS HOSPITAL	Staffed via RGH	Staffed via RGH	
YSBYTY ANEURIN BEVAN	Staffed via NHH	Staffed via NHH	RGH 5 x Mechanical Band 5 2 x Electrical Band 5
YSBYTY YSTRAD FAWR HOSPITAL	1	1	
MONNOW VALE HEALTH AND SOCIAL CARE FACILITY	N/A PFI	N/A PFI	2 x Band 2 Maintenance Assistant
CHEPSTOW COMMUNITY HOSPITAL	Staffed via RGH	Staffed via RGH	
ST CADOC'S HOSPITAL	Staffed via RGH	Staffed via RGH	GUH 1 x Band 3 Maintenance Assistant 0
MAINDIFF COURT HOSPITAL	Staffed via NHH	Staffed via NHH	
YSBYTYR TRI CHWM	Staffed via NHH	Staffed via NHH	
LLANFRECCHFA GRANGE HOSPITAL	Staffed via GUH	Staffed via GUH	
RHYMNEY RESOURCE CENTRE	Staffed via YF	Staffed via YF	
SERENNU CHILDREN'S CENTRE	Staffed via RGH	Staffed via RGH	
AGGREGATED SITES ABU	Staffed via Regional sites	Staffed via Regional sites	
Health Board Total	18	19	

Estates Maintenance - Activity

April 24 to March 2025	
Number of Work Orders completed	65227
Number of Essential PPM's Completed	30836
Number of Rectification Work Orders Following PPM	4030
Number of Reactive Calls received through the Helpdesk	23628

April 2025 to December 2025	
Number of Work Orders completed	48147
Number of Essential PPM's Completed	23734
Number of Rectification Work Orders Following PPM	2268
Number of Reactive Calls received through the Helpdesk	17849

April 24 – March 31st 25				Total reactive calls	23,628
Resolution Times	Complete	% Work load	Cum % Overall	Target Cum	
Within 30 days	17,211	72.84%	72.84%	85.00%	
Between 30 & 90 days	1566	6.63%	79.47%	100.00%	
Over 90 days	1566	6.63%	86.10%	100.00%	
Incomplete	3639	15.40%		0.00%	

April 2025 to December 2025				Total reactive calls	18,432
Resolution Times	Complete	% Work load	Cum % Overall	Target Cum	
Within 30 days	12,915	70.07%	70.07%	85.00%	
Between 30 & 90 days	1038	5.63%	75.70%	100.00%	
Over 90 days	457	2.48%	78.18%	100.00%	
Incomplete	4022	21.82%		0.00%	

Resolution of PPM (April 24-March 31st 25)					Raised	38565
PPM Type	Raised	Completed	Cum %	Target Cum		
Essential	35166	30836	87.69%	90%		
Desirable	3399	2325	68.40%	>80%		
Incomplete		5404				

Resolution of PPM (April 25-December 25)					Raised	30,015
PPM Type	Raised	Completed	Cum %	Target Cum		
Essential	27911	23734	85.03%	90%		
Desirable	2104	1632	77.57%	>80%		
Incomplete		4649				

Estates Maintenance –Workload and Workforce Summary

- Workload remains generally static but the number of PPMs does rise or alter when new buildings are created, or previously unused areas are brought back into use
- Workforce- data shows the challenge (which is national to recruit and retain). Lack of workforce presents risk to essential maintenance
- To cover gaps, we will periodically bolster with agency and sub contractors to ensure maintenance is undertaken
- Additional actions to help recruit including changing job titles and JDs to attract candidates as well as newly developing apprentice pathway.

Impact on Priorities – Risks and Capital Funding



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Capital Priorities and Investment

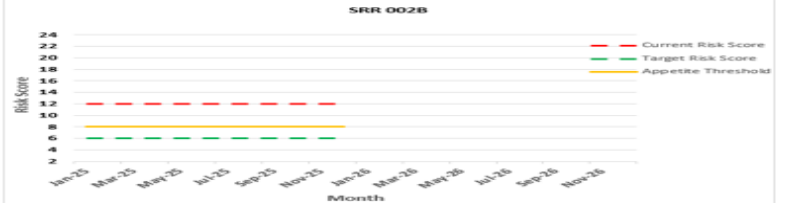


- Risks and priorities flagged through operational processes as well as the Compliance Groups lead to an estates risk register for capital funding priorities
- Division holds a Backlog Risk Register which has informed the EFPMS submissions
- These have been used to inform PPDs for funding as well as bids for WG funding such as TEF.
- This work has enabled the HB to unlock significant investment in TEF as well as through the discretionary allocations within the HB.
- With such a significant backlog risk, the focus of teams is to ‘prioritise the priorities’

How are we managing these risks?

- **All Wales Capital Investment**
 - Development of new premises, which allows for estate rationalisation in relation to number of premises
 - Key schemes = Health and Well Being Centres, NHH SOC, SWH rationalisation plan
 - Mental health service and estate plan
 - Targeted Estate Fund
- **Targeted Discretionary Capital**
 - Allocation of £2.728m in 2025/26 specifically on Estates/ Statutory areas of work
 - Opening programme of £3.008m for 2026/27
- **Estates Strategy**
 - Significant amount of progress made out in delivering the priorities for the Extant Estates Strategy.
 - Work underway to develop strategy for the next 10 years
 - 3 lens approach to focus on the Service Need, Condition and Utilisation of the Health Board Estates
 - Facet Survey currently being procured and will be used to inform the service strategic direction from an estate perspective
 - Anticipated completion end of quarter 3 of 2026/27

RISK THEME	COMPLIANCE AND SAFETY				Publication Status	Public
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES					
Strategic Risk SRR 002 B	There is a risk that there will be significant failure of the Health Boards Estates.					
Threat (As a result of)	Due to significant levels of backlog maintenance and structural impairment.				Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact (Consequences of the threat)	Patient <ul style="list-style-type: none"> Harm or injury to patients. Adverse impacts on the delivery of care to patients across acute and non-acute settings. 	Staff <ul style="list-style-type: none"> Harm or injury to staff. 	Organisation <ul style="list-style-type: none"> Non-compliance with health and safety legislation. Litigation and financial penalties. Loss of estate 	Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.		
Lead Director	Chief Operating Officer		Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Health Protection & Planning Committee		Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023		Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2026		Risk rating	- 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2026					



Current Key Controls (What controls/systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included))
<ul style="list-style-type: none"> Health Board Estates Rationalisation Strategy Health Board Estates Strategy Health Board policies and procedures related to the maintenance of Health Board estate. 6 Facet survey completed in 2019. Divisional Risk Register Multiple policies and SOPs published and communicated to staff. A robust internal training programme in place covering all aspects of estate management including food hygiene. Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) Asbestos reinspection programme (over the next 3 years) Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants 	<ul style="list-style-type: none"> Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. Drive clinical service engagement in compliance meetings where engagement is low. Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible. Continuation of the additional £500k backlog maintenance allocation by the Board to the Estates and Facilities Division in 2025/26 and in 2026/27 (subject to formal board approval of capital plan) Informed by the risk assessment processes of the Estates and Facilities Division, the Health Board has secured significant investment in estate during 2025/26 and 2026/27 from the All-Wales Targeted Estates Fund (TEF) Elements of St Woolos Hospital estate being closed as part of the Board agreement to rationalise the site and remove use of old and poor estate. Condition survey (commonly referred to as 6 facet) being scoped for completion in early 2026/27 to inform the estates strategy

Sources of Assurance (Evidence that the controls/systems which we are placing reliance on are effective)	Gaps in Assurance (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Actions to Address Gaps (What further evidence is required to provide the effectiveness of controls)
Level 1 Operational (Implemented by the department that performs daily operation activities)		
<ul style="list-style-type: none"> Divisional reporting of Statutory and Mandatory training of staff Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. 	<ul style="list-style-type: none"> If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration. 	<ul style="list-style-type: none"> Performance reporting
Level 2 Organisational (Executed by risk management and compliance functions)		
<ul style="list-style-type: none"> The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group. Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee. Divisional Director Estates and Facilities presented to Committee in December 2024 and scheduled to present in February 2025. Divisional Director Estates and Facilities presented to Committee on St Woolos Hospital project in October 2025. 	None	N/A
Level 3 Independent (Implemented by both auditors internal and external independent bodies)		
Internal Audit Reviews 2023- 24 <ul style="list-style-type: none"> Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee Internal Audit Plan 2024-25 <ul style="list-style-type: none"> Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the November ARA 	<ul style="list-style-type: none"> Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level 	Internal Audit 2024/25 Plan <ul style="list-style-type: none"> Implementation of the management responses to close off recommendations Audit Wales completing an all-Wales audit on estate condition in Q4 2025/26

Assurance Rating (Overall Assessment of controls and assurances) Guidance		
Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
3/53		REASONABLE

Funding to Estates and Facilities Division via all funding sources (25/26)

Title	Project Description	Site Location	Risk Score	Approved Project Budget	Proposed Funding
1822	Replacement of condemned Dishwasher	NHH - Nevill Hall Hospital	16		22.1DCP - Discretionary Capital Programme
1821	Dishwasher RRC	RRC - Rhymney Resource Centre	16		22.1DCP - Discretionary Capital Programme
1818	Dishwasher SWH	SWH - St. Woolos Hospital	16		22.1DCP - Discretionary Capital Programme
1895	OPD Roof Upgrade at County Hospital	County	20		55.0EoY - End of Year (DCP / AWCP)
1881	Direct Service Allocation for Statutory Compliance, Health and safety and Essential Backlog Maintenance requirements	HB Wide	20		500.0DCP - Discretionary Capital Programme
1843	ABUHB Access Control System Software	HB Wide	25		118.2DCP - Discretionary Capital Programme
1266-2	RGH – Block 1 and 2 Carparking (DCP Funded – forecast overspend)	RGH - Royal Gwent Hospital			110.0DCP - Discretionary Capital Programme
1933	SCH Ducts Infrastructure Safety Upgrades	SCH - St. Cadocs Hospital			224.0AWCP - All Wales Capital Programme
1904	Purchase of Chepstow Hospital Head Lease	Chepstow Hospital			107.0AWCP - All Wales Capital Programme
1806	Boilers for Main hall	GUH - Grange University Hospital	12		41.0TEF - Targeted Estate Fund
1840	SCH Service Duct Phase 3	SCH - St. Cadocs Hospital	25		500.0TEF - Targeted Estate Fund
1733	Med Gas Stores	HB Wide	20		54.0TEF - Targeted Estate Fund
1782	RV Region - Lift Auto Diallers	Community			300.0TEF - Targeted Estate Fund
1678	Ty Siriol Calorifier	County	20		21.0TEF - Targeted Estate Fund
1825	Alders House Building Works	LGH - Llanfrechfa Grange Hospital	16		20.0TEF - Targeted Estate Fund
1215	SCH Roof Repairs	SCH - St. Cadocs Hospital	16		400.0TEF - Targeted Estate Fund
1826	Maindiff court Hospital Hireath boiler	MCH - Maindiff Court Hospital	16		40.0TEF - Targeted Estate Fund
1832	Electric chillers YYF	YYF - Ysbyty Ystrad Fawr	16		150.0TEF - Targeted Estate Fund
1829	Serennu Roof Repairs	Serennu	15		16.0TEF - Targeted Estate Fund
1620	Theatre Recovery – UPS replacement	YYF - Ysbyty Ystrad Fawr	12		20.0TEF - Targeted Estate Fund
1924	Lift replacement - E Block lifts & Pathology	RGH - Royal Gwent Hospital			120.0TEF - Targeted Estate Fund
1926	RGH Kitchen Alterations	RGH - Royal Gwent Hospital			300.0TEF - Targeted Estate Fund
1925	RGH D7E Refresh	RGH - Royal Gwent Hospital			505.0TEF - Targeted Estate Fund
1927	NHH Rolling Ward Refurbishment	NHH - Nevill Hall Hospital			1,500.0TEF - Targeted Estate Fund
1928	Nurse call replacements 3 Wards NHH 3 Wards RGH	RGH - Royal Gwent Hospital			150.0TEF - Targeted Estate Fund
1930	Roof Repairs NHH Stores/records/ Conference Centre	NHH - Nevill Hall Hospital			97.0TEF - Targeted Estate Fund
1932	SWH Kitchen Alterations	SWH - St. Woolos Hospital			850.0TEF - Targeted Estate Fund
1510	Installation of secure doors adjoining the Extra Care Area to the bedroom corridor				24.0TEF - Targeted Estate Fund
1948	SCH Building structural work	SCH - St. Cadocs Hospital			500.0TEF - Targeted Estate Fund
1949	SCH Adferiad Heating and Hot Water	SCH - St. Cadocs Hospital			100.0TEF - Targeted Estate Fund
1951	GUH Alders House UPVC Windows and Doors	LGH - Llanfrechfa Grange Hospital			65.0TEF - Targeted Estate Fund
1953	YAB Failed Shower Replacements	YAB - Ysbyty Aneurin Bevan			40.0TEF - Targeted Estate Fund
1954	HSDU RGH Equipment replacement	RGH - Royal Gwent Hospital			375.0TEF - Targeted Estate Fund
1955	SWH Ducts Phase 2 Structural Works	SWH - St. Woolos Hospital			50.0TEF - Targeted Estate Fund

Funding to Estates and Facilities Division via all funding sources (25/26) - continued

1956	Phase 2 lift door replacements				500.0TEF - Targeted Estate Fund
1962	GUH Pelican Crossing	GUH - Grange University Hospital	20		59.9DCP - Discretionary Capital Programme
1960	Expansion of existing car park and addition of new parking	GUH - Grange University Hospital	12		10.9DCP - Discretionary Capital Programme
2020	YAB Kitchen Vent	YAB - Ysbyty Aneurin Bevan			12.0TEF - Targeted Estate Fund
1929	Main Chillers RGH	RGH - Royal Gwent Hospital			TEF - Targeted Estate Fund
2022	NHH Residential Roof Insulation	NHH - Nevill Hall Hospital			15.0TEF - Targeted Estate Fund
2025	Design fees, asbestos removal for Gamma Camera Replacement	RGH - Royal Gwent Hospital	16		49.9DCP - Discretionary Capital Programme
2026	Backlog Maintenance Allocation 25 / 26	HB Wide	20		500.0DCP - Discretionary Capital Programme
2031	GUH Additional Parking (Matting)	GUH - Grange University Hospital	12		229.0DCP - Discretionary Capital Programme
2035	Ebbw Vale Clinic Roof Replacement/Upgrade	Ebbw Vale	16		60.9DCP - Discretionary Capital Programme
2051	External Project Management and verification and management of ReFit Programme- Phase 1.	HB Wide	8		95.1DCP - Discretionary Capital Programme
2057	RAAC Management	NHH - Nevill Hall Hospital	15		806.3DCP - Discretionary Capital Programme
2068	Heated food trolley	RRC - Rhymney Resource Centre	16		8.8EoY - End of Year (DCP / AWCP)
2070	Design fees, asbestos removal for Gamma Camera Replacement	RGH - Royal Gwent Hospital	16		DCP - Discretionary Capital Programme
2090	SWH OSU Chiller Replacement	SWH - St. Woolos Hospital	20		17.9DCP - Discretionary Capital Programme
2103	Phase 4 St Cadoc's Duct Urgent Works				75.0DCP - Discretionary Capital Programme
2113	Dishwasher - NHH	NHH - Nevill Hall Hospital	16		EoY - End of Year (DCP / AWCP)
2114	Dishwasher - YAB	YAB - Ysbyty Aneurin Bevan	16		35.6EoY - End of Year (DCP / AWCP)
2115	Bed and passenger lift rope replacements (Lifts 1,2 and 13)	GUH - Grange University Hospital	20		43.7EoY - End of Year (DCP / AWCP)
2116	Dishwasher - RGH	RGH - Royal Gwent Hospital	16		101.6EoY - End of Year (DCP / AWCP)
2189	Nevill Hall domestic houses roof works	NHH - Nevill Hall Hospital	20		16.2DCP - Discretionary Capital Programme
1931	RGH/rolling ward refurbishment	RGH - Royal Gwent Hospital			TEF - Targeted Estate Fund
1952	NHH Residential Houses Replace Gas boilers with Heat Pumps (3 Drs Houses)	NHH - Nevill Hall Hospital			50.0TEF - Targeted Estate Fund
			TOTAL		10,106.3

Two Years of Capital Investment



Water Safety

Chlorine Dioxide Units NHH

Chlorine Dioxide Units RGH

Dosing unit Coper/Silver ion

Sluice Valve Replacements

YAB Failed Shower Replacements

Water Tanks SWH

Water System upgrades YYF

Water System Upgrades YAB

Fire Safety

Theatre Fire Dampers RGH

Ventilation

Ventilation Survey RGH

YYF Theatre Laminar Flow UCV

Air Con Upgrade E Block RGH

Infrastructure

BMS Upgrades

Chillers Replacment YYF

Maindiff Court Hireath Boilers

Main Chillers RGH

SCH Adfariad Heating and Hot Water

Electrical

3 x Nurse Call system replacements NHH

3 x Nurse Call system replacements RGH

Nurse call system NHH

D Block heating pumps replacement RGH

Medical Gas system upgrades RGH

BMS system upgrade

Replacement of HV switchgear RGH

Nurse call upgrades RGH

LV Riser Replacement B Block RGH

Theatre Recovery UPS YYF

Roofing

B Block Roof RGH

C Block roofing and gutters

TySiriol Roof County

KDV suite roof

SWH Ducts Phas 2

GUH Alders House Roof Repair

Serennu Roof Repairs

Roof Repairs NHH
Stores/records/ Conference Centre

Lifts

Lift Autodialers

Lift Door Replacement Phase 1

Lift Door Replacement Phase 2

Fabric

Winter Pressures Ward
Chepstow

RGH D7E Ward Refresh

RGH D7W Ward Refresh

GUH Alders House UPVC
Windows and Doors



TEF Programme 2025/26 and 2026/27

Application	AWCP Approved Schemes	Department	2025/26 FUNDING £000	2026/27 FUNDING £000
	Infrastructure			
TEF-01	STC Ducts	Capital	126	800
TEF-01			374	0
TEF-04	SWH Ducts Phase 2 Structural Works	Operations	50	100
TEF-05	Lift Auto Diallers	Operations	300	0
TEF-06	County Hospital Ty-sirol calorifier Upgrade	Operations	21	0
TEF-08	Phase 2 lift door replacements	Operations	500	525
TEF-03	SWH-Reconfiguration	Minor Works	1,031	119
TEF-07	Security of Medical gas compounds	Minor Works	61	0
TEF-10	Lift replacement - E Block lifts & Pathology	Operations	120	300
TEF-11	SCH Roof repairs	Capital	350	850
TEF-12	RGH D7E Refresh	Operations	505	0
TEF-14	Chillers YF	Operations	500	0
TEF-16	RGH/rolling ward refurbishment (price per ward)	Capital	0	1,500
TEF-18	Nurse call replacements 3 Wards NHH 3 Wards RGH	Operations	150	150
TEF-19	Theatre Recovery – UPS replacement	Operations	20	0
TEF-20	Maindiff Court Hireath Boilers	Operations	40	0
TEF-21	Roof Repairs NHH Stores/records/ Conference Centre	Operations	97	0
TEF-22	GUH Alders House Roof Repair	Operations	20	0
TEF-25	Serennu Roof Repairs	Operations	16	0
TEF-27	Sluice Valve Replacements	Operations	13	0
TEF-28	Main Chillers RGH	Operations	312	88
35/53	Sub Total Infrastructure		4,787	4,551

Application	AWCP Approved Schemes	Department	2025/26 FUNDING £000	2026/27 FUNDING £000
	Infrastructure			
	Fire Safety			
TEF-38	RGH Fire Alarm and Detection System	H&S	778	872
TEF-39	Essential repairs to fire resisting partitions to inpatient wards NHH	H&S	157	0
TEF-40	Essential Fire Safety Improvements to Staff Residencies NHH	H&S	125	0
TEF-41	Essential repairs to fire resisting partitions atC&D Block, RGH	H&S	250	250
	Sub total Fire Safety		1,310	1,122
	Mental Health			
TEF-42	Installation of secure doors - Extra Care Area	Minor Works	24	0
TEF-17	NHH Rolling Ward Refurbishment 4.1	Capital	750	0
	NHH Rolling Ward Refurbishment 4.3	Capital	750	0
TEF-02	SCH Building structural work	Capital	100	996
TEF-13	SCH Adfariad Heating and Hot Water	Operations	100	0
TEF-43	Patient Rehab Kitchen Replacement – Ty Skirrid	Minor Works	35	0
TEF-44	Patient Rehab Kitchen Upgrades (x2) SCH	Minor Works	65	0
	Sub total Mental Health		1,824	996
	Decarbonisation			
TEF-31	RGH UPVC Windows replacement	Capital	215	2,240
TEF-31	NHH Drs Houses window replacement	Minor Works	45	0
TEF-32	GUH Alders House UPVC Windows and Doors	Operations	65	0
TEF--33	NHH Residential House Roof Insulation (4 Drs Houses)	Minor Works	15	0
TEF-34	NHH Residential Houses Heat Pumps (4 Drs Houses)	Minor Works	5	45
	Sub total Mental Health		345	2,285
	Infection Prevention Control			
TEF-36	YAB Failed Shower Replacements	Operations	40	0
	TOTAL TARGETED ESTATES FUND BUDGET		8,381	77/425

Priorities led by the Division going into 26/27

Project Description	Site Location	Risk Score	Estimated Value £000 (incl. VAT)
Backlog Maintenance 26 / 27	HB Wide	20	500.0
Direct Service Allocation for Statutory Compliance, Health and safety and Essential Backlog Maintenance requirements 26 / 27	HB Wide	20	500.0
SCH Ducts - Phase 5	SCH - St. Cadocs Hospital	20	230.0
Radon, Asbestos, Building Fabric, Electrical Safety	HB Wide	20	432.5
Nevill Hall mains water reduced pressure zone (RPZ) valve	NHH - Nevill Hall Hospital	16	60.0
Nevill Hall Hospital & Ysbyty Aneurin Bevan critical plant annual inspection and verification under WHTM 03-01	NHH - Nevill Hall Hospital	16	73.1
Replacement of 4 Multigen M Hostess Trolley- Single phase 230V	SCH - St. Cadocs Hospital	20	38.1
Asbestos Roof Upgrades at County Hospital	County	20	293.0
County Portacabin	County	16	32.5
Structural survey required for St Hilda's at County	County	20	30.0
Roof Replacement / Upgrade	NHH - Nevill Hall Hospital;#YAB - Ysbyty Aneurin Bevan	16	136.4
Works to St Cadocs Chapel	SCH - St. Cadocs Hospital		522.0
Extension of Waste Compound due to changes to legislation	YAB - Ysbyty Aneurin Bevan	16	24.2
Rational Self Cooking Centre SCC201G (Gas)	GUH - Grange University Hospital	16	11.1
LED lighting Upgrade – Main Atrium	YYF - Ysbyty Ystrad Fawr	16	21.0
Friars Field HV TX Replacement	RGH - Royal Gwent Hospital	16	210.0
Replacement RGH Ultrasonic	RGH - Royal Gwent Hospital	16	51.3
Sterilisers to RGH HSDU	RGH - Royal Gwent Hospital	16	95.7
Hydropool Filtration	YYF - Ysbyty Ystrad Fawr	16	16.0

Priorities led by Division going into 26/27 (continued)

Chiller 2 - HSDU	GUH - Grange University Hospital	16	16.7
Replacement of condemned Barista Coffee Machine	YYF - Ysbyty Ystrad Fawr	12	6.6
Electrical Vehicle (EV) Chargers	YYF - Ysbyty Ystrad Fawr	12	19.0
Lift 7	YYF - Ysbyty Ystrad Fawr	10	13.8
Winmag Upgrade	GUH - Grange University Hospital	20	8.8
Replacement of Combi Oven	NHH - Nevill Hall Hospital	16	19.4
Replacement Catering Trolleys	NHH - Nevill Hall Hospital	16	208.0
necessary repairs on fuel tanks	NHH - Nevill Hall Hospital	16	140.0
To replace the external cladding and pathing following criminal damage	Tredegar HWBC	16	16.3
YYF LV Infrastructure (Air Circuit Breakers)	YYF - Ysbyty Ystrad Fawr	20	45.6
Replacement of 1 Multigen Hostess Trolley	YTC - Ysbyty Tri Chwm	12	9.1
County X-Ray Roof	County	20	35.0
YYF Nurse Call System Upgrade	YYF - Ysbyty Ystrad Fawr	16	9.9
Erect a canopy to cover external freezers & bed store in the Facilities Compound	GUH - Grange University Hospital	16	35.5
Car Park Ty-Meddigg	NHH - Nevill Hall Hospital	15	
Lift 1 -11 Upgrade YYF	YYF - Ysbyty Ystrad Fawr		
Pollard's Well Phase 3 - Roof replacement	SCH - St. Cadocs Hospital	15	227.7
Sluice Valve replacements	SCH - St. Cadocs Hospital	16	12.7
Glen Usk Heating & Hot Water System	SCH - St. Cadocs Hospital	20	83.0
NHH UPVC Window Replacement	NHH - Nevill Hall Hospital		1,250.0

Summary

- Estates compliance is a broad and wide ranging series of topics but fundamental to managing existing estate as well as any new developments and is undertaken with expertised input both internally as well as from SES and other external specialists.
- A continual focus on a risk based approach to prioritising and managing issues is the central foundation of the work and informs all discussions relating to capital and revenue investment as well as operational focus

Supporting Information Pack

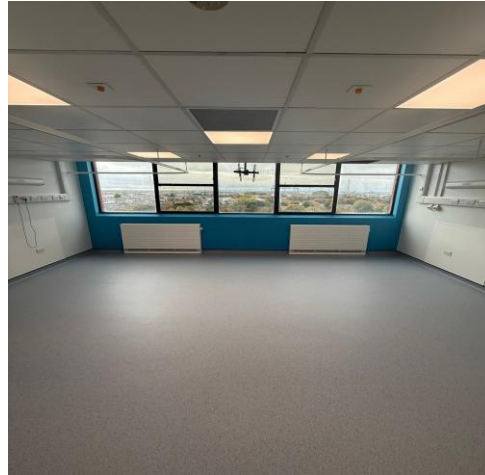


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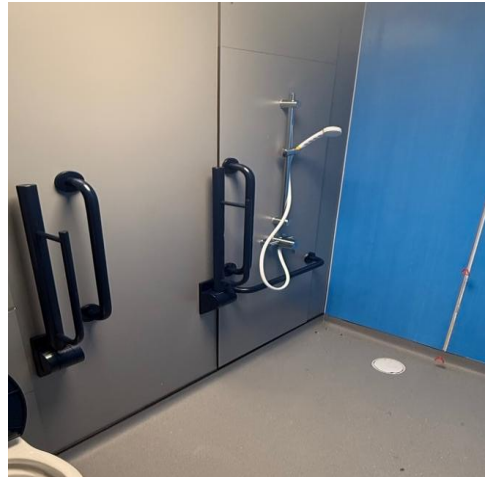
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



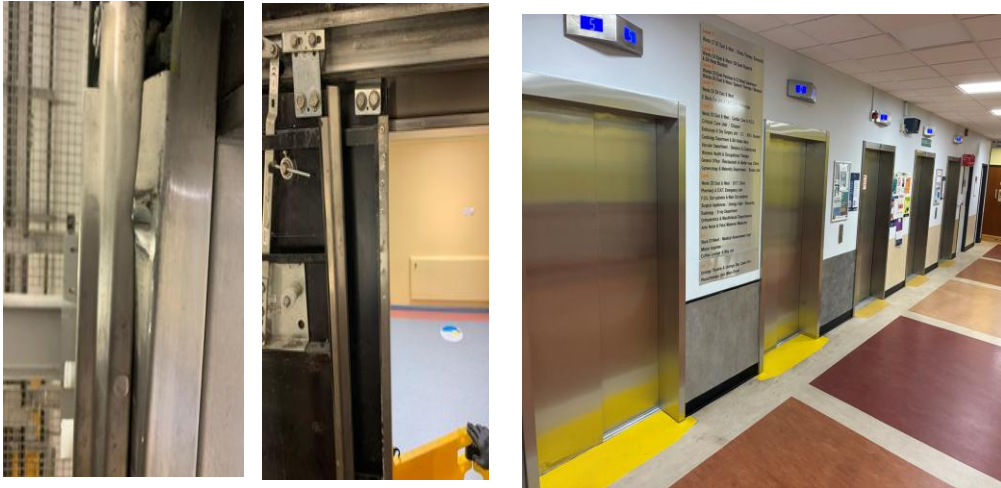
Investment in Action – TEF schemes



TEF – 20 Investment in the ward refreshment on D7E RGH has provided an enhanced ward space, improving the environment for both staff, patients and visitors



Investment in Action –TEF schemes

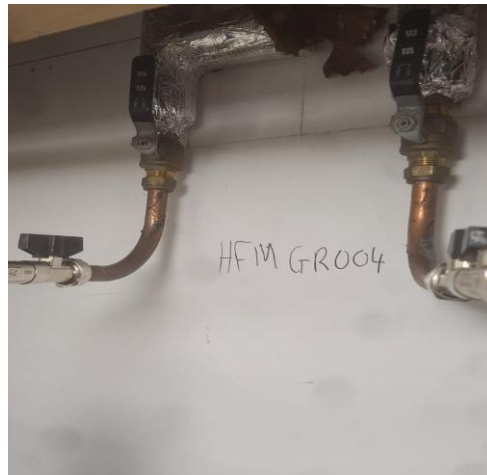


TEF – 08 Investing in our passenger and bed lift doors at both RGH and NHH has not only enhance the aesthetics of our communal areas but also significantly improve lift reliability across these sites.



TEF – 28 Replacing the three chilled water chillers at RGH will deliver significant improvements in system reliability and energy efficiency, while ensuring consistent cooling performance to support critical hospital operations.

Investment in Action – TEF schemes



TEF – 36 Investing in our failed showers at YAB enables us to ensure patients are able maintain their dignity and personal hygiene whilst enabling us to ensure the outlets they are using are safe and fit for use and able to be maintained.

Investment in Action –TEF schemes



TEF – 25 Investing in the roof Repairs at Serennu ensures that both staff and children can continue to benefit from the services provided at this unique centre.



TEF – 27 Investing in the Sluice valve Fire Hydrants at SCH has resulted in a decrease in wasted water whilst improving the Fire Safety on the site.

Investment in Action - TEF schemes



TEF – 20 Boiler Replacement at Maindiff Court not only has operational cost benefits but also provide a safe resilient source of heating and hot water for our patients

Investment in Action TEF schemes



TEF – 19 Theatre PS replacement at YYF has improved failing resilience for our theatres within the surgical unit, Note Pictures are purely illustrative as at time actual pictures were unavailable



TEF – 06 Calorifier replacement at Tysirol, County Hospital has ensured Hot water is safe and available for both staff and patients – Note Picture is illustrative, actual picture of installation was not available at this time

ABUHB APs and a sample of AE Reports



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Authorised Person Register as at November 2025

AP	Medical Gas	Ventilation	High Voltage	Low Voltage	Water	Decontamination
Mark Arscott	√ (NHH)			√ (RGH and NHH)	√ (NHH)	
Ross Andrews (GUH)	√	√	√	√		
Daniel Evans (GUH)	√	√	√	√	√	
Tim Lodder (GUH)		√			√	
Lee Vincent (NHH) now GUH					√	
Joseph Foulkes						
Gareth Davies (GUH)	√			√		
Ian Crook (NHH)	√ (RGH and NHH)	√(RGH & NHH)	√ (RGH and NHH)	√ (RGH and NHH)		
Mark Donovan (NHH)	awaiting		To be appointed	√		
Steve Powell (YYF)	√	√	√	√	√	
Huw Price (YYF)				√	√	
Daniel Kedward (YYF)					√	
Daniel Keyse (RGH)	√		√	√		
Farid Din (RGH)	√				√	
Joseph Phillips (RGH)				√		
David Saunders (HDSU)						√
Rhydian Hodge (HSDU)						√
Andrew Cockeram		√				

Non Compliant
 Limited/supervised role
 Compliant

Completed Authorising Engineers (AE) audits

Region Hospital / Site	Works & Estates Statutory Compliance Audits						
	Water Systems	Decontamination	Medical Gas	Electricity HV	Electricity LV	Ventilation/Air Conditioning	Fire
	External audit NWSSP-SES	External audit NWSSP-SES	External audit NWSSP-SES	Triennial External audit NWSSP-SES	External audit NWSSP-SES	External audit NWSSP-SES	External audit NWSSP-SES
ABUHB	May-25	not received	Sep-24	May-25	Feb-25	May-25	Not Received
RGH	Dec-25	not received	not received	not received	Jul-25	Nov-25	Not Received
GUH	May-25	not received	not received	Aug-24	not received	Feb-25	Not Received
NHH	Aug-25	not received	not received	not received	Feb-25	Feb-25	Not Received
YYF	Jul-25	not received	not received	not received	Nov-25	Nov-25	Not Received

Authorising Engineer Reports 25/26

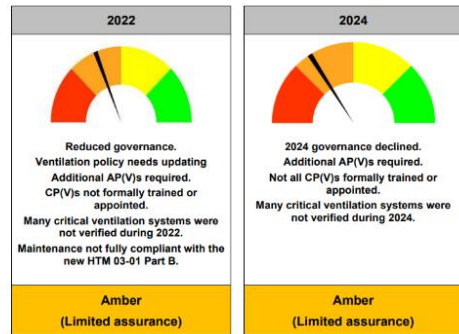
Ventilation

1.0 EXECUTIVE SUMMARY

- 1.1 Following on this year's triennial audits, action plans are being produced, which, when implemented should result in improvements across the acute sites audited. Generally, the governance and operational procedures at ABUHB have declined over the last 12 months. Further details on non-conformities can be found in the individual triennial reports issued previously under separate cover.
- 1.2 AE(V) triennial site audits have been completed at The Grange University Hospital and Nevill Hall Region during the period and given reasonable & no-assurance ratings respectively.
- 1.3 The ventilation systems are not being fully managed in accordance with WHTM 03-01 with significant non-compliances including:
 - Insufficient Authorised Persons (V) appointed at the majority of sites. One AP(V) is currently responsible for four sites.
 - Annual verifications were not being completed. **This is a 'high risk' non-compliance.**
 - A number of recommendations highlighted in the previously issued triennial audits remain outstanding. It is acknowledged that some have been actioned.

Please refer to Section 6 within this report for a complete list of recommendations.

- 1.4 The Authorising Engineer for Ventilation AE(V) has deemed an overall ventilation compliance rating of amber (limited assurance), as shown below in figure 1. This compares with amber (limited assurance) in 2022.



High Voltage

1.0 EXECUTIVE SUMMARY

- 1.1 Generally, the condition and management of the high voltage (HV) systems appears satisfactory, with non-conformities regarding the site condition listed in previous individual site triennial reports issued.
- 1.2 HV triennial site audits have been completed at the Royal Gwent and Grange hospitals. Overall, these systems are well managed and maintained with only minor housekeeping issues identified.
- 1.3 Four HV Authorised Persons (High Voltage) (AP (HV)) have been previously appointed by the health board after completing the appropriate training for all sites.
- 1.4 Two addition estates officers have been nominated by the health board for the role of AP HV and are currently completing their assessment.
- 1.5 It has previously been recommended for the replacement of the remaining HV equipment at Friars Field, and Royal Gwent switchroom substations to improve resilience and minimise potential issues. This is being planned as part of an overall scheme for the infrastructure at both St. Woolos and the Royal Gwent Hospitals, however the timeline for this work is unclear.
- 1.6 The Electrical Safety Group (ESG) continues to meet on a regular basis, with appropriate representation. This ensures improved collaboration and shared responsibility across departments who all have a role to provide safe and resilient electrical systems.
- 1.7 Overall, the Authorising Engineer (AE (HV)) has deemed the overall compliance rating of green (substantial assurance) as shown below in figure 1. This compares with green (substantial assurance) in the 2024.
- 1.8 The rating has improved due to the additional estates officers being nominated for the role of AP HV. The estates team continues to work hard to keep systems in good working order.

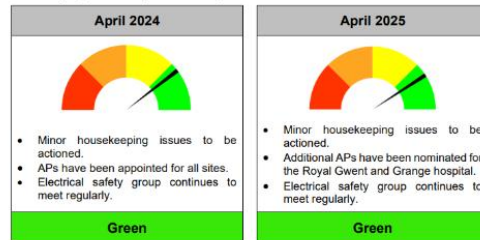
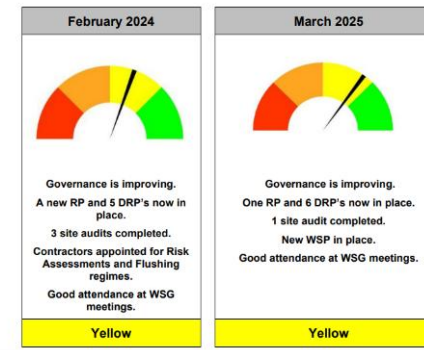


Figure 1 Overall Compliance Rating

Water

1.0 EXECUTIVE SUMMARY

- 1.1 The report has identified that water safety compliance is improving at Aneurin Bevan University Health Board (ABUHB). The appointment of two new Deputy Responsible Persons (DRPs) at GUH shows further improvement. There is currently no DRP appointed at the Nevill Hall Hospital due to a staff resignation. A replacement person was assessed by the AE(W) during 2024, but he was not considered ready for the role. A new person has been nominated and will be assessed during 2025.
- 1.2 One site audit (GUH) was carried out by the AE(W) during 2024.
- 1.3 The Authorising Engineer for Water (AE (Water)) has good communication with Mark Arcscott, Rob Evans, Cara Tingle and Louise Stead on water safety compliance within the Health Board.
- 1.4 The Water Safety Group (WSG) is held frequently, with 5 meetings held during the period. Attendance was generally good from all parties.
- 1.5 A new Water Safety Plan was produced during 2024 and signed off by the WSG in April 2024.
- 1.6 The HB have recruited staff to provide the regular flushing regimes as required under WHTM 04-01 in place of an external contractor.
- 1.7 The Authorising Engineer (AE (Water)) has deemed an overall compliance rating of yellow (reasonable assurance) as shown below in figure 1. This is an improvement on the previous report's rating for the reasons described above.



Low Voltage

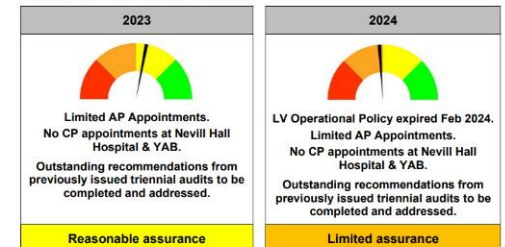
1.0 EXECUTIVE SUMMARY

- 1.1 Following on from previous year's triennial audits an action plan has been produced and partially implemented, resulting in improvements across all acute sites. Generally, the condition and management of the Low Voltage (LV) systems are satisfactory with non-conformities regarding the site condition listed in the individual site triennial report previously issued under separate cover.
- 1.2 The condition and management of the low voltage (LV) systems are satisfactory, with non-conformities relating to the site condition listed in the individual site triennial reports issued under separate cover.
- 1.3 LV triennial site audits have been completed during this period at:
 - a. Nevill Hall Hospital and given limited assurance.
- 1.4 The low voltage systems are not being fully managed in accordance with WHTM06-02 with main non-compliances being:
 - The current LV Operational Policy has expired, this policy needs to be reviewed and ratified by the board prior to republishing.
 - Only one permanently based AP appointment at the Royal Gwent Hospital and at Nevill Hall Hospital. A further officer for Nevill Hall has been nominated for assessment with NWSSP-SES.
 - No permanently based AP appointment at Ysbyty Aneurin Bevan.
 - No CP appointments at Nevill Hall Hospital and YAB.
 - A number of recommendations highlighted in the previously issued triennial audits remain outstanding. It is acknowledged that some have been actioned.

Please refer to the recommendations section within this report.

- 1.5 Overall, the Authorising Engineer (AE (LV)) has deemed the overall compliance rating of amber (limited assurance) as shown in figure 1.

Figure 1: Overall Compliance Rating



Example of Actions from AE report for members of Water Safety Group.

Shared Service Water Audit 2025 multi-disciplinary actions for the WSG

INTRODUCTION

NHS Wales Shared Services Partnership – Specialist Estate Services (NWSSPSES) have been appointed by Aneurin Bevan University Health Board to act as the Authorised Engineer (AE) for water. The role of the AE (Water) includes the following: -

1. Acting as an independent professional adviser to the healthcare organisation on water safety issues with particular reference to the control of Legionella and Pseudomonas Aeruginosa.
2. Act as an assessor and make recommendations for the appointment of Responsible Persons (RPs) and Deputy Responsible Persons (DRPs) to the Designated Person (DP)
3. Monitor the performance of the service and undertake an audit of water safety operational and management arrangements.
4. Produce an annual report to the DP summarising the year's activities and highlighting the current level of compliance.
5. The findings are presented in a 'traffic light' compliance format as shown below: -

- Compliant
- Improvement necessary on existing level of compliance
- No compliance achieved or partly compliant but higher risk

KPI	COMPLIANCE RATING	RECOMMENDATION FROM SHARED SERVICES	PROGRESS NOTES
Have Pseudomonas Risk Assessments been undertaken for Augmented Care areas?	WIP, not yet completed. Template to be finalised by 8 September 2025.	Complete the Pseudomonas Risk Assessments for identified areas	Risk assessment completed. Location for the HB identified and present to the WSG 25/11/2025. Proposed schedule to commence January 2026. All manager of soft FM booked onto fundamental water hygiene course Key Estate's operatives booked onto fundamental water hygiene course. Velindre successfully has put water safety awareness onto ESR for all their staff to complete as a mandatory Compliance training. Introduced induction into water safety for contractor and new staff. Speaking to film company to put contractor and new starter induction for Estates onto a training video. Suggestion to the WSG that key member attend a city and guilds approved course delivered by harper waters via teams
Are all health board staff involved in the control scheme adequately trained?	Training matrix was shared. Persons booked in for training later this year including Estates Mech Staff and Soft FM staff. Domestic training is now covering in induction training. Water safety training on line module is being produced for new starters.	Maintain schedule up to date and remove persons who have <u>retired</u> . The schedule should be expanded to cover all levels of staff if possible. With around 600 domestic staff in the HB, not able to manage their training on this system. Consider separate training matrix for these staff.	

Example of compliance updates for Capital Projects

Meeting	Statutory Compliance					
Division	Capital Projects Team					
Date of Report	16.01.25					
Escalate/Alert Projects	Water	Ventilation	Electrical	Fire	Medical Gases	Asbestos
Ducts SCH	Re-routing of services required to reduce risk during works. Shutdowns have been shared with Estates for Review/discussion	N/A	Re-routing of services required to reduce risk during works.	Reduced coverage during the works.	N/A	R&D by Lancers has found further ACMs compared to the Lucion R&D . Please be advised that further works with MCL are also taking place within the ducts . This is outside of the main contract, both contractors have been notified and shall include each others work.
Decon Unit	The department has been deemed as a "lancer scott's" secure building site, the hot and cold water systems have been isolated and capped, first fix pipe works has been installed.	All "trust" ventilation (AHU supply and extract systems) have been isolated, update 7/11/25 new duct work has now been installed - all outlets have been dust protected.	The electrics have been locked off and isolated, first fix completed, second fix underway to be completed shortly.	The fire alarm system is currently being altered with a temporary system in place, the fire officer and Estates are aware and satisfied.	Medical gas pipes have been isolated in the riser. new first fix pipe work installed	
2nd MRI GUH	Nothing required	For noting & sign off - Single point of failure risk. One AHU for both MRI. Currently running duty/duty but AHU modifications will be undertaken to give duty/standby but it will still have a single point of failure going forward.	Nothing required	Nothing required	Nothing required	Nothing required

Estate Compliance related Policies and Procedures

Policy/ Plan	Date	Review date	Assigned	Status
High Voltage Operational Policy	01.09.24	01.09.27	Mark Arscott	Approved
Low Voltage Operational Policy	11.02.21	11.02.24	Mark Arscott	Out for consultation to technical experts of the group and SES
Ventilation Policy (V3)	22.05.2024	22.05.2027	Rachel Jones	Approved
Management of Contractors Policy	29.02.2024	29.02.2026	Rachel Jones	Approved
Operational Maintenance Policy	17.12.2024	17.12.2026	Mark Arscott	Approved
Asbestos Management Plan	11.03.2025	11.03.2026	Rob Evans	Approved
Water Safety Plan	16.04.2024	16.04.2025	Louise Steed	Review Ongoing with members of WSG as this is live document
Management of Medical Gas Pipeline Systems	01.06.2022	01.06.2025	Cara Tingle	Review Overdue (agreement to postpone update until the new WHTM has been published)
Corporate Uniform and Dress Code	16.09.2022	16.09.2025	Michelle Key	Review Overdue to be informed by summer heat and wider HB policy
Control of Legionella & The Water Management Systems	08.05.2024	08.05.2027	Cara Tingle	Approved
Waste Management Policy	08.09.2023	08.09.2026	Michael Harding	Approved
Environmental Policy	13.10.2023	13.10.2026	Michael Harding	Approved
Radon Policy (v1)	25.02.2025	25.02.2028	Cara Tingle	Approved

Training compliance for estates teams at December 2025

Org L13	NHS CSTF Fire Safety - 2 Years	NHS CSTF Health, Safety and Welfare - 3 Years	NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	NHS CSTF Violence and Aggression (Wales) - Module A - No Specified Renewal	NHS CSTF Violence and Aggression (Wales) - Module B - 3 Years	NHS MAND Moving and Handling - 3 Years
040 CCH Maintenance	100.00%	100.00%	100.00%	100.00%	100.00%	
040 GUH Maintenance	95.00%	100.00%	100.00%	100.00%	100.00%	
040 Maintenance Decontamination	100.00%	100.00%	100.00%	100.00%	100.00%	
040 Maintenance Management	87.50%	87.50%	87.50%	100.00%	75.00%	
040 NHH Maintenance	73.91%	82.61%	65.22%	95.65%	73.91%	
040 RGH Maintenance	81.48%	77.78%	77.78%	100.00%	81.48%	
040 YYF Maintenance	100.00%	100.00%	94.12%	100.00%	100.00%	
Average	91.13%	92.56%	89.23%	99.38%	90.06%	93.03%

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Reporting on Benefits realisations reported to the Pre-Investment Panel
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Claire Nelson, Deputy Director Strategy, Planning and Partnerships

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper sets out how the benefits realised from business cases have been reported back to the Health Board's Pre-Investment Panel where they were previously endorsed.

Cefndir / Background

The Health Board's Pre-Investment Panel (the Panel) was established to bring together appropriate skills and experience from across the organisation to provide a robust and objective analysis of the planning, workforce and financial information in business cases prior to their submission for consideration by the Executive. The analysis is intended to support Divisions and Directorates in strengthening their business cases where required and provide assurance to the Executive as to the robustness, viability and appropriateness of the business case so that they are in an informed position to reach conclusions regarding investment.

The other main purpose of the Panel outlined in its Terms of Reference, is to evaluate approved cases after implementation to assess and make recommendations on the level of benefits realised and whether investment should continue or be re-allocated.

The business case template provided to services for completion ahead of analysis at the Panel includes the following table to be completed on benefits realisation based on Value Team definitions:

Table 1: Benefits Realisations table from Pre Investment Panel Business case

Desired Objectives	Benefit	Current State (Baseline)	Target Future State	Timescale
<i>e.g. Improved safety</i>	<i>e.g. it will reduce falls</i>	<i>Number of falls p.a. = 40</i>	<i>10 p.a.</i>	<i>By Q3 2025/26</i>
<i>e.g. Better access / timeliness</i>	<i>e.g. it will improve length of stay for (specify type) elective patients</i>	<i>Elective patients = 3 bed days ALOS</i>	<i>2.5 bed days ALOS</i>	<i>By Q4 2025/26</i>

A provisional date for implementation of the service development in the business case is recorded as six months post the Panel's approval and a provisional date for Panel's evaluation of the business case as two year's post implementation. On this basis, the Panel meetings in 2025/26 would expect to see the evaluation from cases which were approved prior to and including September 2023.

Asesiad / Assessment

Evaluations presented in 2025/26

Four cases have returned to Panel in 2025/26 to report on benefits realised. These are outlined below:

Table 2: Evaluation of Benefits realised

Business Case Title and Division	Outline of Expected Benefits	Provisional Evaluation date v. date provided
Additional Breast Consultant (Scheduled Care)	Delivery of Welsh Assembly Targets; Continued local services to meet current and future patients' needs; Maintenance of a high standards of local care and therefore outcomes; Continued stakeholder trust; Resilience of workforce; Positive patient experience; Reduced mortality and morbidity.	Jun 25/April 25
Digital Maternity Health Record – System Replacement Project (Family & Therapies)	Improving outcomes for women and their babies and a reduction in clinical risk due to accurate live clinical information always being available to support decision making and care planning	Oct 25 23/Oct 25
Investment in a Clinical Pharmacy Service for the Emergency Department at GUH (Urgent Care)	Improved patient flow and reduction in bed day occupancy; Expedited discharge for patients within the emergency department; More timely resolution of medication-related issues; Prevention of harm from medication-related errors, leading to improved patient outcomes; Release of time for other emergency department staff; Reduction in related risks to the Health Board, including financial and reputational.	Jan 25/June 25
Patient Advice and Liaison Service	Single point of contact for patients, carers and public, clinical and PTR teams- direct referrals to the PALS team for early resolution; Timely response to queries	Nov 25 23/Nov 25

(PALS) (Corporate Nursing)	and concerns; 'On the ground' liaison between patients, families and clinical staff; Release in clinician time, with all early resolution cases being managed by PALS team; Improved access to volunteer support for in-patients; Significant reduction in escalation to PTR team; Timescales for responding to formal complaints met; Less social media 'complaints' by the public; Protection of organisation reputation.	
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Panel feedback following evaluation to Panel

Additional Breast Consultant: The feedback from the evaluation presented to Panel was that the unit and additional staffing was considered to have been a big success, with the key objectives of the case having been delivered. The presentation was endorsed and it was acknowledged that implementation of the case had delivered significant benefits for the service, staff and patients.

Digital Maternity Health Record: The feedback from the evaluation presentation acknowledged the wider benefits the implementation of the new system had delivered for the service, staff and patients but also highlighted that some aspects of implementation were still settling and would continue to improve. It was recommended that the service:

- Continue to monitor outcomes, metrics and staff response to ensure continuing improvement
- Ensure ongoing digital / IT support to address any ongoing technical issues e.g. system connectivity
- Ensure mitigation measures remained for women who may be digitally excluded
- Confirm overall costs of the project to compare with original case expectations

A further full evaluation will come forward to a future Panel once implementation fully embedded.

Clinical Pharmacy Services for ED: The presentation was strongly endorsed, and it was acknowledged that the team had delivered wide well-evidenced benefits for the service through risk avoidance, pathway streamlining and patient experience. The enthusiastic and effective professional leadership of the team, which had been key to its success to date was commended. In noting the wish to develop the service further into medical assessment units, it was considered that the outcomes achieved to date would form a strong element of the case for change in any future investment bid.

PALS: It was recognised that the team were providing a person-centred service that gave valuable support and reassurance to people in a vulnerable situation. In looking to assess the benefits being delivered it was suggested that more measurable metrics could be presented on a before and after basis (taken from the original aims of the business case) so that the benefits could be more accurately assessed. These included: trends in total concerns and formal complaints received, proportion of total concerns escalated to formal complaints, cases resolved within 48 hours, comparison of total costs before and after the PALs introduction. A further full evaluation will come forward to a future Panel to reflect these points.

Further case evaluations due to return to Panel in 2025/26

The following case evaluations were provisional dated to return to the Panel in 2025/26 but have yet to do so:

- Establishment of a second MRI scanner at GUH which was endorsed by PIP in June 2023 and provisional due to return to Panel in January 2026. When approached to present back on the benefits realised, the Clinical Support Services Division advised that they were accountable to the Chief Operating Officer rather than the Panel on implementation of service developments such as this.
- Single Point of Contact Service which was put forward by Medical Records and endorsed in March 2024 is due to present its evaluation in March 2026.

Case evaluations due at Panel in 2026/27

Based on the average 6 months from the Panel's endorsement to implementation and then a further 2 years to gather sufficient data for an evaluation, the following business cases will be due to report back on benefits realised in 2026/27:

Table 3: Benefits Realisations due to be reported in 2026/27

Business Case Title and Division	Date endorsed by the Pre-Evaluation Panel	Provisional Evaluation date to Panel
Development of Tier 4 Weight Management Service: Bariatric Surgery (Scheduled Care)	May 2023	April 2026
Robotic Assisted Surgery (Scheduled Care)	May 2023	June 2026
Extension to the Emergency Department Waiting Room at GUH (Urgent Care)	Aug 2023	Aug 2026
RGH Centralised Decontamination Unit (Clinical Support Services)	Mar 2024	Sept 2026
Emergency Department Medical staffing: aligning capacity with patient demand (Urgent Care)	Apr 2024	Oct 2026
Outpatient Treatment Unit (Corporate)	Aug 2024	Oct 2026
SE Wales Vascular Network Medical staffing: foundation on call cover	Apr 2024	Oct 2026
GUH Discharge Lounge (Urgent Care)	July 2024	Oct 2024
Local Health Protection system funding to deliver the National Immunisation Framework (Multiple, system wide)	May 2024	Nov 2026

Notice of the requirement for the evaluation of benefits realised from the implementation of these business cases will be given to the relevant Divisions before the end of 2025/26.

Improvements to current process under consideration

- **Assessment:** the current evaluation of whether benefits have been realised is by Divisional self-assessment. As evidenced in the evaluations presented in 2025/26 to date, there are several potential issues with this including optimism bias, lack of objectivity and confusion between outputs and outcomes. Utilising the Panel and other appropriate staff within the Health Board and the region in relation to regional cases to provide an element of independent verification would improve the reported benefits and make the data more reliable for future decision-making.
- **Standardisation of Benefits Realisation application:** the business cases approved by the Panel represent a small percentage of business cases receiving funding from the Health Board and the wider system. An assessment of how Benefits Realisation is reported at the Panel compared with other structures within the organisation could be undertaken to see if it aligns and if not, work with the Value team to standardise benefits realisation. For example, some of the service changes (Stroke and MIU) have had evaluations go straight to Executive Committee and Board.
- **Presentation of evaluations to Executive Committee and F&P** - This paper gives only a high-level summary of the process and considerations to date. In order to strengthen the oversight, it is suggested that the evaluation reports for high value cases come through automatically to Executive and F&P Committees.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **Note** the Benefits realisations presented to the Pre-Investment Panel to date in 2025/26
- **Note** the Benefits realisations that remain due to present at Pre-Investment in 2025/26 and are scheduled to be presented in 2026/27
- **Consider** the suggested improvements to the current Pre-Investment Panel benefits realisation processes

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR001 Service Delivery
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities	Choose an item.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	GUH: Grange University Hospital
Partion / 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)

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Report – December 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant for Director Planning and Performance Paul Steynor, Head of System Planning & Performance

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

Er Sicrwydd/For Assurance Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Finance and Performance Committee with an overview of operational performance against the 2025/26 IMTP Key Performance Metrics. Performance Metrics have been updated to reflect the latest, validated position. The full Performance Report details performance against the Ministerial Delivery Expectations and IMTP measures, across the five system change priorities. The Q3 performance update against the Enabling Actions is also included as an Appendix.

The Committee is asked to:

- **NOTE** the performance of the Health Board, as of the latest reporting periods.

Cefndir / Background

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

Asesiad / Assessment

This report is structured across sections as follows:

Performance Summary

- Section 1: Cabinet Secretary Priorities
- Section 2: Our Performance & System Change Delivery, which include the System Change Priorities:
 - Embedding Prevention and Population Health in all that we do
 - Progressing place-based models of care and sustainability in Primary and Community Services
 - Improving our Urgent & Emergency Care system focusing on experience, access and discharge pathways
 - Continuing to prioritise Cancer, Urgent and the longest waiting patients for Planned Care
 - Improving our Mental Health Services
- Appendix 1: Enabling Actions Q3 Update

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

Embedding Prevention and Population Health

Performance across key prevention and population health measures shows continued strengthening, particularly in early-years services. Influenza vaccination uptake in adults aged 65 and over has improved and remains close to the national benchmark, supported by ongoing efforts to narrow variation between localities. Early-childhood indicators remain strong, with newborn hearing screening and 6-week physical examinations consistently exceeding national standards. Weight and measurement at 8 weeks have continued its multi-year upward trajectory, reaching its highest level to date, reflecting sustained improvements in delivery and engagement with families.

Long-term condition management also shows positive momentum. Completion of the eight recommended diabetes care processes has increased to its highest recorded level, supported by targeted initiatives across primary care and community settings. These include widespread distribution of engagement materials, focused work with pilot GP practices, and broader outreach to pharmacies, public venues and staff groups to improve awareness and testing. This approach has contributed to a clear upward trend in compliance and reflects a wider shift toward embedding prevention and structured management within routine care pathways.

However, challenges remain in vaccination uptake more broadly. COVID-19 booster coverage continues to fall below target levels, and while performance is marginally higher than all-Wales average, it remains significantly short of national expectations. Childhood immunisation rates have increased only slightly and remain below trajectory, with HPV uptake still notably behind target. Work is progressing to address these gaps through development of a Vaccine Equity Strategic Framework, targeted interventions in low-uptake schools, planning for improved digital consent systems, and continued insight-gathering to understand barriers to engagement.

Primary and Community Services

Pharmacy-led services continue to demonstrate strong and sustained performance, with both the Pharmacist Independent Prescribing Service (PIPS) and the Common Ailment Scheme (CAS) delivering activity well ahead of planned levels. PIPS has already exceeded its annualised target, supported by continued expansion of participating community pharmacies and increased public uptake following awareness campaigns. CAS activity remains on track despite some month-to-month variation, reflecting a maturing service with growing reach. These developments highlight the growing contribution of community pharmacy to accessible front-line care and demonstrate increasing capacity for managing minor and routine conditions outside general practice.

In community-based services, key measures show a mixed position. Uptake of the new optometry pathways has increased significantly, with more patients accessing community management for higher-risk eye conditions—an important shift that reduces pressure on secondary care services. Emergency dental activity has partially recovered but continues to sit below planned levels, affected by reduced capacity and uncertainty around future contractual arrangements. Meanwhile, weekend community nursing capacity remains well below the required level set in national expectations. Despite some upward movement, delivering the necessary shift in activity towards weekends will require substantial service redesign. In contrast, Enhanced Community Care has continued to grow, with accepted referrals exceeding trajectory and demonstrating strengthening capability in rapid community-based intervention.

Specialist palliative care activity has fallen below trajectory due to rising demand and periodic workforce constraints, despite recent improvements in reporting. GP referrals into rapid response pathways remain relatively stable, though December saw a seasonal dip and an increasing proportion of referrals now originate from front-door and back-door hospital pathways. The winter Navigation Hub/Single Point of Access pilot aims to simplify access for GPs and enhance timely redirection into community-based alternatives.

Urgent and Emergency Care

System pressures intensified over the period, particularly within urgent and emergency care. Ambulance handovers and lost hours rose again toward levels seen earlier in the year, driven by increased acuity, high critical care occupancy and winter-related infection control challenges. Although performance remained better than the same period last year, flow through the hospital system became increasingly constrained, affecting the ability to maintain the improvements previously achieved. Front-door pressures also contributed to deterioration in 4-hour emergency care performance, despite new capacity coming online through the opening of the ED extension. The extension has delivered a more functional clinical environment, supported senior rapid assessment and improved the patient experience, but system-wide flow constraints continue to undermine consistency of performance.

Emergency care metrics reflect a complex picture. Twelve-hour breaches remained within a relatively stable range and continue to compare favourably with last year, while 12-hour compliance has consolidated the improvement trend seen since 2023/24. However, 4-hour compliance fell due to flow pressures, and triage performance, although improved in December, remains variable and sensitive to

daily peaks in demand. Clinicians wait-to-be-seen times also remain largely static, improving on some days but offset by overnight surges and staffing constraints. Work is ongoing to adjust consultant rosters, bolster rapid assessment capacity and introduce fast-track pathways supported by predictive analytics to alleviate bottlenecks and improve timeliness of initial clinical contact.

Stroke and discharge-related measures continue to present significant operational challenges. Stroke direct-to-ward admission within four hours remained markedly low, driven partly by process issues such as patients passing through the Acute Medical Unit, which do not count towards the target. Early analysis of more recent data suggests an improving position, though still short of ambition. Thrombectomy rates also remain substantially below trajectory, highlighting ongoing issues within the pre-hospital pathway and the need for faster recognition and transfer of eligible patients. Meanwhile, Pathway of Care Delays (POCDs) have risen, both in volume and days delayed, exceeding planned levels and reflecting sustained pressures across the discharge pathway. Although work is underway to improve Estimated Discharge Date accuracy and reduce delays linked to internal processes, length of stay for long-stay patients has increased, and enhanced monitoring measures remain above trajectory.

Cancer and Planned Care

Cancer performance during the period shows early signs of recovery following a challenging summer, with Single Cancer Pathway (SCP) compliance improving in December after several months of decline. Targeted recovery actions are now in place across key tumour sites, including strengthened prioritisation processes, additional workforce capacity, and dedicated recovery meetings for high-pressure specialties such as gynaecology, urology and lower GI. The backlog position remains a concern, with the 62-day backlog sitting marginally above the intended threshold as demand fluctuates, though the overall trajectory is stabilising. The 104-day backlog has remained relatively steady, even as overall cancer activity has varied. Meanwhile, decision-to-treat within 28 days remains strong and consistently exceeds expectations, reflecting effective diagnostic and pre-treatment coordination.

Planned care performance continues to improve in several areas, supported by targeted national funding and local operational adjustments. The 104-week RTT position remains on track to meet the year-end ambition following sustained delivery through Q3 and early Q4. The intensive 26-week outpatient insourcing programme is reducing pressure on longer waits and has materially improved the 52-week outpatient profile. Follow-up waiting lists remain elevated, though recent months have seen progress in validating long waits and increasing the use of SOS/PIFU pathways, with performance broadly aligned to the planned trajectory. Non-attendance (DNA) rates have shown a sustained reduction over the year, aided by strengthened reminder systems and targeted improvement work. Diagnostic performance, however, remains under pressure, with breaches in ultrasound and endoscopy reflecting persistent capacity gaps; additional funding has been allocated to support improvement and reduce breach volumes by year-end.

Operational productivity within theatres remains stable, though with some variation linked to seasonal pressures. Elective theatres have maintained a high

level of protection from emergency pressures, reflecting the benefits of the local system model. Theatre session utilisation remains close to the national standard across the year, though seasonal dips were noted in December. Day surgery performance is strong, continuing to align with national expectations and benefitting from dedicated optimisation work. However, reducing late starts and early finishes remains a key operational challenge, with further work underway to improve theatre flow and consistency.

Mental Health

Adult mental health services have continued to perform strongly across core access standards. Assessments and therapeutic interventions for adults are consistently being delivered within national timeframes, reflecting stable capacity and effective demand management. Part 2 Care and Treatment Plan (CTP) compliance has now met the national standard for five consecutive months, supported by ongoing data-cleansing work intended to stabilise volumes and improve accuracy. Psychological therapies have entered a period of relative stability following the gains achieved earlier in the year. Although some small decreases have been noted due to staff turnover and data issues within the clinical system, the service has made meaningful strides in reducing the longest waits, with a significant reduction in the number of patients waiting more than a year. Further productivity and efficiency work is planned to strengthen long-term sustainability.

For children and young people, CAMHS performance remains positive, with core measures for initial assessments and therapeutic interventions being consistently met. A short-term dip in performance earlier in the period was found to stem from data entry errors, which have since been addressed through staff training and validation processes. However, compliance with CTP requirements in CAMHS has been more variable. A significant drop in September was attributed to persistent operational issues around uploading and completing plans within mandated timeframes. Subsequent targeted validation and the appointment of a dedicated CTP lead have supported a rebound in performance, although sustained attention will be required to maintain consistency.

Neurodevelopmental services for children and young people remain under considerable pressure. Rising demand, combined with the need to manage both 26-week access standards and a substantial legacy backlog, has created a challenging operational environment as the service implements the new Neurodiversity Early Support Hub model. Recent increases in demand have necessitated an updated demand-and-capacity model to inform planning for 2026/27. Despite this pressure, specialist CAMHS choice assessments continue to perform well above national standards, although some recent softening in performance reflects temporary reductions in capacity.

Appendix 1 – Q3 Enabling Actions Update

The organisation has made solid progress across several key enablers aimed at improving urgent and emergency care, planned care, workforce productivity, and value optimisation.

Within urgent and emergency care, targeted flow actions, including expanded use of the Transfer Lounge, improved pre-noon discharge rates. Continued rollout of the Optimal Hospital Flow Framework is helping to stabilise pressure across the system. The Remote Clinical Assessment pilot is demonstrating clear impact, with a majority of patients remaining safely at home, reducing avoidable conveyance and admissions. Community-based falls activity and frailty initiatives continue to strengthen alternatives to hospital attendance, while the expanded ED footprint is supporting improved patient experience despite sustained winter pressures.

Planned care efficiency work is progressing, with cataract pathway reform completed, theatre late-start performance improving, and day-case surgery consistently aligned to national standards. Rolling validation programmes are now embedded across specialties and are supporting reductions in long waits. DNA/CNA improvement work is showing impact, and further outpatient pathway refinement, including SOS/PIFU adoption is advancing in high-volume specialties. Elective capacity remains well-protected, underpinning continued RTT recovery efforts.

The Workforce enablers show steady improvement in consultant job-planning compliance, supported by strengthened governance and performance oversight. Although agency-reduction ambitions remain challenging due to system-wide capacity requirements, year-on-year improvement continues. Other productivity work includes the development of a refreshed sickness-absence programme for implementation.

Significant progress has also been made in value-focused programmes. Non-pay rationalisation is advancing through standardisation of clinical products, and medicines optimisation programmes remain on track. High-value pathways in diabetes and bone health are delivering measurable improvements in compliance, treatment uptake and data quality, and further phases are now in development.

Digital transformation is progressing with major clinical systems rolling out or entering readiness alongside strengthened cyber-security measures following substantial server upgrades and improved incident-response capability. HealthPathways expansion has surpassed national expectations and is now entering an integration-focused phase to embed the pathways more consistently across clinical teams.

Argymhelliad / Recommendation

The Committee is asked to:

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

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

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

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

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
<ul style="list-style-type: none"> • Workforce 	Not Applicable
<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • Financial 	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirementsNo does not meet requirements</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not ApplicableNot Applicable Choose an item.

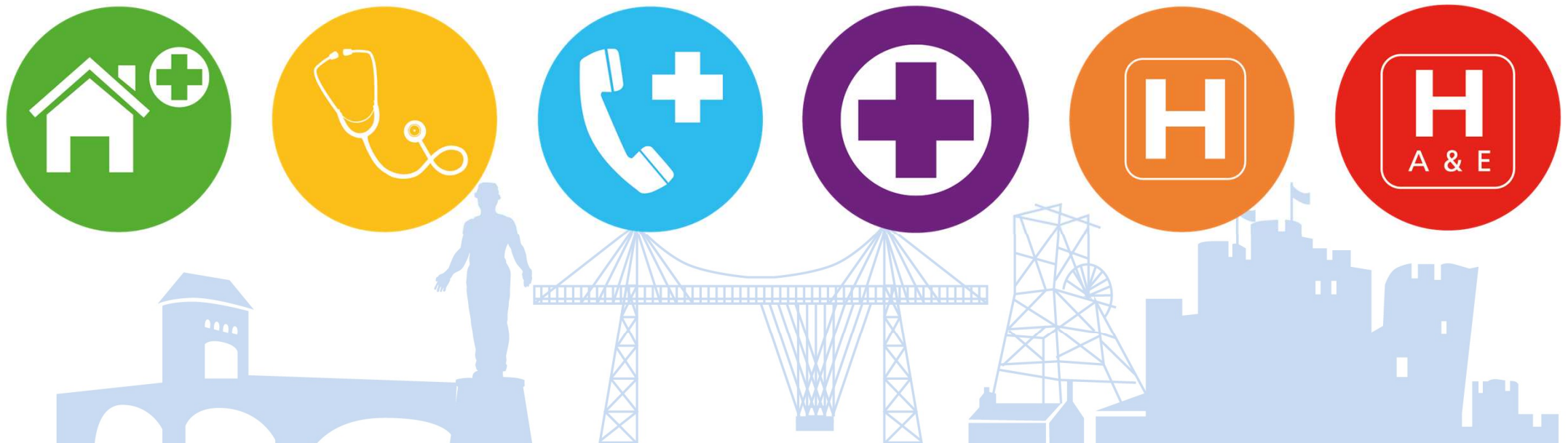


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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance & Performance Committee

Performance Report February 2025/2026





Performance Summary

Section 1: Ministerial Delivery Expectations

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

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

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

Section 2: Our Performance & System Change Delivery

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

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

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

Appendix 1: Enabling Actions

As part of the 2025/26 NHS Wales Planning Framework, the Welsh Government set out a number of Enabling Actions (focusing on productivity and efficiency) which NHS Wales Organisations need to adopt or justify. Delivery against these are tracked as part of our performance report, with the Q3 update provided as an appendix at to this report.



What went well?

- RTT recovery continues to progress, with the 104-week position on track to meet the year-end ambition, following sustained Q3 and Q4 delivery.
- Delivery of the eight NICE diabetes care processes improved to its strongest recorded level, supported by targeted engagement across primary care and community settings.
- The Healthy Child Wales 8-week weight and measurement measure reached its highest performance to date after sustained year-on-year improvement.
- Pharmacy-led services, particularly PIPS, delivered activity far more than the forecasted trajectory, reflecting strong public uptake and expanded clinical capacity.
- Adult MH and CAMHS consistently met all core access standards for assessments and therapeutic interventions.
- Influenza vaccination uptake among adults aged 65+ continues to improve and remained close to national expectations.

What were the challenges?

- Winter pressures reversed earlier gains in ambulance handovers and increased lost hours, reflecting constrained hospital flow and high critical care occupancy.
- ED Triage performance was volatile, with seasonal spikes and demand surges continuing to drive periodic breaches.
- Thrombectomy rates are well below trajectory, underlining delays and gaps in the pre-hospital pathway for stroke patients.
- Pathway of Care Delays increased both in volume and total days delayed, exceeding planned levels and impacting discharge flow.
- Theatre efficiency remains variable, with late starts improving but early finishes still materially off trajectory and requiring focused operational work.
- Adult audiology 14-week breaches have increased significantly due to workforce constraints and underlying demand-capacity gaps in major pathways.

What actions are we taking to improve?

- Targeted vaccination-equity work is being strengthened through locality-focused interventions, improved data access, and development of a digital consent system to raise childhood and HPV uptake.
- The Community Clinical Desk pilot is being scaled and refined, with multidisciplinary input enabling more patients to remain safely at home.
- Consultant rostering and rapid assessment pathways in ED are being optimised to accelerate triage and reduce wait-to-be-seen variation.
- Targeted cancer-site recovery meetings and workforce strengthening are being implemented to reduce backlog and improve SCP compliance.

What are our risks to delivery?

- Ongoing challenges in achieving direct-to-stroke-ward admission risk and continued underperformance against national stroke standards.
- Increasing numbers of long-stay patients risks the reduced bed availability and diminished capacity to respond to winter and emergency surges.
- Winter-driven surges in acuity and infection control challenges risk reversing progress made in ambulance handover and ED flow performance.
- Ongoing variation and low uptake in childhood immunisation, particularly HPV, risks widening health inequalities and undermining vaccination equity goals.



Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Population Health & Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	47% Mar-26	Yes	45.7% Dec-25 (Dec Trajectory: 46%)
	Achievement of vaccinations targets in the performance framework	Yes Mar-26	Yes	Off Track 3 seasonal: 1 not met target, 2 ongoing. 2 CYP: 1 borderline, 1 not meeting trajectory.
Building Community Capacity	Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard	160 Mar-26	Yes	205 Jan-26 (Jan Trajectory: 170)
	100% of GP practices achieving all National Access Standards for In hours GMS	100% Mar-26	Yes	Reported Q4
	Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP	24,065 Mar-26	Yes	27,296 Dec-25 (Dec Trajectory: 17,131)
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible	128,347 Mar-26	Yes	75,940 Jan-26 (Q4 Trajectory: 128,347)
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	5,277 Mar-26	Yes	4,913 Dec-25 (Dec Trajectory: 3,899)
Women's Health	Establishment of one Women's Health Hub in each health board area by March 2026	Yes Mar-26	Yes	Reported Q4



Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour –national target - zero	500 Mar-26	No	841 Jan-26 (Jan Trajectory: 638)
	Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, <u>building towards the national target of zero</u>	750 Mar-26	No	1,209 Jan-26 (Jan Trajectory: 800)
	No patients waiting more than 104 weeks for referral to treatment.	3,291 Mar-26	No	619 Dec-25 (25/26 EoY Funded Trajectory: 636)
	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026.	70% Mar-26	No	63.0% Dec-25 (Dec Trajectory: 69%)
	No patients waiting more than 8 weeks for a specified diagnostic	1,077 Mar-26	No	2,188 Dec-25 (Dec Trajectory: 1,077)
Mental Health Access (Adult and CAMHS)	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s	80% Mar-26	Yes	93.3% Dec-25 (Dec Trajectory: 80%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s	80% Mar-26	Yes	93.2% Dec-25 (Dec Trajectory: 80%)
	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s	80% Mar-26	Yes	100% Dec-25 (Dec Trajectory: 80%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s	80% Mar-26	Yes	88.3% Dec-25 (Dec Trajectory: 80%)

Progress Against our Integrated Medium-Term Plan





Embedding Prevention and Population Health in all that we do

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

Ministerial Delivery

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

Trajectory: 75%

National target: 75%

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

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

Ministerial Delivery

Performance: 59.8% (as of 05/02/26)

Trajectory: 75% (Q4 25/26)

National target: 95%

Region	Eligible population (N)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Aneurin Bevan University Health Board	81,022	48,478	59.83	92
Blaenau Gwent	9,229	4,876	52.83	4
Caerphilly	23,269	13,316	57.23	14
Monmouthshire	16,638	11,910	71.58	49
Newport	18,758	10,688	56.98	19
Torfaen	13,128	7,688	58.56	6

Insight & Actions:

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

- COVID-19 autumn booster: Campaign commenced on 1st October; performance data includes vaccinations given and recorded on the Welsh Immunisation System up to the end of 05/02/2026. Current performance of 59.8% puts ABUHB marginally higher than the all-Wales figure of 57.6%. More broadly on seasonal, respiratory vaccination campaigns, a review of booking processes has been completed and as part of a PhD project to enhance uptake with several options being explored ahead of winter campaigns (e.g. use of text messaging services, improvement in letter wording to enhance engagement).



Embedding Prevention and Population Health in all that we do

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

Ministerial Delivery

Performance: 72.1% (as of 04/02/26)

Trajectory: 75% (Q4 25/26)

National target: 75%

		65y and older		
		Immunised	Denominator	Uptake (%)
Aneurin Bevan UHB	Blaenau Gw..	10,768	15,251	70.6%
	Caerphilly	28,590	39,346	72.7%
	Monmouths..	21,909	28,117	77.9%
	Newport	20,956	29,290	71.5%
	Torfaen	15,592	21,252	73.4%
	AB Total	97,815	133,256	73.4%
Wales	Wales	528,337	732,611	72.1%

Insight & Actions:

- Influenza vaccination: ABUHB performance for residents aged 65 years and older 73.4% as of 4th November, higher than the all-Wales figure of 72.1%. The campaign remains ongoing and a key focus for future campaigns will be to close the gap between the highest and lowest performing localities with regards to uptake.



Embedding Prevention and Population Health in all that we do

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

Performance: 85.3% (Q2 25/26)

Trajectory: 89.0% (Q2 25/26)

National target: 95.0%

Ministerial Delivery



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

Performance: 67.9% (Q2 25/26)

Trajectory: 80.0% (Q2 25/26)

National target: 90.0%

Ministerial Delivery



Insight and Actions

- Childhood vaccinations: Q2 performance increased slightly to 85.3%, below the Q2 trajectory of 89%.
- HPV: Q2 performance increased by 1.5% to 67.9%, however this remains significantly below trajectory of 80%.
- Work continues to progress the Vaccine Equity Strategic Framework and a Task and Finish Group will meet in February 2026 to develop an action plan. This year's Director Of Public Health Annual Report, The Big Gwent Vaccination Conversation, will be instrumental in designing future equity work and has key recommendations to achieve equitable increases in vaccinations to reduce health inequalities across Gwent. The development of a childhood immunisation dashboard remains a priority for the SIG Data subgroup; however, challenges around timely data access, system limitations, and accuracy still need to be overcome. Additional work is underway to develop/procure digital consent systems for all school-aged vaccinations. Feedback from vaccinators, parents, teachers and focus groups undertaken to inform the Big Gwent Vaccination Conversation, have shown that removing barriers to vaccination will help to increase intention to be vaccinated. For the 11 schools identified as areas of concern with regards to HPV uptake, identified schools had targeted interventions and catch up was provided in school session or community clinic with 391 catch up HPV doses being delivered to pupils from these schools.



Embedding Prevention and Population Health in all that we do

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

Performance: 4.5% (Q2 25/26)

Trajectory: 5.0% (Q2 25/26)

National target: 5.0%

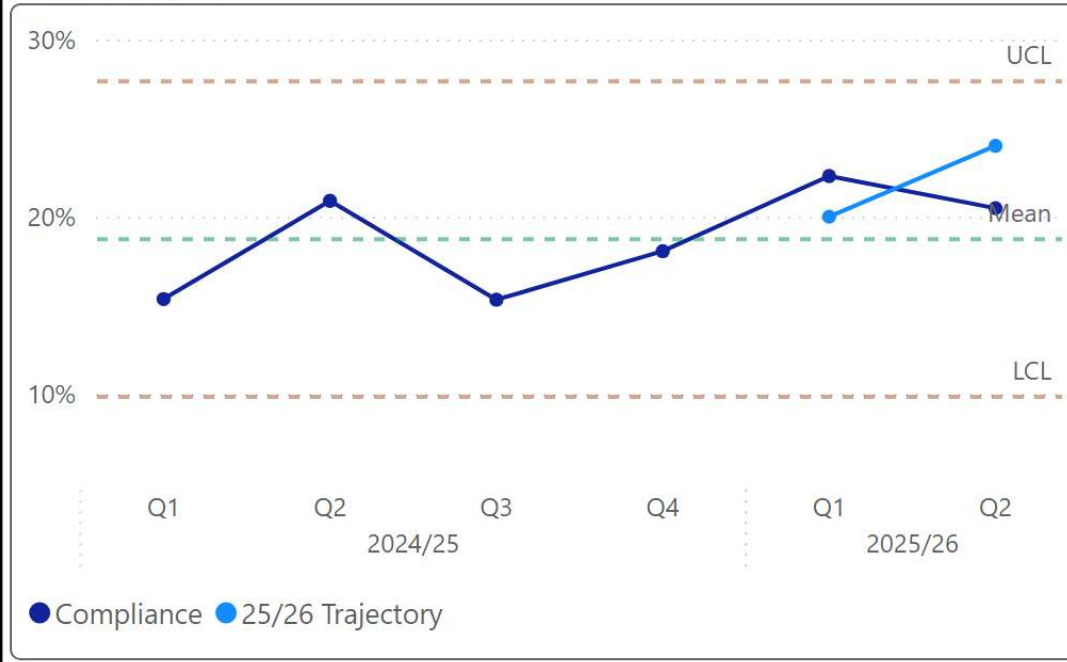


Measure: Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

Performance: 20.5% (Q2 25/26)

Trajectory: 24.0% (Q2 25/26)

National target: 40.0%



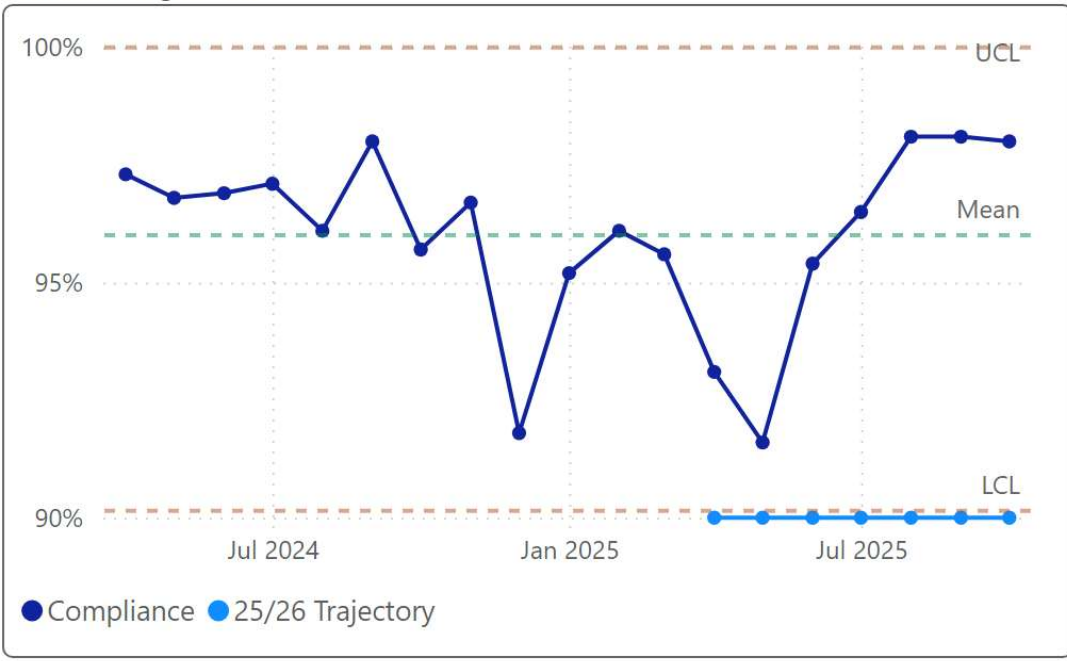
Insight and Actions

- Smoking cessation performance across the two measures are based on annualised targets, however, are presented here quarterly to give assurance on progress. In the first half of the year there have been 1,274 quit attempts, putting current performance at 4.36%. Of these attempts, 272 have been CO validated as quite at 4 weeks, putting current performance at 21.35%.
- As part of the public health commitment to delivering place-based care, behaviour change practitioners responsible for the Health Board's smoking cessation service have been aligned to localities and will form a core component of integrated neighbourhood teams. A comprehensive improvement programme is underway, placing greater emphasis on supporting individuals to achieve carbon monoxide-validated quits at four weeks rather than relying on self-reported outcomes. This is being achieved by increasing community-based clinic capacity and ensuring that team members are given the opportunity to become embedded within their respective places and place-based teams. Work is also ongoing to ensure proportionate capacity is given to vulnerable populations at higher risk of tobacco related harm, e.g., those with mental health conditions, people with chronic conditions, pregnant women, and people at socio-economic disadvantage.

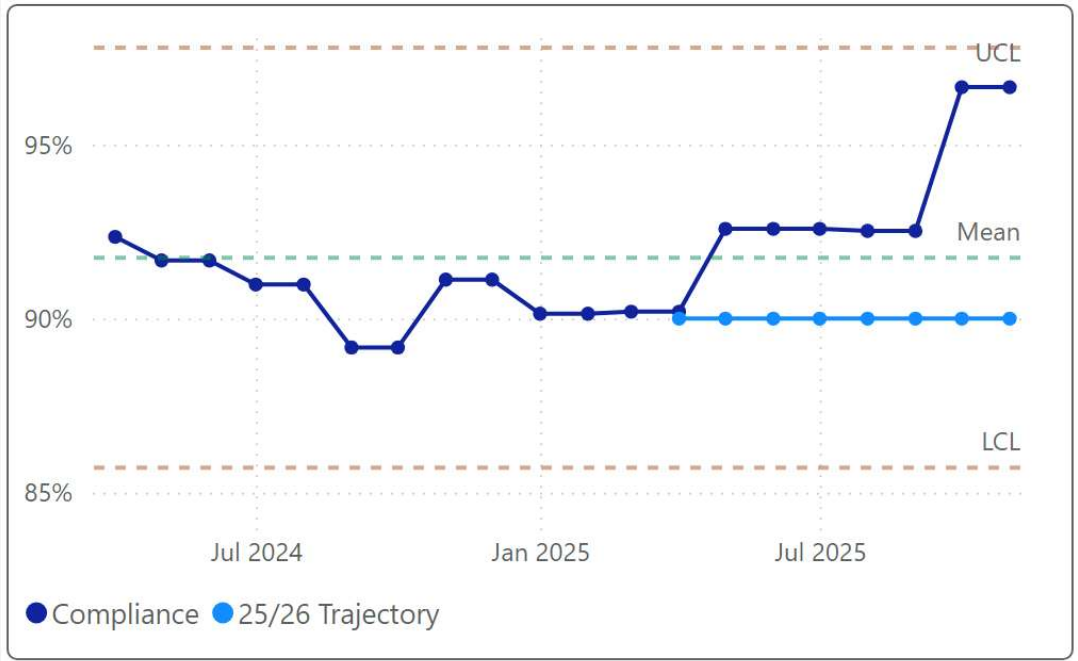


Embedding **Prevention** and Population Health in all that we do

Measure: Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks
 Performance: 98.0% (October 2025)
 Trajectory: 90.0% (October 2025)
 National target: 90.0%



Measure: Maintain physical examination at 6 weeks rates (Healthy Child Wales)
 Performance: 96.7% (November 2025)
 Trajectory: 90.0% (November 2025)
 National target: None



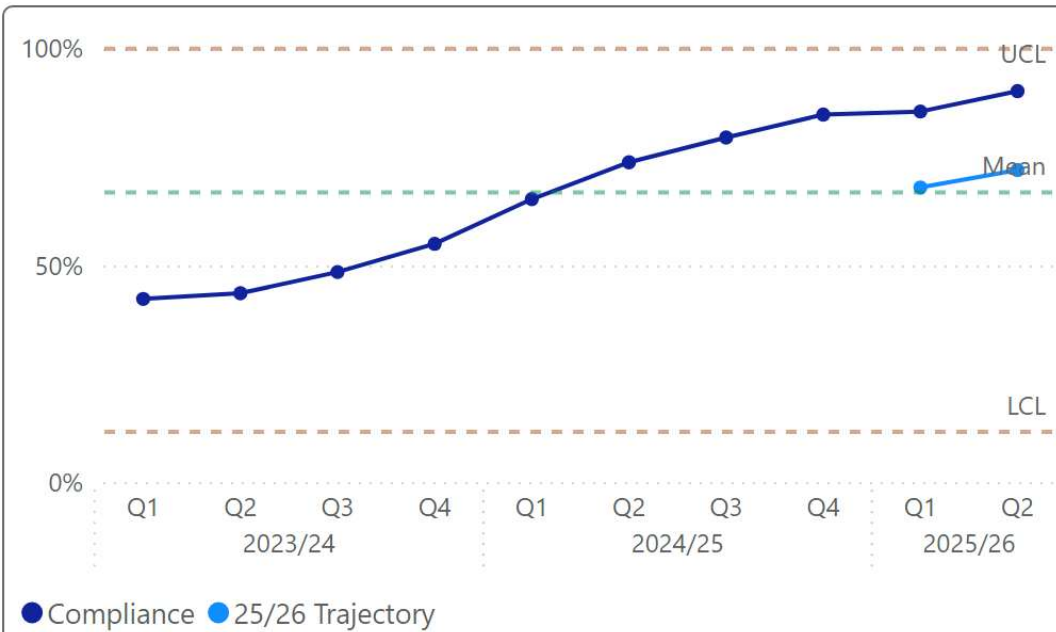
Insight and Actions

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

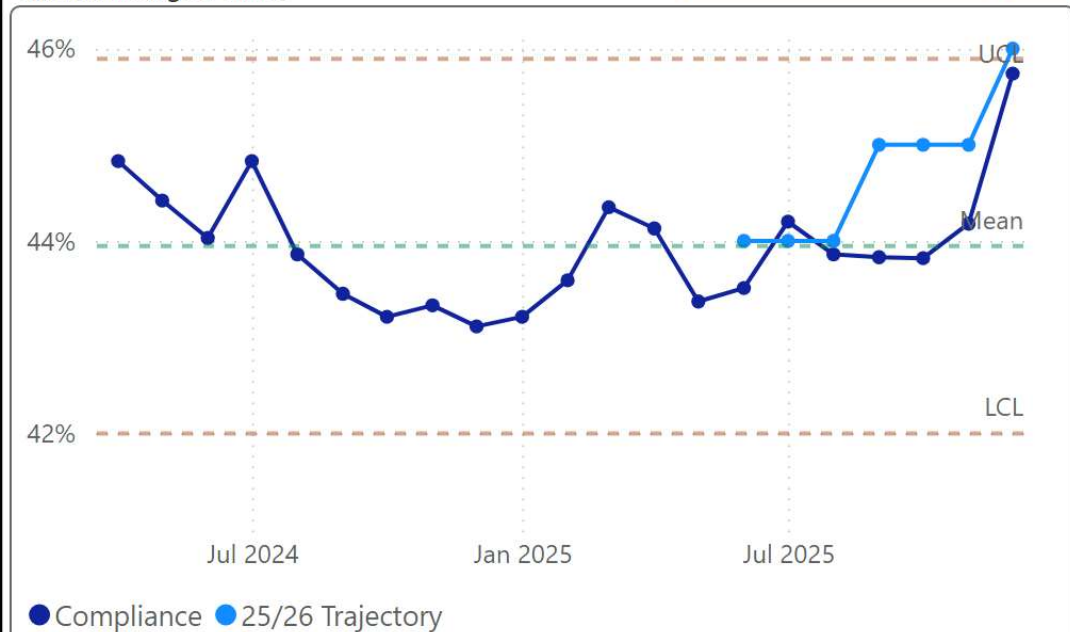


Embedding **Prevention** and Population Health in all that we do

Measure: Increase weight and measurement at 8 weeks rates (Healthy Child Wales)
 Performance: 90.2% (Q2 25/26)
 Trajectory: 72.0% (Q2 25/26)
 National target: None



Measure: Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
 Performance: 45.7% (December 2025)
 Trajectory: 46.0% (December 2025)
 National target: None



Insight and Actions

- Weight and measurement at 8 weeks: Q2 performance increased to 90.2%, further consolidating consecutive quarterly improvement since 23/24.
- 8 Diabetes processes: December performance improved to 45.7%, the highest value recorded and now only marginally behind Q3 trajectory of 46%. As part of the High Value Impact Pathway work led the Public Health Team, digital and physical engagement materials have been distributed to all GP practices in Gwent with the aim of raising awareness and improving UACR testing as part of the 8 care processes. There has been an increase in compliance of 10% across 9 of the 10 pilot practices. In addition, since the last period, the distribution has been extended to 127 Pharmacies, Wetherspoons pubs, local bus companies, and hospital sites. The materials have been presented and shared with over 300 Primary Care clinical and non-clinical staff members via Protected Learning Time sessions (PLT) to encourage use and adoption of good practice and use of the materials. A process map review of the 10 pilot practices has been completed, assessing high and low value activities based on how they contribute to the compliance and to identify innovative and good practice for sharing.



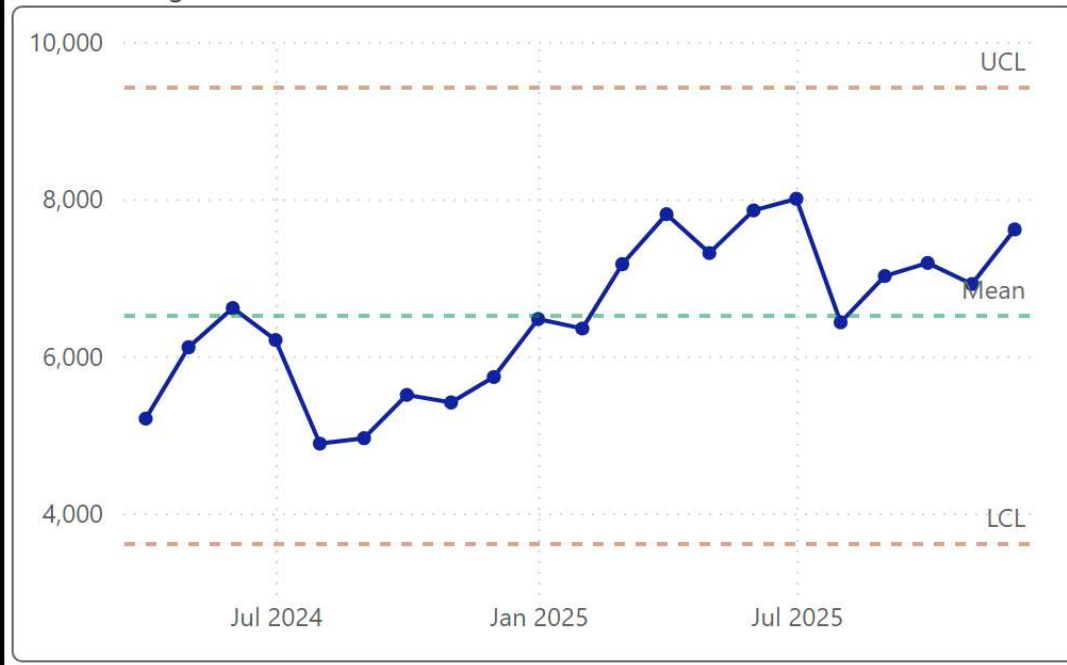
Progressing place based models of care and sustainability in primary and community services

Measure: Increase in people accessing PIPs where they would have visited their GP
 Performance: 27,296 (December 2025)
 Trajectory: 17,131 (December 2025)
 National target: None

Ministerial Delivery



Measure: Maintain the number of consultations undertaken by community pharmacy under CAS
 Performance: 66,149 (December 2025)
 Trajectory: 61,604 (December 2025)
 National target: None



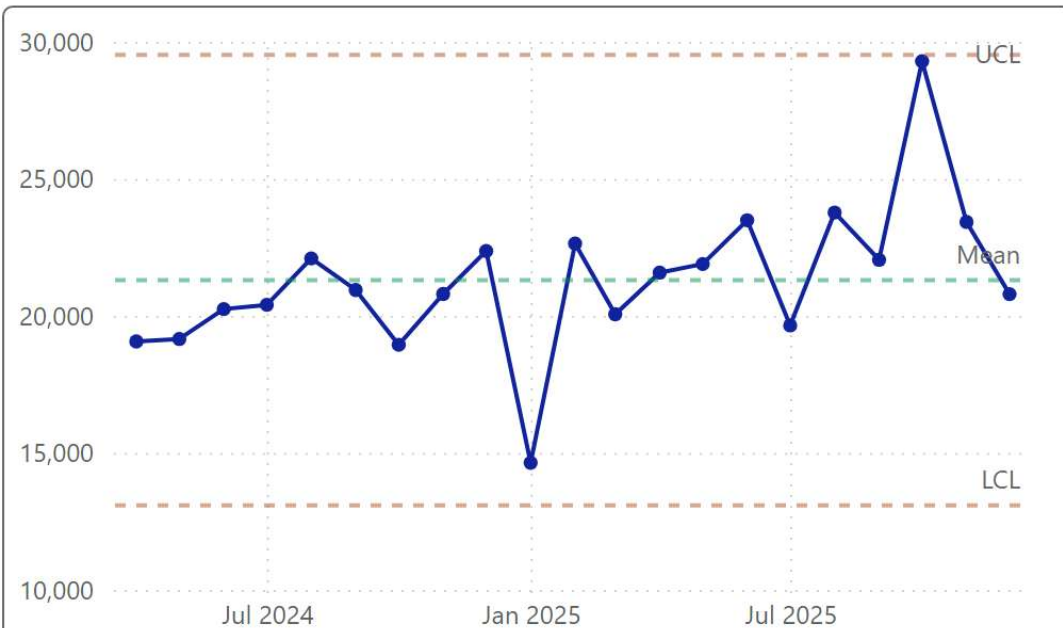
Insight and Actions

- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations continue to deliver significantly ahead of trajectory, having delivered 113% of annualised target as of Q3. The number of Community Pharmacies providing the PIPs service has increased to 63 (from 49 in April).
- Common Ailment Scheme (CAS): CAS claims remain on track against trajectory as of December despite a slightly lower number of claims Aug to Nov.
- More broadly on these measures, PIPS and CAS contacts continue to increase following an extension to the clinical conditions feasibly managed by the service and a successful public awareness campaign. It is anticipated that activity will continue to grow but at a lower rate in the coming years as we approach the ceiling for CAS in particular.

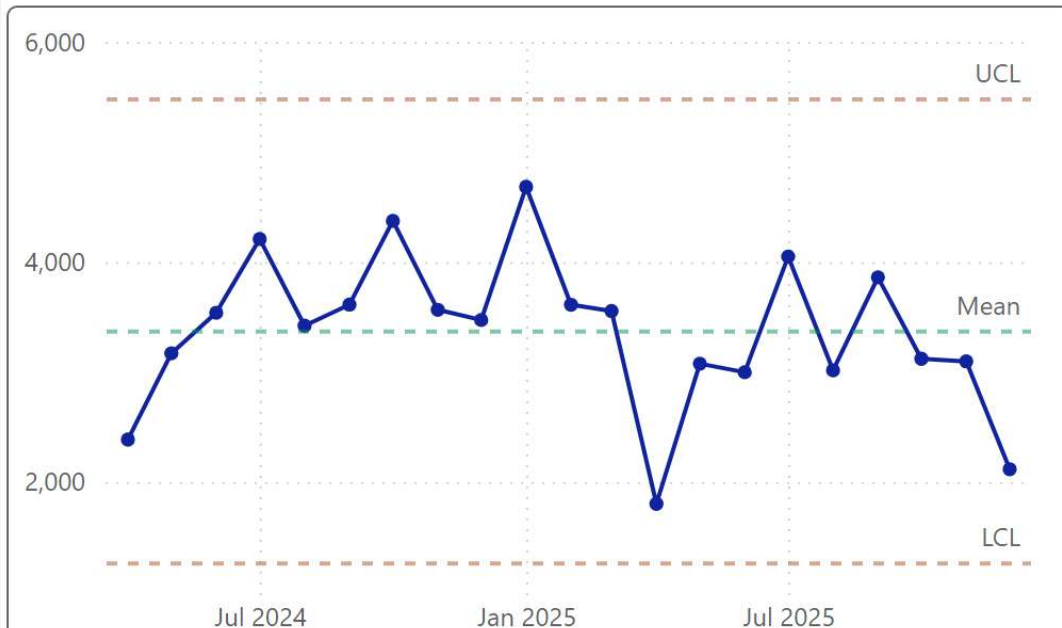


Progressing place based models of care and sustainability in primary and community services

Measure: Maintain the number of patients accessing NHS Optometry Services
 Performance: 205,940 (December 2025)
 Trajectory: 184,023 (December 2025)
 National target: None



Measure: Number of patients accessing urgent emergency services - Dental
 Performance: 27,130 (December 2025)
 Trajectory: 31,743 (December 2025)
 National target: None



Insight and Actions

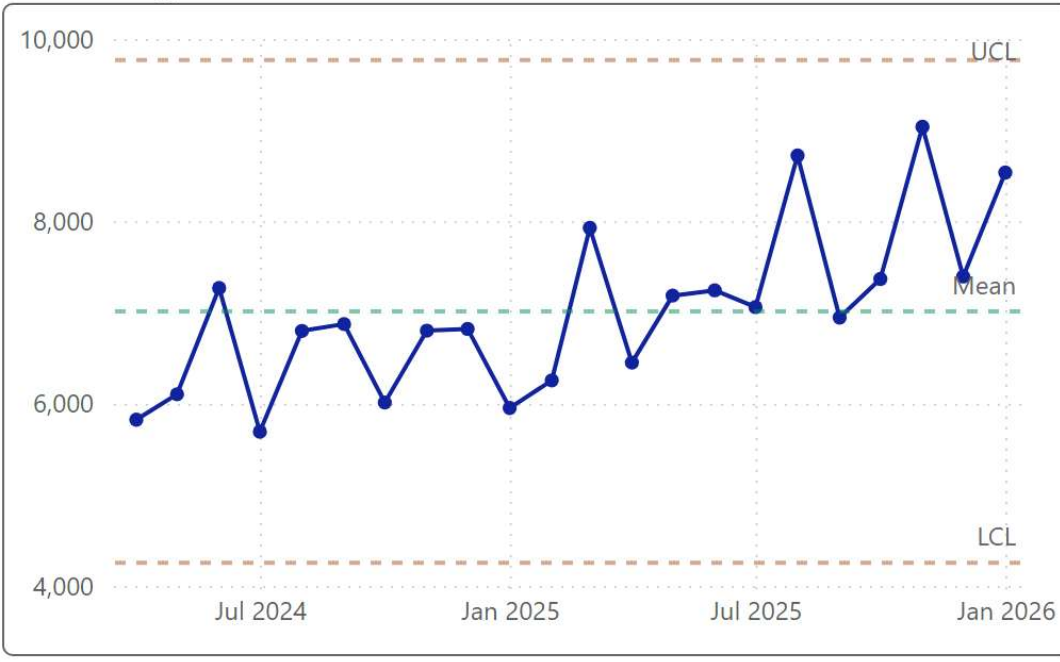
- Optometry Services: Implementation of the new WGOS pathways has seen an increase in patients accessing optometry services in the community, with the Q3 trajectory having been exceeded in November. This is largely driven by patients utilising new WGOS 4 and WGOS 5 pathways which target patients presenting with higher clinical risk who would otherwise require hospital care and making best use of new independent prescribing models available to providers of the service. Work is required with Ophthalmology Services now to understand what impact this might be having on their referral rates and waiting lists.
- Emergency Dental: Emergency dental contacts have recovered through the year to date to a degree, although low claiming months in April and December mean that only 85.5% of the IMTP trajectory has been delivered. Emergency Dental Services has seen a reduction in activity in recent years, and capacity has been reduced accordingly due to a lack of utilisation. This trend has continued in 2025/26 but the Health Board await confirmation of contract arrangements for 2026/27 which have the potential to alter the approach to managing emergency dental care within a general dental setting.



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

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

Ministerial Delivery



Measure: Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25
 Performance: 4,913 (December 2025)
 Trajectory: 3,899 (December 2025)
 National target: None

Ministerial Delivery



Insight and Actions

- Community Nursing: Current performance remains significantly behind the expected trajectory. Ministerial expectations are that weekend activity reaches 80% of an average weekday level. Although weekend activity as a proportion of total activity is increasing and overall contacts are trending upwards as shown in the graph, achieving the ministerial measure from a volume perspective would demand a significant shift in service delivery towards weekends.
- Enhanced Community Care (ECC): Accepted ECC referrals continue to trend upwards, with Q3 delivery exceeding the IMTP trajectory (4,931 actual compared to 3,899 planned). The ABUHB services included within the national definition comprise Rapid Response across the five boroughs, the Ready to Go Ward at RGH, and Emergency Care at Home in Caerphilly.

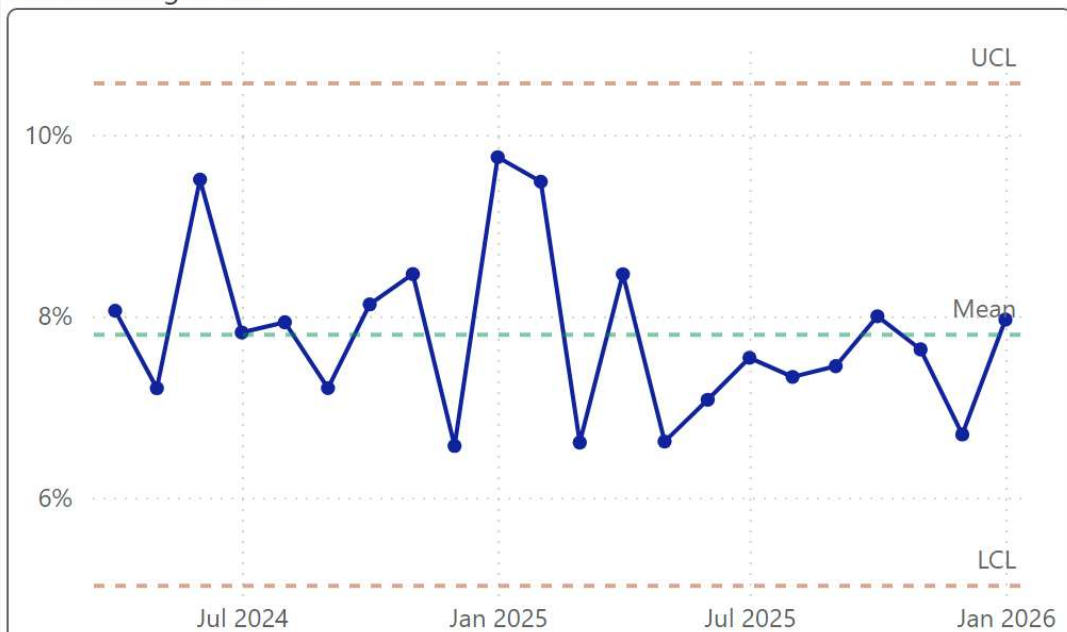


Progressing place based models of care and sustainability in primary and community services

Measure: Maintain 95% of Palliative Care referrals assessed within 2 days
 Performance: 91.4% (November 2025)
 Trajectory: 95.0% (November 2025)
 National target: 95.0%



Measure: Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s
 Performance: 8.0% (January 2026)
 Trajectory: 8.5% (January 2026)
 National target: None



Insight and Actions

- Palliative Care: Following the implementation of the national system to complete Specialist Palliative Care forms in Welsh Clinical Portal (WCP), there was an issue with the reporting capabilities. This has now been resolved, and past data has been validated. Performance has decreased through 25/26 and is marginally below trajectory. This is a result of a significant increase in demand, as well as having to manage periodic constraints on capacity due to workforce issues.
- GP referrals to Rapid Response: Performance over the past 18 months has fluctuated but the overall proportion has remained relatively stable, with a median value of 8%. December performance decreased which is an observable, seasonal trend. There has been a noticeable increase in referrals to Rapid Response services from both front-door and back-door hospital pathways, while GP referrals have remained static. The Navigation Hub/Single Point of Access winter pilot commenced at the end of October, with the aim improving accessibility for GPs, making it easier to refer patients directly to Rapid Response services.



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

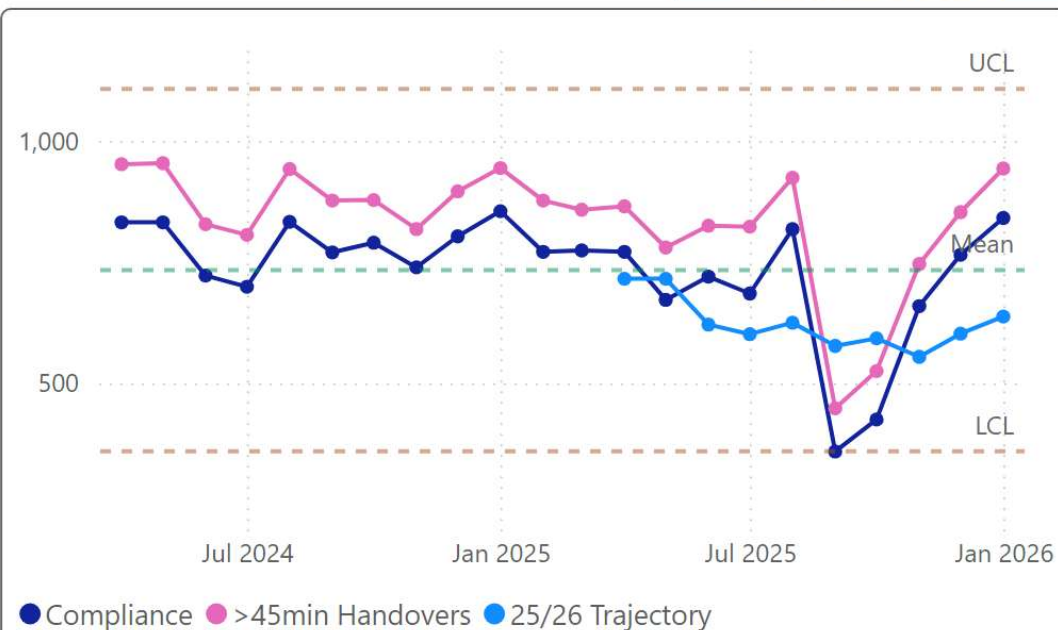
Measure: Reduce the number of ambulance patient handovers over 1 hour

Performance: 841 (January 2026)

Trajectory: 638 (January 2026)

National target: 0

Ministerial Delivery



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

Performance: 2,653 (January 2026)

Trajectory: 2,750 (January 2026)

National target: None



Insight and Actions

- Ambulance handovers and lost hours: Ambulance handovers at GUH ED and the associated lost hours reverted to performance levels similar to those observed in the first part of 25/26, however they are still improved when compared to 12 months previous (and lost hours are still below IMTP trajectory). Winter pressures were observable from November, with reported increases in acuity from clinical teams. Critical Care experienced occupancy levels in excess of 90% when measured weekly, with 55%-60% of patients requiring ventilation (level 3) over this period (compared to 40%-50% 12 months previous). Winter has also brought significant Infection Prevention and Control issues. These factors meant that managing flow through the hospital system was highly challenged, which resulted in difficulties in maintaining the front door performance that was delivered in September and October. A refocus on 'Our Next Patient' (ONP) is underway and working towards an All-Wales immediate release process with regional escalation pathways to aim for ambulances to be handover within 45 minutes, prioritising patient safety and system flow.

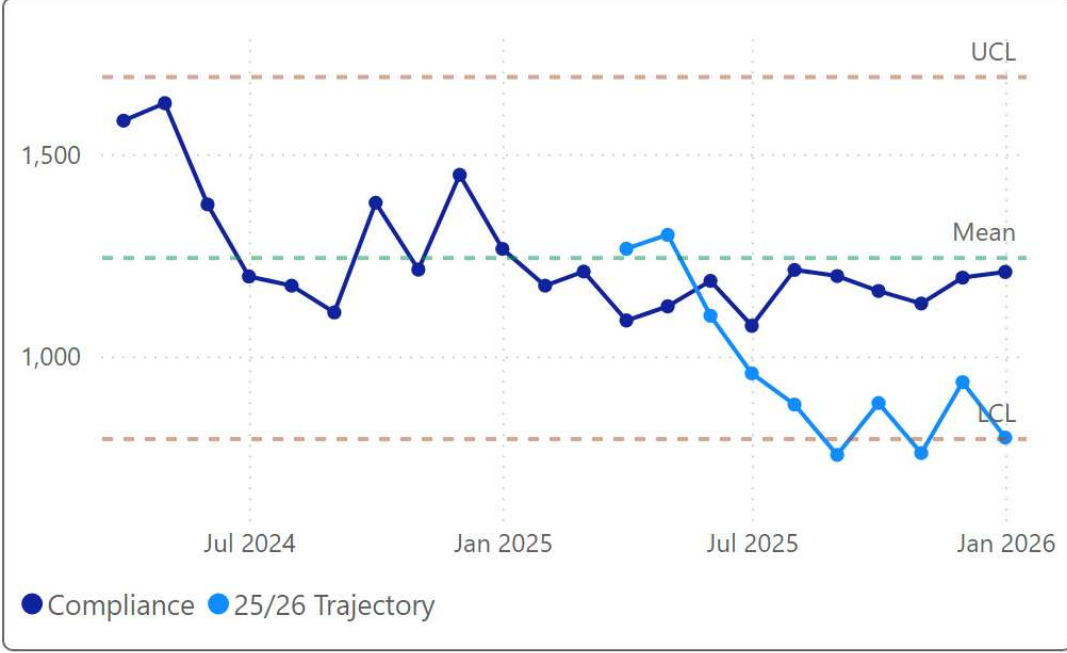


Our Performance & System Change Delivery

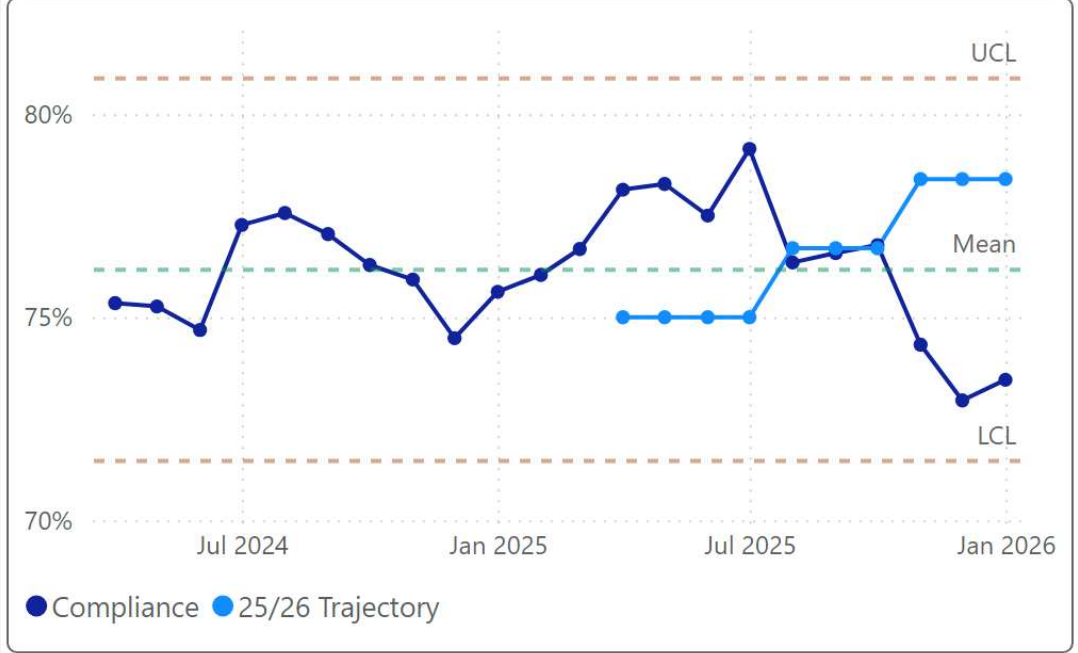
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero
 Performance: 1,209 (January 2026)
 Trajectory: 800 (January 2026)
 National target: 0

Ministerial Delivery



Measure: Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU
 Performance: 73.5% (January 2026)
 Trajectory: 78.4% (January 2026)
 National target: 95.0%



Insight and Actions

- 12hr ED/MIU and 4hr compliance: Despite the pressures on the front door through winter, 12hr ED/MIU breaches have remained within a relatively tight range over the past 6 months and again are at lower levels than 12 months previous. When looking at 12hr compliance, whilst performance has decreased from the post GUH opening high of 93.8% in July, December and January performance of 91.8% and 91.9% respectively still consolidates and improvement trend observed since 23/24, are each higher than 12 months previous (+1.7% and +0.8%). 4hr compliance has deteriorated in the past three months as a result of the flow issues already highlighted.
- The ED Extension opened on the 17th December, with the Ops Team and Medical Emergency Teams are now located in the new area. The Team developed and implemented an interim clinical model to support the opening of the ED extension. This included a Senior Rapid Assessment (SRA) pathway to maintain patient flow. Senior clinicians have reported improved working environment and patient care experience since opening, and there has been public feedback on a more comfortable environment and reduced waiting times.



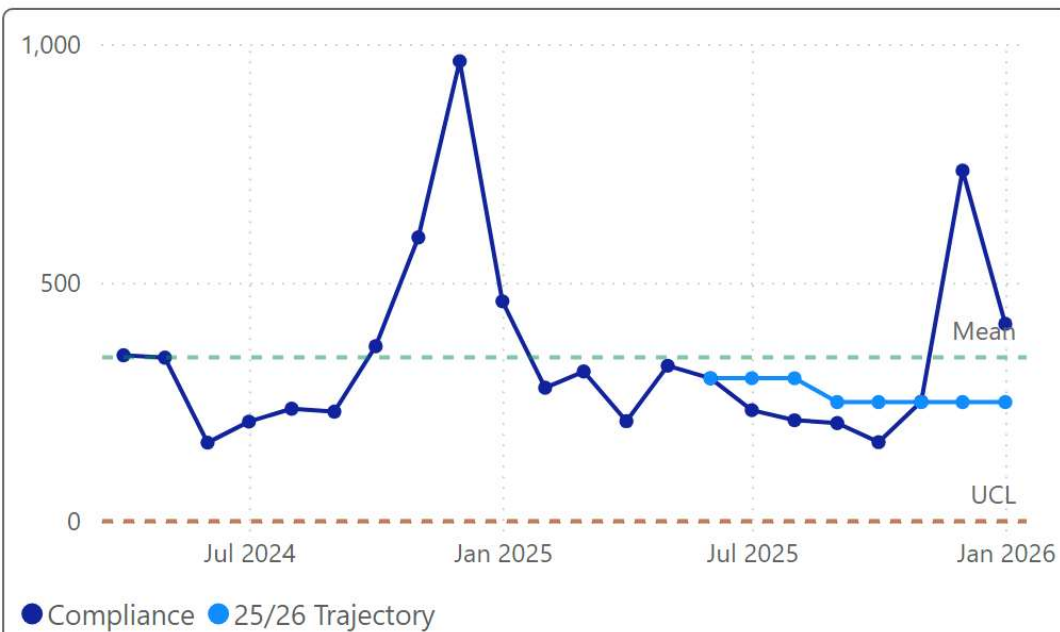
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

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

Performance: 414 (January 2026)

Trajectory: 250 (January 2026)

National target: None



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

Performance: 135 (January 2026)

Trajectory: 80 (January 2026)

National target: 60

Organisational Escalation



Insight and Actions

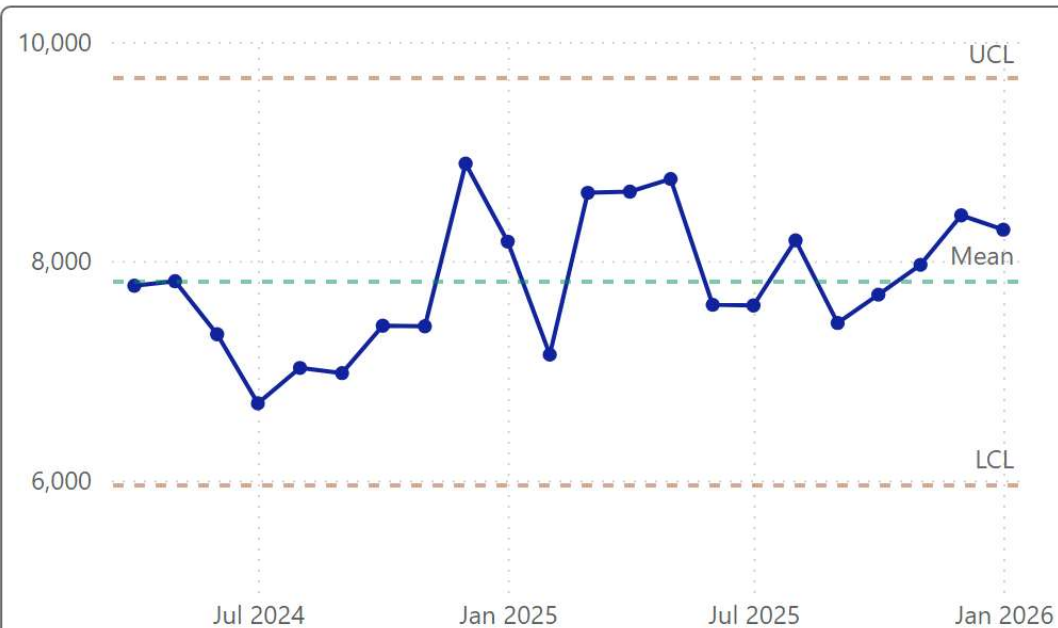
- Triage: Triage performance had been tracking below trajectory through the year to date, however there was a significant spike in December. This is observable in the data in 2024 and 2022. 60-minute triage breaches since 24/25 are circa one third of the volume they were in the first two and half years of GUH. Breaches were still elevated in January although reduced from the Dec peak.

- Wait to be seen (WTBS): Clinician median wait remains broadly static through the course of 25/26 to date. There have been some better performing days since the launch of Our Next Patient, with median, daily performance regularly under 90 min. This however is balanced with more challenging days, as well as overnight performance which can often deteriorate. The Division are reviewing consultant rosters and deploying additional clinical staff during peak times to accelerate triage and initial assessments, as well as introducing fast-track pathways and utilising predictive data for demand surges to streamline patient flow and reduce bottlenecks.



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

Measure: Maintain the number of Urgent Primary Care contacts (inc. virtual)
 Performance: 80,564 (January 2026)
 Trajectory: 95,147 (Q4 25/26)
 National target: None



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



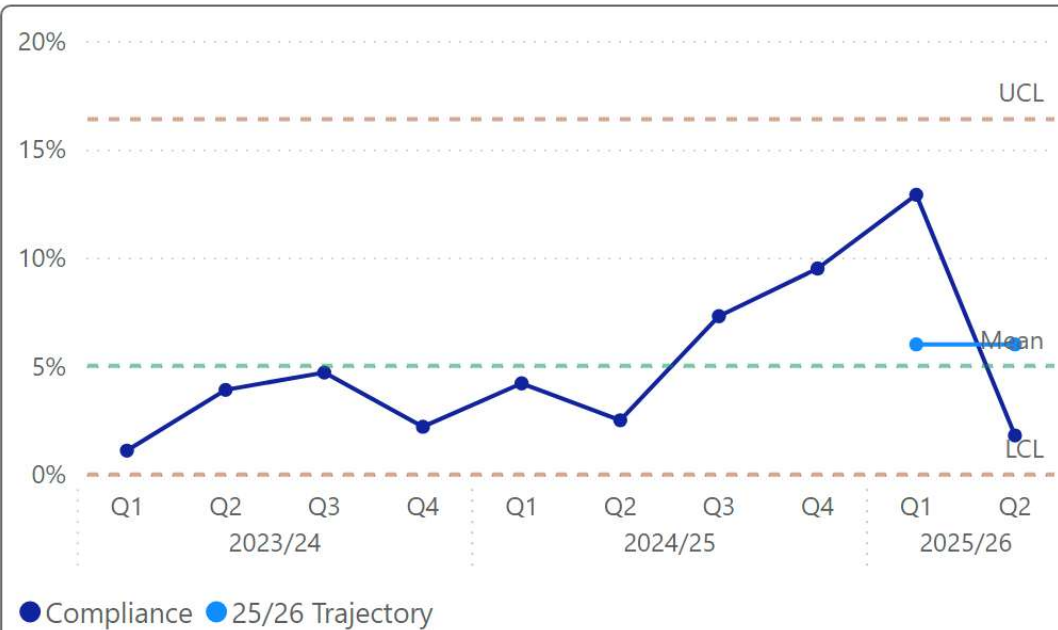
Insight and Actions

- Urgent Primary Care (UPC): UPC contacts exceeded the Q3 trajectory, with 30% of the annual forecast delivery set to be delivered in the final quarter of the year as the service support demand through the peak winter period. Annual trajectory remains on track to be met as of January.
- Stroke 4hr target: Q2 25/26 SSNAP data released showing further decrease in performance in direct admission to acute stroke ward within four hours, at 1.2% in Q2. The Division have investigated and there has been a data processing error which has depressed true performance. That said, analysis from October and November data (unvalidated) however suggests a significantly improving picture, with performance more in line with the IMTP trajectory of around 20%. It remains true that if a patient goes to the Acute Medical Unit at GUH before going onto the Stroke Ward within four hours, the SSNAP data does not count this as meeting this performance target due to not being a direct admission; this operational distinction will continue to play some part in limiting improved performance.

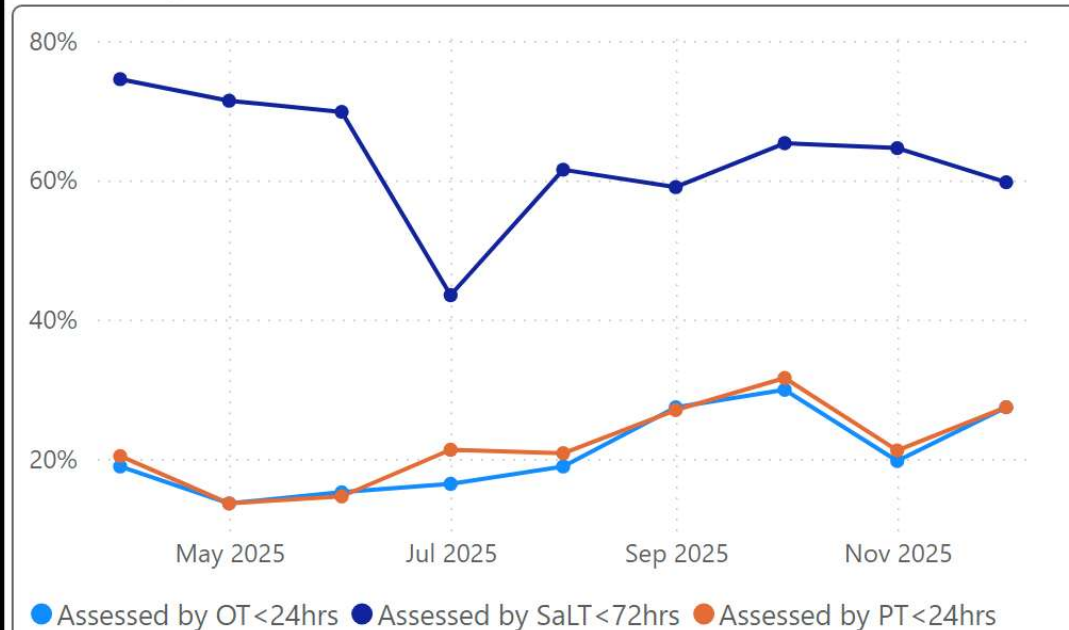


Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

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



Measure: % Assessed by OT <24hrs, PT <24hrs, SaLT <72hrs
 Performance: 27.4% OT <24hrs, 27.4% PT <24hrs, 59.7% SaLT <72hrs (December 2025)
 Trajectory:
 National target: None



Insight and Actions

- Stroke thrombectomy: The position is taken from the latest SSNAP data, thrombectomy rates decreased in Q1 to 1.8% and well below the Q2 trajectory of (6%). It is essential to reduce delays in the prehospital pathway to ensure patients arrive within the treatable window for thrombectomy.
- Stroke therapies: The IMTP measure is assessment by one of OT, PT and SaLT within 24hrs, however the national measure is split out into 3, with assessment by OT and PT within 24hrs and assessment by SaLT within 72hrs. To align with this way of reporting, all three measures are now presented in the above graph with performance sourced from the new national stroke dashboard. SaLT compliance has recovered somewhat from the low in July, with PT and OT closely aligned and on an overall improvement trend through the course of the year to date.
- More broadly on Stroke, the Health Board is consulting stakeholders on proposals for a centralised stroke rehabilitation unit to ensure safe, sustainable, and high-quality services, with the consultation running from 27 October 2025 to 30 January 2026. Feedback will inform final decisions, update the Equalities Impact Assessment, and guide next steps following a full debrief on 9th February 2026.

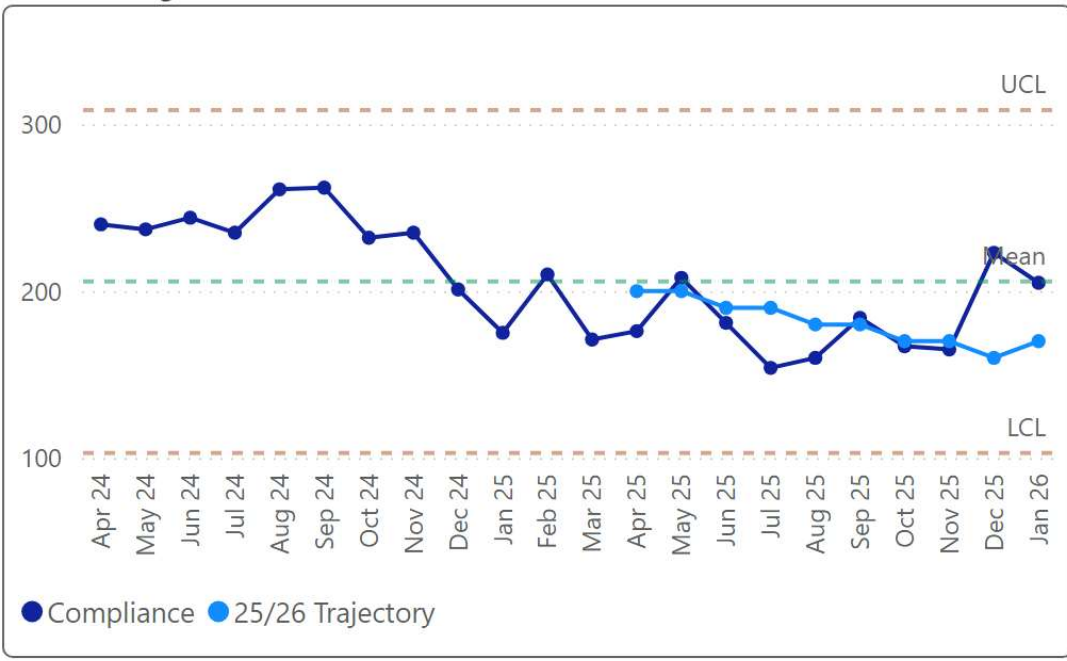


Our Performance & System Change Delivery

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

Measure: Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard
 Performance: 205 (January 2026)
 Trajectory: 170 (January 2026)
 National target: None

Ministerial Delivery



Measure: Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard
 Performance: 6,085 (January 2026)
 Trajectory: 7,184 (January 2026)
 National target: None



Insight and Actions

- Pathway of Care Delays (POCDs): There was a significant increase in POCDs by volume from November to December (+58) to 223, ~11% higher than the position last December and the highest number of POCDs in the last 12 months. The position decreased slightly in Jan to 205, an increase was forecast for this month although the Health Board remains above the planned trajectory. POCDs by days delayed saw a dramatic increase in Jan to 6,085 which is the highest value of 25/26 to date however is still improved when considering the previous January. Significant focus remains on reviewing the longest staying patients, as well as new processes in place across Divisions to improve the accuracy of Estimated Discharge Dates (EDDs) and the recording of reasons that are preventing patients moving to the next step of the discharge planning process.



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

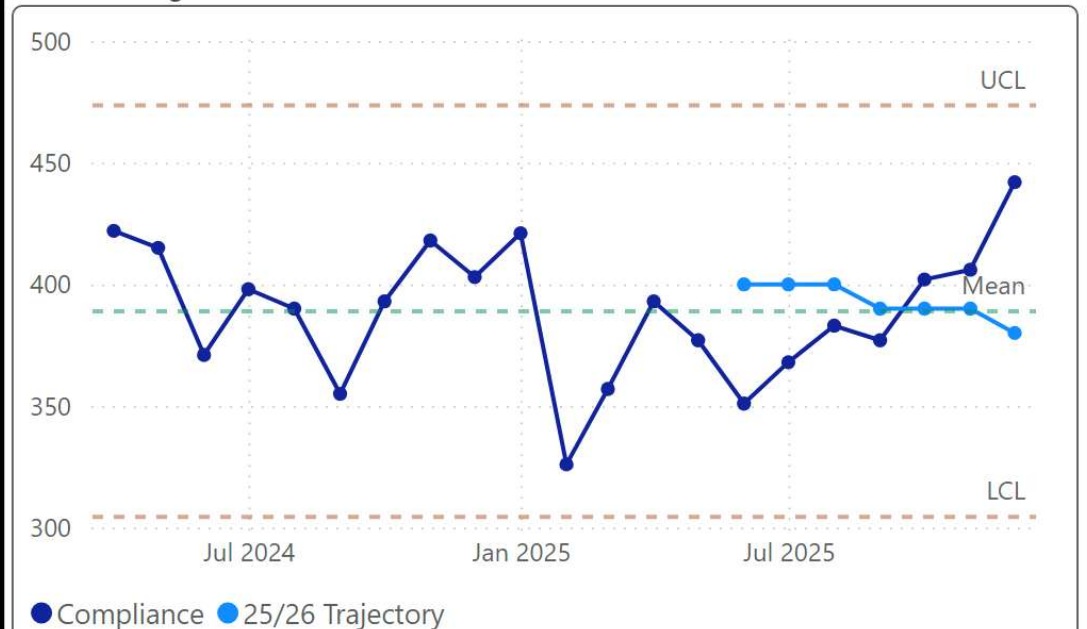
Measure: Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment
 Performance: 19 (January 2026)
 Trajectory: 14 (January 2026)
 National target: None

Organisational Escalation



Measure: Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission
 Performance: 442 (December 2025)
 Trajectory: 380 (December 2025)
 National target: None

Organisational Escalation



Insight and Actions

- POCD subset: The POCD subset measure, which is a condition of UEC enhanced monitoring status, is above trajectory having seen a significant increase in September. POCDs have remained higher in the following months, however the December & January census saw delays related to awaiting completion of nursing assessment have the biggest reduction of all reason codes (17 to 5) with performance now only marginally above the Q3 trajectory.
- 21 day+ Length of Stay: another measure as part of UEC enhanced monitoring status, performance has begun to trend upwards through the summer as would be anticipated, when considering seasonality and increases in acuity. This cohort increased in December to significantly above trajectory. Operational Length of Stay meetings have had a renewed focus through the Our Next Patient initiative as there is organisational recognition of the need to effectively manage this patient cohort to enable whole system flow.



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

Measure: 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion
 Performance: 63.0% (December 2025)
 Trajectory: 69.0% (December 2025)
 National target: 80.0%

Ministerial Delivery



Measure: Reduction in backlog of patients waiting over 62 days (SCP)
 Performance: 368 (December 2025)
 Trajectory: 220 (December 2025)
 National target: None



Insight and Actions

- SCP compliance: December saw performance improve again, reaching to 63% following the decrease that first occurred in August. Recovery planning meetings have been established, chaired by the Cancer SRO and support by Cancer Services. Fortnightly meetings are in place in Gynae-oncology to support the service, with a focus on reducing the backlog of patients. Workforce issues are being addressed by filling vacancies. Improved USC referral triage process is being implemented to ensure prioritisation within 48hrs, and a new process has been agreed between the service and Pre Assessment Clinic to ensure patients do not experience delays with their treatment dates. For the skin tumour site, following the high demand experienced over the summer there is confidence that compliance will recover to meet trajectory, and improvement is being support through the mandating of photos with USC referrals. Lower GI and Urology are also receiving specific support with an MDT lead clinician, to drive improved compliance.

- 62 day backlog: The target for the 62 day backlog is to be ~10% of the SCP Census, which has increased through 25/26 reaching a high of ~3,900 in July. This reduced to 3,200 as of December, and thus a backlog of 349 represents 10.9% of the PTL. As mentioned above, the focus remains on reducing this within specific tumour sites.



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

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

Performance: 117 (December 2025)

Trajectory: 55 (December 2025)

National target: None



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

Performance: 91.2% (December 2025)

Trajectory: 75.0% (December 2025)

National target: None



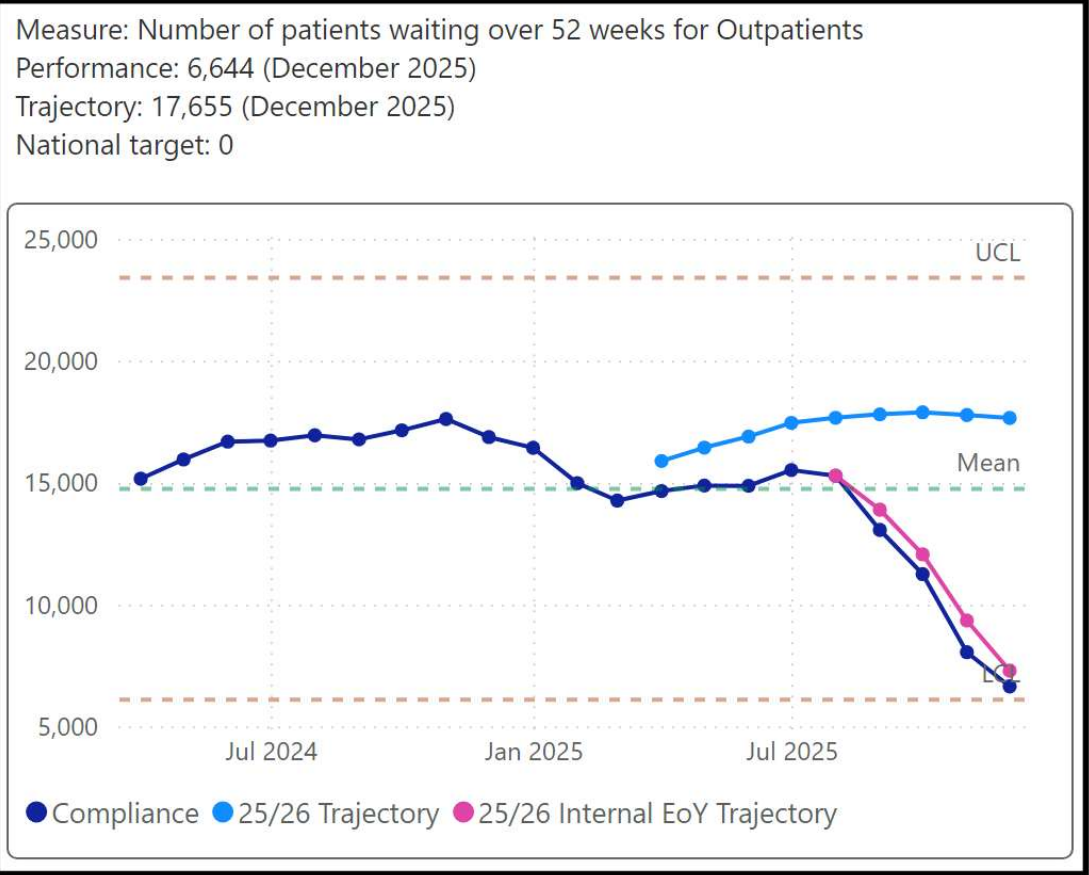
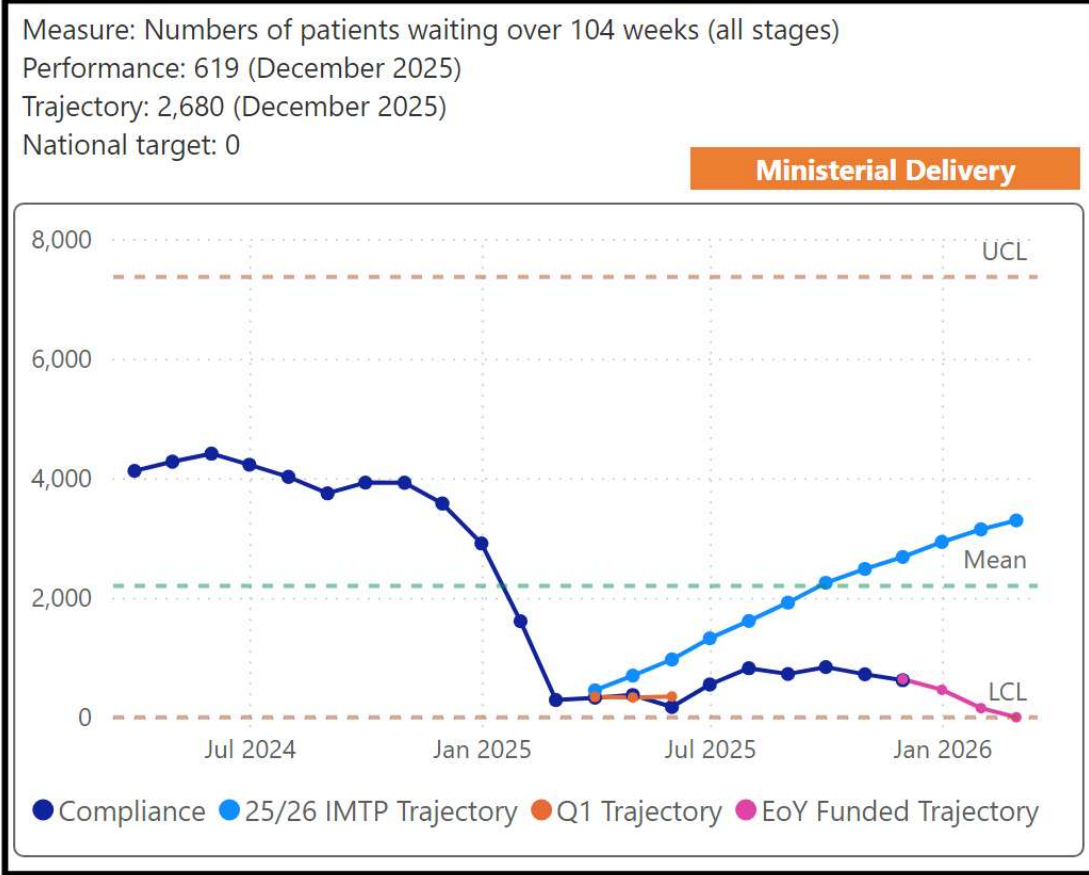
Insight and Actions

- 104 day backlog: The 104 day backlog has been largely stable over the past 5 months, even in the context of an SCP census that has subject to significant fluctuation. Again the actions through the remainder of Q3 and Q4 will be reducing this backlog.

- 28 day decision to treat (DTT): The percentage of patients starting treatment within 28 days of diagnosis has been relatively consistent through 25/26 to date, all within a range of 4.5% (88.3% - 92.8%) and well ahead of trajectory.



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



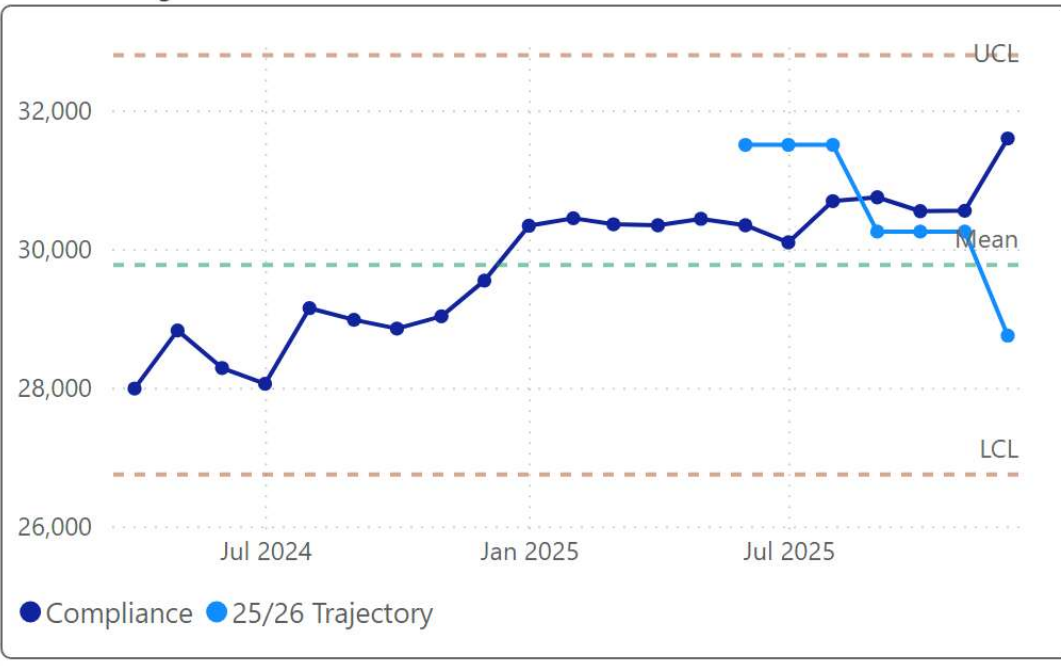
Insight and Actions

- 104 weeks RTT: Following the receipt of funding for Q3&Q4, the year-end trajectory for all specialties is targeting zero patients at 104 weeks. Trajectory is now in place to run through to the end of the year, with January provisional RTT data indicating delivery is on track.
- 52 week new Outpatient: The 26 week OP programme is now beginning to significantly impact on the 52 week breach profile, as evidenced by the sustained reduction from the August position. December position is likely to be ~3,800. Extrapolating out the 26 week programme activity, an internal, end of year trajectory has been calculated which gives a year end position of 897; this is attributable to the forecast year end 52wk breach position for Regional Ophthalmology. The 26wk insourcing programme remains on track, with activity of 25,394 against a plan of 25,86 as of the first weekend in Feb (positive of variance +88).



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

Measure: Reduction in the number of patients waiting 100% past Outpatient follow-up target date
 Performance: 31,592 (December 2025)
 Trajectory: 28,750 (December 2025)
 National target: None



Measure: Increase in the rate of See On Symptom and Patient Initiated Follow-ups
 Performance: 12.9% (December 2025)
 Trajectory: 13.0% (December 2025)
 National target: None



Insight and Actions

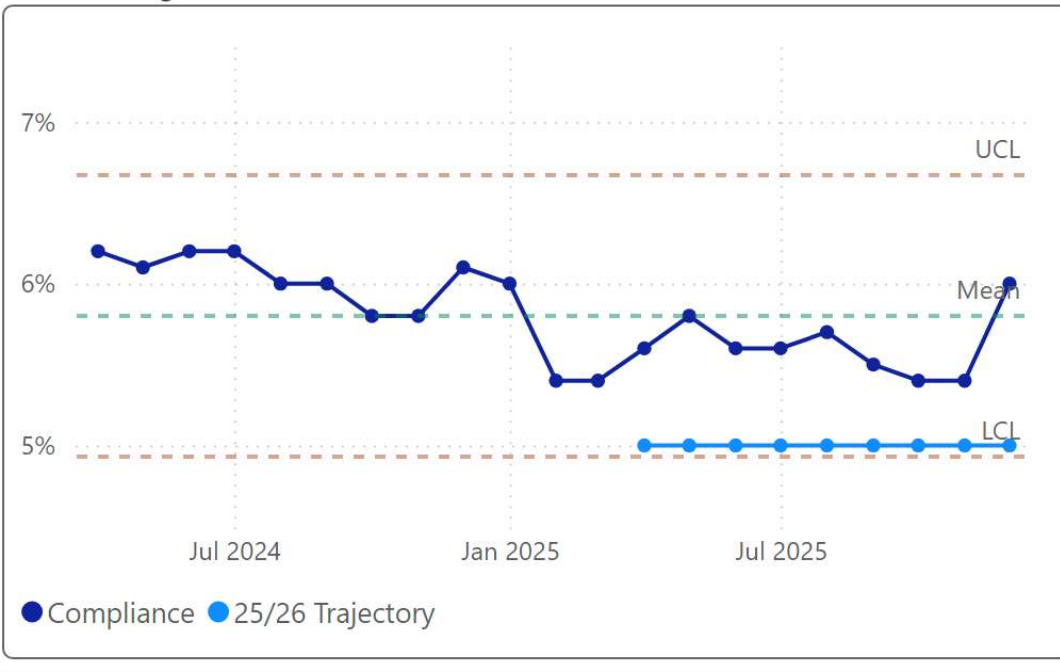
- 100% past Follow Up Target Date: Follow-Up Waiting Lists (FUWL) have seen significant growth since 2020/21; however, the position had largely stabilised through 2025 although there was a further increase in December and negative deviation from the Q3 IMTP trajectory. There is ongoing monitoring by the Outpatient Transformation Programme team of the longest waiting patients on the follow up list, linking with Directorate teams for patients to be booked/clerically validated/clinically validated. An assessment is being undertaken with divisions in January and February to confirm opportunity and approach in specialties with biggest numbers of delayed follow ups (Ophthalmology, Orthopaedics, Gastro, Cardiology) with the aim of applying SOS/PIFU pathways retrospectively by March 26 in appropriate areas.
- SOS/PIFU: December performance increased to 12.9%, essentially meeting the Q3 IMTP trajectory of 13%. Most Clinical Implementation Network protocols are now in place and BAU. The actions in train described above for the FUWL will drive further pathway outcomes to SOS/PIFU.



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

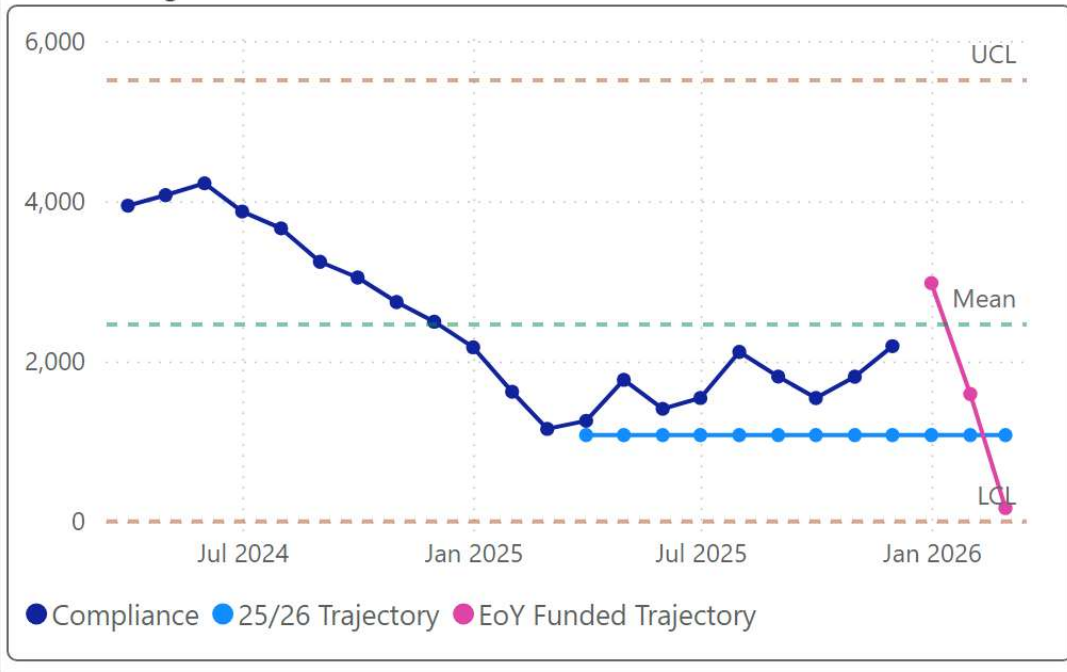
Measure: Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA
 Performance: 6.0% (December 2025)
 Trajectory: 5.0% (December 2025)
 National target: 5.0%

Enabling Action



Measure: Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic
 Performance: 2,188 (December 2025)
 Trajectory: 1,077 (December 2025)
 National target: 0

Ministerial Delivery



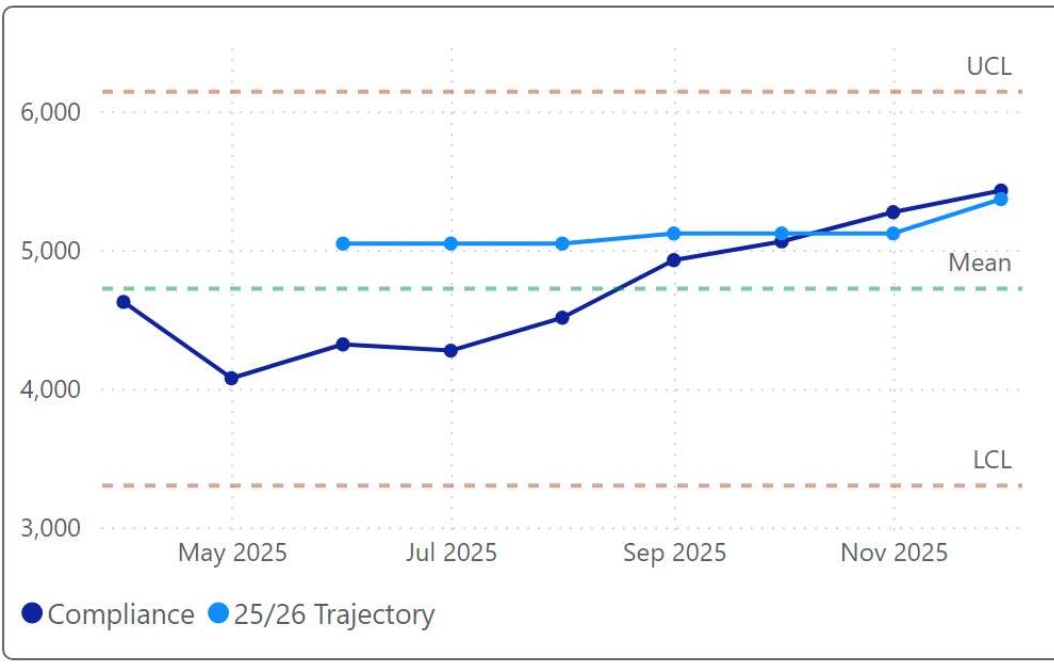
Insight and Actions

- DNA/CNA rates: DNA rates decreased to 5.4% in October and November, the lowest in 25/26 to date and a continuation of the observable, overall reduction trend since the start of 24/25. Rates increased to 6% in December, however this in an observable, seasonal trend. The Outpatient Transformation Programme team continue to support services with improvement, with an ongoing targeted approach with areas with high DNA/short notice CNA rate. Text message reminders are in place for majority of clinics.
- Diagnostics: 8-week diagnostic breaches increased over the summer which was largely due to a lack of capacity to meet demand for non obstetric ultrasound (NOUS). A significant gap in meeting the 8-week target remains for this modality because of reduced capacity, with an estimated shortfall of around 500 cases. Endoscopy has also seen breach volumes increase, with a current demand and capacity gap of ~300 cases. Additional funding has been received to reduce breaches to 166 by the end of the year, and a trajectory developed to track progress against this.

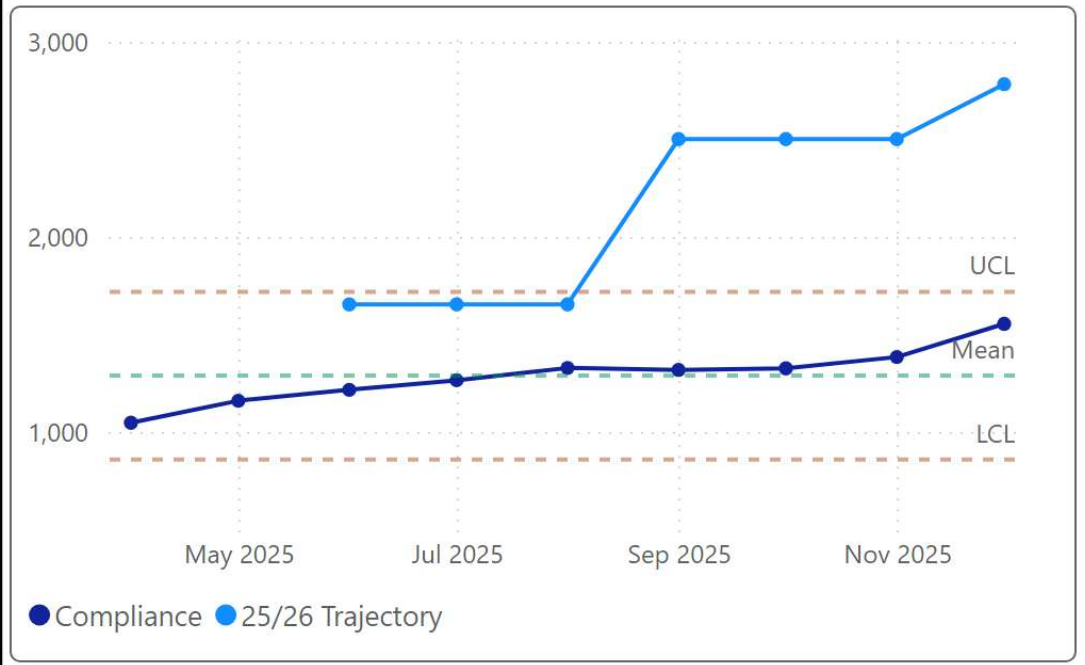


Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Number of adults waiting more than 14 weeks for all audiology pathways
 Performance: 5,428 (December 2025)
 Trajectory: 5,366 (December 2025)
 National target: None



Measure: Number of children waiting more than 6 weeks for all audiology pathways
 Performance: 1,554 (December 2025)
 Trajectory: 2,783 (December 2025)
 National target: None



Insight and Actions

- Audiology: Having been relatively stable through the first four months of 25/26, 14-week breaches for adult audiology pathways have increased since July and are now broadly in line with those forecast at the end of December. Workforce issues have had an impact on capacity since the summer which is a large reason for the increase in breach volumes, however the service does also have an underlying demand and capacity issue within the two largest pathways by volume for this measure. Paediatric pathway breaches continue to rise however the rate has been much more gradual than that forecast in the IMTP and remains well below trajectory. Some additional funding is coming on stream for the final few months of the year to address the longest waiters in paediatric audiology.



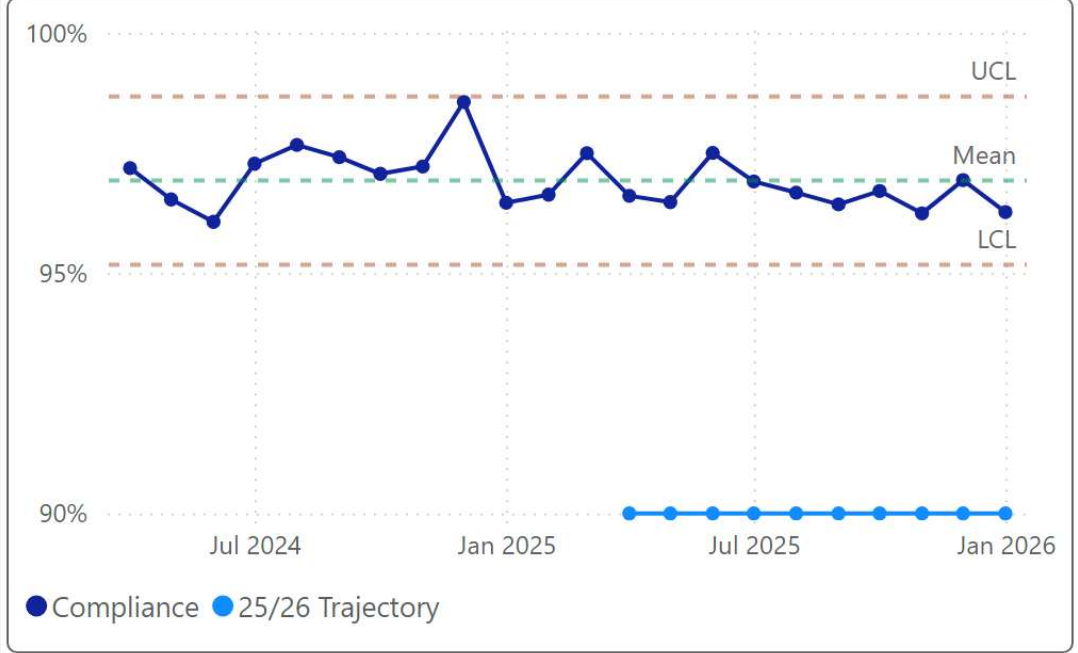
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: No patient waiting more than 14 weeks for a therapeutic assessment
 Performance: 237 (December 2025)
 Trajectory: 110 (December 2025)
 National target: 0



Measure: On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers
 Performance: 96.3% (January 2026)
 Trajectory: 90.0% (January 2026)
 National target: 90.0%

Enabling Action



Insight and Actions

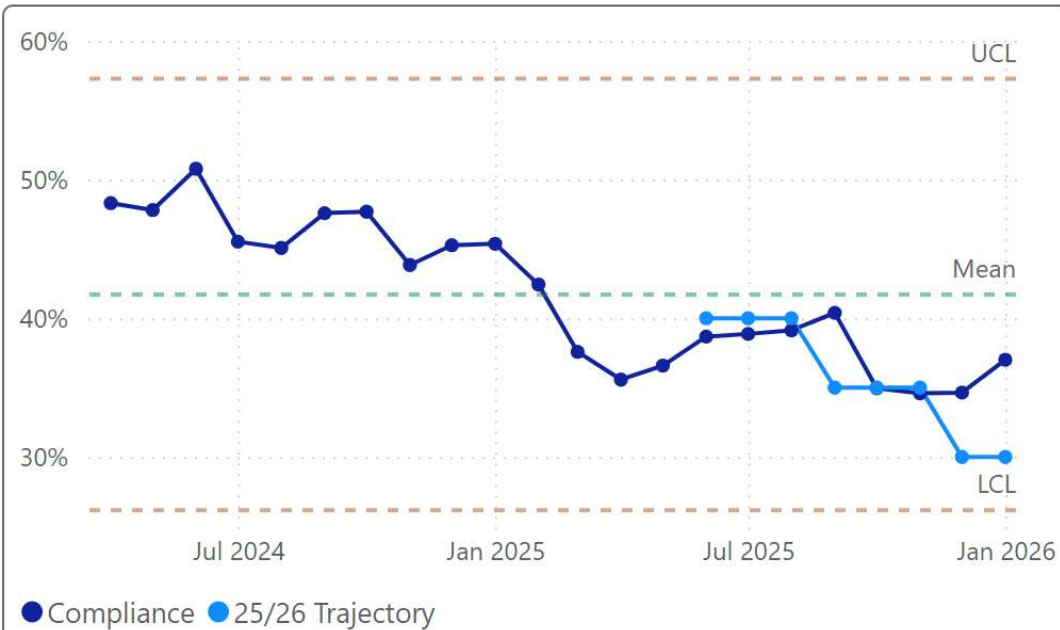
- Therapies: Therapies 14-week breaches increased again in Dec for the second consecutive month (+105 from Oct) and now significantly above the Q3 IMTP trajectory of 110. Physiotherapy breaches have increased by 99 over the past two months. Increased orthopaedic triage activity has generated a higher volume of spinal and knee referrals transferring onto the physiotherapy waiting list at varying waiting times; this impact is now understood and being actively managed. The number of patients awaiting triage has reduced significantly, providing assurance that current pressures are stabilising, while work continues to confirm a sustainable, longer-term triage model within Trauma and Orthopaedics. Dietetics also saw a notable breach increase in December reporting, a result of a reported D&C deficit in the PGEN subspecialty. Recruitment for band 6 Paeds vacancy has yielded no suitable candidate after being advertised twice.
- Elective theatre protection: Performance has remained compliant with this measure for the past 18 months. As highlighted in the GUH/Hospital System report, this reflects a key advantage of the unique system in Gwent. The NHS P&I definition of this measure is based on the number of individual days per month where emergency surgery is carried out on elective lists. However in lieu of national clarity on their construction of this metric, this local measure continues to be used.



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

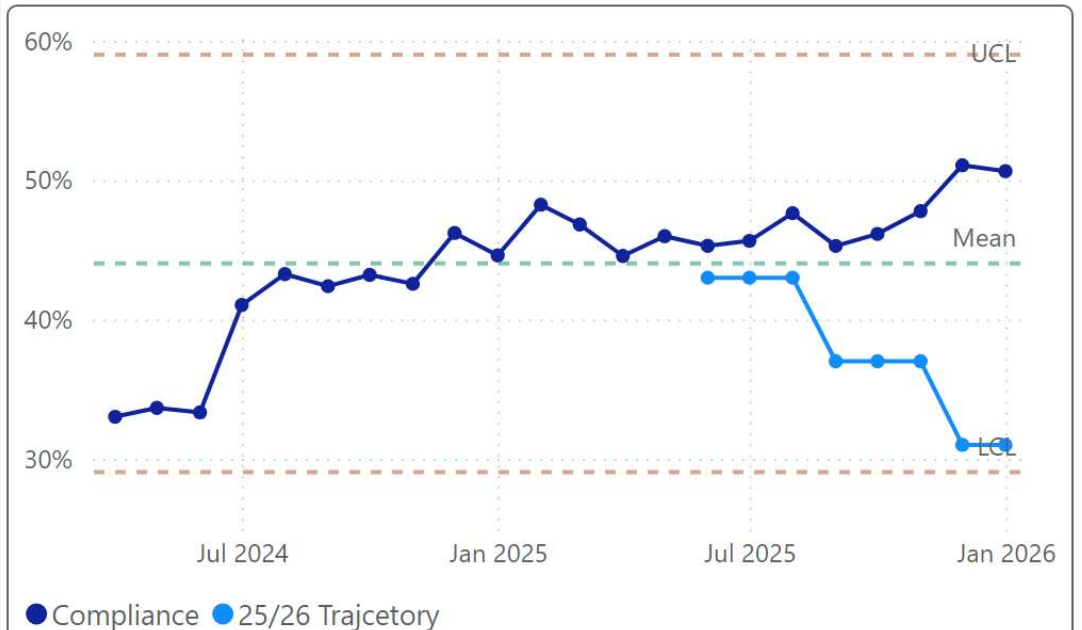
Measure: Theatre Utilisation late starts to less than 20%
 Performance: 37.0% (January 2026)
 Trajectory: 30.0% (January 2026)
 National target: 20.0%

Enabling Action



Measure: Theatre Utilisation early finishes to less than 10%
 Performance: 50.6% (January 2026)
 Trajectory: 31.0% (January 2026)
 National target: 10.0%

Enabling Action



Insight and Actions

- Theatres late starts & early finishes: Late start performance has improved through the course of 25/26, however Q3 improvement has not been delivered. Autosend and golden patient initiatives are ongoing. Early finishes are significantly behind the IMTP improvement trajectory, with January performance of 50.6% against a trajectory of 31%. Theatre Utilisation Group (TUG) meetings are being reviewed to ensure they achieve intended outcomes, with an intention to hold a theatres workshop in February to agree on priorities. The proposal is to focus on late starts/ early finishes.



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

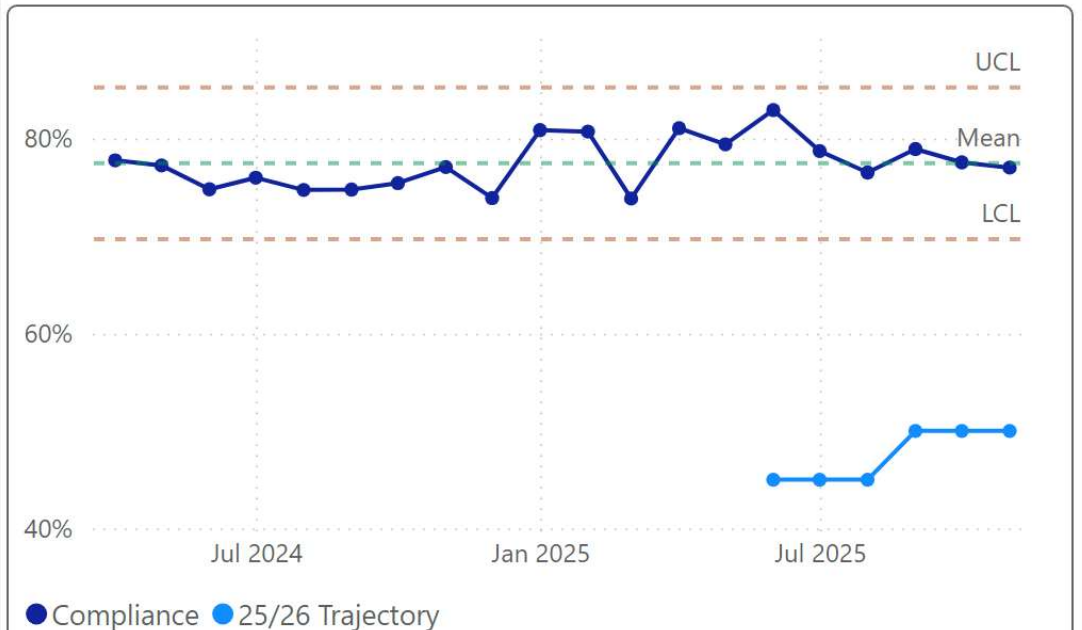
Measure: Theatre Utilisation session utilisation to 85%
 Performance: 83.1% (January 2026)
 Trajectory: 85.0% (January 2026)
 National target: 85.0%

Enabling Action



Measure: Deliver improvements in day surgery rates, achieving a BADS daycase rate
 Performance: 77.0% (November 2025)
 Trajectory: 50.0% (November 2025)
 National target: 80.0%

Enabling Action



Insight and Actions

- Session utilisation: Performance had been relatively close to the national standard of 85% through the course of 25/26 to date, within a very tight range of 3% as of January (83.1% - 86.1%). December performance did reduce to 79.6%, however this is an observable, seasonal trend.
- British Association of Day Surgery (BADS) rates: BADS rates have also tracked closely to the national standard of 80% through the course of 25/26. Monthly Day Surgery Maximisation meetings remain in place to optimise day surgery delivery in NHH.



Improving our Mental health services

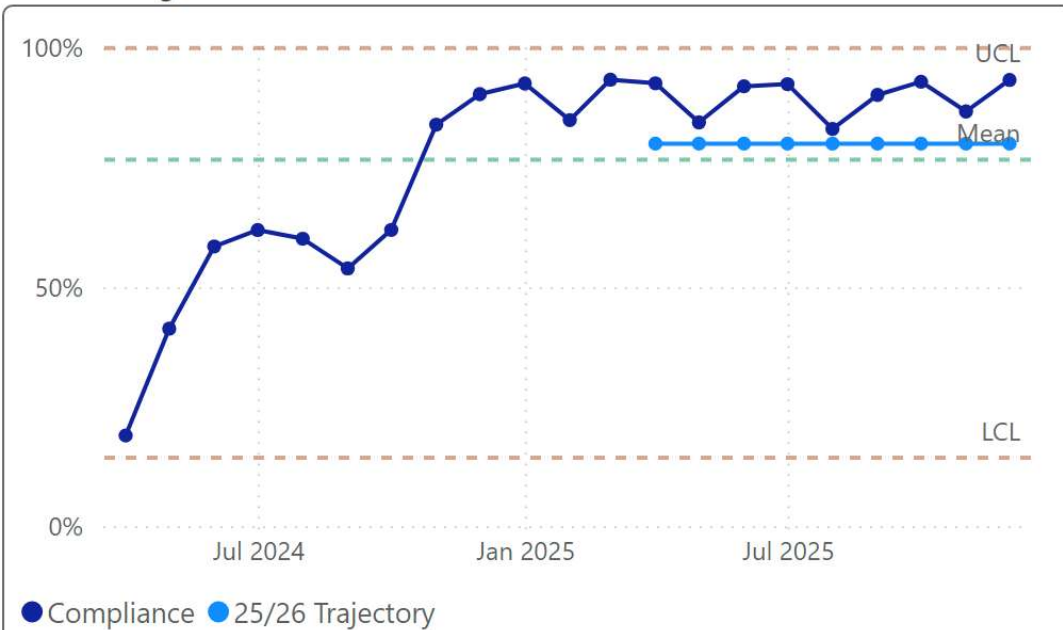
Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)

Performance: 93.3% (December 2025)

Trajectory: 80.0% (December 2025)

National target: 80.0%

Ministerial Delivery



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

Performance: 93.2% (December 2025)

Trajectory: 80.0% (December 2025)

National target: 80.0%

Ministerial Delivery



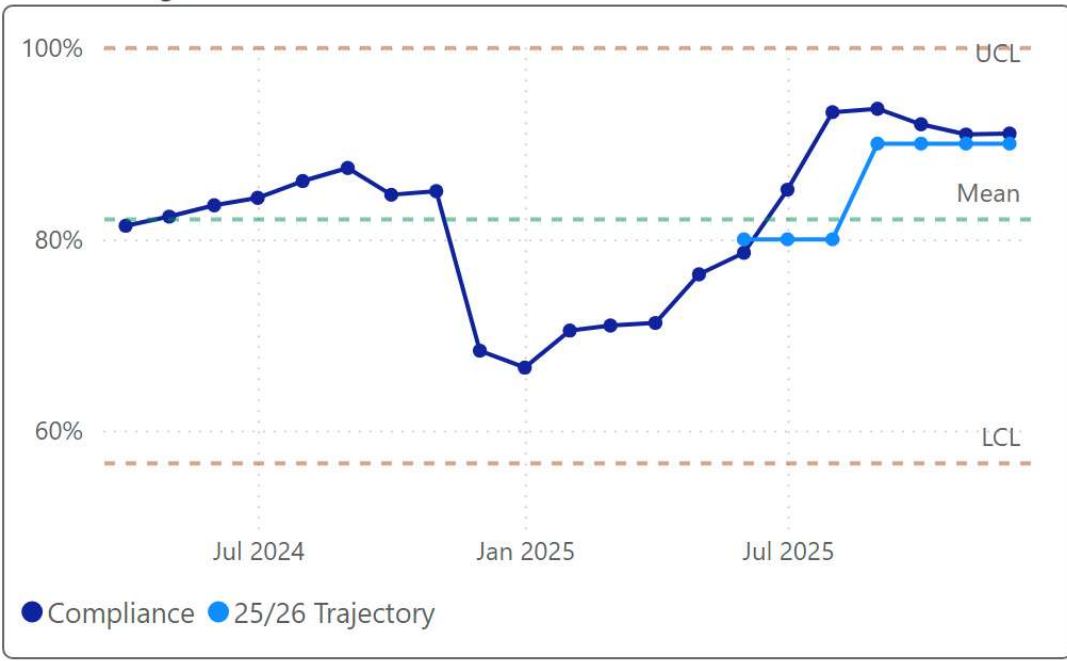
Insight and Actions

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

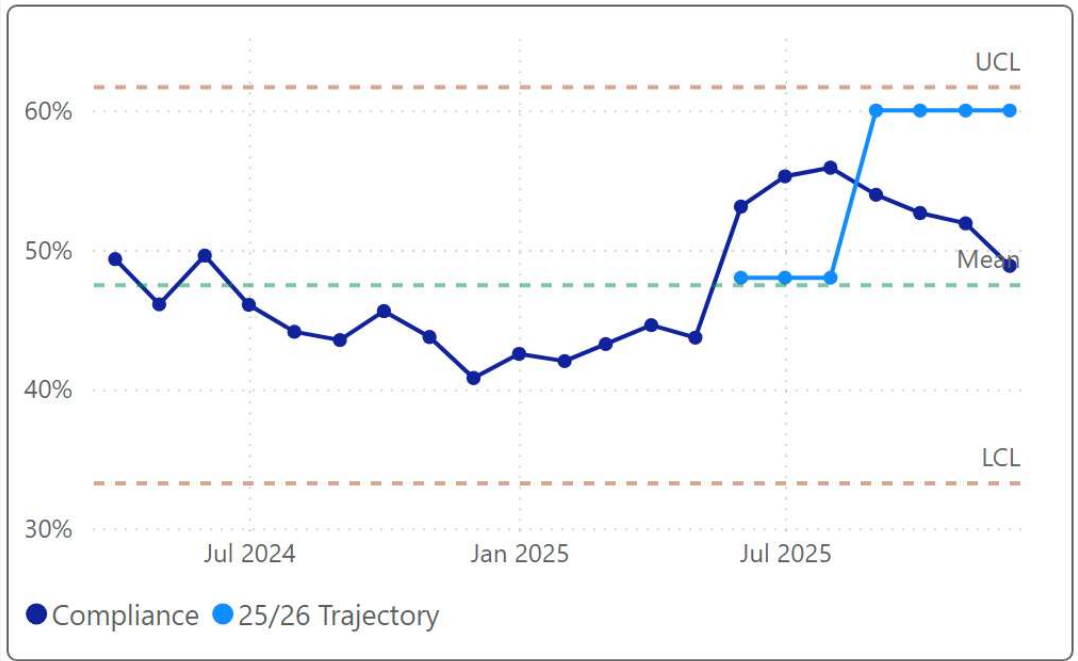


Improving our Mental health services

Measure: Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)
 Performance: 91.0% (December 2025)
 Trajectory: 90.0% (December 2025)
 National target: 90.0%



Measure: Maintain rate of psychological therapy received within 26 weeks
 Performance: 48.8% (December 2025)
 Trajectory: 60.0% (December 2025)
 National target: 80.0%



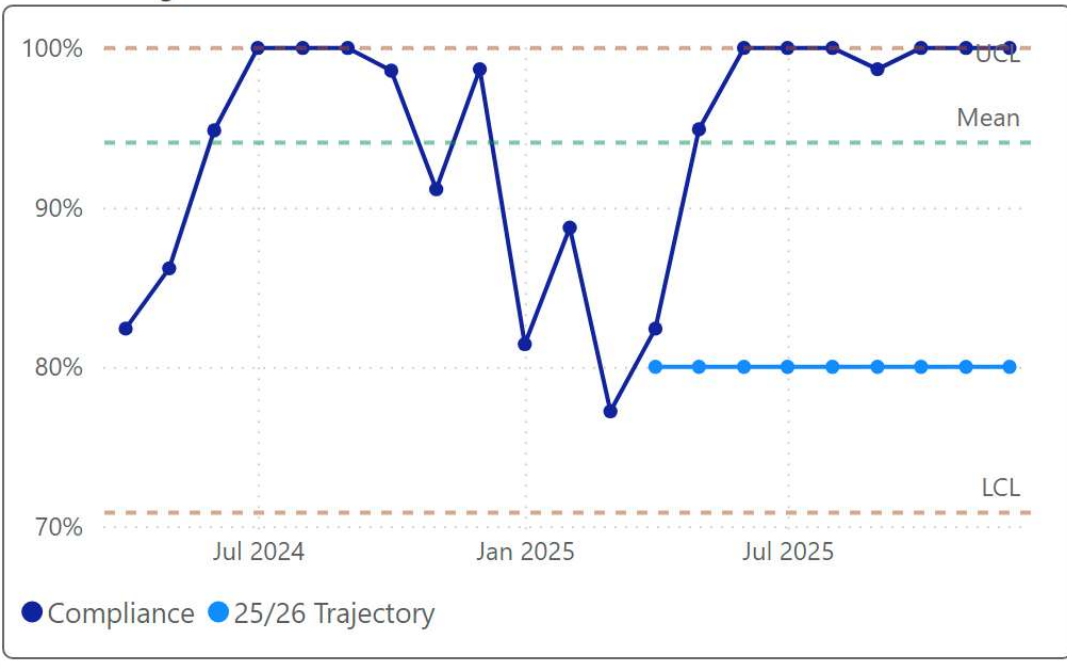
Insight and Actions

- Adults Part 2: Part 2 performance as delivered against IMTP trajectory through 25/26 to date, with performance having met the national standard for five consecutive months. Data cleansing remains in progress, however the volume of new Care and Treatment Plans (CTPs) and discharges from CTPs is expected to stabilise.
- Psychological Therapies: Performance has entered a period of relative stability, following the improvement delivered in Q1. The slight decrease over the past 3 months can in part be attributed to staff turnover and vacancies impacting on capacity, as well as data issues within the clinical system (WCCIS) that affect clock stop/start functionality. The service has been successful in reducing the volume of long waiters, with the volume of people waiting over 1 year having reduced by 27.5% from April to December. There are plans in place to undertake and productivity and efficient review, as well as further developing demand and capacity planning capabilities.

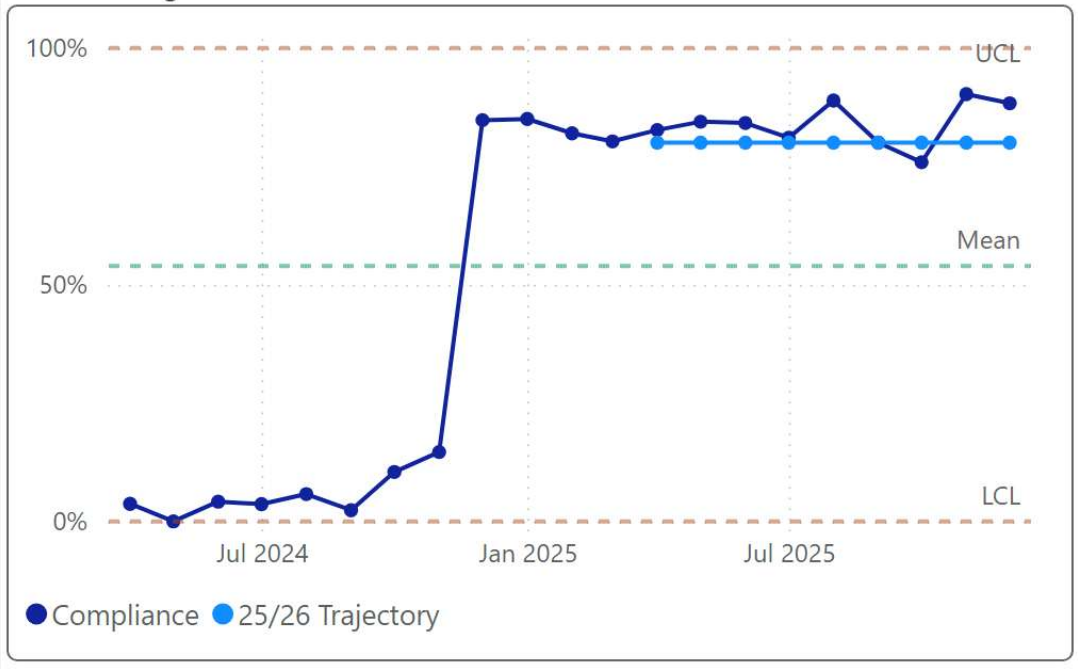


Improving our Mental health services

Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)
 Performance: 100.0% (December 2025)
 Trajectory: 80.0% (December 2025)
 National target: 80.0%



Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)
 Performance: 88.3% (December 2025)
 Trajectory: 80.0% (December 2025)
 National target: 80.0%



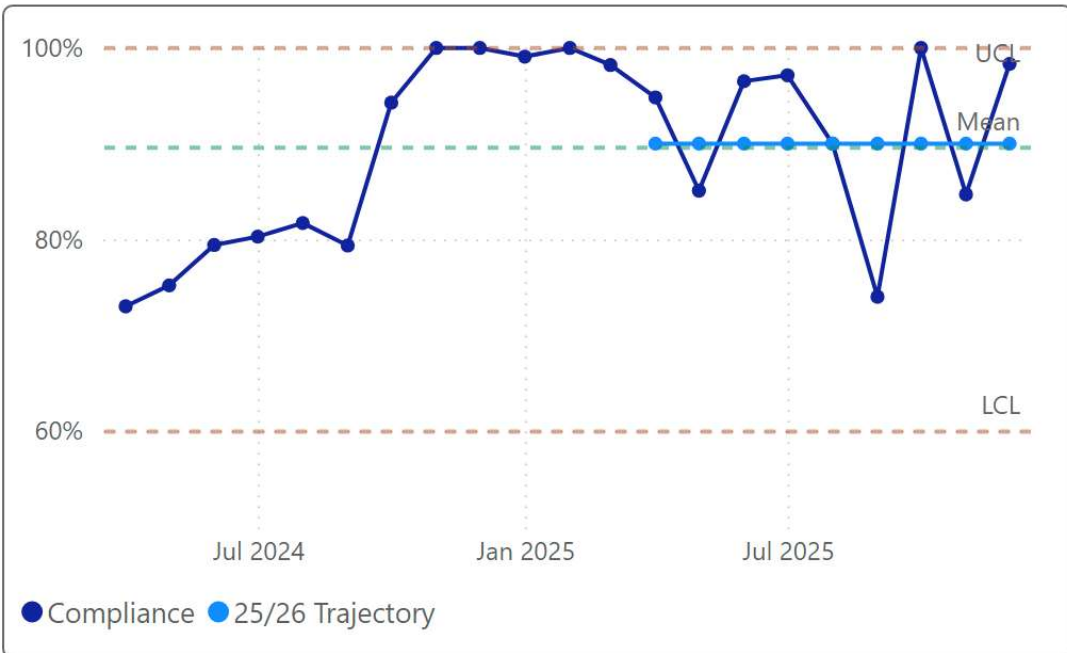
Insight and Actions

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

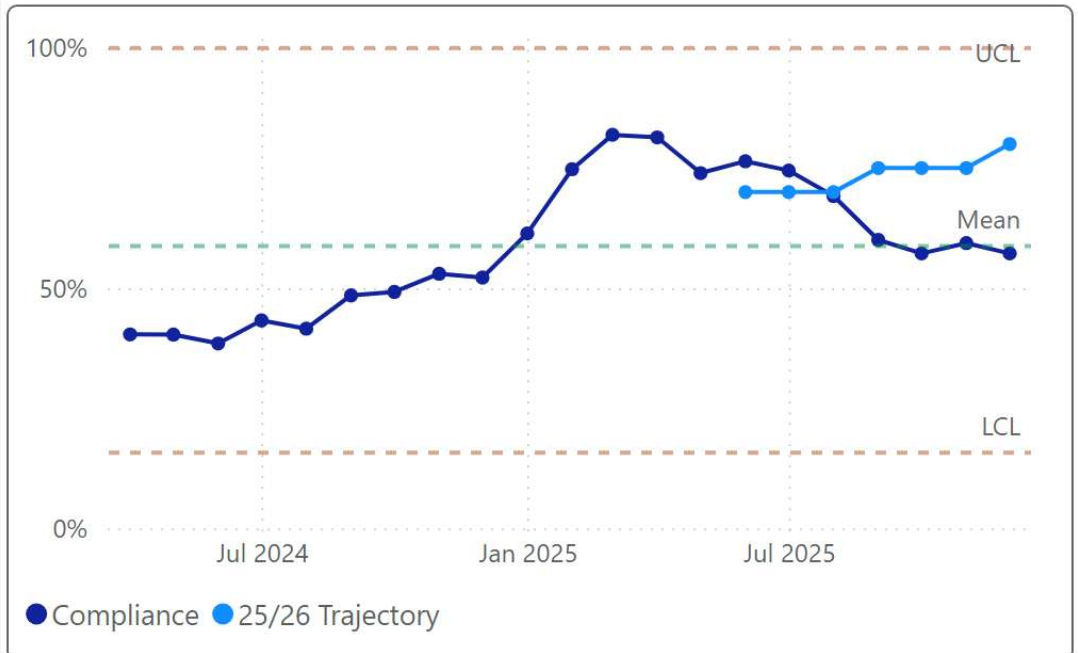


Improving our Mental health services

Measure: Maintain CAMHS Part 2 national target compliance
 Performance: 98.3% (December 2025)
 Trajectory: 90.0% (December 2025)
 National target: 90.0%



Measure: Improvement in Neurodevelopment waiting times compliance
 Performance: 57.2% (December 2025)
 Trajectory: 80.0% (December 2025)
 National target: 80.0%



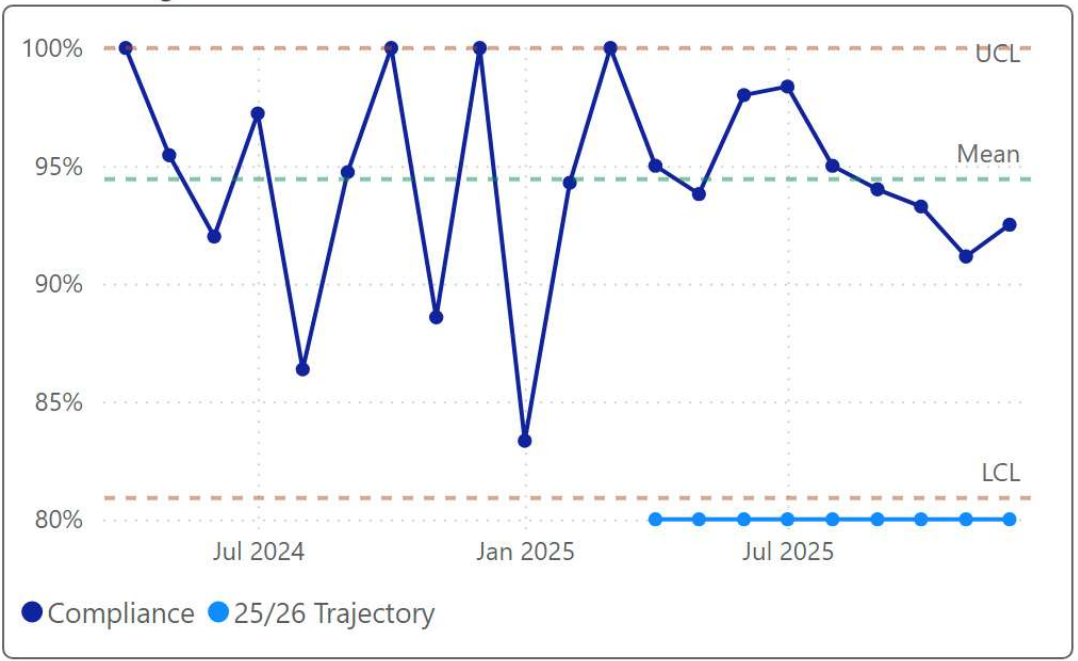
Insight and Actions

- CAMHS Part 2: Part 2 Care and Treatment Plan (CTP) compliance in CAMHS decreased significantly in September to 74% to end Q2 below trajectory. This was the result of persistent non-compliance with CTP processes, such as clinicians not uploading plans, entering incorrect dates, and missing mandatory timeframes despite repeated training and reminders. October performance recovered to 100% with extensive validation, and November performance was 84.7%. Some data entry issues are being rectified through audit processes, and a CTP lead has been identified within the Division to improve accuracy and compliance going forward.
- CAMHS ND: The ND service continues to face significant strain due to rising demand whilst trying to balance meeting the 26 week wait standard as well as managing the 52wk+ waiting position, as result of the legacy backlog as the service has implemented the new NESH model (Neurodiversity Early Support Hub). The recent demand increase has required a refresh of the demand and capacity model when planning for 26/27.



Improving our Mental health services

Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral
 Performance: 92.5% (December 2025)
 Trajectory: 80.0% (December 2025)
 National target: 80.0%



Insight and Actions

- Specialist CAMHS Choice Assessments: No issues, despite decreases since July performance continues to track well above national standard of 80%. Decrease has been resultant from a reduction in capacity over the past few months.

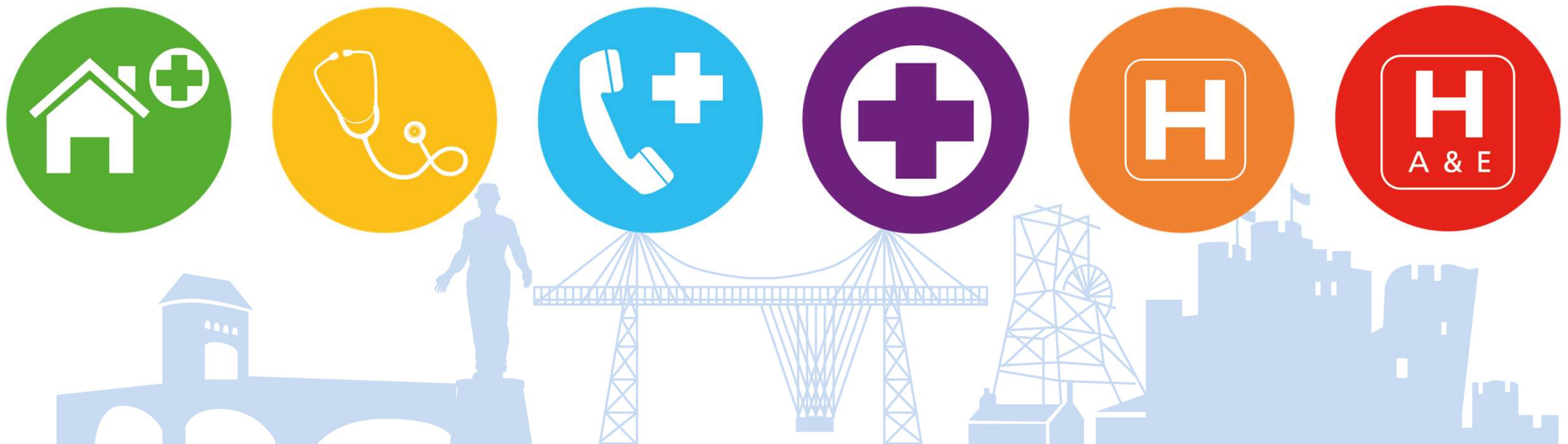


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Appendix 2

Q3 progress against Enabling Actions





Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity & Efficiency UEC	Community Based Falls Response	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Level 1 falls response has increased during Q3 to 34% up from 25% in Q2 with an additional L1 response planned for Q4 (winter additionality) . Conveyance to hospital by a fall's response was slightly increased in Q3 to 44% however demand /acuity higher in Q3. Therapist provision within Community Clinical Desk / SPOA is providing central support to falls navigation.
	Remote clinical assessment services framework	P	Awaiting WG Issue, strong flow centre model expanding to MDT hub.	Community Clinical Desk Pilot implemented as planned from November 2025, based within the SPOA hub at Vantage Point House. The Community Clinical Desk is an MDT comprising a combination of General Practitioner, Occupational Therapist, Advanced Paramedic Practitioner and frailty specialist. As at the end of Q3, over 200 patients have been assessed through the pilot with 60%+ remaining at their normal place of residence thus avoiding conveyance/admission. Majority of patients so far have been identified via WAST APPNAV and the C3 Stack. Pilot will run to the end of Q4, currently engaging with LMC to explore further scope expansion such as clinical advice line for GMS/WAST.
	Acute frailty model at the Front Door	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Community assessment lounge extended to 31st Jan supporting our older population to return home following an ED attendance - currently at 76% discharge home rate. Home first Team centralized to the Grange Hospital. 7 day coverage of front door therapies at The Grange with 5 day coverage at eLGH's sites. Older person programme established to identify the needs across sites, currently Frailty is a community based service with COTE clinicians based within eLGH's front doors with therapies led service at GUH.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity & Efficiency UEC	Welsh Health Circular - Ambulance Handover Guidance	P	Improvement in performance expectations.	Our next patient initiative launched in September which delivered. Significant performance improvements achieved initially, work continues to sustain the performance levels achieved. Increase in utilisation of Transfer Lounge from 125 patients weekly in Q2 to 160 in Q3 . Pre-noon discharges rates at The Grange up from 11% in Q2 to 12% in Q3. Across eLGH's pre-noon discharges stable from Q2 to Q3 but are improved year on year (9% to 11%) Whilst there is still considerable improvements to be made, >1 hour ambulance handovers improved to 36% in Q3 down from 47% in Q2. >12 ED waits are improved year on year circa 83% up from 81% for the same period. ED Extended footprint open as of 17th Dec. Second winter sprint to commence 21st Jan.
	Optimal Hospital Flow Framework	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Roll out the OHFF at GUH, NHH, YYF, top up training at RGH and Community Hospitals. OHFF Champion in post supporting the roll out at GUH. Learning from the Winter Sprint capture, produce action plan with clear timelines and identified owners.
	Maintaining the actions within the 50 Day challenge	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Criteria led discharge rolled out across sites, positive feedback. Weekly scrutiny panel continues to be held with a focus on top 20 longest staying patients. Continue to embed the OHFF across all sites. Delivery of Winter Sprint in December working with Local Authorities. Discharge policy reviewed, and a revised simplified version produced for all staff, this update is now available on the intranet.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	Implement national guidelines with thresholds by Clinical Implementation Network (CIN). Including SOS and PIFU by default.	-	Current baseline is 13.4% in organisation. Baselines for each specialty known. Will continue to work with National team.	Q3 SOS and PIFU rate (% of outpatient appointments where outcome is SOS/PIFU) is 13.2%. Discharge rate is 18.2%. Majority of CIN protocols in place/standard practice. Eyes are still under review, action moved into Q4.
	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage (end of Q2).	P	Baseline partial direct listing in place, plans to direct list all patients by end of Q4.	Action complete.
	Monitoring DNA/CNA for every Outpatient clinic. When DNA/CNA as a combined rate >5%, overbooking to be implemented & monitored.	P	DNA baseline 6%, CNA short notice baseline 4.5%.	Ongoing targeted approach with areas with high DNA/short notice CNA rate. Text messages in place for majority of clinics. Current DNA rate 5.6%.
	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists	-	Baselines known at specialty level – tracked in OP Group	Ongoing monitoring by OPD transformation programme of the longest waiting patients on the follow up list linking with Directorate teams for patients to be booked/clerically validated/clinically validated. Continued focus of straight to discharge where appropriate. Majority of CIN protocols implemented/standard practice. Assessment being undertaken with divisions Jan 26 to confirm opportunity and approach in specialties with biggest numbers of delayed follow ups (Ophthalmology, Orthopaedics, Gastro, Cardiology) with aim of applying SOS/PIFU pathways retrospectively by March 26 in appropriate areas.
	On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers (end of Q1).	F	Baseline 97.6%	Performance continues to stay above national target, ending November '25 on 96.2%.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	F	Baselines are late starts 44%, early finishes 47%, theatre utilisation 83%. Plans to improve late starts & early finishes to 25%.	<p>Late start performance has improved through the course of 25/26, with November performance of 34.6% meeting IMTP trajectory of 35%.</p> <p>Early finishes remain behind the IMTP trajectory, with November performance of 47.9% against a trajectory of 37%.</p> <p>Autos end and golden patient ongoing. TUG meetings are being reviewed to ensure they achieve intended outcomes - intention to hold a theatres workshop in February to agree on priorities. Proposal is to focus on late starts/ early finishes.</p>
	Deliver improvements in day surgery rates, achieving a BADS daycase rate of 70% (April 2025), then 80% (June 2025)	P	Baseline 50%. Plans to improve to 55%. Following a review of procedures to identify opportunities to increase day case rate, implementation will commence and further opportunities to be scoped ahead planning for NHH Day Case Centre of Excellence.	<p>Latest validated performance as of Q2 is 78.9%, with 25/26 to date median performance within 0.5% of the 80% target.</p> <p>Monthly Day Surgery Maximisation meetings held to optimise day surgery delivery in NHH.</p>
	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	F	In place reported through outpatient transformation.	<p>Ongoing clerical validation centrally and locally for RTT patients and cohorts of long waiting follow up patients.</p> <p>Commencement of validation plan by end of January for patients waiting 26 weeks plus in the outpatient stage, 52 weeks plus in Diagnostic, Therapy and Follow ups stages and 78 weeks plus in treatments.</p> <p>Validation strategy and rolling programme (underpinned Planned Care Policy Waiting List Validation Toolkit and Guidance) to be drafted and signed off by March 26, to support validation approach for 2026-2027 onwards.</p>



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Workforce Productivity	Variable Pay & Agency Control Framework Welsh Health Circular	F	2024/25 total agency spend has reduced to £43.2m compared to £805m in substantive workforce which has inc. from last year.	Extensive work in relation to recruitment campaigns and a focus on retention and sickness. Despite this, the sheer volume of additional workstreams across RTT 104wks and 26wk outpatient, as well as emergent 45 minute ambulance handover/whole system flow programme gives difficulty to achieving this target.
	Sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	P	2024/25 agency reduction savings £11m. Total agency saving to achieve 30% reduction would need to be £7m.	The Q3 position is very similar to where we found ourselves at the end of Q2. By extrapolating Q3 YTD spend, then full-year expenditure for 25-26 is expected to be 13.5% lower than prior year. There is still an expectation of a reduction from prior year, but not to the 30% target level. Additional Planned Care has continued to require Agency in Q3, along with other initiatives such as 45 min Ambulance handover waits.
	Ensure a reduction in agency spend on HCSW, A&C, and E&A to zero by 30th Sept 2025	P	2024/25 spend is £1.05m; Plans to achieve total off-contract and HCSW agency removal by September 25. A&C and E&A, reduction in spend will be achieved but zero spend difficult within current recruitment market.	Extensive work in relation to recruitment campaigns and a focus on retention and sickness. Despite this, the sheer volume of additional workstreams across RTT 104wks and 26wk outpatient, as well as emergent 45 minute ambulance handover/whole system flow programme gives difficulty to achieving this target.



Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Workforce Productivity	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	P	Baseline 38%. Monthly trajectory plan by division to achieve 90% compliance by September 25 and a positive number in progress. However progress will be in balance with benefits of new job planning system.	<p>In September 25 consultant job planning continued to improve to 57.2% from 53.5% , a steady month on month improvement from the 46% reported in the last quarter and is showing a steady improvement trajectory towards achieving the target of 85%.</p> <p>To support the targeted job planning compliance, key actions include integrating progress updates into Divisional Performance Reviews, conducting targeted deep dives, and withholding vacancy approvals until up-to-date consultant job plans are in place. Pay-impacting changes and study leave funding will also be restricted unless job plans are current or under appeal. Attendance at the Job Planning Consistency Group is now compulsory, and a formal reminder from the Medical Director and Chief Operating Officer will reinforce consultants’ contractual obligations.</p>
	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25	F	Baseline cumulative 12 month absence 6.53% in Jan 25 plans to reduce 25/26 in comparison to 24/25.	The 12-month project plan is due for implementation from April focusing on 4 key workstreams using a Scrum methodology to ensure agility of interventions. A national joint partnership working group has been established, led by CTM and ABUHB to review the policy, recognising the increasing levels of sickness absence facing all Health Boards, to review the policy.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	F	In place reported through Value & Sustainability	We are currently working through rationalisation opportunities via the theatre innovation group which reports into our Non-Pay Group, these include nationally identified opportunities such as sutures, advanced energy devices and surgical stapling. An updated review is underway for orthopaedics hips & knees and toga suits. As national opportunities become defined information is captured locally and shared within the health board to ensure that each opportunity is considered and progressed as appropriate. A consolidated overview of Non-Pay opportunities and updates on progress are also reported through the organisation's Value & Sustainability Board on a monthly basis. The latest view on opportunities for 26-27 will also be included, where applicable, in the IMTP planning process.
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	F	In place reported through Value & Sustainability	On track.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p>Maximising Value for Money</p>	<p>CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.</p>	<p>F</p>	<p>In place reported through Value & Sustainability</p>	<p>V&S recommendations ongoing / updates below:- The Health Board continues with the schedule of monitoring and reviews including the legal case which remains in progress. Issues remain with eligibility and enhanced care with Local Authorities, Q4 meetings planned with LA Heads of Service All Wales implementation of the digital solution ongoing; A letter has been received from WG about the proposed CHC Funding Allocation and copy of WG Business Case.</p>
	<p>Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.</p>	<p>F</p>	<p>In place reported through Value & Sustainability</p>	<p>Ongoing work continues regarding the STW rationalisation to realise disposal opportunities. Anticipated SOC development end of qtr. 2 26/27. SOC submitted to WG for Nevill Hall Hospital which looks to reduce footprint of site and potentially rationalise the wider Health Board estate. Optimising utilisation across the Health Board through the development of Health and Well-Being Centre at Monmouth using an existing facility. OBC anticipated qtr3 26/27. Significant progress made against the Extant Estates Strategy with work underway to progress the new 2028-2038 Strategy.</p>



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	P	Steps within pathways in place but timeframes now always with exception of Head and Neck where we have not fully implemented.	<p>No further improvement in overall 62-day compliance, however breast and gynae compliance is gradually improving. Continues to improve with the support of cancer services.</p> <p>Gynae: Areas of improvement identified. Anticipated sustained improvement in SCP compliance into Q4 2025/26. September = 23.5%; October = 25.0%; Nov = 37.5%; Dec = 62.5%. This has been achieved by; addressing workforce issues, improved prioritisation within 48hrs of referrals, review & addressed backlog, implemented focused recovery planning meeting.</p> <p>Breast: Fortnightly assurance meetings to provide challenge on delivery numbers.</p> <p>New SRO for Cancer which has improved clarity of focus (fortnightly cancer assurance meetings with surgical division chaired by SRO, 3 focused recovery planning meetings for Gynae, Urology and Colorectal), therefore confidence in achieving 70% by end of Q4 has increased.</p> <p>Current provisional SCP compliance for end of Q2 = 56.3%. Best case scenario prediction = 63%, dependent upon skin conversion.</p>
	Ensuring full compliance with straight to test guidance	P	Head and Neck and Sarcoma only pathways outstanding, work ongoing to establish measures.	<p>Current there are capacity gaps which has resulted in an inability to prioritise Sarcoma work in Q4, this will be prioritised d into Q1. The work will include mapping the pathway, and engaging with the Directorate Manager to review appropriate governance and ownership of the pathway. It is improved there will be an improvement compliance as a result of these actions, it is noted there are external factors in relation to Sarcoma panel turnaround time that are out of the control of ABUHB, this can often be a 6-8 week delay.</p>



Appendix 1: Enabling Actions

Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p>Improving Value, Optimising Outcomes, & Minimising Variation</p>	<p>Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes</p>	<p>F</p>	<p>Plans in place to fully adopt with benefits tracking through Value & Sustainability</p>	<p>Completed and delivered WS1 - Producing digital and physical engagement materials to all GP practices in Gwent with the aim to raise awareness and improve UACR testing as part of the 8 care processes. We have moved into the measuring phase and can report a 10% increase in compliance across 9 of the 10 pilot practices. In addition, since the last period we have extended the distribution to 127 Pharmacies, Wetherspoons pubs, Local bus companies, and hospital sites. We have presented the materials and shared with over 300 Primary Care clinical and non-clinical staff members via Protected Learning Time sessions (PLT) to encourage use and adoption of good practice and use of the materials. We have also completed a process map review of the 10 pilot practices and are currently assessing high and low value activities based on how they contribute to the compliance and to identify innovative and good practice for sharing. These results will be provided in QTR4. QTR4 will also include a final evaluation of the project and closure.</p> <p>We have commenced the Foot Care project with the same aims and approaches as the UACR project, materials are in development since the last QTR having worked with patients, carers and professionals on the production of key materials and media content. These will be released in QTR4 to all stakeholders as per the above and we will move into a measure and monitor phase of impacts. We have established baseline metrics for the pilot practices and will use this as a measure of success.</p> <p>Since QTR3 we are also exploring a 'new' project in diabetes, specifically in the adoption of GLP1 for CVD prevention and longer term complications and exploring funding options to support a Pharmacy led prescribing approach to this. We are exploring a gestational diabetes project as we have identified with the clinical team issues and opportunities to deliver better value which will also be supported by the women's health plan.</p>



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p>Improving Value, Optimising Outcomes, & Minimising Variation</p>	<p>Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health</p>	<p>F</p>	<p>Plans in place to fully adopt with benefits tracking through Value & Sustainability</p>	<p>ABUHB have identified 2830 patients in the calendar year 2026, which is higher than the previous year 2025 (n=2614), an increase of 8.2%. ABUHB have identified 72.5% fragility fracture patients and provided bone treatment to above 70%, which was 61% in the year 2025. AB-FLS team received NHS Wales Leadership Award 2025 - Let the First Fragility Fracture be the last'. CTM UHB have adopted fragility fracture identification using keyword 'fracture' in the weekly radiology reports. AB-FLS continue to collect PREM-PROM data and Hywel Da has implemented this and we are hoping AB-FLS PROM will be adopted by whole Wales. The initial data review using existing NHFD show plateau of the femur fractures as expected and at the same time ABUHB fragility fracture coding is showing some decline of the fragility fractures including femur fractures. In 2026, team will be reviewing coding data further and will share results on quarterly basis. AB-FLS team have started to collect re-fracture and one-year mortality data to complete service evaluation. Staffing is permanently recruited and a dedicated role of FLS Pharmacist (0.2 WTE) is well established and currently being evaluated. It is well received across Wales and meetings are planned for January 2026 to review and perhaps consider expansion of dedicated FLS Pharmacist. Additional Band 3 have band 7 nurses to minimise waste. Recommendations are being considered for increasing the band 4 role for typing subject to funding.</p>



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	F	Plans in place to fully adopt with benefits tracking through Value & Sustainability	Awaiting update.
	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	F	Implementation of Maternity solution (Badgernet) completed and benefits presented to Ministerial Digital Summit. Procurement for Mental Health solution underway and continue to engage with Connected Care programme. E-Prescribing rollout continuing for the Health Board.	Health board continues to support national digital priorities: <ul style="list-style-type: none"> • Maternity system - live. • NHS Wales App - as above (ref 22). • Connecting Care - Local business case approved November 25, contract award underway. • LIMS - Working with national programme on go live schedule in 2026. • RISP - go live scheduled May 26. • Open Eyes - Readiness activities underway for go live by March 26. • Ophthalmology referral solution - Engaged with national programme to develop implementation plan. • Welsh Emergency Care Data Set (WECDS) - System configuration complete, awaiting revised metrics from Welsh Government. • Welsh Nursing care Record (WNCR) - The digitisation and testing of risk assessments in paediatrics is underway. • Electronic Prescribing Medicines Administration Programme (ePMA) - Pilot to commence in Q4 25/26.
	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	F	Plans in place to fully adopt with benefits tracking through collaboration with DHCW and membership at the relevant governance groups.	Waiting list, referral and hospital appointment information was launched via the NHS Wales App at the end of October 2025. The features enhance digital access to care information for patients across Wales. The HB is working with the National Digital Services for Patients and the Public (DSPP) Team on the development of a roadmap for future features and implementation.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p>Improving Value, Optimising Outcomes, & Minimising Variation</p>	<p>Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.</p>	<p>F</p>	<p>Cyber security improvement plan in place linked to recommendations from the Cyber Resilience Unit to achieve compliance against the Cyber Assurance Framework.</p>	<p>Q3 has seen the completion of the Windows server 2012 project with 222 servers upgraded out of 230 the very limited number of servers that are currently remain are covered through the purchase of third party Extended Security Update for 12months and 24 months which will allow the application development work to progress to ensure the move to a supported platform. Work has also started on the Window Server 2016 upgrade project to ensure we are ready end of support in 2027. The small number of Microsoft Sequel Server 2012 (3) and 2014 are being upgraded through this project work. Throughout 2025 Cyber has conducted a number of tabletop exercises to test Incident response. The latest exercise conducted in December was specifically designed to test the current Cyber Incident Response Plan. A post exercise review and recommendations for improvements will be drafted in Q4 and will be used to enhance the current plan. Work continues to develop our log management process with Palo Alto firewall logs now being the latest security logs to be ingested into the Aneurin Bevan instance of the SIEM. Supported with a range of security event logs from current protective monitoring systems it provides greater visibility of security events and support for incident investigation and management. The introduction of Palo Alto next generation firewalls has also provided Network and Cyber Teams the ability to now detect shadow IT devices and report any associated vulnerabilities, Visibility and discovery will increase once all the next generation firewalls have been installed during 2026, Cyber continues to engage with Cyber Resilience Unit and progress recommended improvements against the NIS CAF Oversight of progress is managed internally through the NIS Assurance Group that was established by Cyber in 2025.</p>



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p>Improving Value, Optimising Outcomes, & Minimising Variation</p>	<p>Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.</p>	<p>F</p>	<p>Work with AWCEG to implement the clinical criteria and monitor the activity data for each intervention.</p>	<ul style="list-style-type: none"> •Ongoing engagement with CINs •Alignment with work on Healthcare Pathways •Work underway to finalise patient information leaflets •WHC currently being drafted for dissemination •Work undertaken with FDU to support HB better under opportunity gains for efficiency and reducing unwarranted variation in intervention costing - data currently being validated. <p>. Evidence review undertaken for the removal of benign skin lesions and spinal injections for back pain. These are currently being considered by the CINs</p>
	<p>Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26</p>	<p>F</p>	<p>Implement the criteria once reviewed from the AWCEG and monitor the activity data, reporting as requested.</p>	<ul style="list-style-type: none"> • Ongoing engagement with CINs • Alignment with work on Healthcare Pathways • Work underway to finalise patient information leaflets • WHC currently being drafted for dissemination • Work undertaken with FDU to support HB better under opportunity gains for efficiency and reducing unwarranted variation in intervention costing - data currently being validated. • Evidence review undertaken for the removal of benign skin lesions and spinal injections for back pain. These are currently being considered by the CINs
	<p>Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.</p>	<p>P</p>	<p>Plan to increase will not meet 282 localised pathways. This would take financial investment without clear benefits realisation.</p>	<p>164 pathways live at the end of Q3 - met national target for 25/26 (154).</p> <p>National funding agreed by the Minister in December, ongoing discussions locally around CE allocation.</p> <p>Team continuing to focus on integrating the platform into the organisation through Clinical Interface groups, Interface GPs, and comms and engagement.</p>

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – December 2025 (2025/26 Month 09)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Assistant Director of Finance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of December 2025 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 31st December 2025,
- The Health Board’s underlying financial position,
- The cash position, including the strategic cash support required,
- Public sector payment policy performance, and
- The Capital position.

A system link is included for the month 9 monitoring returns reported to Welsh Government.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation




This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 31st December 2025 (Month 09) for the financial year 2025/26.

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

Dec-25

Performance against key financial targets 2025/26

+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	2,223	17,219	18,324	
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000 £42,451	4,491 11%	21,329 50%	0	
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.0%	97.2%	>95%	

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

Underlying Financial Position (Brought Forward ULP)	22/23	23/24	24/25	25/26 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£89.6m Deficit	£81.4m Deficit	£27.2m Deficit	£14m Deficit

At Month 09, the reported forecast revenue position has remained at an £18.3m deficit. The reported capital position is break-even. There are risks to achieving the reported forecasts.

The year-to-date budget performance at month 9 is a deficit of £17.219m, which is a £0.06m deterioration from the MMR month 8 forecast profile for 2025/26. The year-to-date position is due to new in year pressures that include prescribing costs (April PAR) / drugs, CHC activity including Discharge to Assess case growth, winter wards remaining open, and variable pay relating to Mental Health and other operational pressures.

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

Cefndir / Background

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

Through financial recovery actions the forecast achievement of savings and mitigating actions as at month 9 is £43.5m. However, the in-year cost pressures that the Health Board is unable to mitigate are listed in the table below:

Forecast Deficit Analysis - outside of IMTP plan		
Category	Issue	Value £m
National Issues (£2.9m)	National insurance > funding	2.20
	Theatres B2 to B3 grievance	0.30
	MS365	0.40
Funding Ceased (£0.3m)	Fracture liaison service	0.30
Ministerial Priorities - Urgent & Emergency Care (£4.5m)	Winter Beds 24/25	0.80
	Surge beds	2.00
	Emergency Department	0.20
Ministerial Priorities - Cancer (£2.5m)	ITU capacity	1.50
	Cancer	2.00
	Diagnostics growth	0.50
Growth above plan (£5.3m)	Drugs	2.00
	CHC	2.50
	Diabetes Pumps	0.80
Unavoidable Investments / Risk mitigations (£4.6m)	Mental health	3.90
	Thyroid loss of service	0.50
Mid Year Review Forecast Deficit		19.90
Month 8 Movements	Winter 25/26	0.50
	45 Minute Handover	0.22
	NWSSP Rebate	(0.50)
	Bank Pay Award 2024/25	(1.80)
25/26 Forecast as at Month 8		18.32

As discussed at the Board meeting held on 10th September, all options currently available to the Health Board to minimise the impact of the emerging pressures were discussed and agreed, with risks. The Health Board will have limited ability to identify

further mitigating actions without identification of further funding or cessation or reduction of services.

We have received all of the anticipated pay award funding for 2025/26, including bank wage uplift for 2024/25 and 25/26. This removes a significant risk to the Health Boards forecast position.

Asesiad / Assessment

- Revenue Performance

Year to date

A summary of the year-to-date financial performance is provided in the following table. The cost drivers causing the year to date overspend of £17.219m are related to those in the previous table. The year-to-date position and the forecast by delegated area is:

	Annual budget £000s	YTD Reported Variance £000s	Full-year Forecast at M09 £000s	Full-year Forecast at M08 £000s	Movement £000s
Operational Divisions:-					
Primary Care and Community	330,184	(53)	2,775	3,294	(519)
Prescribing	125,635	1,823	1,254	1,434	(180)
Community CHC & FNC	75,469	2,215	1,693	1,770	(77)
Mental Health & Learning Disabilities	153,212	4,734	6,125	6,125	0
Total Primary Care, Community and Mental He	684,501	8,719	11,847	12,623	(776)
Surgery	156,596	10,595	11,390	10,687	703
Clinical Support Services	138,269	1,715	2,722	2,570	152
Medicine	179,867	4,872	6,861	6,618	243
Urgent Care	43,585	554	1,070	989	80
Family & Therapies	152,415	2,319	3,239	2,724	515
Estates and Facilities	98,064	(2,443)	(2,014)	(1,749)	(265)
Chief Operating Officer	10,637	2,353	2,970	2,251	719
Total Chief Operating Officer	779,434	19,963	26,238	24,090	2,148
Total Corporate Divisions	100,365	(3,403)	(6,464)	(6,464)	0
Total Specialist Services	202,920	444	840	1,257	(417)
Total External Contracts	133,199	(2,967)	(3,584)	(3,384)	(200)
Total Capital Charges	49,149	7	50	50	0
Total Delegated Position	1,949,567	22,762	28,926	28,171	755
Total Reserves	16,214	(5,337)	(10,602)	(9,848)	(754)
Total Income	(1,965,781)	(206)	0	0	0
Total Position	0	17,219	18,324	18,324	0
Total Reported Position	0	17,219	18,324	18,324	0

Summary of key operational points for Month 09

Key points to note for month 09 include:

The financial position at the 31st December 2026 shows a £17.219m deficit. The key issues in the month are described in this report.

- Expenditure within the Health Board for total pay was £76.7m. This is a decrease of £0.5m compared with November (£77.2m).
- Non-pay expenditure (excluding capital adjustments) was £102.8m, an increase of £1.8m compared to November and is £8.5m higher than the 25/26 year-to-date average. The main drivers of this increase are GMS (£4.9m higher than average) and dental contract payments (£1.3m) due to pay award uplifts implemented in December (funded) and rising external commissioning regional spend (£1.5m).
- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present as a financial pressure due to inflationary price uplifts, volume increases, including Discharge to Assess placements, and an increase in high cost CHC packages of care. Within Mental Health & Learning Disabilities the high level of observations required are also a pressure.
- Prescribing expenditure is performing worse than planned, driven by an increase in the average item price. Primary Care prescribing spend for December was £10.2m, a reduction on year-to-date average monthly expenditure by £0.2m. Prescribing expenditure reduced overall compared with forecast at month 9 by (£180k).
- On-going acute secondary care high-cost drugs prices and volume growth continue to be a pressure. The National V&SB procurement and Medicines Management savings opportunities are reviewed throughout the year, and actions progressed to deliver any opportunities.
- Demand and flow pressures across the system continue to drive significant costs. In December, the number of in-patients fit for discharge at the Welsh Government data capture point increased to 223 (from 165 in November). Of these, 38 were Health delays, 62 Social Care delays, and 123 Joint delays. The categories of reasons for delayed days are as follows:

Reason	Number of Patients	%
Assessment Issues	80	36%
Care Home placement arrangements	41	18%
Disagreements/Legislation	22	10%
Funding Issues	6	3%
Home adaptation/equipment issues	9	4%
Home care related issues	28	13%
Housing related issues	13	6%
Stepdown to recover and assess	22	10%
Transfer related issues	2	1%
	223	100%

- The estimated cost for the year of continued blocked bed days for all reasons is c.£16.3m using a £200 cost per bed day (based on the number of in-patients for December). The demand and flow challenges drive surge bed capacity & increased demand in high-cost unfunded temporary staff.

Forecast Position

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

The Board took the decision to change from the planned break-even financial forecast to a forecast £19.9m deficit due to the in-year pressures. The position improved in Month 8 to £18.3m due to Welsh Government confirmed funding to cover the A4C pay award for bank staff (for both 24/25 and 25/26 uplifts) and NWSSP cost slippage. This forecast was maintained for month 9. The components of the forecast include delivery of savings in excess of the IMTP savings plan more than offset by new in year cost pressures that are in addition to those within the IMTP. This is currently assessed as the best-case scenario.

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

Additional Health Board risks outside the reported forecast winter pressure implications beyond the plan and "our next patient" initiative (45 minutes handover, c£1.3m to the end of February 26).

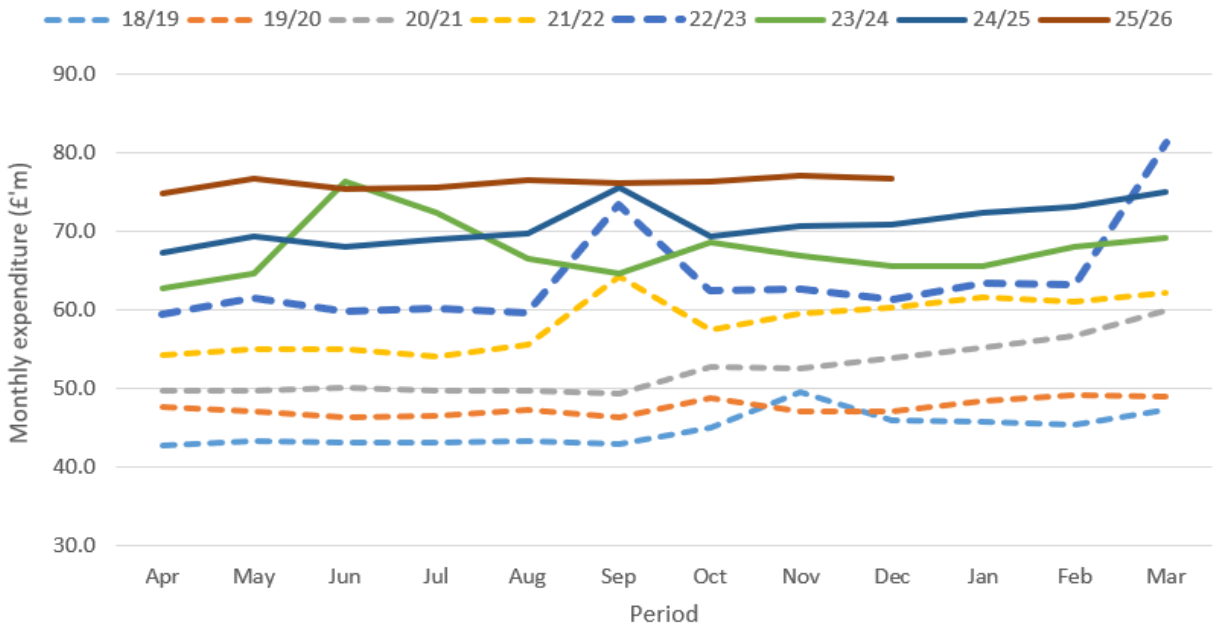
The previously reported risk relating to the increased Welsh Risk Pool premium has been removed, following confirmation that the Welsh Government will provide non recurrent funding for 2025/26. In Addition a further material risk has been removed relating to the 25/26 costs, and back pay, for the impact of the national band 2–3 HCSW regrades, which Welsh Government has agreed to fund non recurrently. Both of these areas will be cost pressures for 2026/27 onwards if workforce plans to not mitigate the cost.

Expenditure run-rates

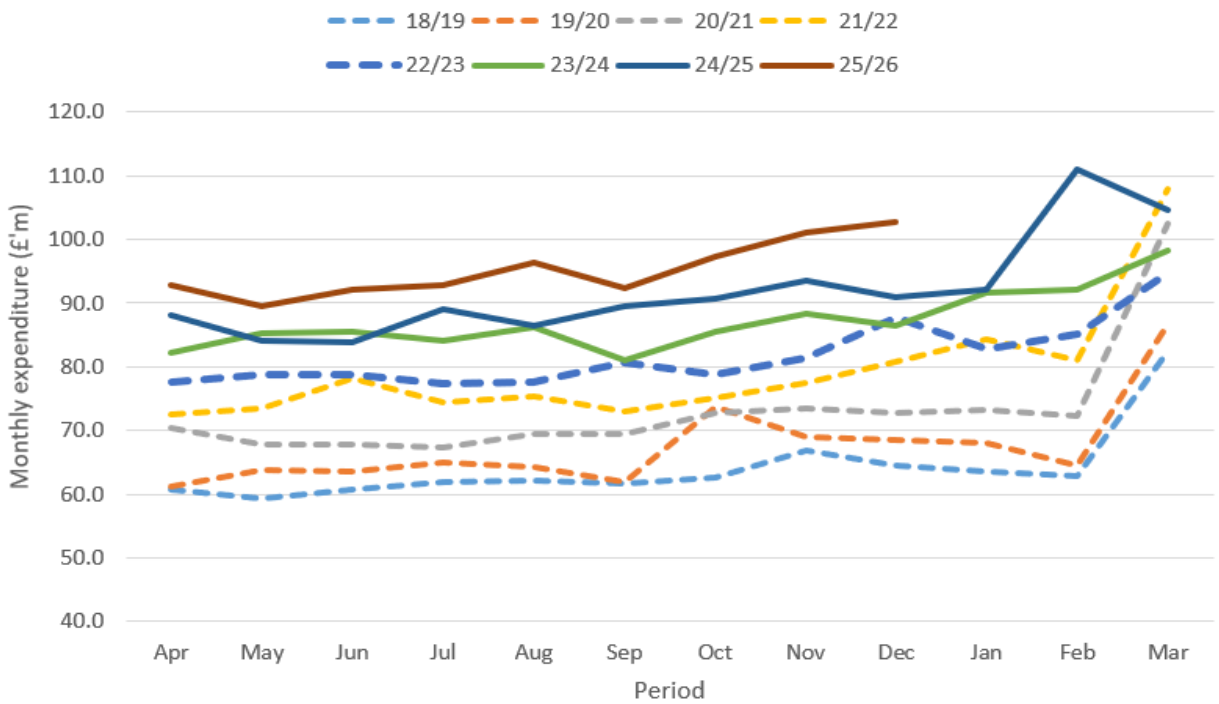
Pay and Non-Pay expenditure run-rates for eight financial years are shown below; assuming the current level of income, the expenditure run-rates need to reduce for the Health Board to meet its forecast position.

Pay expenditure 2018 - 2025

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



Non pay expenditure 2018 - 2025



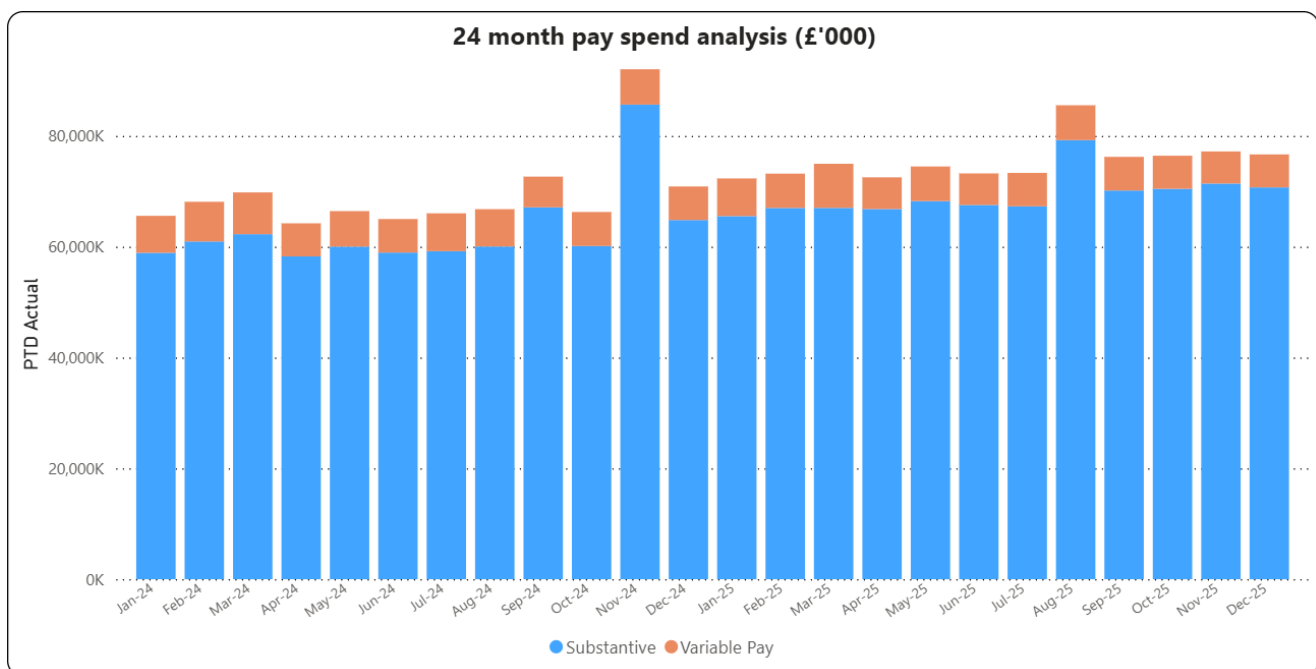
Workforce

The Health Board spent £76.7m in December on workforce.

Workforce Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Total Pay	76.7	77.2	685.6
Substantive Pay	70.7	71.4	631.8
Variable Pay	6.0	5.8	53.8

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

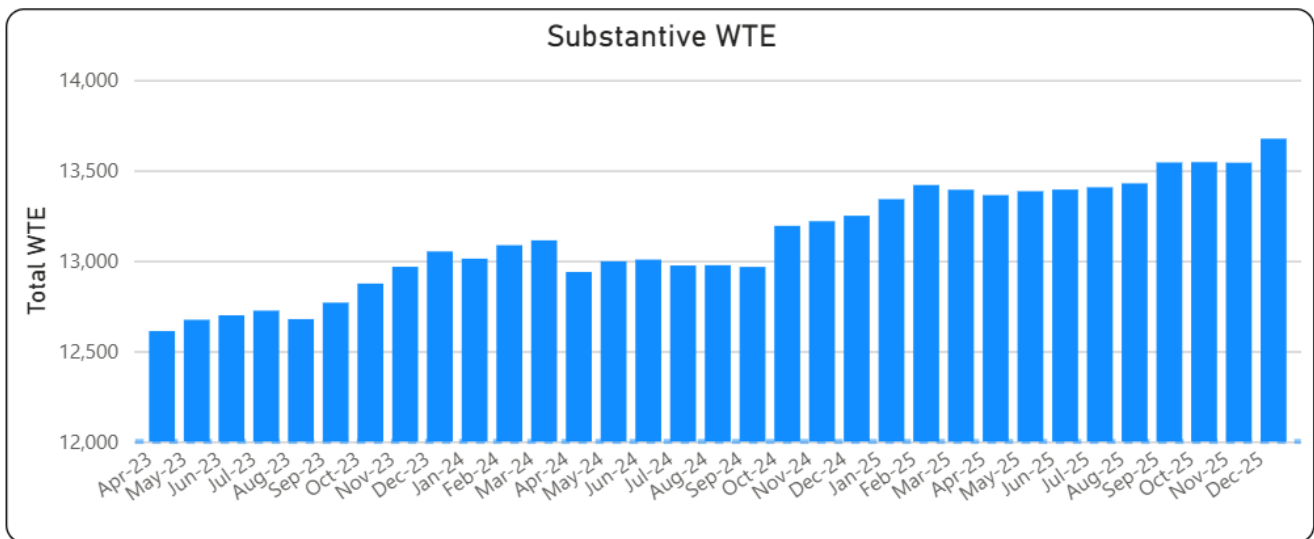
Workforce expenditure trends are shown below differentiating between substantive and variable pay¹:



Substantive staff

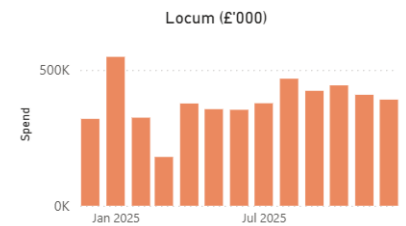
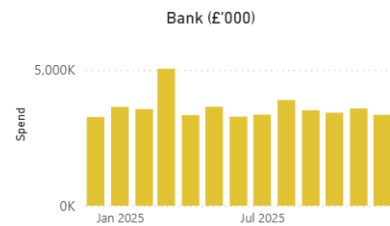
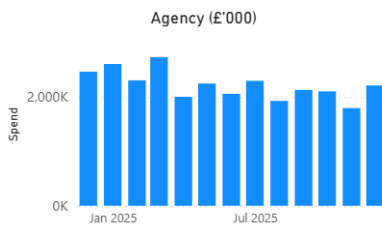
¹ To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).

Substantive pay was £70.7m in December, a decrease of £0.7m on the previous month. Substantive WTE's were 13,675 compared with 13,542 for November.



Variable pay

Variable pay (Agency, Bank and Locum) was £6.0m in December compared with £5.8m in November a £0.2m increase.



Variable Pay Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Agency - Nursing	0.7	0.6	5.9
Agency - Medical & Dental	1.0	0.7	8.5
Agency - HCSW	0.1	0.0	1.1
Agency - Estates & Other	0.4	0.4	3.3
Bank	3.3	3.6	31.4
Locums	0.4	0.4	3.1

Enhanced Care the calculated cost for December was £0.6m ('notional calculated' expenditure) of expenditure using bank and agency registered nurses and health care support workers, for 21,615 hours worked.

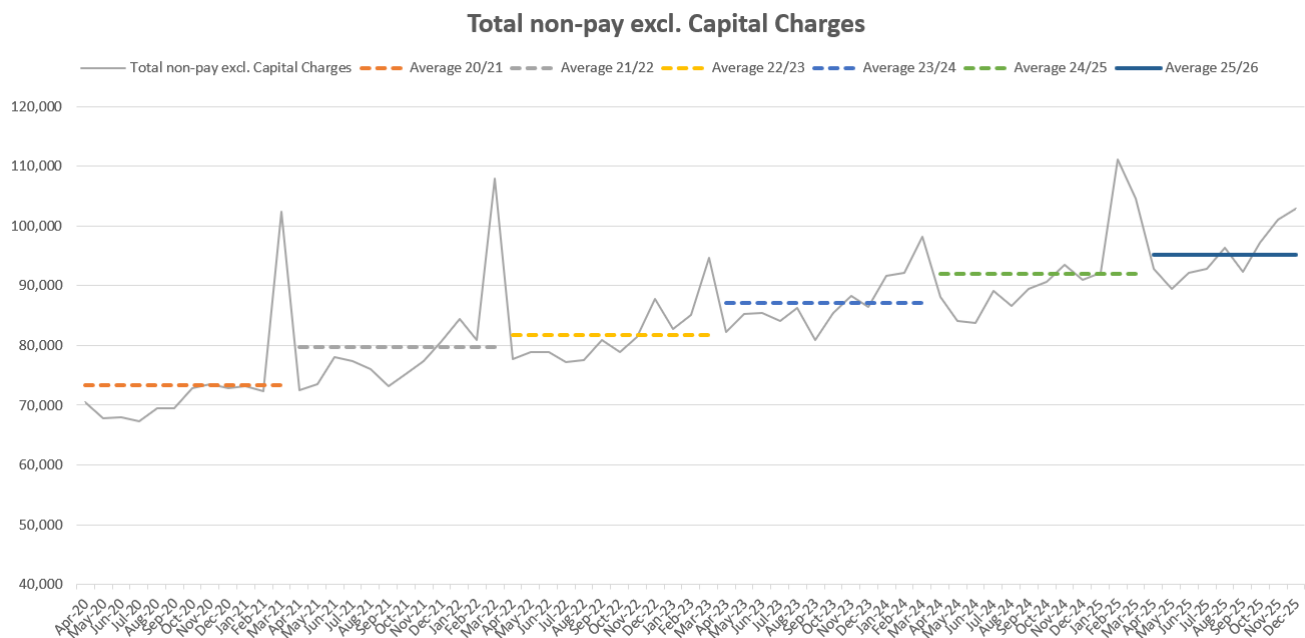
Nursing vacancy cover For December variable pay relating to vacancies is c.£1.0m ('notional calculated' expenditure) for 39,281 hours worked for bank and agency hours for shifts where 'to cover vacancies' is provided as the reason for use.

Nursing sickness cover for December variable pay relating to sickness is c.£1.1m ('notional calculated' expenditure) for 40,473 hours worked for bank and agency hours for shifts booked to cover sickness as input onto the e-roster system.

Non-Pay

Non-Pay in year expenditure is driven by additional operational pressures, including Winter planning activities and the "Our Next Patient" initiative (focused on achieving 45-minute handovers), the in month increased expenditure is related to GMS and dental contract payments, for which allocation funding was received.

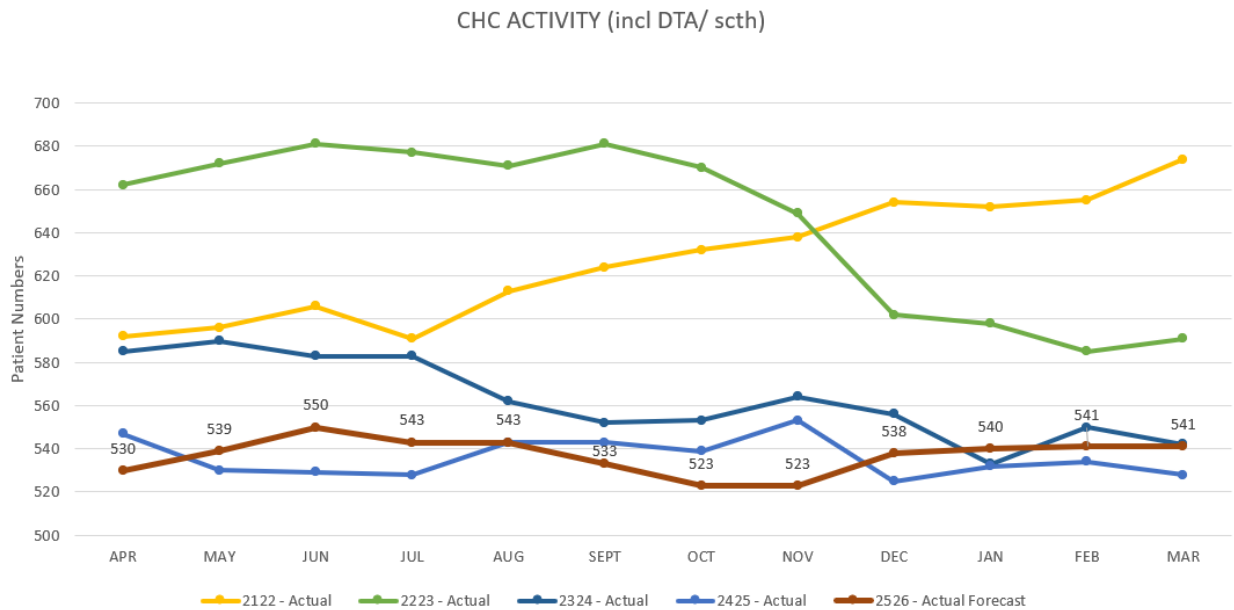
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



CHC

The Health Board spent £12.2m on CHC (all types) in December, a 0.5m increase on last month and in-line with the 2025/26 average monthly spend.

Adult Complex Care CHC activity over for 6 financial years is summarised in the chart below: -



Children’s packages are more volatile and may present a risk in 2025/26 above plan assumptions. At month 9 there are 40 out of county packages of care, 3 of which are high values packages (cost more than £0.1m each p.a). Children’s Community Nursing has 18 internal open packages of care, 3 of which are classified as high value packages.

Mental Health CHC patient numbers had a net increase of 3 in month 9 taking MH packages of care to 283. Learning Disabilities (LD) packages increased by 1, bringing the total to 175. This results in 458 patients overall. MH packages are averaging between £92k and LD £174k per annum.

Prescribing

Primary Care prescribing spend for December was £10.2m, a reduction on year-to-date average monthly expenditure by £0.2m.

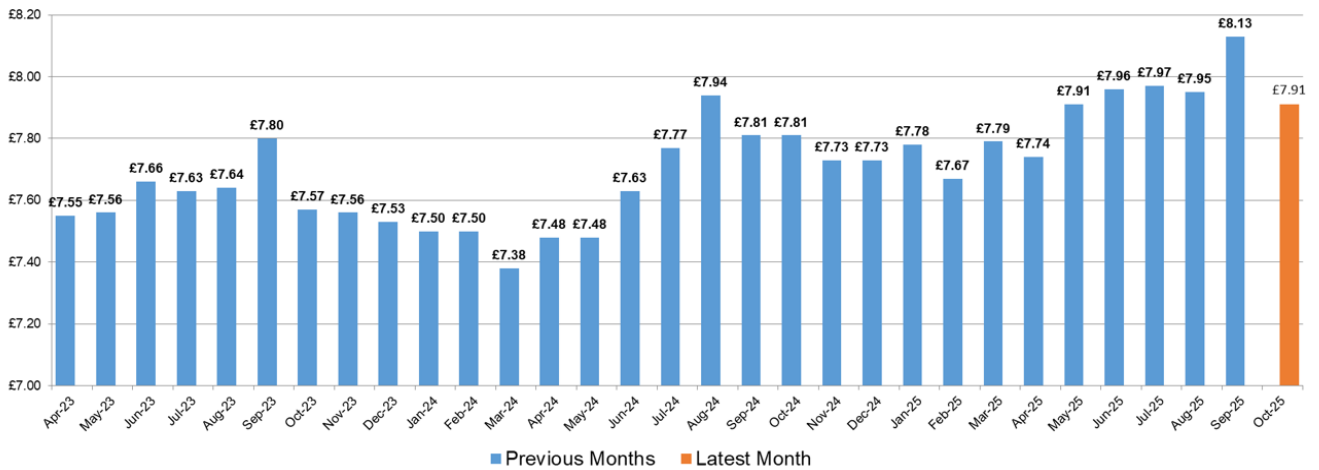
Prescribing expenditure reduced overall compared with forecast at month 9 by (£180k).

October’s PAR saw a 1.9p increase in average item price for the month compared with forecast (£7.91 compared to the planned £7.89). For month 9, the forecast growth rate for the year has been adjusted from -1.49% to -1.35% based on the latest information available.

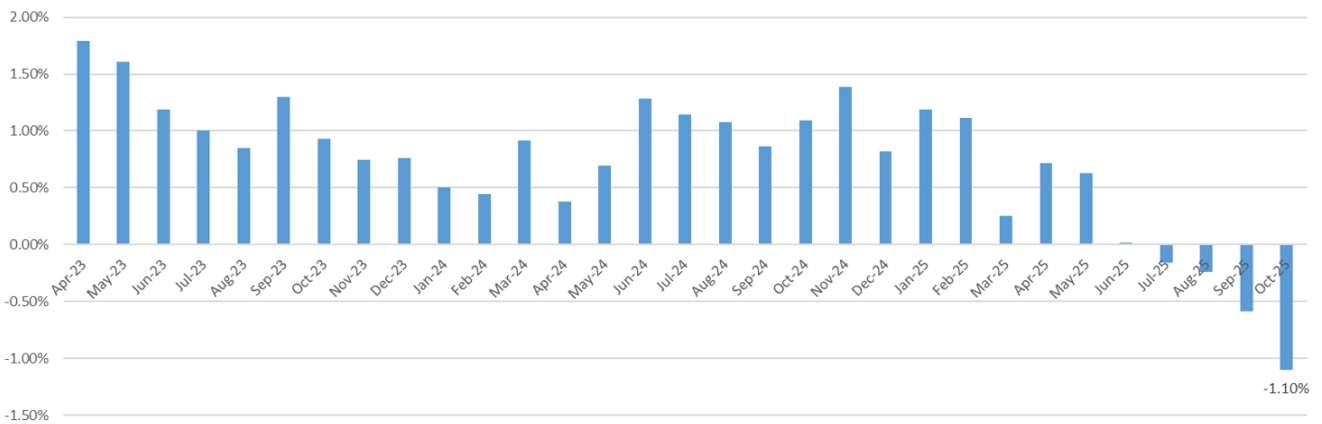
The average item price forecast for 2025/26 has varied, between April and October, the average item price was £7.94, compared with the forecast price of £7.77 for November to March.

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

Monthly Average Price Per Item Prescribed



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



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

Waiting Times Additional activity

The Health Board secured £1.5m from the Welsh Government to support additional waiting times activity aimed at improving the position of patients waiting over 104 weeks in Quarter 1. Further funding has been agreed for Quarter 3 (£1.46m) and Quarter 4.

Good progress is being made in reducing waiting times, and the table below provides a summary forecast of the anticipated position. Further updates on progress in relation to 104-week patients will be provided in the next report.

There remains a risk related to anticipated funding of £2.5m for quarter 1 and 2 over-delivery of RTT plans, verbal funding agreement has been given but no funding yet confirmed by WG, this has been escalated.

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

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

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

		Q3 YTD			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	300	464	224	-76
Non Cat Eyes	Outsourced	152	63	72	-80
	Insourced	28	50	12	-16
Orthopaedics	WLI / Backfill	2,480	897	5,181	2,701
Total		2,960	1,474	5,489	2,529

Long Term Agreements (LTA's)

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

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

At Month 9 reporting, activity information to support LTA forecasts is based on Month 8 data. Initial indications suggest growth in NICE drug expenditure at CVUHB and Velindre, this forecast remains volatile with Velindre making significant changes to their forecast each month. The Health Board aligns its forecast with providers, including Velindre, and continues to meet regularly to manage and mitigate any further risks.

The Health Board is reflecting the overspend that JCC is forecasting, however, discussions over managing and mitigating the significant risk to that position

continue between the parties. In addition, there is a contract performance risk if provider activity continues to increase.

LTA contract performance risk is predominantly with Velindre and Cardiff, the Health Board is currently forecasting in line with provider monitoring information however there is risk of potential increases in activity by the provider through the year and increases in high-cost drug recharges. There are still outstanding data and information requests with Cwm Taf UHB where assurance has not been provided to allow the Health Board to validate the inpatient activity being charged in the contract and this has been escalated formally.

Revenue Reserves

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

The reserves held on 31st December 2025 are £16.2m, including allocations to be delegated of £14.0m, those supporting the financial position of £1.9m of which £1.0m will be reallocated to support the divisional positions due to winter pressures. and a contingency investment reserve of £0.3m

The reserves include elements of income assumed at risk associated with the submitted plan with £3.5m of anticipated funding for RTT activity, beyond current funded levels.

A summary of all Health Board reserves on 31st December can be found in the appendices.

Underlying Financial Position (ULP)

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

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

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

The underlying position is currently being reviewed and tested in detail as part of the IMTP process. Early analysis indicates a deteriorating position estimated at c. £40m before new savings mitigation, driven by recurrent cost pressures and the full-year impact of savings shortfalls. A forensic review is underway, and an updated position will be presented to the Board at the earliest opportunity.

Savings delivery

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

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

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

As at month 9, the year to date saving target has been exceeded and the full year plan has also been exceeded with a full year forecast of £43.5m.

In line with WG expectation that there is a high degree of confidence in delivery of the savings at month 9, all savings schemes have been reported as green. There remains risk in the full achievement of the savings, and in the recurrent nature of some, but the Health Board expects to manage this as the financial year progresses.

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

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

Savings YTD and forecast position (£'000)

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£1,132	£2,307	£1,176	£3,871	£2,434	269.3%
Complex Care	1.9%	£781	£499	£474	£-25	£1,031	£251	132.1%
Contracting and Commissioning	0.0%	£0	£0	£3,301	£3,301	£3,662	£3,662	
Corporate	6.1%	£2,471	£1,726	£3,035	£1,308	£9,472	£7,002	383.4%
Estates and Facilities	7.4%	£3,000	£2,249	£4,130	£1,881	£5,056	£2,056	168.5%
Families and Therapies	1.7%	£682	£492	£1,891	£1,399	£2,461	£1,779	360.9%
Medicine	5.6%	£2,250	£1,740	£3,229	£1,490	£4,459	£2,208	198.1%
Mental Health and Learning Disabilities	2.3%	£946	£828	£1,010	£182	£1,688	£742	178.4%
Prescribing	5.6%	£2,252	£1,418	£3,106	£1,689	£5,601	£3,349	248.7%
Primary Care and Community	4.0%	£1,614	£1,153	£2,267	£1,114	£2,776	£1,162	172.0%
Surgery	6.1%	£2,448	£1,783	£1,632	£-151	£2,614	£166	106.8%
Urgent Care	1.3%	£539	£378	£423	£44	£798	£259	148.1%
Various	54.4%	£21,980	£3,788	£0	£-3,788	£0	£-21,980	0.0%
Total	100.0%	£40,400	£17,185	£26,806	£9,621	£43,489	£3,089	107.6%

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

Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	12	£1,686	£978	£-708	£2,563	£1,870	£-693
Medicines Management	50	£3,114	£5,618	£2,504	£4,520	£9,207	£4,687
Procurement & Non-pay	133	£6,479	£12,915	£6,436	£20,587	£20,959	£372
Service redesign	3	£1,160	£1,275	£115	£1,980	£1,643	£-337
Workforce	78	£4,746	£6,020	£1,274	£10,750	£9,811	£-939
Total	276	£17,185	£26,806	£9,621	£40,400	£43,489	£3,089

The table below demonstrates the forecast 2025/26 savings and the breakdown between recurrent and non-recurrent savings with the 2026/27 impact, by value & sustainability category. It shows that **47% of the savings are non-recurrent**. This will adversely impact the underlying position of the Health Board.

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

V&S category	Number of Schemes	Annual Plan	Forecast savings	Variance to Plan	Non Recurrent forecast savings	Recurrent forecast savings	Forecast savings FYE
CHC	12	£2,563	£1,870	−£693	£250	£1,620	£2,355
Medicines Management	50	£4,520	£9,207	£4,687	£1,077	£8,130	£11,907
Procurement & Non-pay	133	£20,587	£20,959	£372	£13,515	£7,444	£8,204
Service redesign	3	£1,980	£1,643	−£337	£1,643	£0	£0
Workforce	78	£10,750	£9,811	−£939	£3,871	£5,940	£7,470
Total	276	£40,400	£43,489	£3,089	£20,356	£23,133	£29,936

Opportunities

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

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

Potential further opportunities were identified at month 6 totalling £5m, of these £2.9m have been progressed to savings plans. A progress update is provided below;

	Opportunities Progressed as at M9	Pipeline - Further Opportunities under review	Opportunities Moved to 2026/27	Total
	£m	£m	£m	£m
Procurement & Non-Pay	1.09	0.21		1.30
Workforce	0.71	0.60	1.09	2.40
Medicines Management			0.30	0.30
CHC	0.50	0.50		1.00
TOTAL	2.30	1.31	1.39	5.00

Last month, a workforce opportunity was reported as progressed; however, on further review this is unlikely to be achieved this year as it relates to sustainability payments. This will be reviewed for 2026/27. However, there is an increase in the procurement and non-pay category with an additional £0.5m for NWSSP rebate which was included in the forecast position in month 8.

Risks

The risks have been updated to reflect additional in year pressures (above the £18.3m). Risks are reviewed regularly and updated based on the Health Board's

assessment of the current level of risk to the financial position and its ability to manage those risks.

The most significant additional risks to the Health Board are:

Risks Excluded from Forecast £18.323m deficit	
Risks	£m
Band 2 to 3	tbc
RTT QTR 1 & 2	2.5
RTT - Efficiencies	0.9
RTT not funded - national insourcing	tbc
National OP insourcing s/fall	tbc
Winter 25/26	tbc
MH Variable Pay	0.6
45 Minute Handover (Our Next Patient) for March	tbc
Secondary care drugs	1.7
Non Achievement of Savings	2.0
JCC Risk	0.8
Operational Pressures in excess of forecast	tbc
Confirmation of anticipated funding (e.g. Planned care)	tbc

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

Capital

Resource Limit (CRL) as at Month 9 totalled £42.451m including disposal proceeds totalling £0.147m. The Health Board confirmed the CRL requirements for All Wales Capital Programme (AWCP) schemes at the end of October. The revised budget allocations are now fixed, and any further slippage will need to be managed by the Health Board through brokerage with the Discretionary Capital Programme. The forecast outturn at Month 9 is breakeven.

The NHH Satellite Radiotherapy scheme building handover took place on the 6th May. After commissioning, the unit opened to patients on the 30th June 2025. The final account for the building works is being agreed with the contractor. Associated smaller works and expenditure against the arts budget will continue throughout the remainder of the year.

Phase 1 works to the Grange University Hospital Emergency Department Extension completed and was opened to patents in December. Phase 2 works will now be completed next year outside of the winter pressures period. The Discretionary Capital Programme (DCP) is currently funding a projected overspend against this scheme of £0.403m, however, there is a risk of increased overspend if further claims submitted by the contractor in relation to prolongation of the programme and additional works are approved under the contract.

The expected handover of the Centralised Decontamination Unit at RGH is February 2026. The commissioning period will then commence to allow the unit to open in April 2026. The reported underspend relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m).

Works are progressing across the majority of the Targeted Estates Funding (TEF) schemes for 2025/26 with 37% of the allocation being spent by the end of December. The remaining orders are being progressed urgently to ensure full spend of the revised allocation. If further slippage arises against these schemes, a brokerage request will be submitted to Welsh Government.

Additional funding has been confirmed in December for End of Year Equipment replacements (£1.078m) and additional Housing with Care Fund schemes (£0.030m).

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £6.977m at Month 9 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.862m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)
- Plus, reimbursement of DCP Fees re: RGH Decon scheme - £0.139m
- Less 2025/26 AWCP scheme overspends - (£0.003m)
- Plus Disposal Proceeds 2025/26 - £0.063m

DCP expenditure to Month 9 totalled £3.943m. Urgent schemes totalling £0.473m have been approved in December relating to the commissioning of the Winter Ward at Chepstow Hospital, Computer Room Upgrades and essential equipment replacements. Slippage of £0.231m has been reported against the Llanfrechfa Grange car park scheme which will now be carried forward to 2026/27. The unallocated contingency at the end of Month 9 is £0.591m.

Cash

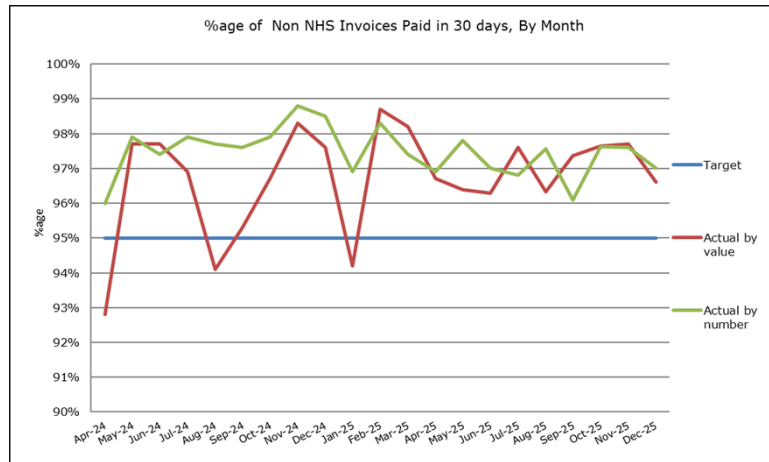
The cash balance held at the end of December is £3.121m relating to Revenue. The balance is within the advisory figure set by Welsh Government of £6.0m.

The Health Board is currently forecasting an overspend of £18.323m in 2025/26. This overspend has been reflected in the cash flow table and will require strategic cash support towards the end of the year if not reduced downwards toward break even.

This increased strategic cash support from Welsh Government, based on the deficit forecast, will be required to enable the Health Board to continue to pay its suppliers in a timely manner. WG has approved this request.

Public Sector Payment Policy (PSPP)

The HB has achieved the target in December. The target to pay 95% of NHS invoices within 30 days has been achieved for both this month and on a cumulative basis.



Argymhelliad / Recommendation

The Committee is asked to note for assurance:

- The financial performance at the end of December 2025 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 31st December 2025,
- The Health Board’s underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note: the appendices attached providing further detailed information.



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

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

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

Commissioned Services – Services purchased external to ABUHB both within and outside Wales
 COTE – Care of the Elderly
 CRL – Capital Resource Limit
 Category M – category of drugs
 CEO – Chief Executive Officer
 CEAU – Children’s Emergency Assessment Unit
 CTM – Cwm Taf Morgannwg
 D&C – Demand & Capacity
 DCP – Discretionary Capital Programme
 DHR – Digital Health Record
 DNA – Did Not Attend
 DOSA – Day of Surgery Admission
 D2A – Discharge to Assess
 DoLS - Deprivation of Liberty Safeguards
 DoF – Director(s) of Finance
 DTOC – Delayed Transfer of Care
 EASC – Emergency Ambulance Services Committee
 ED – Emergency Department
 EDCIMS – Emergency Department Clinical Information Management System
 eLGH – Enhanced Local general Hospital
 EFAB – Estates Funding Advisory Board
 ENT – Ear, Nose and Throat specialty
 EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund

LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK - Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services Partnership
 ODT – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC –Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital
 RN – Registered Nursing
 RRL – Revenue Resource Limit
 RTT – Referral to Treatment
 RPB – Regional Partnership Board
 RIF – Regional Integration Fund
 SCCC – Specialist Critical Care Centre
 SCH – Scheduled Care Division
 SCP – Service Change Plan (reference IMTP)
 SLF – Straight Line Forecast
 SpR – Specialist Registrar
 STW – St.Woolos Hospital
 TCS – Transforming Cancer Services (Velindre programme)
 TEF – Targeted Estates Funding
 T&O – Trauma & Orthopaedics

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
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	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

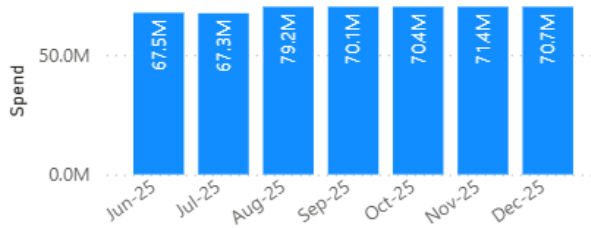
<https://futuregenerations.wales/about-us/future-generations-act/>

Aneurin Bevan University Health Board
Finance Report – December (Month 09) 2025/26
Appendices

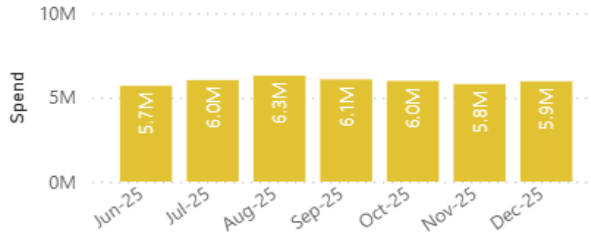
Section
Pay Summary 1
Pay Summary 2 Substantive Pay
Pay Summary 3 Variable Pay
Pay Summary 4 Bank & Agency Reasons RN's & HCSW's
Non-pay Summary
CHC Activity & Forecast
RTT & Waiting List Initiatives
Savings scheme RAG rating definitions
Divisional analysis
Reserves
Cash / Public Sector Payment Policy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

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

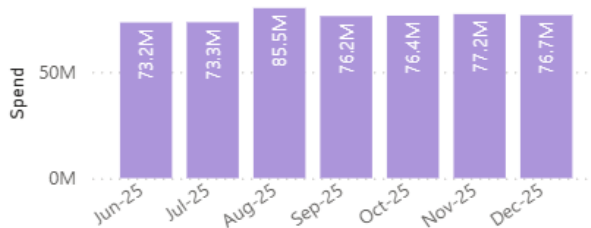
Substantive pay (£'M)



Variable pay (£'M)



Total Pay (£'M)



Substantive (£'000)

Pay category	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Change	%	Avg 24/25
ADD PROF SCIENTIFIC AND TECHNICAL	2,617	2,613	2,641	3,101	2,748	2,831	2,794	2,761	-33	-1.2%	2,513
ADDITIONAL CLINICAL SERVICES	9,230	8,980	8,842	9,899	9,034	9,016	9,151	8,910	-241	-2.6%	8,438
ADMINISTRATIVE & CLERICAL	10,526	10,760	10,818	12,609	11,219	11,256	11,396	11,350	-46	-0.4%	10,110
ALLIED HEALTH PROFESSIONALS	4,567	4,507	4,519	5,425	4,782	4,824	4,880	4,907	27	0.6%	4,361
ESTATES AND ANCILLIARY	3,681	3,516	3,499	3,794	3,476	3,498	3,658	3,527	-131	-3.6%	3,208
HEALTHCARE SCIENTISTS	1,288	1,256	1,276	1,483	1,331	1,343	1,359	1,348	-10	-0.8%	1,236
MEDICAL AND DENTAL	17,057	16,884	16,794	20,408	18,001	17,665	17,775	17,797	23	0.1%	16,548
NURSING AND MIDWIFERY REGISTERED	19,265	19,014	18,901	22,515	19,557	20,014	20,392	20,104	-288	-1.4%	18,058
STUDENTS	2	2	2	2	2	-1	2	2	0	0.0%	2
Total	68,232	67,533	67,291	79,237	70,149	70,448	71,406	70,707	-699	-1.0%	64,476

Variable pay (£'000)

Pay category	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Change	%	Avg 24/25
Agency	2,249	2,060	2,300	1,930	2,131	2,105	1,797	2,214	417	23.2%	2,414
Bank	3,643	3,279	3,354	3,891	3,515	3,427	3,580	3,345	-235	-6.6%	3,673
Locum	356	353	377	468	423	443	408	391	-18	-4.4%	332
Total	6,248	5,692	6,031	6,289	6,069	5,975	5,786	5,950	164	2.8%	6,419

Total pay (£'000)

	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Change	%	Avg 24/25
Pay	74,480	73,225	73,322	85,525	76,218	76,423	77,192	76,657	-535	-0.7%	70,895

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

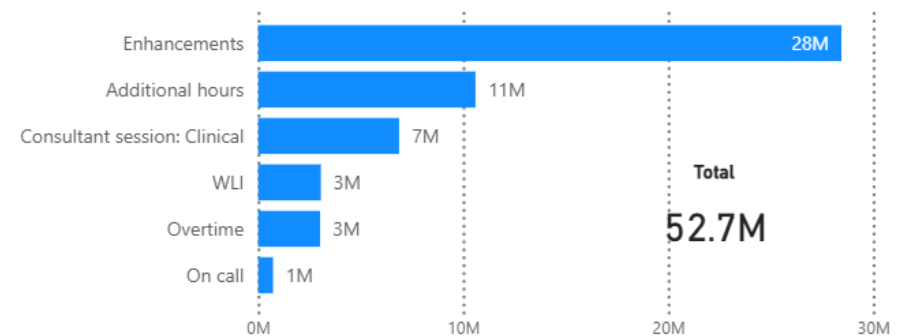


Pay Summary (3): Variable Pay (£'k)

Total additional pay by Division (£'000)

Division	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Total
Medicine	1,584	1,293	1,410	1,390	1,384	7,061
Surgery	1,010	896	880	881	865	4,533
Clinical Support Services	949	750	720	834	732	3,985
Family and Therapies	700	539	571	647	574	3,031
Urgent Care	558	545	525	593	475	2,696
Primary Care and Community	579	437	475	549	471	2,511
Estates and Facilities	536	430	449	531	454	2,400
Mental Health and LD	440	308	358	398	332	1,836
CHC and FNC	157	120	123	139	116	655
Corporate	78	64	75	96	98	412
Total	6,591	5,384	5,587	6,059	5,500	29,120

Total additional pay costs YTD 25/26

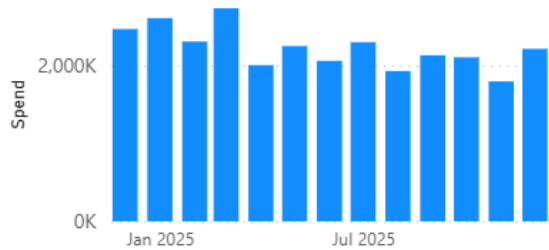


Pay category	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Agency													
Admin & Clerical Agency	3	31	6	37	38	10	17	54	2	61	20	26	29
Allied Health Prof Agency	166	253	262	323	163	136	78	202	69	79	68	59	104
Estates & Ancilliary Agency	34	67	-49	145	112	81	128	59	111	159	161	103	137
Medical Agency	859	868	900	1,038	858	1,156	945	991	883	903	1,015	736	972
Nurse HCA/HCSW Agency	120	131	92	202	115	172	189	197	95	84	98	40	126
Other Agency	79	50	92	98	91	68	135	96	137	150	97	181	113
Registered Nurse Agency	1,207	1,210	1,006	893	627	627	568	701	632	695	646	652	734
Total	2,468	2,609	2,308	2,735	2,005	2,249	2,060	2,300	1,930	2,131	2,105	1,797	2,214
Bank													
Admin & Clerical Bank	67	74	68	168	73	79	68	74	84	74	88	101	80
Estates & Ancilliary Bank	259	255	234	325	253	288	280	276	296	288	266	274	287
Nurse HCA/HCSW Bank	1,504	1,641	1,568	2,032	1,574	1,698	1,570	1,595	1,842	1,622	1,611	1,693	1,590
Other Bank	-2	-1	-2	233	27	37	25	34	35	38	32	27	36
Registered Nurse Bank	1,437	1,672	1,689	2,287	1,408	1,541	1,336	1,375	1,634	1,492	1,429	1,485	1,352
Total	3,265	3,641	3,557	5,044	3,336	3,643	3,279	3,354	3,891	3,515	3,427	3,580	3,345
Locum													
Medical Locum	320	548	324	180	376	356	353	377	468	423	443	408	391
Total	320	548	324	180	376	356	353	377	468	423	443	408	391
Total	6,053	6,798	6,189	7,959	5,718	6,248	5,692	6,031	6,289	6,069	5,975	5,786	5,950

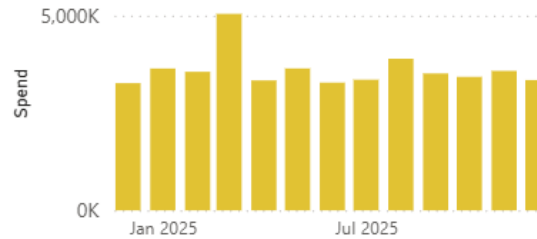
Change	%
2	8.7%
45	76.9%
34	33.2%
236	32.1%
86	212.9%
-67	-37.3%
81	12.5%
417	23.2%
-21	-20.7%
13	4.8%
-103	-6.1%
9	32.9%
-134	-9.0%
-235	-6.6%
-18	-4.4%
-18	-4.4%
164	2.8%

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

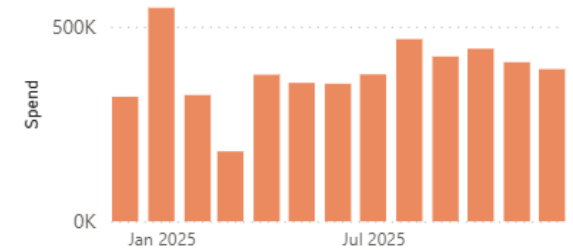
Agency (£'000)



Bank (£'000)

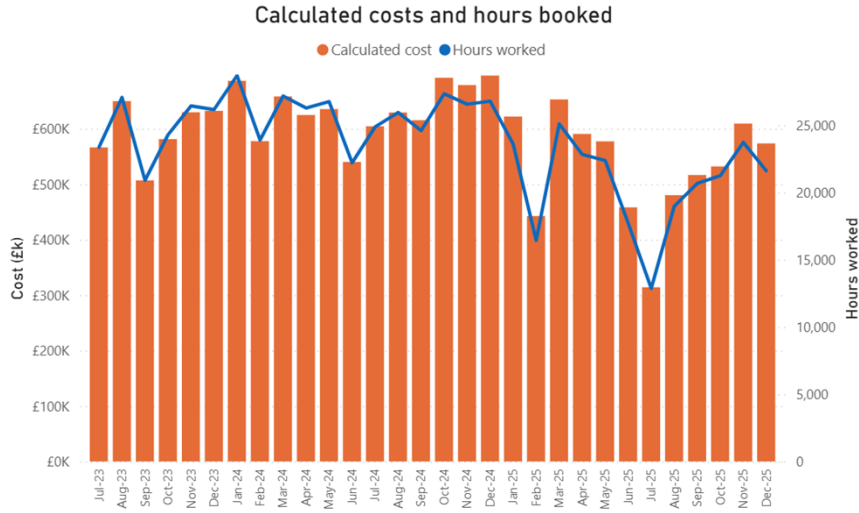


Locum (£'000)

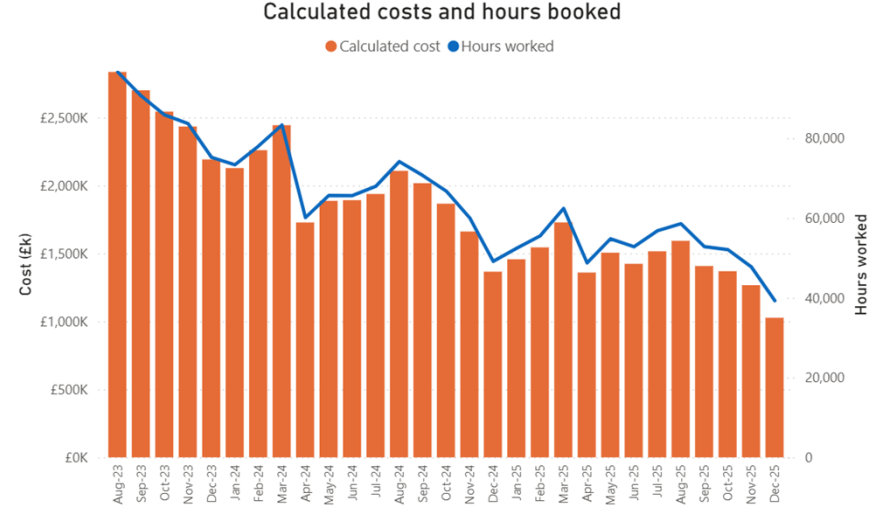


Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)

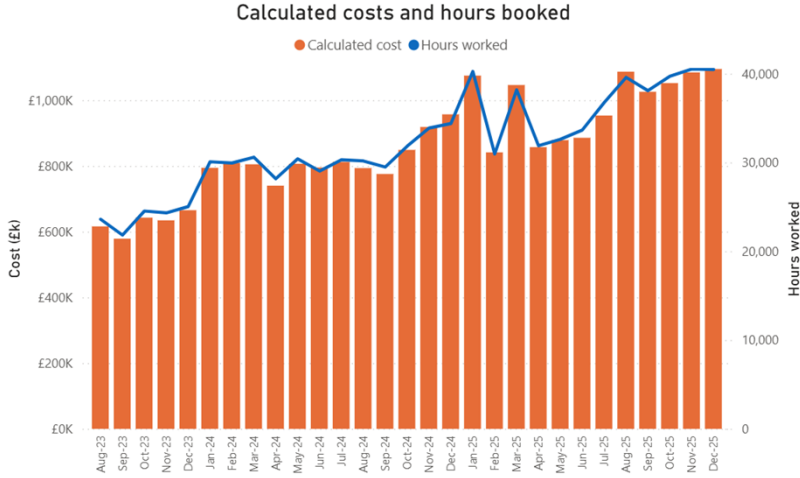
Enhanced Care



Established Vacancy Cover

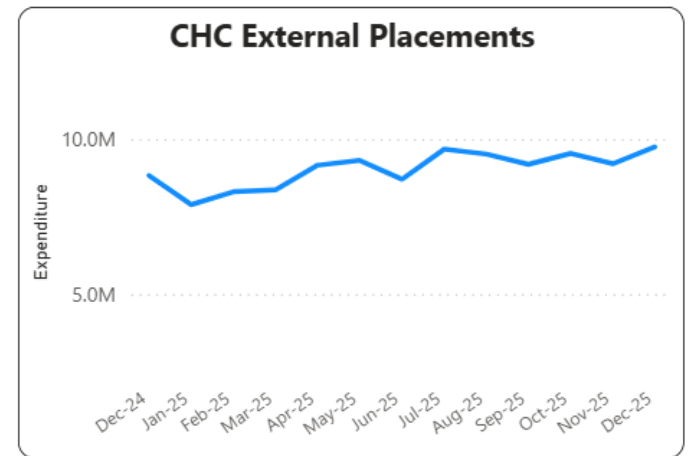
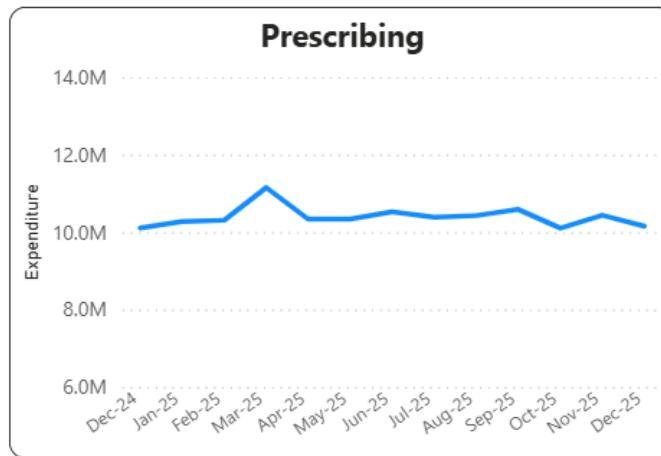
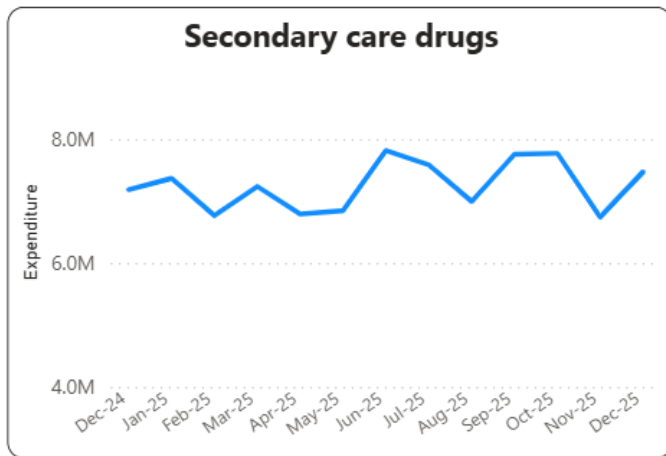
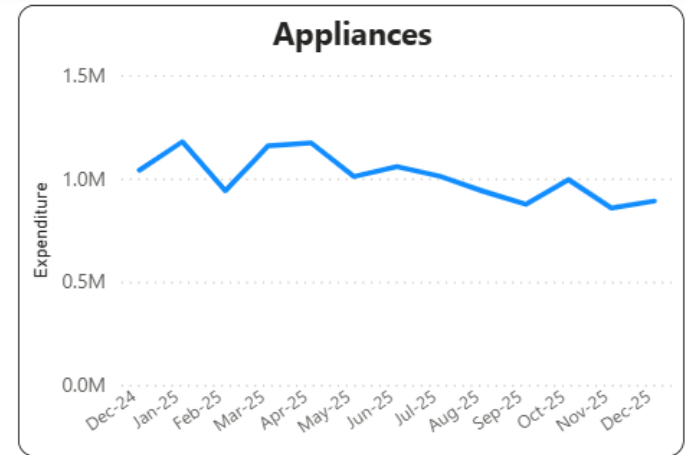
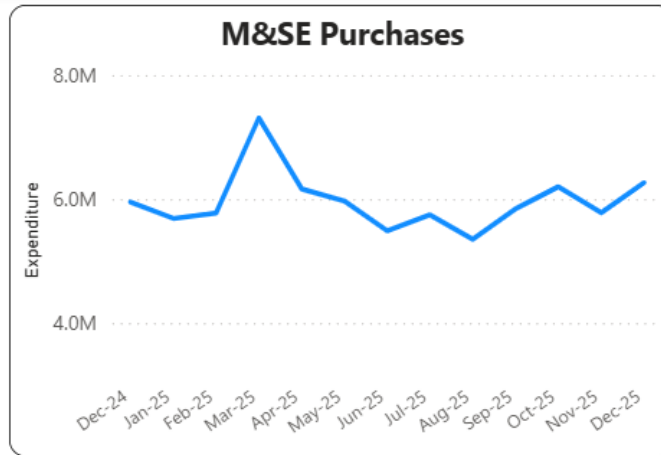
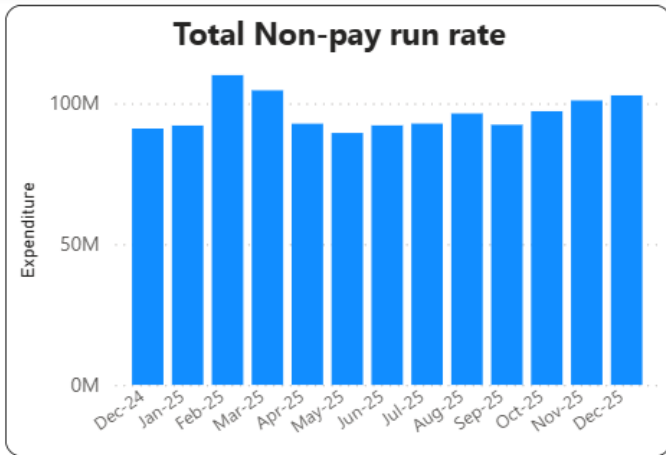


Sickness Cover



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

Non-Pay Summary:



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

Activity is forecast to decrease by 8 cases when compared to the 2024/25 out-turn, spend is expected to increase by £4.4m when compared to the 24/25 out-turn.

Activity - Actual	Dec-25	Nov-25	Movement
D2A	25	24	1
CAHT	49	49	0
All Other EXT CHC	457	447	10
Discharge schemes (RIF)	28	24	4
Total	559	544	15

Average 24/25
18
49
454
24
554

Activity - Forecast	Dec-25	24/25 Out-turn	Movement
D2A	27	27	0
CAHT	49	49	-
All Other EXT CHC	458	454	4
Discharge schemes (RIF)	28	24	4
Total	562	554	8

YTD & Forecast £'000	2025/26 forecast as at M09 £'000	2025/26 forecast as at M08 £'000	Movement
D2A	2,560	2,560	(0)
CAHT	10,318	10,342	(24)
All Other EXT CHC	45,969	45,914	54
Discharge schemes (RIF)	1,044	1,044	(0)
Total	59,890	59,910	30

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

Referral to Treatment (RTT):

- Elective Treatments for Dec '25 = 1,985 (Nov '25: 2,037. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M09)					Actual Treatments (M09)				Treatment Variance (M09)			
Treatment	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total
N107-Dermatology	239	0	15	254	226	7	0	233	(13)	7	(15)	(21)
N147-ENT	188	0	0	188	124	4	0	128	(64)	4	0	(60)
N105-General Surgery	299	5	0	304	302	5	35	342	3	0	35	38
N146-Oral Surgery	235	0	0	235	209	0	0	209	(26)	0	0	(26)
N148-Ophthalmology	416	0	0	416	280	0	0	280	(136)	0	0	(136)
N115-Trauma & Orthopaedics	589	20	18	627	471	47	39	557	(118)	27	21	(70)
N106-Urology	261	0	0	261	236	0	0	236	(25)	0	0	(25)
	2,227	25	33	2,285	1,848	63	74	1,985	(379)	38	41	(300)

- Outpatient activity for Dec '25 = 5,928 (Nov '25: 6,320. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

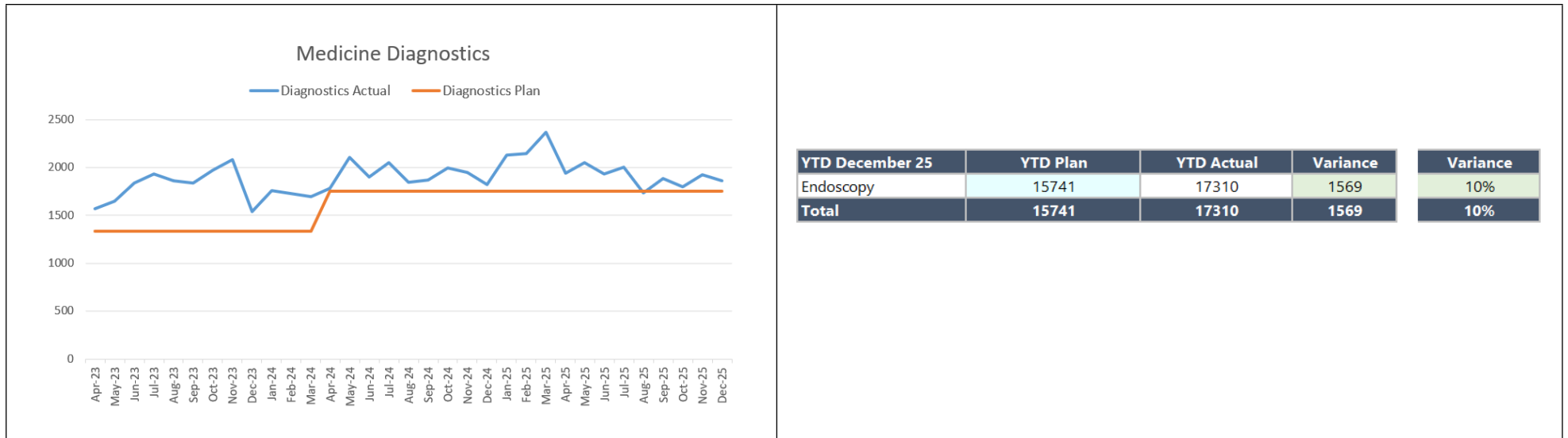
Planned Outpatients (M09)					Actual Outpatients (M09)					Outpatient Variance (M09)				
Outpatient	Core	Backfill	WLI	Total	ACTUAL TYPE				Total	Core	Backfill	WLI	Total	
					Elective	Backfilled	WLI							
N107-Dermatology	1,277	0	0	1,277	N107-Dermatology	1,364	0	0	1,364	N107-Dermatology	87	0	0	87
N147-ENT	698	0	0	698	N147-ENT	450	0	0	450	N147-ENT	(248)	0	0	(248)
N105-General Surgery	1,967	165	29	2,161	N105-General Surgery	1,689	9	42	1,740	N105-General Surgery	(278)	(156)	13	(421)
N146-Oral Surgery	263	0	0	263	N146-Oral Surgery	423	0	33	456	N146-Oral Surgery	160	0	33	193
N148-Ophthalmology	731	0	36	767	N148-Ophthalmology	578	0	0	578	N148-Ophthalmology	(153)	0	(36)	(189)
N108-Rheumatology	195	0	0	195	N108-Rheumatology	175	0	0	175	N108-Rheumatology	(20)	0	0	(20)
N115-Trauma & Orthopaedics	1,023	11	20	1,054	N115-Trauma & Orthopaedics	642	0	2	644	N115-Trauma & Orthopaedics	(381)	(11)	(18)	(410)
N106-Urology	536	0	15	551	N106-Urology	510	0	11	521	N106-Urology	(26)	0	(4)	(30)
Total	6,690	176	100	6,966	Total	5,831	9	88	5,928	Total	(859)	(167)	(12)	(1,038)

Medicine Outpatients activity for Dec '25 was 1,949 - (Nov '25: 2,202. 2024/25: 23,053. 2023/24: 22,708)

Dec-25			
	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	427	-48
Cardiology	430	406	-24
Respiratory (inc Sleep)	455	270	-185
Neurology	257	327	70
Endocrinology	186	203	17
Geriatric Medicine	313	316	3
Total	2116	1949	-167

Dec-25				
YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	4275	4459	184	4%
Cardiology	3870	3807	-63	-2%
Respiratory (inc Sleep)	4095	3862	-233	-6%
Neurology	2313	3279	966	42%
Endocrinology	1674	2192	518	31%
Geriatric Medicine	2817	3015	198	7%
Total	19044	20614	1570	8%

Medicine Diagnostics activity for Dec '25 was 1,860 (Nov '25: 1,921. 2024/25: 23,952. 2023/24: 21,466)



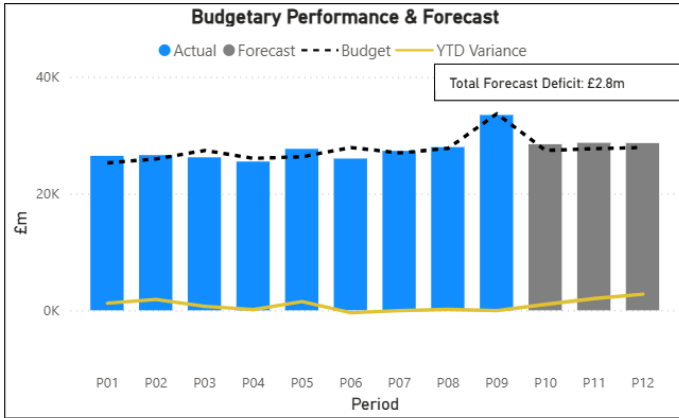
RAG rating category definitions

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

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

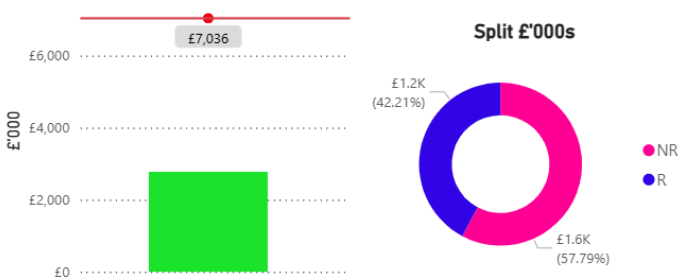
The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

Divisional analysis – Primary Care and Community



- Key drivers of forecast deficit:**
- £1.1m winter pressures
 - £0.9m (St Arvans / Acute Pharmacists / Ty Glas Y Dorlan)
 - £0.2m 24/25 winter ward open until May-25
 - £1.0m GMS enhanced services including DDS Frailty
 - £0.6m additional cost for GP OOHs
 - Remaining pressure primarily Community hospitals variable pay, in respect of RN sickness cover and HCSW for enhanced care.

25/26 Savings with CIP Target



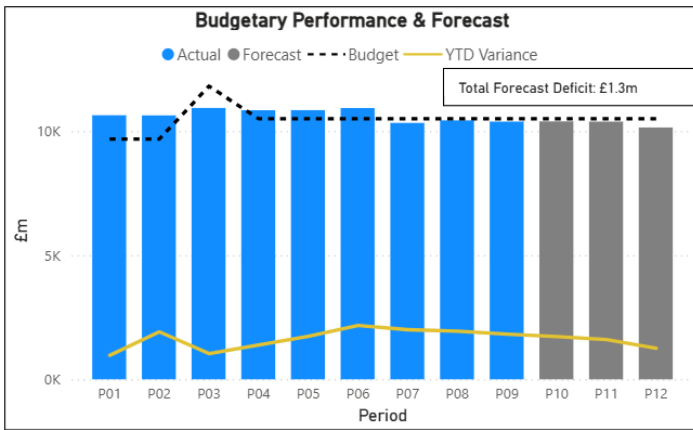
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	2	290	413	123	300	£475	175
Procurement & Non-pay	17	538	1,502	964	832	£1,760	928
Workforce	10	325	352	27	482	£542	60
Total	29	1,153	2,267	1,114	1,614	£2,776	1,162

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-01	SLA's - Age Cymru & BHF	R	Month 1	Green	24	31
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	75	100
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Green	27	90
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Green	14	21
PCC-07	Change the band 7 Discharge Liaison Nurse post [0.6wte £38K] to a band 4 administrative post [1.00wte £34k]	R	Month 1	Green	3	4
PCC-08	10% Reduction of OAMH	R	Month 1	Green	0	20
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Green	13	25
PCC-10	BG Locality Bank & Agency reduction	R	Month 1	Green	7	7
PCC-11	Reduction in DN teams from 8 to 7	R	Month 1	Green	7	10
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Green	6	7
PCC-13	Stock review/control	R	Month 1	Green	2	5
PCC-14	Reduction/closure of boarding beds C5West and C5East	R	Month 1	Green	196	274
PCC-15	Closure of Victoria House	R	Month 1	Green	69	103

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-16	Service provision at Trevethin	R	Month 1	Green	52	69
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	25	33
PCC-18	Non pay opportunities	R	Month 1	Green	9	13
PCC-19	Medicines Management - SSP Opportunities identified by procurement	R	Month 1	Green	290	300
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS providers (in	R	Month 1	Green	36	58
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	48	65
PCC-22	Enhancements on Specialist rates	R	Month 1	Green	25	36
PCC-23	Administered COVID-19 Vaccines	NR	In Year	Green	123	175
PCC-25	Procurement - A4 paper switch saving	R	In Year	Green	1	1
PCC-38	GMS Prior Year enhanced services accrual release	NR	In Year	Green	513	614
PCC-39	GDS prior year clawback benefit	NR	In Year	Green	108	108
PCC-40	Nursing non pay opportunities	NR	In Year	Green	15	21
PCC-41	GDS NR saving from contract variation	NR	In Year	Green	510	510
PCC-42	Respiratory - vacancies & maternity leave	NR	In Year	Green	8	16
PCC-43	Optometry contract Prior year accrual release	NR	In Year	Green	50	50
PCC-44	Uniform amnesty/recycling	NR	In Year	Green	11	11
Original CIP Target:				7,036	2,267	2,776
Distance from target (over)/under				4,259		

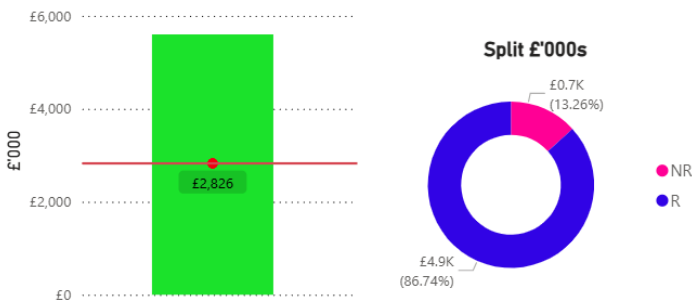
Divisional analysis – Prescribing



Key drivers of forecast deficit:

- £0.7m transfer of anti-viral drug pressure from PCCS due to change in service delivery
- £1.1m prior year cost pressure due to 24/25 final outturn
- (£0.5m) net other movements including dapagliflozin price reduction

25/26 Savings with CIP Target

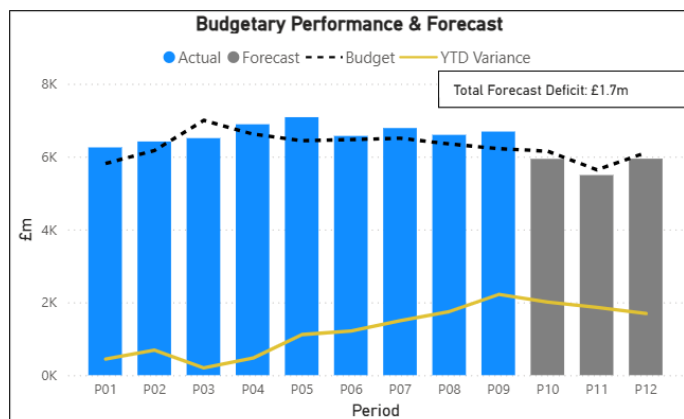


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	14	1,306	2,994	1,689	2,103	£5,452	3,349
Workforce	1	112	112	0	149	£149	0
Total	15	1,418	3,106	1,689	2,252	£5,601	3,349

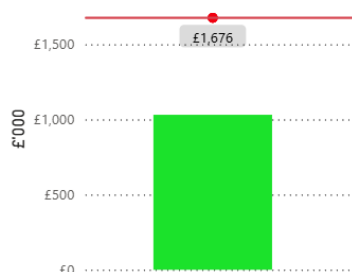
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-02	Stoma Team Phase 2	NR	Month 1	Green	112	149
PCC-04	Medicines Management	R	Month 1	Red	0	0
PCC-04A	Dietitians	R	In Year	Green	41	67
PCC-04B	Waste Reduction Scheme	R	In Year	Green	202	270
PCC-04C	Pharmacy Led Savings	R	In Year	Green	118	193
PCC-04D	Scriptswitch Acute	R	In Year	Green	140	197
PCC-04E	Scriptswitch Repeat	R	In Year	Green	360	668
PCC-04F	Liothyronine Formulation change	R	In Year	Green	1	1
PCC-04G	DOAC (Edoxaban) switch to Apixaban / Rivaroxaban	R	In Year	Green	369	650
PCC-04H	Bath & Shower Emollient Review	R	In Year	Green	5	6
PCC-04I	Chloral Hydrate Prescribing Review	R	In Year	Green	0	15
PCC-100	Dapagliflozin LOE	R	In Year	Green	1,264	2,700
PCC-101	Ticagrelor LOE	R	In Year	Green	0	72
PCC-102	Denosumab LOE	R	In Year	Amber	0	20
PCC-24	Only Order What You Need	NR	In Year	Green	495	594
Original CIP Target:					2,826	5,601
Distance from target (over)/under					(2,775)	

Divisional analysis – Complex Care

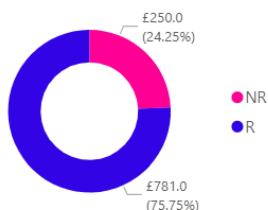


- The position is driven primarily by CHC, DTA and FNC placements, which collectively forecast an overspend of £1.38m.
- Care at Home is forecasting an overspend of £0.29m linked to variable pay from sickness, fully offset by a £0.34m underspend in Governance and Commissioning.
- IRP remains a costs pressure with a £0.37m forecast overspend, with £0.245m AME funding expected at year end and included withing opportunities
- The forecast includes a £1.954m Prior Year benefit target, plus assumptions for CHC/FNC growth, unfunded Band 8 midpoint costs, the Cwmbran House lease extension, and fee uplift provisions.
- Efficiency delivery remains challenging, with £1.031m included in the forecast and £0.557m still required in Q4.

25/26 Savings with CIP Target



Split £'000s

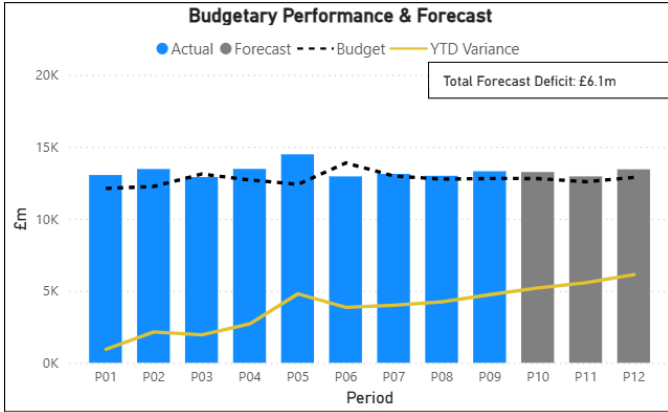


Savings summary (£'000)

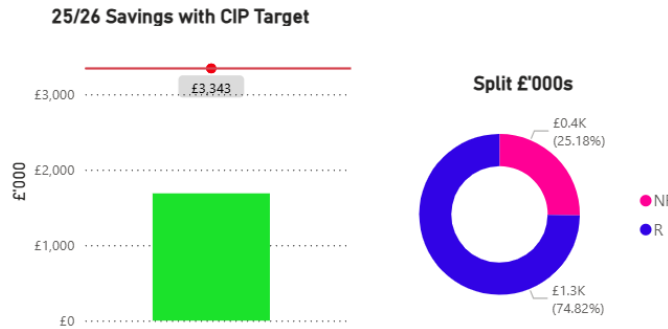
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
CHC	6	487	462	-25	763	£1,013	251
Workforce	1	12	12	0	18	£18	0
Total	7	499	474	-25	781	£1,031	251

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CHC-01	Top 50 placement reviews	R	Month 1	Green	183	306
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Green	0	108
CHC-03	FNC Assessments	R	Month 1	Green	216	305
CHC-04	Care at Home Team	R	Month 1	Green	0	32
CHC-05	Rightsizing additional support	R	Month 1	Green	0	12
CHC-06	Enhancements on Specialist rates	R	Month 1	Green	12	18
CHC-07	Reduced growth chc	NR	In Year	Green	63	250
Original CIP Target:					474	1,031
Distance from target (over)/under					645	

Divisional analysis – Mental Health and Learning Disabilities



- Key drivers of forecast deficit:**
- £5.3 inpatients wards within Older Adult, Adult & Learning Disabilities, Enhanced Care and High Observations Driving
 - £1.5 commissioned placements
 - £0.8 Adult Medical Agency – covering gaps
 - £0.4 drugs
 - £0.2 unfunded bank pay award
 - (£2.1) vacancies across Community teams & Older Adult Psychology

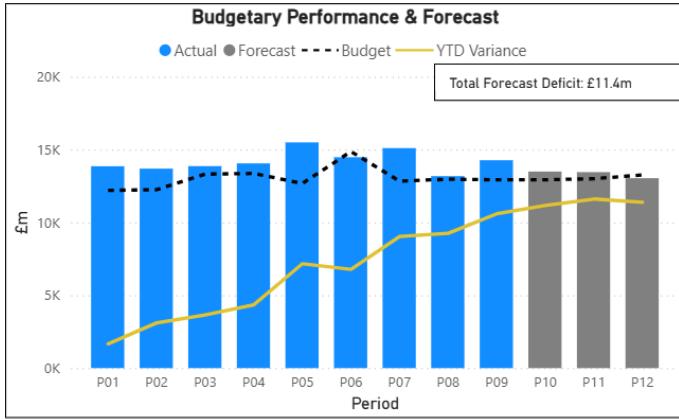


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
CHC	5	650	516	-134	700	£857	157
Medicines Management	4	3	9	6	3	£15	12
Procurement & Non-pay	2	0	295	295	0	£394	394
Workforce	5	175	190	15	243	£423	180
Total	16	828	1,010	182	946	£1,688	742

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		
					Achieved £'000	Forecast £'000	
MH-01	Mitchell Close	R	Month 1	Red	0	0	
MH-02	Aripiprazole drug switch	R	Month 1	Green	2	3	
MH-03	Reduction to variable pay	R	Month 1	Red	0	0	
MH-04	CHC Dispute CB Hammersmith & Fulham	NR	Month 1	Red	0	0	
MH-05	CHC Transition Cases (x2)	R	Month 1	Green	207	207	
MH-06	MH Framework Uplifts	R	In Year	Green	258	344	
MH-07	MH LD Adult / CAMHS Hospitals Framework Agreement	R	In Year	Green	38	50	
MH-11	CHC DB Repat In house services	R	In Year	Green	214	366	
MH-13a	CHC Saving Eligibility Review	R	In Year	Green	7	14	
MH-13b	CHC rightsize/change in need/step down	R	In Year	Green	87	269	
MH-14	Cedar temp closure	NR	In Year	Green	110	200	
MH-15	Older Adult Psychology Posts	NR	In Year	Green	69	145	
MH-16	Haloperidol tablets to liquid switch (cost difference)	R	In Year	Green	6	9	
MH-17	Variable Pay Reduction LD	NR	In Year	Green	10	78	
MH-18	National Priorities - Dapagliflozin generic	NR	In Year	Green	1	1	
MH-19	National Priorities - Ticagrelor generic	NR	In Year	Green	0	1	
Original CIP Target:					3,343	1,010	1,688
Distance from target (over)/under					1,656		

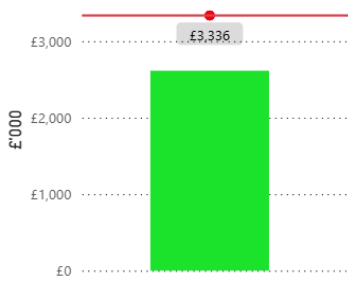
Divisional analysis – Surgery



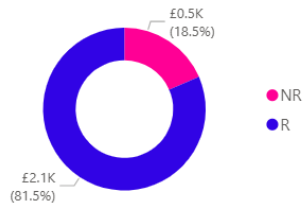
Key drivers of forecast deficit:

- £3.0m 104wk Additional Activity (Excess Qtr 1 and M4-9)
- £2.2m excess Planned Care capacity
- £2.2m additional cancer activity
- £1.5 drugs
- £0.9m core elective activity
- £0.8m unidentified savings to revised target
- £0.5m enhanced care nursing
- £0.2 General Surgery robot

25/26 Savings with CIP Target



Split £'000s

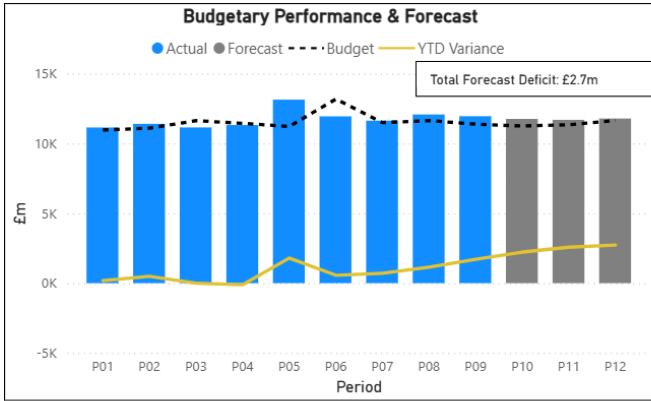


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	7	669	743	74	963	£1,243	280
Procurement & Non-pay	18	429	463	34	573	£706	133
Workforce	13	685	426	-259	912	£665	-247
Total	38	1,783	1,632	-151	2,448	£2,614	166

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	
					Achieved £'000	Forecast £'000
SUR-01	Haematology drugs wastage reduction	R	Month 1	Red	0	0
SUR-02	Robot buy out of lease (GB)	R	Month 1	Green	214	286
SUR-03	Divisional - Pump Giving Sets (Procurement)	R	Month 1	Red	0	0
SUR-04	General Surgery - Workforce - Net savings as a result of appointing two substantive consultants.	R	Month 1	Green	6	18
SUR-05	General Surgery - Medication - Switching IV Co-trimoxazole and metronidazole to oral in GUH	R	Month 1	Red	0	0
SUR-06	General Surgery - Pintuition seeds	R	Month 1	Green	48	65
SUR-07	Ear, Nose and Throat - Re-Usable Instruments	R	Month 1	Green	2	3
SUR-08	Ophthalmology - Workforce - Band 5 Orthoptist	R	Month 1	Green	10	10
SUR-09	Rheumatology - Workforce - Band 6 Rheumatology CNS	R	Month 1	Green	38	50
SUR-11	Trauma and Orthopaedics - Consolidation of maintenance contracts (Desoutter)	R	Month 1	Green	0	13
SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts	R	Month 1	Green	0	26
SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Green	2	3
SUR-14	Trauma and Orthopaedics - Workforce - 2 x consultant on-call cost replaced by 1x SAS on-call costs	R	Month 1	Green	2	3
SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	51	69
SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover	R	Month 1	Green	0	25
SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Green	1	1
SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain	R	Month 1	Green	0	0
SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Green	2	2
SUR-20	Urology - Workforce - Associate Specialist Vacancy	R	Month 1	Green	24	24
SUR-21	Divisional Management - Medication - Sports Medicine review	R	Month 1	Red	0	0
SUR-22	Haematology - SLA - Bristol SLA	R	Month 1	Green	4	4
SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	4	7
SUR-24	Haematology - Study - POLARIS-2; Study of Olverembatinib	R	Month 1	Red	0	0
SUR-25	Haematology - Workforce - Registrar to be recharged to another non surgical Directorate	R	Month 1	Green	11	15
SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets	R	Month 1	Green	3	4
SUR-27	Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluorescence)	R	Month 1	Red	0	0
SUR-28	Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatment room	R	Month 1	Green	2	2
SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O	R	Month 1	Green	0	3
SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	147	195
SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -	R	Month 1	Green	181	276
SUR-32	Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advantage of lower price	R	Month 1	Red	0	0
SUR-33	Enhancements on Specialist rates	R	Month 1	Green	0	13
SUR-34	Medicines Management savings	R	Month 1	Green	643	943
SUR-35	Ophthalmology Visco Elastic Savings over the current financial year	R	In Year	Green	6	11
SUR-36	Drugs	NR	In Year	Green	100	300
SUR-43	All Wales standard and custom procedure packs	R	In Year	Amber	0	3
SUR-44	5% Stryker hips and knees	R	In Year	Green	35	56
SUR-45	Additional saving agreed Sept 26	NR	In Year	Green	95	184
Original CIP Target:				3,336	1,632	2,614
Distance from target (over)/under				722		

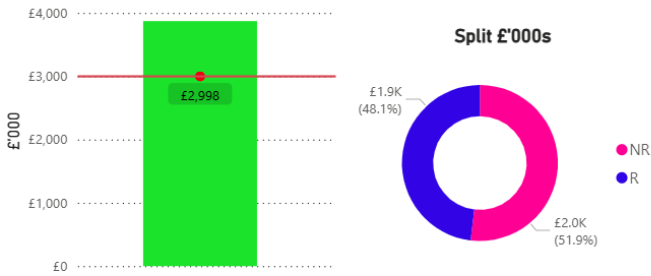
Divisional analysis – Clinical Support Services



Key drivers of forecast deficit:

- £1.2m operational pressures in PACCT
- £1.1m Planned Care recovery
- £0.4 winter cost pressures
- (£0.5m) operational underspend in diagnostics

25/26 Savings with CIP Target



Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	7	12	11	-1	16	£24	8
Procurement & Non-pay	47	868	1,409	541	1,044	£2,580	1,537
Workforce	13	252	888	636	378	£1,267	889
Total	67	1,132	2,307	1,176	1,438	£3,871	2,434

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-01	Symex Maintenance Savings	R	Month 1	Green	129	178
CSS-02	Siemens KPI review	R	Month 1	Green	38	50
CSS-03	Symex MSC KPIs	R	Month 1	Green	4	5
CSS-04	Factor 8 Repatriation	R	Month 1	Green	4	6
CSS-05	WBS Commercial Products	R	Month 1	Green	4	6
CSS-06	Restructure of Management Positions	NR	Month 1	Green	9	13
CSS-08	Enhancements on Specialist Rates	R	Month 1	Green	274	392
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	20	20
CSS-11	Hepzyme Repatriation	R	Month 1	Green	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	2	3
CSS-13	JCC funding for liver ablations	NR	Month 1	Green	162	162
CSS-14	IPFR income	NR	Month 1	Green	54	70
CSS-15	Ablation needles	R	Month 1	Green	4	5
CSS-16	Maintenance contracts for new DR equipment - NR	NR	Month 1	Green	22	30
CSS-17	Contrast bought in 24/25	NR	Month 1	Green	200	200
CSS-18	Blood Products from 24/25 Year End	NR	Month 1	Green	100	100
CSS-19	Additional Everlight reporting in 24/25	NR	Month 1	Green	46	46
CSS-20	Image Intensifier Maintenance	NR	Month 1	Green	12	16

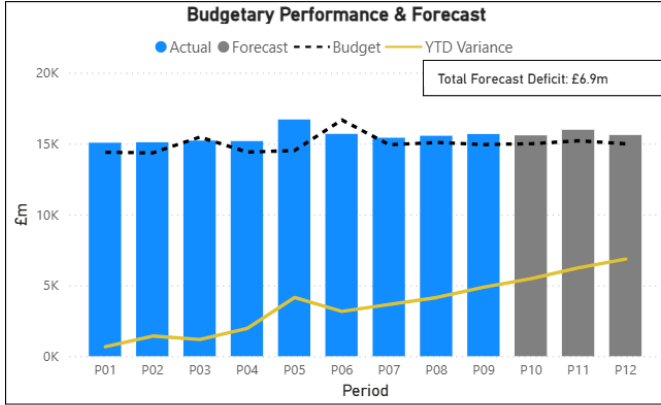
Clinical Support Services continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-21	Decomissioning of Fuji Equipment on current contracts	NR	Month 1	Green	16	22
CSS-22	C&V Ultrasound	NR	Month 1	Green	10	10
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	35	47
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	8	13
CSS-25	Co-trimoxazole IV	R	In Year	Green	0	1
CSS-26	Lumicare	R	In Year	Green	19	25
CSS-27	Critical Care RN Variable Pay	R	In Year	Green	447	596
CSS-35	Radiology Maintenance contracts	NR	In Year	Green	78	78
CSS-36	Bis Monitoring - Supplier change	R	In Year	Green	18	29
CSS-37	Recycled Paper	R	In Year	Green	0	2
CSS-38	Medical Workforce - Intensity banding review	R	In Year	Green	8	11
CSS-39	Medical Workforce Variable Pay Spend	R	In Year	Green	33	33
CSS-40	Medicines Management - Green	R	In Year	Green	8	15
CSS-41	Medical Workforce Variable Pay Spend (Consultant)	R	In Year	Green	7	7
CSS-42	Medical Workforce Variable Pay Spend (Juniors/Middle Grades)	R	In Year	Green	63	63
CSS-43	Additional IPFR Income (Powys)	NR	In Year	Green	8	8
CSS-44	Outsourcing, linked to acute demand, Audit and deep dive. Reduce Forecast to match YTD run rate (8%)	R	In Year	Green	72	117
CSS-45	Mycology Testing (PHW)	R	In Year	Green	7	11
CSS-46	Contract Funerals	R	In Year	Green	3	5
CSS-47	Serosep Contract	R	In Year	Green	8	16
CSS-48	Cessation of Weekend Enhancement Pay	R	In Year	Green	9	17
CSS-49	Utilisation of Blood Bikes	R	In Year	Green	4	6
CSS-50	Syphilis Repatriation	R	In Year	Green	6	10
CSS-51	Leica Bond III Contract	R	In Year	Green	19	30
CSS-52	Siemens MSC KPIs (Part 2)	NR	In Year	Green	0	50
CSS-53	Reduction in Carriage Charges	R	In Year	Green	1	1
CSS-54	Liver ablations	NR	In Year	Green	0	89
CSS-55	Reduction in Health Protection testing	NR	In Year	Green	39	101
CSS-56	New locum recruitment	R	In Year	Green	2	10
CSS-57	Savings on additional hours by recruiting locum consultant	R	In Year	Green	3	0

Clinical Support Services continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-58	Reduction in Health Protection testing	NR	In Year	Green	0	300
CSS-59	Risp reduced penalty	NR	In Year	Green	0	312
CSS-60	Medical Illustration - Photo Materials	R	In Year	Green	5	11
CSS-61	Staff Slippage	NR	In Year	Green	29	29
CSS-62	RDC closure	R	In Year	Green	0	42
CSS-63	Additional Out of Area IR income Powys	NR	In Year	Green	14	34
CSS-64	Additional Out of Area IR income CTM	NR	In Year	Green	27	64
CSS-65	Contrast switch Omnipaque to Optiray	R	In Year	Green	0	6
CSS-66	BTW additional Income for increase in consultant sessions	R	In Year	Green	52	69
CSS-67	Dart Support	R	In Year	Green	1	2
CSS-68	Theatres Par Level Review - GUH	NR	In Year	Green	0	46
CSS-69	Haloperidol Tablets to liquid switch	R	In Year	Green	0	0
CSS-70	Omnipaque to Optiray	R	In Year	Green	0	6
CSS-71	Release of Fuji Accrual	NR	In Year	Green	150	150
CSS-72	Staff Slippage	NR	In Year	Green	13	32
CSS-73	Cap of WLI's from 3 to 2 per week	R	In Year	Green	0	40
CSS-74	National priorities - Dapagliflozin generic	R	In Year	Green	0	1
CSS-75	National priorities - Ticagrelor generic	R	In Year	Green	0	0
CSS-76	Dantrolene holding rationalisation (Waste prevention)	R	In Year	Green	1	4
Original CIP Target:				2,998	2,307	3,871
Distance from target (over)/under				(873)		

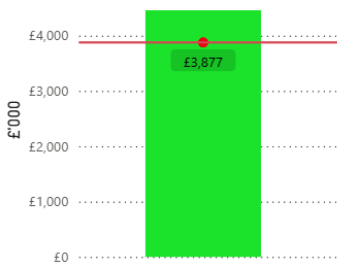
Divisional analysis – Medicine



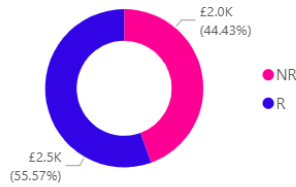
Key drivers of forecast deficit:

- £4.5 Operational pressures including medical variable pay for consultant sickness, high acuity of patients requiring enhanced care, drug and m&se consumable and service contract
- £0.7m Winter ward 29/12/25 - 31/3/26
- £0.5 Oct-Feb 45-minute ambulance handover
- £0.4m Reduction in savings achievement from bed reconfiguration with regards to timing and number of beds
- £0.4m Operational reviews on-going to identify savings and efficiencies expected to be achieved on variable pay
- £0.3m Commissioning adjustment ICD underperformance

25/26 Savings with CIP Target



Split £'000s



Savings summary (£'000)

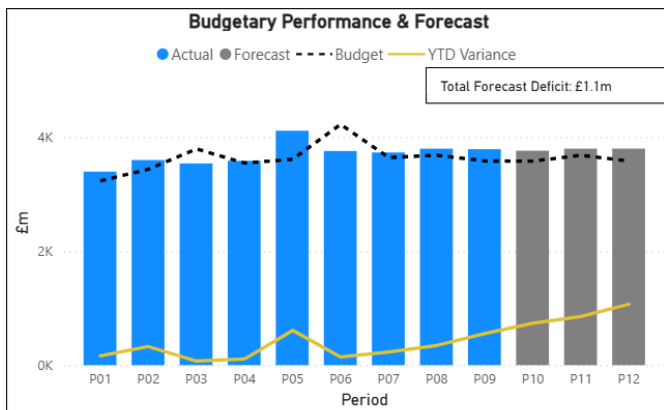
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	13	788	1,408	620	1,072	£1,929	857
Procurement & Non-pay	5	344	249	-95	456	£384	-72
Service redesign	2	340	1,275	935	340	£1,643	1,303
Workforce	3	268	298	30	382	£503	121
Total	23	1,740	3,229	1,490	2,250	£4,459	2,208

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MED-01	Biologic Switch of Ustekinumab	R	Month 1	Green	637	850
MED-02	Enhancements on Specialist rates	R	Month 1	Green	268	382
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	4	5
MED-04	National priorities - Dimethyl fumerate - Generic switch	R	Month 1	Green	316	430
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Green	0	30
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	414	534
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Green	8	12
MED-08	Annual purchase of insulin pumps at preferential rate	NR	Month 1	Green	5	5
MED-09	Use of 24/25 purchased CPAP's for 25/26 activity	NR	Month 1	Green	156	247
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	47	63
MED-11	Use of 24/25 purchased equip (leads etc) for 25/26 activity	NR	Month 1	Green	17	23
MED-12	Delay in prescribing Budesomide	NR	Month 1	Green	1,275	1,643

Medicine continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MED-13	COTE - Denosumab	R	In Year	Green	0	4
MED-14	Co-trimaxazole IV	R	In Year	Green	3	5
MED-21	National priorities/Best value Biosimilars - Rituximab biosimilar switch (Rixathon to Truxima)	R	In Year	Green	1	1
MED-22	Reduction in locum consultants replaced with substantive x3	R	In Year	Green	4	14
MED-23	Reduction in RN agency	R	In Year	Green	27	107
MED-24	Saving in sleep masks	R	In Year	Green	23	46
MED-25	Switch Acute 30 bedded ward to Community ward	R	In Year	Red	0	0
MED-26	Haloperidol tablets to liquid switch	R	In Year	Green	6	10
MED-27	National priorities generic dapagliflozin	R	In Year	Green	11	25
MED-28	National priorities generic ticagrelor	R	In Year	Green	6	17
MED-29	National priorities/Best value Biosimilars - Ustekinumab vials Steqeyma	R	In Year	Green	1	6
Original CIP Target:					3,877	4,459
Distance from target (over)/under					(582)	

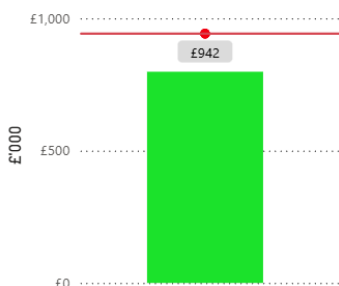
Divisional analysis – Urgent Care



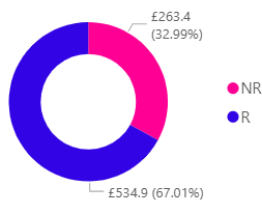
Key drivers of forecast deficit:

- £321k 45-minute ambulance handover
- £297k Paeds/CEAU Pilot
- £186k Interim Clinical Model due to ED Extension
- £118k SDEC Boarding & Triage Nurse Cover
- £116k 2 x 6 month FTC Consultants

25/26 Savings with CIP Target



Split £'000s

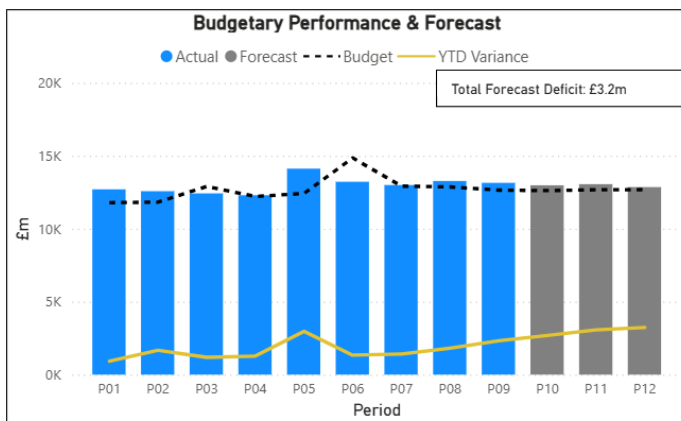


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	2	0	6	6	0	£6	6
Procurement & Non-pay	5	14	15	1	19	£197	178
Workforce	4	364	402	38	520	£595	75
Total	11	378	423	44	539	£798	259

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
URG-01	Enhancements on Specialist rates	R	Month 1	Green	364	520
URG-02	Switch to a non-ported admin set with pump	R	Month 1	Green	2	2
URG-03	changing from the pre-made convenience FICB packs to individual items	R	In Year	Green	5	7
URG-10	Switch from dual giving set ports to single port	R	In Year	Green	4	6
URG-11	Close RGH & NHH Transfer Lounge	R	In Year	Amber	0	0
URG-12	Close RGH MIU Over night	R	In Year	Amber	0	0
URG-13	Delay Implementation of Medical Model in Flow Centre	NR	In Year	Green	38	75
URG-14	Source E-Triage Funding	NR	In Year	Green	0	178
URG-15	Switching to 1 Page Drug Charts	NR	In Year	Green	4	4
URG-16	Fomeprizole Antidote Replacement	NR	In Year	Green	6	6
URG-17	National priorities - Dapagliflozin generic	NR	In Year	Green	0	0
URG-18	National priorities - Ticagrelor generic	NR	In Year	Green	0	0
Original CIP Target:				942	423	799
Distance from target (over)/under				143		

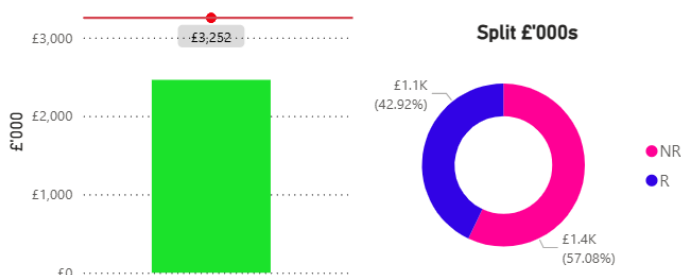
Divisional analysis – Family & Therapies



Key drivers of forecast deficit:

- £2.0m operational medical pay (backfill cover due to vacancies, sickness and restricted duties) Gynae, Neonates, Paediatrics and CaMHS being the main areas
- £1.8m Maternity – high maternity leave and long-term sickness, C-Section rate of 45.4%, high acuity in December, high numbers of women in critical care requiring 1:1/2:1s and high number of NICU admissions of 6.5%.

25/26 Savings with CIP Target

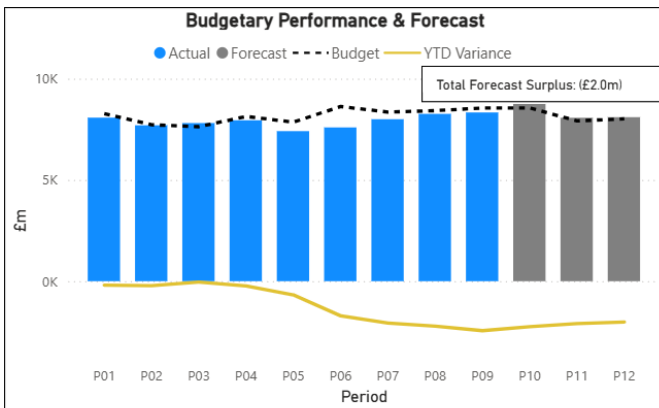


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	1	47	35	-12	63	£63	0
Procurement & Non-pay	11	274	899	625	362	£1,082	720
Workforce	3	171	958	787	257	£1,316	1,059
Total	15	492	1,891	1,399	682	£2,461	1,779

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
F&T-01	Divisional drugs savings target	R	Month 1	Green	35	63
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre, Ringland East	R	Month 1	Green	9	11
F&T-03	Actim Prom and Partus	R	Month 1	Green	10	13
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	225	300
F&T-05	Enhancements on Specialist rates	R	Month 1	Green	171	257
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	23	31
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	2	2
F&T-08	Bulk purchase of Medtronic 780G Diabetic pumps and sensors	NR	Month 1	Green	5	5
F&T-09	LYRECO BUDGET WHITE A4 PAPER 80GSM - BOX OF 5 REAMS (5 X 500 SHEETS OF PAPER) Move to Recycle paper	R	In Year	Green	2	2
F&T-16	Financial recovery divisional scheme - pay R	R	In Year	Green	181	257
F&T-17	Financial recovery divisional scheme - pay NR	NR	In Year	Green	606	801
F&T-18	Financial recovery divisional scheme - Non-Pay R	R	In Year	Green	55	99
F&T-19	Financial recovery divisional scheme - Non-Pay NR	NR	In Year	Green	567	594
F&T-20	Financial recovery divisional scheme - Income	NR	In Year	Green	1	4
F&T-21	The All Wales Standard & Custom Procedure Packs (MED-OJEU-56015)	R	In Year	Green	0	20
Original CIP Target:				7,036	1,891	2,461
Distance from target (over)/under				4,575		

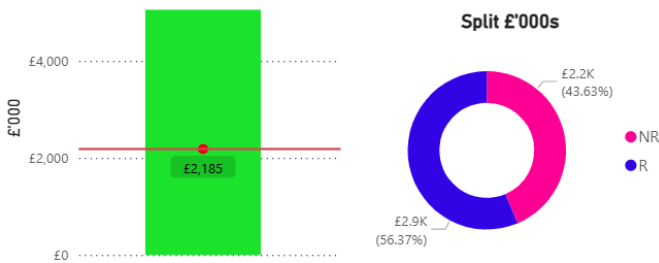
Divisional analysis – Estates & Facilities



Key drivers of forecast deficit:

- (£1.4m) non-recurring savings linked to one off Utility benefits (£800k metering issues at GUH & £554k correction to prior year accruals)
- (£1.4m) non-recurring savings linked to vacancy slippages
- £0.5m inflationary uplift to water rates
- £0.2m backlog maintenance and replacement batteries on Mindray patient monitoring equipment
- £0.075m waste bins purchased to meet new national regulations

25/26 Savings with CIP Target

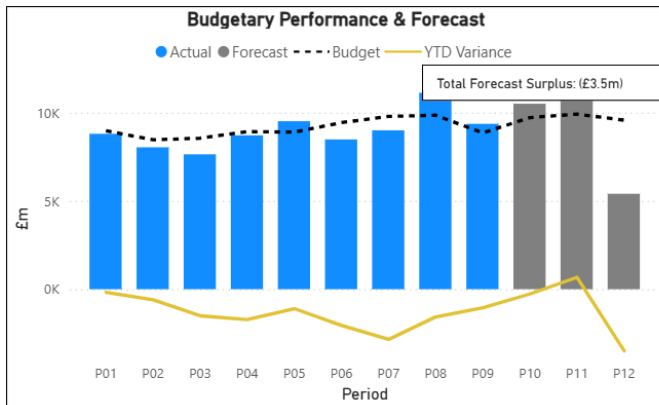


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Procurement & Non-pay	7	2,249	3,640	1,391	3,000	£4,392	1,392
Workforce	2	0	490	490	0	£664	664
Total	9	2,249	4,130	1,881	3,000	£5,056	2,056

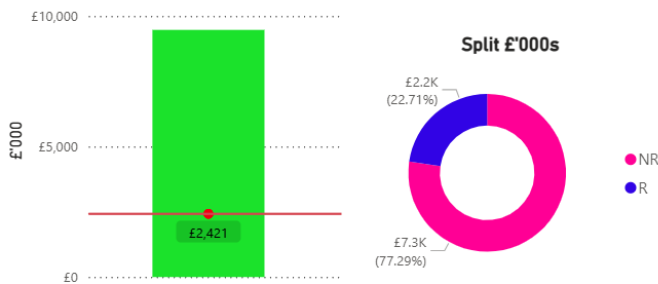
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	375	500
FAC-02	ENERGY SAVINGS	R	Month 1	Green	1,350	1,850
FAC-03	Bed contract savings	R	Month 1	Green	194	250
FAC-04	Energy	R	Month 1	Green	187	250
FAC-11	Vacancies	NR	In Year	Green	300	360
FAC-12	Rates rebates	NR	In Year	Green	72	80
FAC-13	Kintra - Cost plus Credit	NR	In Year	Green	108	108
FAC-14	Vacancies	NR	In Year	Green	190	304
FAC-15	Accountancy gain - duplicate meter reading	NR	In Year	Green	1,354	1,354
Original CIP Target:					2,826	5,056
Distance from target (over)/under					(2,230)	

Divisional analysis – Corporate



- COO forecast overspend (£2.9m) primarily relating to Planned Care 26 weeks expenditure – offset by anticipated allocations
- Litigation - legal fees (£1m)
- Digital – MS Office contract (£0.4m) & hybrid mail (£0.4m)
- Finance Director forecast underspend due to the planned release of 24/25 study leave accrual (-£3.2m), HSE accrual release (-£0.4m), Chepstow PFI (-£0.6m) & NWSSP savings (-£0.5m)
- CEO – underspend due to the release of funding to support winter pressures (-£0.5m)
- PH – staff slippages (-£0.5m) & dilapidation accrual release (-£0.55m)

25/26 Savings with CIP Target



Savings summary (£'000)

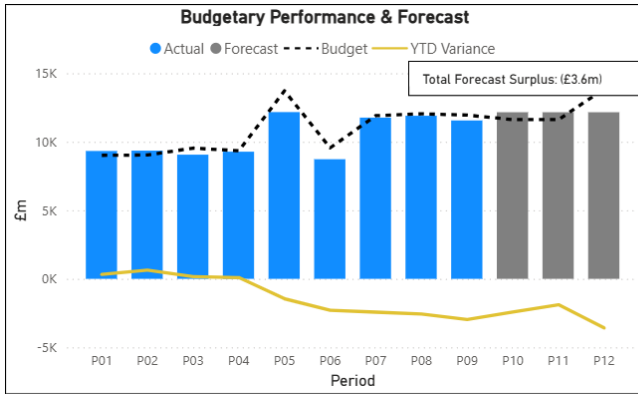
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Procurement & Non-pay	8	263	1,142	879	301	£5,802	5,501
Workforce	21	1,463	1,893	429	2,170	£3,670	1,501
Total	29	1,726	3,035	1,308	2,471	£9,472	7,002

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Green	44	70
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	38	50
CORP-03	Opportunity	R	Month 1	Green	151	151
CORP-04	Scheme	NR	Month 1	Green	74	100
CORP-05	Opportunity	NR	Month 1	Green	74	100
CORP-06	Executive directorate stretch target saving	R	Month 1	Green	102	152
CORP-07	Executive directorate stretch target saving	R	Month 1	Green	77	103
CORP-08	Executive directorate stretch target saving	R	Month 1	Green	99	149
CORP-09	Executive directorate stretch target saving	R	Month 1	Green	77	102
CORP-10	Executive directorate stretch target saving	R	Month 1	Green	125	180

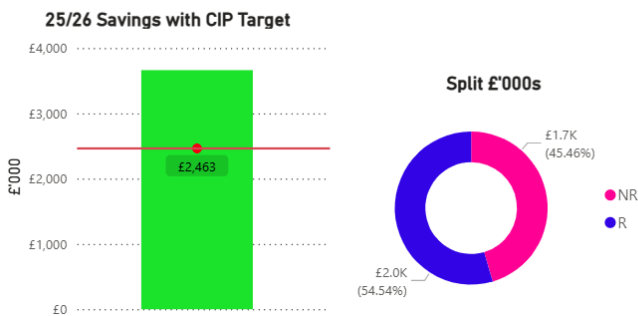
Corporate continued ...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-11	Executive directorate stretch target saving	R	Month 1	Green	113	242
CORP-12	Executive directorate stretch target saving	R	Month 1	Green	129	207
CORP-13	Executive directorate stretch target saving	R	Month 1	Green	438	700
CORP-14	Executive directorate stretch target saving	R	Month 1	Green	90	97
CORP-15	Executive directorate stretch target saving	R	Month 1	Green	27	29
CORP-16	Executive directorate stretch target saving	R	Month 1	Green	24	39
CORP-84	Accountancy gain- release study leave accrual	NR	In Year	Green	0	3,204
CORP-85	Accountancy gain- dispute dilapidations	NR	In Year	Green	200	200
CORP-86	Accountancy gain- Dispute H&SE fine	NR	In Year	Green	0	400
CORP-88	Various Directors savings - non pay	NR	In Year	Green	0	600
CORP-89	Various - slippage on spend plans - presentation to be reviewed	NR	In Year	Green	679	1,097
CORP-90	Various Directors savings - vacancies	NR	In Year	Green	0	100
CORP-91	Savings - Vacancies	NR	In Year	Green	100	200
CORP-92	Various Directors savings - vacancies	NR	In Year	Green	0	100
CORP-93	Various Directors savings - vacancies	NR	In Year	Green	100	400
CORP-94	Various Directors savings - vacancies	NR	In Year	Green	25	100
CORP-95	Various Directors savings - vacancies	NR	In Year	Green	100	200
CORP-96	Various Directors savings - vacancies	NR	In Year	Green	100	200
CORP-97	Various Directors savings - vacancies	NR	In Year	Green	50	200
Original CIP Target:				2,421	3,035	9,472
Distance from target (over)/under				(7,052)		

Divisional Analysis - Contracting & Commissioning



- The forecast outturn position against the annual budget is a favourable £3,384k. This is due to lower-than-expected contract expenditure, in particular at Velindre Trust, and some material favourable accountancy gains from previous year accruals

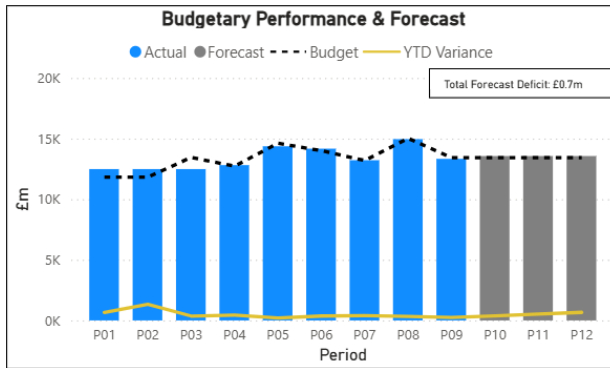


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Procurement & Non-pay	11	0	3,301	3,301	0	£3,662	3,662
Total	11	0	3,301	3,301	0	£3,662	3,662

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
Con1	Accountancy benefit of NHS England end of year position	NR	In Year	Green	507	507
Con10	Accountancy benefit of NHS England end of year position	NR	In Year	Green	102	102
Con11	Renegotiation of GH&C Contract Baseline	R	In Year	Green	146	194
Con2	Forecast reduced activity- Cardiff LTA	R	In Year	Green	225	300
Con3	Forecast reduced activity- CTM LTA	R	In Year	Green	375	500
Con4	Forecast Additional Provider Income	R	In Year	Green	150	200
Con5	Accountancy benefit - service contracts	NR	In Year	Green	410	410
Con6	Accountancy benefit - service contracts	NR	In Year	Green	600	600
Con7	Forecast reduced activity- Velindre LTA	R	In Year	Green	554	554
Con8	Forecast Additional Provider Income	R	In Year	Green	187	250
Con9	Accountancy benefit of NHS England end of year position	NR	In Year	Green	46	46
Original CIP Target:					942	
Distance from target (over)/under					(2,720)	
					3,301	3,662

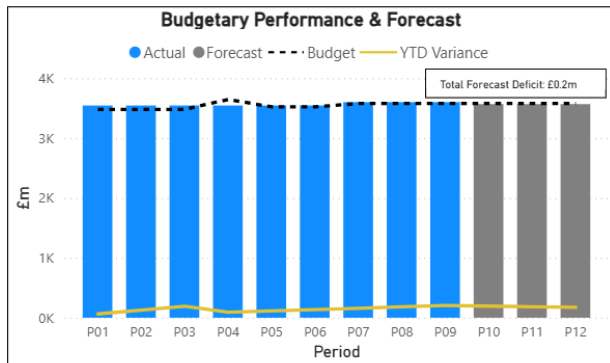
Divisional Analysis – WHSCC



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

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

Divisional Analysis – EASC



- Overspend is reflective of the agreed IMTP

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

Reserves

The reserves held at 31st December '25 is £16.2m.

This consists of allocations to be delegated of £14.0m, those supporting the financial position of £1.9m and a contingency investment reserve of £0.3m.

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

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

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

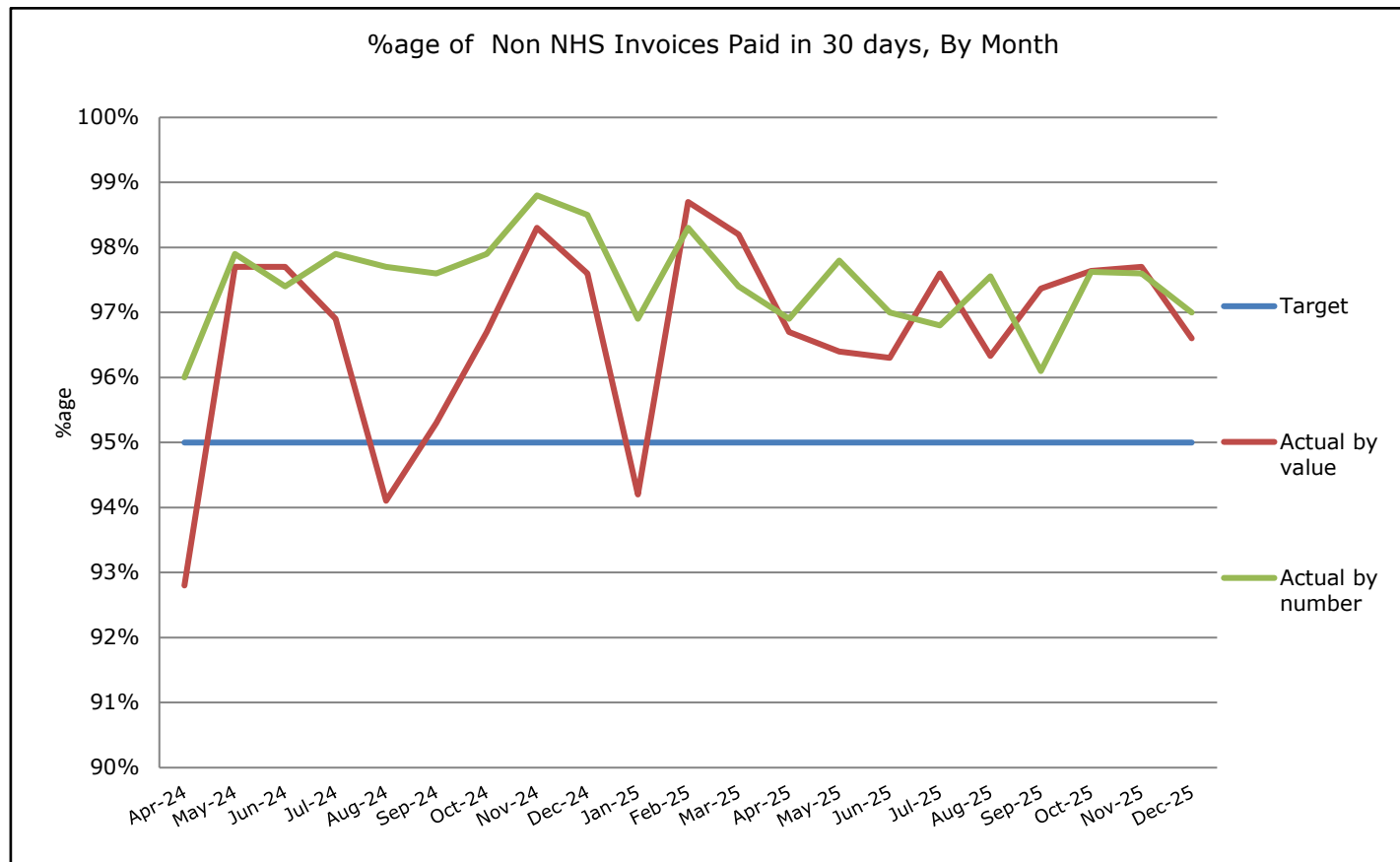
7769-ALLOCATIONS TO BE DELEGATED			
Confirmed or Anticipated	R/ NR	Description	25/26
Anticipated	R	Balance of all wage awards / NIC 25/26 (exc bank) not delegated	699,230
Confirmed / Anticipated	R	24/25 bank wage award (full amt is 1.819 but 503k was already anticipated in 25/26 budget delegation)	1,315,911
Confirmed / Anticipated	R	25/26 bank wage award	1,508,000
Anticipated / confirmed	R	2024/25 Wage Awards (including R&D wage award clawback)	0
Anticipated / confirmed	R	R&D 2526 wage award	0
Anticipated / confirmed	R	Band 8+ 24/25 incremental changes - 25/26 & 26/27 impact	322,000
Anticipated	R	National Insurance increase (Ers) 25-26 - budget offset with other wage award	0
Delegated	R	R&D NI budget recovery for future years	0
Confirmed	NR	Overseas recruitment funding	77,853
Delegated	R	Fracture liaison service - risky income assumed - WG confired not an allocation	(321,000)
Delegated	R	25/26 Physician Associates - risky income assumed - WG confired not an allocation	(59,000)
Anticipated	R	Learning Disability - Improving Lives (reversal of anticipated funding)	(64,000)
Anticipated	NR	Planned Care Transformation Fund: Spinal Mega Clinics	55,373
Anticipated	NR	Planned care transformation fund: cancer extra-curricular treatments	40,076
Anticipated	NR	Planned care / rtt funding for activity greater than current funded levels (V RISKY)	197,339
Anticipated	NR	Planned care / rtt funding for activity greater than current funded levels (V RISKY) - Efficiency	2,567,000
Anticipated	NR	Planned Care - Dermatology Minor Outpatient Procedures	900,000
Anticipated	NR	HBS assumed income	556,829
Anticipated	NR	Diagnostics	1,903,341
Anticipated	NR	Planned care - Pain film for oral surgery clinics funding anticipation	322,000
Anticipated	NR	Planned Care clawback - outpatient insourcing contract renegotiation	13,319
Confirmed	NR	2025-26 GMS Dispensing/PADMS uplift	(5,568)
Anticipated	NR	AME GHC	(34,000)
Confirmed	R	New Medical Training Posts	245,000
Confirmed	NR	6 Goals	316,109
Anticipated	NR	RTT WAITING TIMES Phase 5 Agreed Allocation £1.988m for General Surgery, ENT, Oral surgery, Max/fax, and Urology qtr 3 and 4	80
Anticipated	NR	RTT WAITING TIMES Phase 5 Agreed Allocation £1.46m for Orthopaedics qtr 3 and 4	1,988,000
Confirmed	NR	Planned Care Transformation funding - Clinical Implementation	1,460,000
Confirmed	NR	Network: General Surgery	13,359
		Balancing figure	1
		Confirmed Allocations to be apportioned	14,017,242
7501-SUPPORTING FINANCIAL POSITION			
Description			25/26
IT Revenue to Capital Apr - Dec			216,782
RTT Waiting times Q1 25-26 - anticipated delegation (General Reserve)			171,000
RTT Waiting times Q1 25-26 - anticipated delegation (Infrastructure)			132,000
Recovery of ES&F budget delegated for Portacabin - GUH Transfer Lounge lease			387,000
2526 Wage Award Roundings and KCOR			10,471
Winter provision (m6)			0
Total Supporting Financial position			817,253
7565-CONTINGENCY			
Description			25/26
Investment Reserve			280,000
Supporting Financial Position			1,000,000
Winter provision			0
Opportunities to be converted to savings			0
Confirmed Allocations to be apportioned			1,280,000
		Totals	16,214,495

Cash Position

The cash balance at the 31st December is £3.121m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

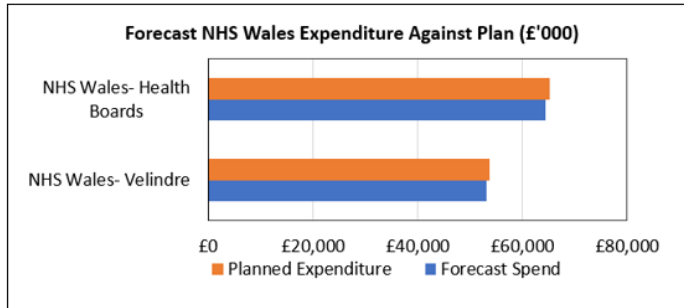
The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in December. On a cumulative basis, the HB has achieved the statutory 95% target for non-NHS creditor invoices but is 2.8% below target for NHS creditors when analysed by the number of invoices paid within the 30 days.



Contracting & Commissioning – LTA Spend & Income

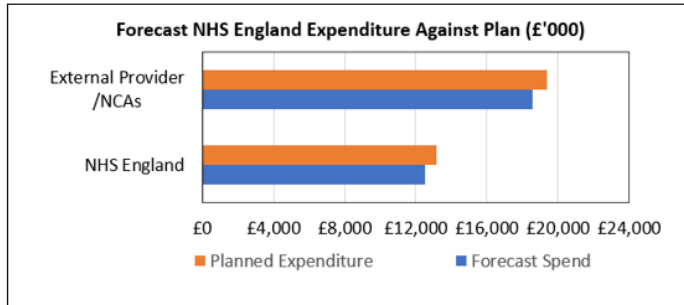
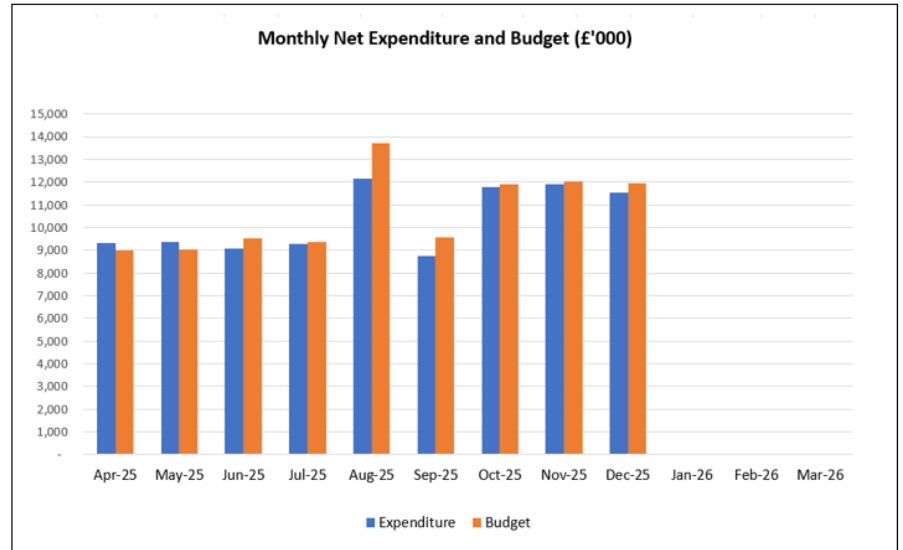
At Month 9 the year-to-date financial performance for Contracting and Commissioning is £2,967k underspend against the delegated budget with a forecast year of £3,584 underspend.

The key elements contributing to this position at Month 9 are as follows:



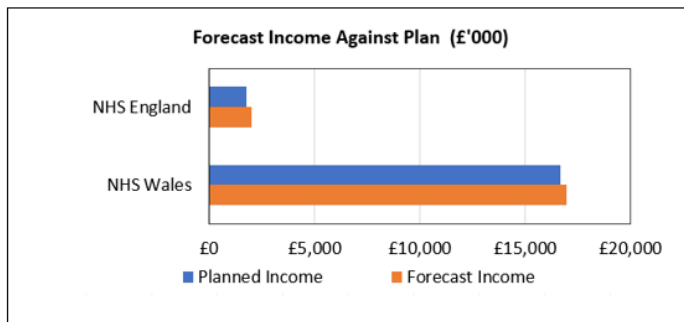
NHS Wales Expenditure

Expenditure in NHS Wales contracts is based on provider monitoring returns and is expected to be c£850k less than plan due to lower activity and recharged services at Cwm Taf and Cardiff and Vale and a further £550k less after receiving a revised lower forecast from Velindre Trust



NHS England Expenditure

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



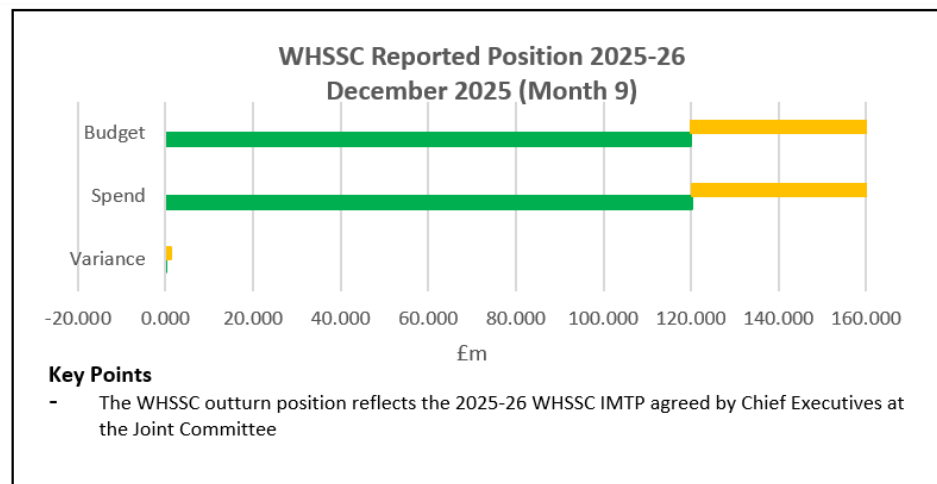
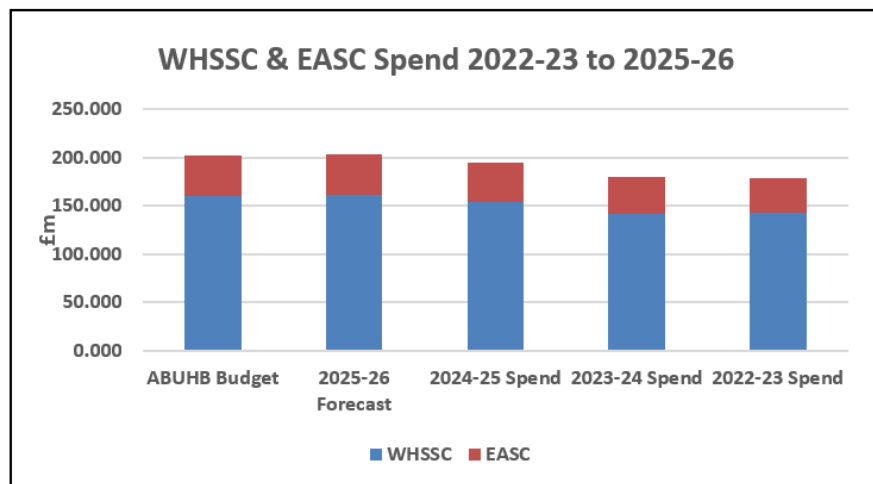
Provider Income

Provider income is forecast to be c£500k more than plan in 25/26 following higher activity levels in months 1-8 for Powys and other commissioners

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

Joint Commissioning Committee (formerly WHSSC & EASC) Financial Position 2025-26

The Month 9 financial position for the JCC is a forecast overspend of £0.840m. The position reflects the agreed IMTP and the phase 2 2024-25 current budget delegation for the Specialised Services (formerly WHSSC) and EASC elements.



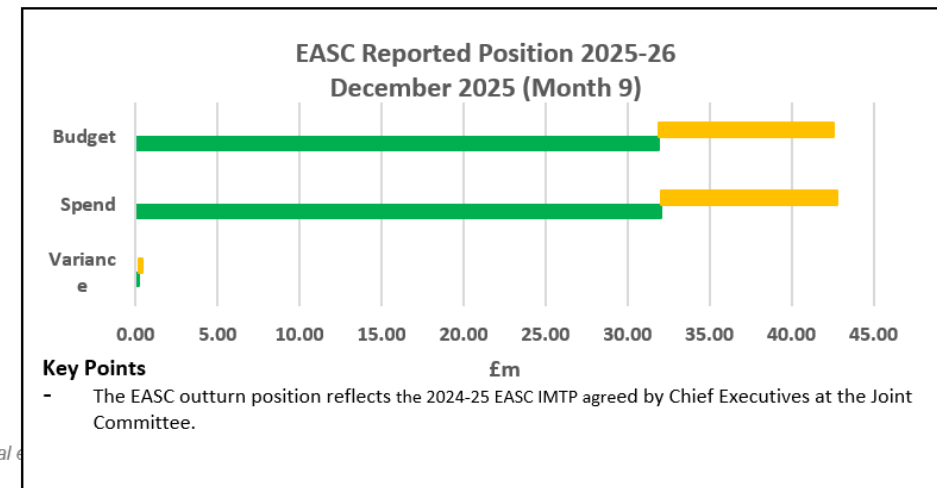
Key Issues 2025-26

Specialised Services

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

EASC

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



Balance Sheet

Balance sheet as at 31st December 2025			
	2025/26 Opening balance £000s	31st December 2025 £000s	Movement £000s
Fixed Assets	945,668	1,008,856	63,188
Other Non current assets	111,489	160,627	49,138
Current Assets			
Inventories	10,433	10,225	(208)
Trade and other receivables	167,220	111,842	(55,378)
Cash	4,823	3,121	(1,702)
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	182,476	125,188	(57,288)
Liabilities			
Trade and other payables	221,140	201,492	(19,648)
Provisions	207,724	208,353	629
	428,864	409,845	(19,019)
	810,769	884,826	74,057
Financed by:-			
General Fund	610,494	629,374	18,880
Revaluation Reserve	200,275	255,452	55,177
	810,769	884,826	74,057

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

- An increase of £16.9m relating to capital programme purchase additions and £0.2m from Charitable Funds capital purchases
- An increase of £93.7m as a result of upwards revaluations caused by Indexation for land and buildings.
- A decrease of £14.8m relating to impairment of assets under constructing coming into use
- A decrease of £34.3m due to depreciation charged in year.
- A net decrease of £1.1m in renewals and depreciation for IFRS16 leased assets

Other Non-Current Assets: This relates to a significant increase in Welsh Risk Pool claims due in more than one year £50.5m and a decrease in intangible assets of £1.3m since the end of 2024/25.

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

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

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2024/25 to the end of December of £4.4m
- A net increase in the value of both NHS & Non-NHS accruals of £2.4m, of which £4.1m relates to an increase in Non-NHS accruals and £1.7m relates to a decrease in NHS Accruals since the end of 2024/25
- A significant decrease in the value of Welsh Risk Pool claims due in less than one year totalling £59.1m
- A decrease in VAT and other debtors since the end of 24/25 of £0.3m
- An increase in the value of prepayments held £5.5m

Cash: The cash balance held at the end of December is £3.121m.

Liabilities, Trade & other Payables:

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

- A decrease in Capital accruals (£4.9m)
- A decrease in NHS Creditor accruals (£3.1m)
- A decrease in the level of invoices held for payment from the year end (£5.5m) & GRNI (£1.9m)
- An increase in non NHS accruals (£8.9m)
- An increase in Tax & Superannuation (£1.9m)
- A decrease in other creditors (£13.6m)
- A decrease in the liability for lease payments (£0.9m)
- An decrease in payments on account (£0.5m)

Provisions:

- This is due to an overall increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £0.8m and a decrease in other provisions of £0.2m.

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

Health Board Income WG Funding Allocations: £1.95bn

Confirmed Allocations as at December 2025 (M9 2025/26)

	£'000
HCHS	1,732,996
GMS	124,226
Pharmacy	38,151
Dental	38,476
Total Confirmed Allocations - December 2025	1,933,849
Plus Anticipated Allocation - December 2025	20,481
Total Allocations - December 2025	1,954,330

Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £122m. (£125m for 24/25). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

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

WG Revenue Resource Limit : Anticipated Allocations (December)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	(514)	NR
HCHS	Capital - DEL Depreciation - Strategic	3,710	NR
HCHS	Capital - DEL Depreciation - Impairment	146	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(248)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62	NR
HCHS	Capital - AME Depreciation - Donated Assets	304	NR
HCHS	Capital - AME Depreciation - Impairments	34,235	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(160)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,782)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,149)	NR
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	Welsh Risk Pool Risk Share agreement 25/26	(6,582)	NR
HCHS	MCA and DoLs	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	International recruitment funding 24-25	778	NR
HCHS	Keeping Well (3Ps) funding 25-26 confirmed	92	NR
HCHS	25/26 Neurodivergence (NDIP) funding	353	NR
HCHS	Pathfinder Womens Health Hub 25-26	300	NR
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(37,011)	NR
HCHS	National POPs Initiative Funding	137	NR
HCHS	Planned Care Transformation Fund: Spinal Mega Clinics	55	NR
HCHS	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	36	NR
HCHS	GP Gatekeeper	780	NR
HCHS	Planned Care 2025-2026 - Phase 4 Diagnostics	556	NR
HCHS	National Planned Care Plan - Phase 3 Additional Support Funding	469	NR
HCHS	Q2-4 Regional cataracts outsourcing	15,288	NR
HCHS	Planned care / rtt funding for activity greater than current funded levels (discus	2,567	NR
HCHS	Planned care / rtt funding for activity greater than current funded levels (discus	900	NR
HCHS	Plain film for oral surgery clinics	13	NR
HCHS	Planned Care clawback - outpatient insourcing contract renegotiation	(6)	NR
HCHS	Dermatology Minor Outpatient Procedures	557	NR
HCHS	HBS Insourcing Income	1,709	NR
HCHS	Planned Care Diagnostics	322	NR
GMS	Childhood Immunisation Programme Changes MMRV - 2526 IOS Fee (GMS)	28	NR
HCHS	CHC AME Provision	245	NR
HCHS	Gwent Regional Innovation Coordination Hub funding	188	NR
HCHS	MMRV 2025-26 HB Vaccine Cost	158	NR
HCHS	Planned Care Phase 2 SE Cataracts - Funding Reallocation	(998)	R
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - GS,ENT, Oral, MF and Urol	1,988	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - Orthopaedics	1,460	NR
Total Anticipated: Per Ledger		20,481	

Total Confirmed 2025/26 Allocations - May 2025	1,933,849
Total 2025/26 Allocations - December 2025	1,954,330

Capital Planning & Performance Month 09 2025/26

	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M9 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	12,875	12,875		12,875	0
Less Targeted Estates Fund Contribution	-3,762	-2,862		-2,862	0
Less AWCP Brokerage 2024-25	-3,353	-3,235		-3,235	0
NBV of Assets Disposed	0	63		63	0
Total Approved Discretionary Funding	5,760	6,841		6,841	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	12,184	34,038		34,038	0
Total Approved and Anticipated AWCP Funding	12,184	34,038		34,038	0
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	1,572		1,572	0
IFRS16 CRL reduction for Lease Asset Disposals	0	-84		-84	0
NBV of IFRS16 Leased Asset Disposals	0	84		84	0
Total Approved IFRS16 Lease funding	0	1,572		1,572	0
Total Capital Funding / Capital Resource Limit (CRL)	17,944	42,451		42,451	0
Applications:					
Discretionary Capital:					
Statutory Compliance Allocations	1,100	1,250	622	1,235	-15
Other Commitments	1,050	1,050	772	1,050	0
Commitments b/f from 2024-25	544	1,071	599	1,100	30
Divisional Priorities	2,370	2,897	1,905	2,871	-26
Corporate Priorities	0	127	45	129	2
Remaining DCP Contingency	696	446	0	591	144
Total Discretionary Capital	5,760	6,841	3,943	6,977	136
All Wales Capital Programme:					
NHH Satellite Radiotherapy Centre	1,991	1,250	906	1,250	0
GUH ED Extension	1,946	2,665	2,312	2,665	0
Head Lease for Chepstow Community Hospital	60	107	45	107	0
2nd MRI for Grange University Hospital	2,500	2,201	2,137	2,201	0
Centralised Decontamination Unit RGH	3,925	3,999	3,122	3,860	-139
RGH – Block 1 and 2 Demolition and Car Park	269	21	4	21	0
Backlog Maintenance 2024-25	901	2,017	1,325	2,017	0
EFAB - Infrastructure 2024-25	0	224	224	224	0
YYF Breast Centralisation Unit	0	40	42	42	2
CAMHS Sanctuary Hub	0	104	104	104	0
Housing with Care Fund 2024-25	0	197	96	197	0
Ty Gwent	0	47	-7	47	0
Commercial Research Delivery Wales Equipment 2024-25	0	12	12	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	3	3	-8
Digital Equipment 2024-25	0	53	67	67	14
End of Year Funding 2024-25	0	77	73	73	-4
IRCF - Abertillery H&WBC	592	550	91	550	0
IRCF - Dixton H&WBC	0	269	123	269	0
Targeted Estates Fund (TEF)	0	8,388	3,115	8,388	0
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	937	424	937	0
Non-Radiology Ultrasound Replacement Funding	0	840	0	840	0
DPIF - RISP	0	448	0	448	0
Mental Health Quality & Safety Schemes	0	705	91	705	0
Reinforced Aerated Autoclave Concrete Management, Nevill Hall Hospital	0	806	117	806	0
Hospital Helicopter Landing Site Improvements - 2025-26	0	28	0	28	0
VAT Recovery Reimbursed to WG (Backlog & EFAB schemes)	0	-342	-342	-342	0
Decarbonisation Project (REFIT)	0	3,536	813	3,536	0
DPIF - Connecting Care	0	815	23	815	0
End of Year Funding 2025-26 Phase 1 & 2	0	2,522	275	2,521	-1
Digital End of Year Funding 2025-26	0	1,500	619	1,500	0
Entonox Cracking Devices	0	11	0	11	0
Total AWCP Capital	12,184	34,038	15,815	33,902	-136
Total IFRS16 Lease Expenditure	0	1,572	1,572	1,572	0
Total Programme Allocation and Expenditure	17,944	42,451	21,329	42,451	0
Variance against Overall Capital Resource Limit					0

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Commissioning Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Executive Director of Finance & Procurement
SWYDDOG ADRODD: REPORTING OFFICER:	Commissioning Team Primary Care Team CHC Team Public Health Team

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide the Finance & Performance Committee with a report on the patient service commissioning activities of ABUHB for 2025/26.

This report is based on services externally 'procured' and not internally provided, ie. Not provided by ABUHB staff, which form part of the IMTP process.

ABUHB commissions services from a multitude of providers in a multitude of ways and mechanisms, this report focuses on the most material aspects of patient services commissioned.

Cefndir / Background

The Kings Fund define healthcare commissioning as 'the process by which health and care services are planned, purchased and monitored'.

The diagram below presents the continuous cycle of commissioning based on population needs.



This report includes updates on services commissioned over the following areas, based on reports from service leads:

- Long Term Agreements – services provided by other NHS organisations, including some regional initiatives.
- Specialised Services – services commissioned through the NHS Wales Joint Commissioning Committee (JCC).
- Individual Patient Treatment Requests (IPTR) – for patients requiring non-standard care
- Primary Care contracting – covering General Medical Services (GMS), General Dental services (GDS), General Ophthalmic services (GOS) and Community Pharmacy services.
- Continuing Healthcare/Complex Care & Free Nursing Care – placements and patients eligible.
- Private Provision – externally procured, contracted and commissioned services from the private healthcare sector, non-recurrent.
- Service Level Agreements (SLAs) – contracts with mainly third sector or other private providers.
- Local Authority Agreements – mainly section 28 and section 33 joint funding arrangements.
- Public Health – SLA’s for services procured.

The content of this report aims to provide descriptions of the types of commissioning undertaken and highlight the key aspects of services commissioned and issues and points of interest and business activity, with a quantification of activity and costs where available.

Asesiad / Assessment

Long Term Agreements

ABUHB commission services from other NHS providers.

The commissioning and contracting delegated budget is c£134m which ensures that the organisation has contracts in place with providers of activity for patients who ABUHB is the responsible commissioner.

This includes contracts with Health Boards such as Cardiff and Vale UHB and Cwm Taf Morgannwg UHB who provide elective and emergency services for part of our population. Contracts are also held with cross border provider Trusts in Bristol, Gloucester and Hereford who also provide elective & emergency services for some of our resident population as well as for English residents who ABUHB are the responsible commissioner for (cross border residents).

There are regular LTA contract meetings where clinical and corporate governance issues are discussed, there is also an established mechanism to monitor board reports for NHS providers to provide oversight of issues that may affect ABUHB patients, including HIW and CQC reports.

In total the Health Board contracts for c19,000 inpatient and daycase episodes per annum and c17,000 new outpatient attendances. This covers both surgical specialties such as general surgery, urology and orthopaedics as well as medical specialties such as general medicine, cardiology, respiratory and stroke. Maternity services are also commissioned from providers including Cardiff and Vale UHB and Cwm Taf Morgannwg UHB if a patient has been referred to that provider or presents in an emergency.

Overview of Activity Commissioned from Providers

	Inpatients	Daycases/RDAs	New Outpatients
Cardiff and Vale UHB LTA £41.2m Forecast £41.0m	4,133	3,557	5,866
Cwm Taf Morgannwg UHB LTA £19.7m Forecast £19.1m	4,135	614	2,815
Swansea Bay UHB LTA £1.8m Forecast £1.8m	166	149	163
Gloucester Hospital Trust LTA £3.8m Forecast £3.8m	499	331	1217
Wye Valley Trust LTA £3.7m Forecast £3.1m	415	802	967
North Bristol Trust LTA £2.9m Forecast £3.0m	758	221	586
University Hospital Bristol LTA £1.2m Forecast £1.2m	187	72	122

Cardiff and Vale UHB is also the tertiary provider for a number of services that are the commissioning responsibility of the Health Board, and the contract with Cardiff ensures access and delivery of these pathways such as-

- Gynae cancer (including robotic) procedures
- Tertiary haematology services
- Vascular surgery procedures

The largest single contract is held with Velindre NHS Trust, who are commissioned to provide tertiary cancer treatment for ABUHB patients either at the Velindre Cancer Centre or through outreach facilities. This contract comprises of c17,000 radiotherapy treatments and c33,000 chemotherapy treatments per annum, as well as high cost NICE cancer drug recharges for our patients.

Annual Budget	
Commissioning Expenditure (England)	£13,149,531
Non Contract Activity Expenditure	£1,410,319
Commissioning Expenditure (Wales)	£65,276,198
Velindre Trust Expenditure	£53,811,667

LTAs Total	£133,647,715
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The latest financial forecast against the delegated budget is an underspend of c£2.5m due to-

- Reduced activity being delivered in the Cwm Taf Morgannwg LTA for ABUHB patients
- Lower than planned growth and costs at Velindre Trust for cancer drugs and activity

	Annual Budget	Forecast Expenditure	Forecast Variance
Commissioning Expenditure (England)	£13,149,531	£12,502,535	(£646,996)
Non Contract Activity Expenditure	£1,410,319	£1,308,365	(£101,954)
Commissioning Expenditure (Wales)	£65,276,198	£64,376,198	(£900,000)
Velindre Trust Expenditure	£53,811,667	£52,986,667	(£825,000)
LTAs Total	£133,647,715	£131,173,765	(£2,473,950)

Opportunities

The main financial opportunity for 2026/27 is a further disinvestment from the Cwm Taf Morgannwg LTA for the elective care not being delivered for ABUHB patients. ABUHB have given notice on the existing contract and are pursuing full cost recovery but this is currently disputed by the provider. Negotiations re ongoing and have been escalated.

Risks

Cardiff and Vale UHB are undertaking a large 'rebasings' exercise which will propose some significant changes to the current LTA for the services provided to ABUHB patients. There is a highly likely risk that this will be presented as a significant material cost pressure for the Health Board but there are established principles regarding rebasing that should be adhered to which would allow for changes in baseline activity and values without real financial impact on implementation. There are, however, services that Cardiff and Vale UHB have identified as being 'undervalued' which may present access and cost pressures in future years such as UGI cancer and severe acute pancreatitis.

The development of the new Velindre Cancer Centre also has a significant revenue impact as there will be increased costs and some double running impact whilst this build progresses. Demand and costs associated with tertiary cancer treatment continue to rise in excess of annual funding/inflationary uplifts and as such will continue to be a pressure for the organisation.

Regional Ophthalmology

In 2025/26 a plan was developed to deliver 18,195 additional treatments at a cost of £26.5m, which was made up of £7m recurrent funding delegated to Health Boards and pooled with ABUHB as the lead organisation, £3m additional funding provided by WG to ABUHB on behalf of the region for Q1 delivery and an anticipated £16.5m delegated to ABUHB on behalf of the region for Q2-4 delivery. There is a regional health board governance structure established to monitor clinical and corporate performance.

ABUHB have lead on the development of this plan and have outsourced on behalf of the region for activity that was unable to be delivered with additional NHS capacity. The programme is on track to overachieve against the activity plan of 18,195 treatments whilst staying within budget. The programme has also achieved zero 104 week breaches since April 2025 for the region and significant reduction in the total number of patients waiting for treatment.

Regional Cataracts Plan 2025/26		
Delivery	Activity	Cost
CAVUHB - South Hub	1,948	£1,992,804
ABUHB - North Hub	1,955	£1,896,200
Outsource	14,292	£20,679,591
Regional Operational Team		£1,931,405
TOTAL	18,195	£26,500,000

There are established regular contract monitoring meetings covering clinical and corporate governance and quality reporting for outsourced providers.

There are also SEW regional Vascular services commissioned utilising LTA mechanisms.

Specialised Services - NHS Wales Joint Commissioning Committee

The NHS Wales Joint Commissioning Committee (NWJCC) is a Joint Committee of the seven Health Boards acting collectively on their behalf. However, individual Health Boards are ultimately accountable to their population and other stakeholders for the provision of the services commissioned by the NWJCC for the residents in their area.

The NWJCC was established in response to the findings of an independent review commissioned by Welsh Government into the national commissioning arrangements undertaken by the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC) and the National Collaborative Commissioning Unit (NCCU).

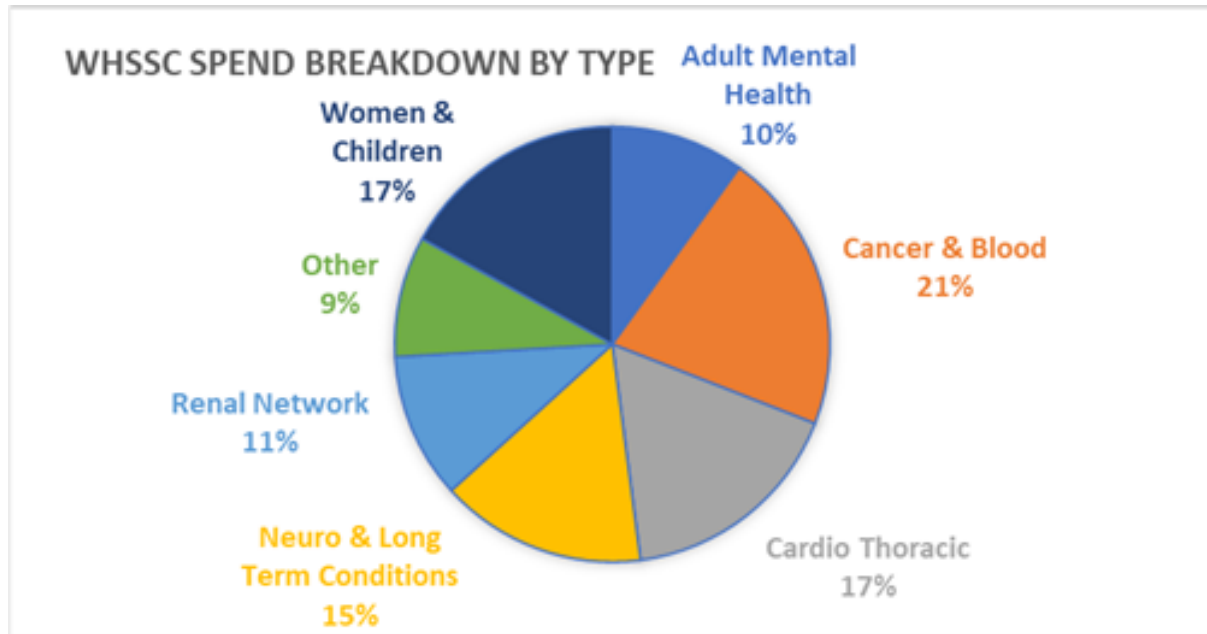
Key Successes in 2025-26

- Improving Access to Thrombectomy Services
- Expanding the indications for PET Scanning
- Introduction of a new risk management framework for all Ambulance and NHS 111 Commissioned Services
- Further Development of the South Wales Trauma Network
- De-escalation and improving waiting times for key services including Cardiac Surgery and Paediatric Surgery in Cardiff.
- NHS 111 Wales Mental Health Services
- Initiatives to reduce Children and Young Peoples attendance at Emergency Departments
- Welsh Kidney Network improving the number of patients receiving home dialysis

Key Challenges 2025-26

- Managing Commissioned Services in accordance with WG Targets. Key work focus on ensuring no patients waiting over 104 weeks and access to key services incl PET scans.
- Managing Services in Escalation including Plastic Surgery, Cardiac Surgery and Neonatal Services
- Reviewing service sustainability including workforce fragility and capacity constraints
- Reviewing infrastructure and Estate Risks
- Regional Variation and Provider Limitations inc PET Scans, Thrombectomy, Deep Brain Stimulation and Paediatric Neurology

Planned Service Profile



Budget & Spend Forecast 2025-26

	ABUHB Budget £000	ABUHB Forecast £000
Joint Commissioning Committee	203,191	840
Split as		
Former WHSSC	160,597	667
Former EASC	42,594	173

Key variances include overspends for C&VUHB Provider Services (£1.0m), English Provider (£1.0m), Individual Patient Treatments (£1.4m) offset by underspends in Mental Health Placements (£0.8m) and slippage on developments (£2.0m).

Savings 2025-26

Savings forecasted to be achieved in 2025-26 total £3.0m (all commissioners) with key schemes including

- High Secures Services Contractual Framework £0.9m
- Drugs Costs & Biosimilar Savings £0.5m
- University Hospitals Bristol Contractual Review £0.8m

Challenges for 2026-27

- Development of an Affordable 2026-27 Plan addressing service growth and service sustainability
- Manchester Arena Review Findings
- Major Trauma Services
- Cardiac Services Review
- Neonatal Review
- Refresh of Adult Mental Health & CAMHS Strategies

IPTR

Individual Patient Funding Requests (IPFR) are requests for individual patient treatment packages in 2 main areas

- treatments that are new, novel, developing or unproven and are not normally available within the Health Boards routine schedule of services and treatments
- Treatments that are only provided in certain clinical circumstances whereby not all patients will be eligible in accordance with the clinical criteria for that treatment

The All Wales Policy, Making Decisions on Individual Patient Funding Requests (IPFR), sets out the process for dealing with such requests and how an application is made.

In 2024-25 143 cases were agreed in ABUHB with costs totalling £806,405. 2025/26 estimates similar volumes and c. £1m spend.

Primary Care Contracting

Full details of all independent contractor commissioning and monitoring arrangements can be found in the 2024/25 Annual Quality Report: Primary Care Contracting, Primary and Community Care Academy and Quality and Patient Safety (Appendix 1.)

The following provides high level information pertinent to 2025/26.

General Medical Services

Commissioned through The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023. There are currently 67 General Practices, 4 of which are directly managed by the Health Board.

Supplementary Services - In addition to the usual services available, during 2025/26 the Health Board;

Decommissioned;

- Depo-provera/Sayana press Local Supplementary Service (LSS) aligned to the requirements of the Unified Contract.

Commissioned;

- Ring Pessary LSS – New Health Board service to support demand in secondary care and provide services close to home
- Minor Surgery Directed Supplementary Service (DSS) replacing the existing Minor Surgery service and Extended skin LSS. – *Directed by WG*
- Primary Care Contracted Services (PCCS): Outpatients Waiting Lists First Appointment Scheme- *Directed by WG*
- DSS for People living with severe frailty in their own homes – *Directed by WG.*

Welsh Government Additional Capacity Funding - Health Board allocation for 2025/26 is £763,630, 64 practices commissioned (63 following merger). Practices can claim at any point during the year and full utilisation is forecast. As of 12 January 2026, 55/64 practices have submitted claims totalling £531,277.23. From 2026/27 this will become the Workforce Fund.

Access Standards - All 67 practices have reported that they are meeting the Access Standards at mid-year for 25/26 and anticipated to do so as at 31 March 2027.

Quality Improvement Projects - QI cycle runs until 31 March 2026 when achievement will be assessed. Completion of all 3 projects is mandatory for practices participating in the QI process. The three projects are

- Chronic Kidney Disease (CKD)
- Improving Cardiovascular Outcomes
- Continuity of Care

National Sustainability Assessment Framework (SAF) 3 Practices in receipt of support via the SAF (2 x Blaenau Gwent, 1 x Torfaen).

Enhanced Monitoring arrangements in place for 1 GP partnership, with 3 GP contracts.

Successful procurement process in relation to one directly managed practice; Aberbeeg Medical Practice in Blaenau Gwent. The full GMS contract was awarded to a local GP partnership, who also hold the GMS contract for a neighbouring practice, thus returning the practice to independent contractor status with effect from 1 January 2026. An automatic period of enhanced monitoring has commenced.

Timeline of changes 2025/26

GMS 25/26	Sep-25	Practice merger	Wye Dean Practice merged with Mount Pleasant, Monmouth
	Dec-25	Branch Closure	Newbridge – Branch of North Celynen Practice, Caerphilly
	Jan-25	Contract awarded	Aberbeeg Medical Practice

General Dental Services

Commissioned through The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006. Currently, there are 69 GDS contracts – 51 Contract Reform, 18 Unit of Dental Activity and 12 specialists’ contracts.

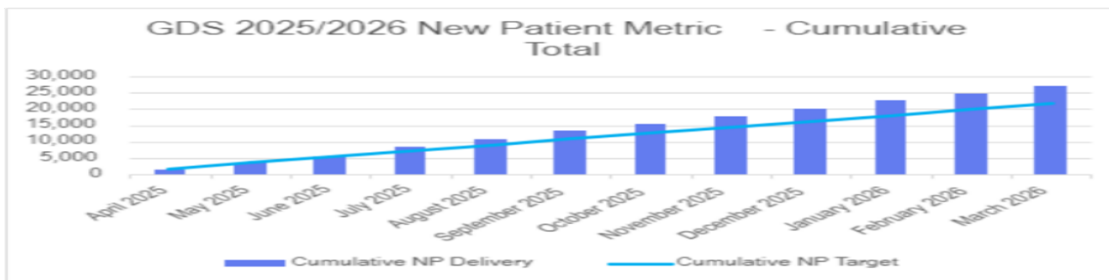
General Contract	Dental	Contract Reform (CR)	51
		Unit of Dental Activity (UDA)	18
Specialities	Dental	Domiciliary Service*	1
		Oral Surgery	2
		Sedation	1
		Oral Surgery Sedation (Fixed term only – not currently accepting new referrals)	1
		Orthodontics	6
		HMP Dental Services	1

Dental Access Portal went live in Aneurin Bevan on 12 February 2025. As of 14 January 2025, 6240 patients are active on the DAP and awaiting an

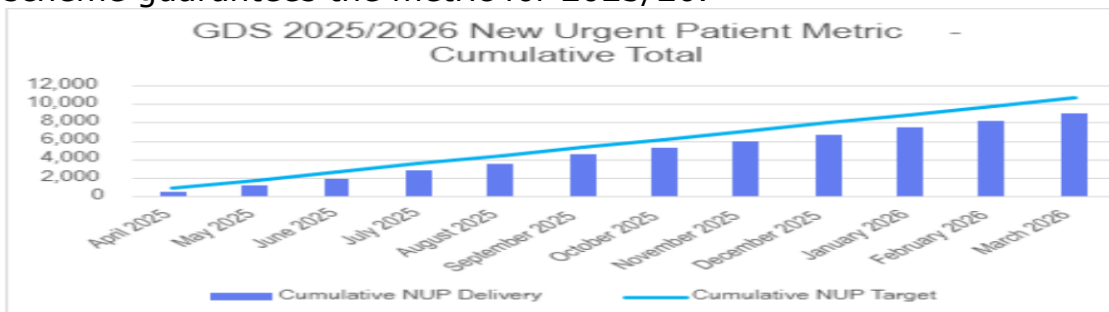
allocation, 5184 patients have been allocated to an NHS practice and 121 offers have been declined, however, these patients remain on the DAP and will be reallocated to a practice in due course.

Emergency Dental Services (EDS) – The Health Board currently commissions 283 EDS appointments a week. This service is demand led and PDS EDS contracts have been varied in line with the NHS PDS Regulations from 1 August 2025.

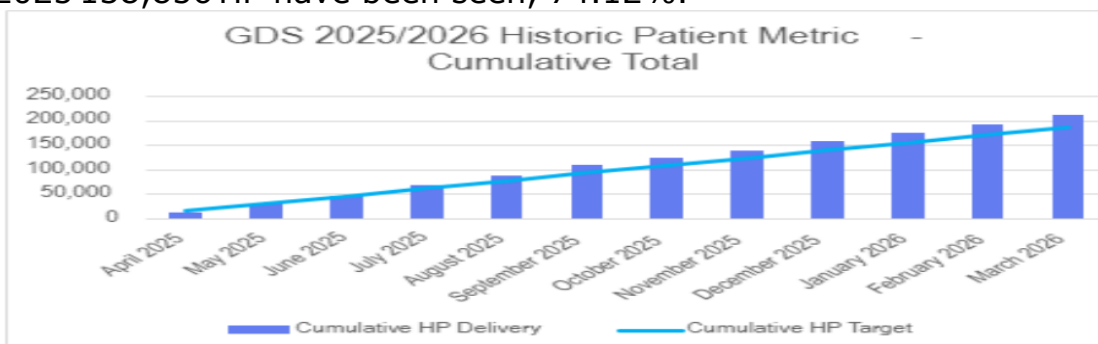
New Patients- NP target for 2025/26 for practices delivering via Contract Reform (CR) is 21,861 patients. As of November 2025, 17,903 NPs, 82%, have already been seen at practices. 27,161 is forecast for the full year.



New Urgent Patients - NUP target for 2025/26 is 10,618 patients. Across the Health Board, a minimum of 10,968 NUP appointments will be available. At present, approximately 83% of appointments are utilised, leaving some underutilisation. This will not affect contractor delivery, as participation in the scheme guarantees the metric for 2025/26.



Historic Patients - HP target for 2025/26 is 187,327, as of November 2025 138,856 HP have been seen, 74.12%.



Orthodontics - There has been additional non-recurrent investment of £200k into Orthodontic services during quarter 4 of 2025/26 to support with wait times, which are currently up to 7 years for treatment.

New GDS Regulations are anticipated from April 2026. There remains a degree of uncertainty around the changes and the impact on commissioning arrangements, including the Patient Charge Revenue which has remained a cost pressure during 2025/26.

To date, the Health Board has received 10 notifications from providers advising of contract termination. Three have already taken affect in 2025/26 and the remaining seven will terminate from 01/04/26. Additionally, 2 providers have requested to vary (reduce) their contract, one during 2025/26 and one from 01/04/26. The Health Board will look to re-procure these services in order to maintain NHS GDS access once the Regulations have been confirmed.

Timeline of changes 2025/26

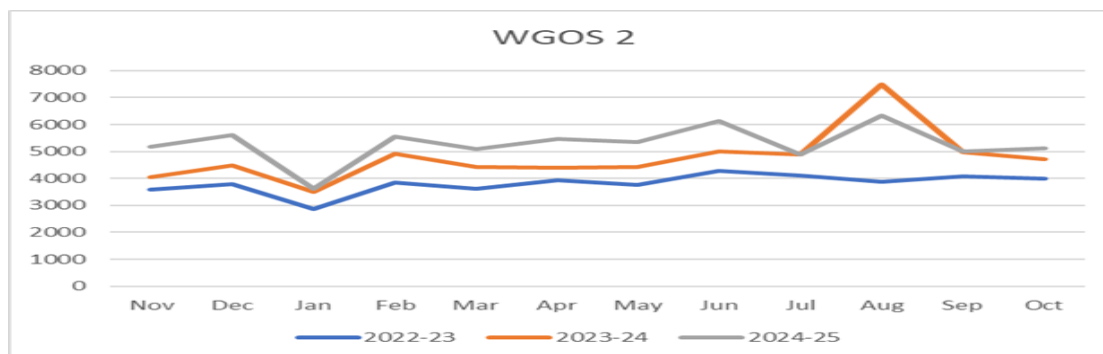
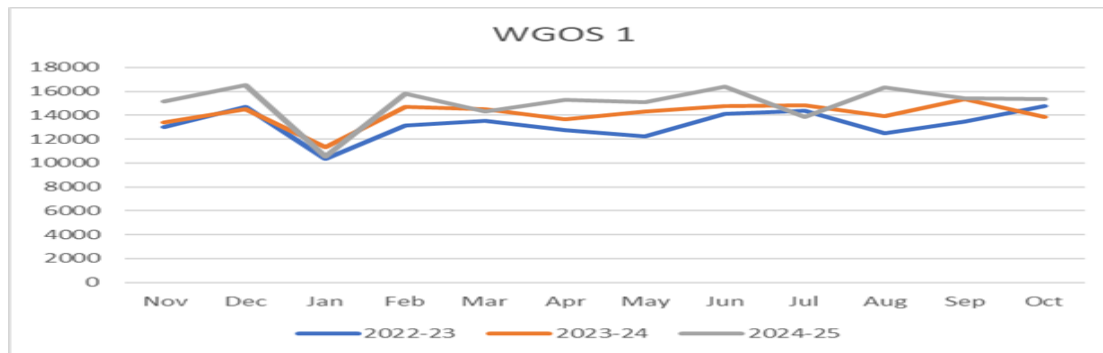
GDS 25/26	Sep-25	Contract Termination	Lodge Dental, New Inn, Pontypool, Torfaen
	Dec-25	Contract Variation	Gateway Dental, Monmouthshire
	Dec-25	Contract Termination	JPTD Limited, Cefn Forest, Caerphilly
	Dec-25	Contract Termination	Edwards Dental, Cwmbran, Torfaen
GDS 26/27	Apr-26	Contract Termination	Cheptsow Road Dental, Newport
	Apr-26	Contract Termination	Teeth For Life, Caldicot
	Apr-26	Contract Termination	94 Dental, Newport
	Apr-26	Contract Termination	Cwmbran Dental Spa, Torfaen
	Apr-26	Contract Variation	North View Dental Surgery- Caerphilly

General Ophthalmic Services

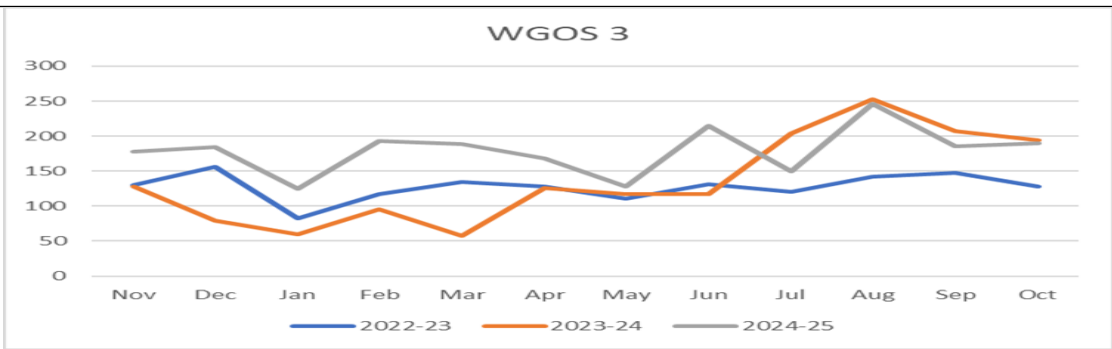
Commissioned through The National Health Service (Ophthalmic Services) (Wales) Regulations 2023

55 Optometry Practices, 6 Domiciliary providers delivering WGOS 1 and WGOS 2 (mandatory services).

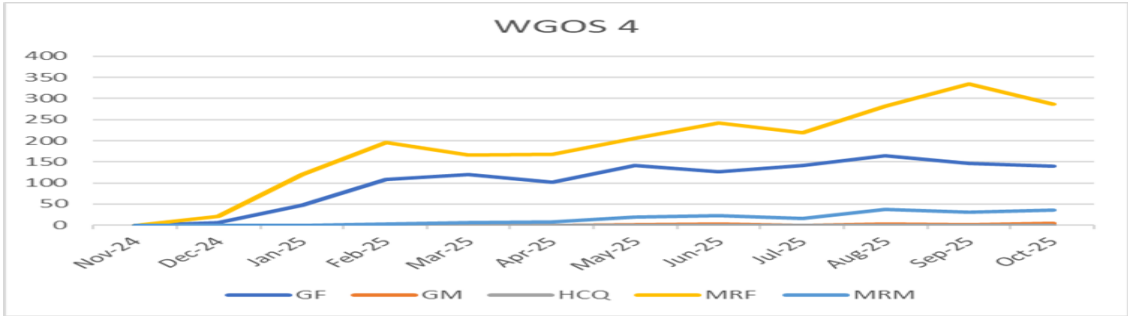
In 2025/26 a practice in Caerphilly North opened and a new Domiciliary Provider was added ABUHB’s Ophthalmic list.



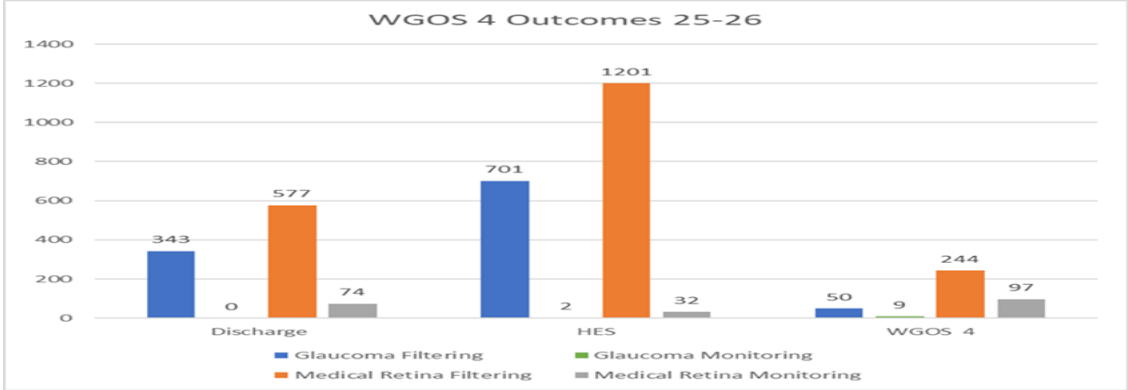
WGOS 3 – opt in services for practitioners in Wales with a Low Vision qualification. 35 practices and 1 Domiciliary practice provide this service.



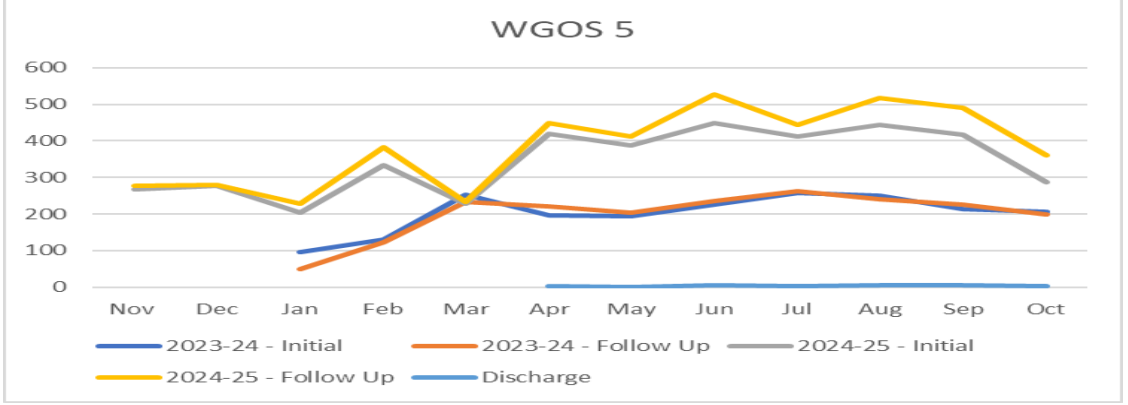
WGOS 4 provides services in primary care for patients who would have previously been managed through Hospital Eye Services (HES) for Medical Retina, Glaucoma or those patients' prescribed hydroxychloroquine. 17 Practices are currently participating. Within Aneurin Bevan, WGOS 4 has been rolled out in a phased approach with Medical Retina and Hydroxychloroquine (HCQ) Monitoring launched on the 31 August 2025.



Circa 868 patients identified by HES, suitable for the Primary Care led WGOS 4 Referral Filtering Pathway, have been deflected to Primary Care since May 2025. To date, WGOS 4 services have prevented a total **1672** referrals being made into Secondary Care.



WGOS 5 was fully implemented in 2024/05, currently 32 IP practitioners across 26 practices.



Timeline of changes 2025/26

Community Pharmacy

125 pharmacies commissioned through The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020.

Core service provision is between 9am and 6pm with some providers open extended hours until 8pm in the evenings and at weekends. A commissioned rota ensures out of hours need is met on a locality and Neighbourhood Care Network basis.

The most recent activity for dispensing and the core clinical services is listed below.

Service	2025/26 Activity YTD
Dispensing	9,587,973 items (April – Dec)
Common Ailments	66,809 consultations
Emergency Supply	37,771 medicines
Contraception Service	3,765 consultations
NHS Flu Vaccination Service	16,857 vaccinations
Independent Prescriber	25,920 consultations

Pharmaceutical Removals Committee - As a consequence of repeated failures to provide pharmaceutical services during agreed hours, failure to notify the Health Board of closures, and an inability to supply prescribed medicines with reasonable promptness and associated contractual sanctions, the Health Board convened a Pharmaceuticals Removal Committee on 31 October 2025 to consider the removal of two pharmacies operated by LP SD Ten Ltd, trading as Jhoots Pharmacy (Caerphilly and Risca). The Committee considered each individual pharmacy and determined that both should be removed from the Health Boards pharmaceutical list effective 8 December 2025. Notification to that effect was issued and has subsequently been appealed to Welsh Government. The Health Board is awaiting the outcome.

Opening Hours- during 2025/26 the Health Board has considered and agreed three applications for changes in core hours (1 Blaenau Gwent, 1 Monmouth and 1 Caerphilly) and been appropriately notified of 7 changes to supplementary hours (5 Caerphilly, 1 Newport, 1 Monmouth).

Finance

The following table provides an overview of the 2025/26 forecast, as at Month 9 for all four contracting areas and associated identified savings.

	25/26 M9 Forecast			Savings £'000
	Budget £'000	Forecast Spend £'000	Forecast Variance £'000	
Optometry contract	7,126	6,797	-329	
ODTC & WET AMD	495	100	-395	
General Medical Services	120,028	118,992	-1,036	714
General Dental Services	36,547	36,624	77	676
Community Pharmacy Contract	36,772	37,312	540	56

GMS

2025/26 savings have been realised through prior year accrual releases, current year forecast release relating to additional clinical sessions service previously commissioned and improvement grants.

Opportunities & risks 2026/27

- Shingrix and RSV funding previously confirmed, non-recurrently, on an annual basis. Commitment of recurrent funding received in full for Shingrix and partial for RSV.
- Dispensing Drs & PADMs funding currently delegated non-recurrently on an annual basis
- DSS Frailty no additional funding during 25/26. Expectations for 2026/27 currently unknown.
- Health Board improvement grant funding. Unknown if WG allocation will be received.
- Local Supplementary Services- review required through QIA process.

GDS

2025/26 Savings relate to non-recurrent funding, additional clawback relating to 2024/25 and EDS contract reduction.

Opportunities & Risks 2026/27

- New GDS contract from April 2026
- To not recurrently reinvest contract values associated with variations & terminations
- Withdraw Emergency Dental Services
- Terminate/ withdraw specialist PDS contracts – review required via QIA process
- Patient Charge Revenue

WGOS

Opportunities & Risks 2026/27

- Full year effect of new WGOS services could result in a financial pressure for 26/27. This will be monitored closely as all WGOS services are fully implemented.
- Transformation funding comes to an end 31 March 2026, alternative consideration for resource from 1 April 2026.
- £95k savings have been included in the 26/27 IMTP for the termination of the ODT lease.

Community Pharmacy

2025/26 savings of £56,000 relate to flu vaccines and central procurement.

Opportunities & Risks 2026/27

- IMTP includes a risk of £327k in anticipation of fee changes as seen in previous years. Fee changes come in based on how All Wales are doing and therefore difficult to forecast.
- Little scope for identified savings.

Appendix 1 – Annual Quality Report 2024/25



Continuing Healthcare/Complex Care

What is Continuing NHS Healthcare (CHC) - Continuing NHS Healthcare is a package of care for people who are assessed as having a 'primary health need' - which is arranged and funded by the NHS.

- **If you receive care in your own home** the NHS covers the cost of care and support you need to meet your assessed health and associated care needs, which includes personal care such as help with washing and getting dressed.
- **If you receive NHS continuing healthcare in a care home** the NHS pays your care home fees.

What is Funded Nursing Care (FNC) - Funded Nursing Care is when the NHS pays for the nursing care component of the care home fees – the NHS pays a flat rate (set nationally) to the care home.

Key successes 25/26

- Ongoing collaborative working with hospital sites to support patients to be discharged in a timely manner to reduce hospital length of stay and deconditioning.
- Working proactively and adaptively as a team to work differently and place the patient at the centre of decision making.
- Hospital 2 Home continues to develop and thrive, supporting earlier patient discharge and improving flow across ABUHB sites, scheme supported 49 discharges through Winter Sprint & critical incident.
- Fast Track / End of Life Care Runs preventing hospital admission & meeting individuals end of life wishes in their own home.
- Support provided by team to flood victim, ensuring timely intervention and continuity of care during significant community disruption.
- Commencement of integration with Primary Care, strengthening pathways, shared working, and early collaborative planning.
- Continue to support complex individuals within the community on discharge and crisis, implementing different ways of working ensuring governance and safety at all times.

Key challenges 25/26

- Implementation of direct payments from 1st April 2026; WG final guidance not be available until April 2026.
- Local Authorities not in support of the commissioning of 1:1 care, as state this is a health need which impacts on patient flow and cost when patients with 1:1 do not have evidence of a PHN.
- Increase in IRP's cases mostly due to the campaigning by law firms.

- Managing expectations from patients and families regarding service capacity, remit, and boundaries.
- Operational management pressures, particularly linked to a high level of sickness within the CaHT team, impacting resilience and workload distribution.
- Fraught relationships with some Local Authorities approach to parentship working / discharge & funding.

Savings 25/26

- Increased scrutiny on 1-2-1 care, ensuring care is appropriate and proportionate and looking at how enhanced care can be safely reduced through having a collaborative relationship with providers.
- FNC process change, ensuring nursing needs are evidenced before FNC is agreed.
- Ongoing review of existing and new POC's
- Alternative respite care options, being supported within in house provision.
- Right-sizing packages of care, ensuring they are proportionate, safe, and aligned to assessed need.
- Introduction of CIVICA will improve efficiency of service delivery aligned to the CaHT

Opportunities & Risks 26/27

Opportunities

- Strengthening integrated working across community, acute, and primary care settings.
- Improved consistency and quality through enhanced education SOP's.
- Digitisation, including adoption of CIVICA and introduction of the WNCR, supporting streamlined processes, improved efficiency and strengthened governance.
- Introduction of Care Cubed to support provider fees.

Risks

- Workforce resilience, particularly if sickness levels continue to impact operational capacity.
- Weather-related disruption (e.g., flooding, severe winter conditions) with associated contingency needs and risks to service continuity.
- Cost of care - cost of living / RLW / provider expectations

2025/26 Performance

CHC – 24/25 Average 530 placements & 25/26 Average 535 placements
 RIF funded Discharge schemes – 25/26 Average 26 placements
 FNC – 24/25 Average 1069 places & 25/26 Average 1075 places

Budget £75.4m, Forecast Spend £77.2m, Forecast Deficit £1.7m

Private Sector

Services can be described as 'outsourcing' where full patients treatment is provided outside of health board premises independently, or 'insourcing' where a team of clinicians provide services using ABUHB facilities and on ABUHB sites.

During 2025/26 Welsh Government have driven a national 'Insourcing' initiative to support 26 week outpatients targets, WG required health Boards to be the contract owners of this agreement, despite limited involvement in setting specifications, clinical standards or award. The table below provides an update on progress.

Volume													
	Actual										Forecast		Total
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
Ophthalmology	-	-	-	-	-	285	751	1,096	520	731	1,131	1,131	5,645
Orthopaedics	-	-	-	-	-	711	950	1,677	927	1,510	1,079	1,079	7,933
ENT	-	-	-	-	268	981	850	1,273	679	1,314	66	-	5,431
Gynaecology	-	-	-	-	-	192	438	576	192	596	286	286	2,565
Dermatology	-	-	-	-	-	145	283	373	124	133	317	317	1,691
Urology	-	-	-	-	-	-	-	351	354	573	516	516	2,309
Cardiology	-	-	-	-	-	-	-	371	144	499	513	513	2,040
General Surgery	-	-	-	-	-	78	605	406	33	10	23	-	1,155
Oral Surgery	-	-	-	-	-	-	-	559	413	901	713	713	3,299
Gastroenterology	-	-	-	-	-	24	117	625	290	307	90	-	1,453
	-	-	-	-	268	2,416	3,994	7,307	3,676	6,574	4,733	4,554	33,521

£													
	Actual										Forecast		Total
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
Ophthalmology	-	-	-	-	-	-	39,645	229,753	38,022	84,738	131,106	131,106	654,368
Orthopaedics	-	-	-	-	-	-	98,289	324,657	68,268	174,067	124,301	124,301	913,882
ENT	-	-	-	-	-	-	130,662	199,935	21,239	114,008	5,731	-	471,574
Gynaecology	-	-	-	-	-	-	26,998	129,226	7,593	69,842	33,455	33,455	300,570
Dermatology	-	-	-	-	-	-	19,439	79,723	4,178	14,859	35,359	35,359	188,919
Urology	-	-	-	-	-	-	-	40,870	41,103	66,837	60,025	60,025	268,860
Cardiology	-	-	-	-	-	-	-	42,928	16,662	57,739	59,359	59,359	236,048
General Surgery	-	-	-	-	-	-	9,882	119,643	11,065	1,006	2,428	-	121,895
Oral Surgery	-	-	-	-	-	-	-	59,090	43,291	94,902	75,100	75,100	347,484
Gastroenterology	-	-	-	-	-	-	3,373	89,784	30,404	36,073	10,541	-	170,175
	-	-	-	-	-	-	328,288	1,315,611	259,695	714,070	537,405	518,705	3,673,774

Additional funding has been provided by WG for further insourcing and outsourcing initiatives to support diagnostics and treatment targets.

Theme	Funding	M10 YTD Position	
	£	£	Activity
Planned Care - Elective (inc. > 104 wks)	12,415,000	7,088,925	2,784
Planned Care - O/P's > 26 wks	5,548,817	4,437,304	27,902
Planned Care - > 8 wks Diagnostics	849,102	324,523	877
Regional Cataracts	19,500,000	13,464,000	7,815
Other	1,545,973	838,189	96
TOTAL	39,858,892	26,152,941	39,473

Details below:

Theme	Title	Funding Overview		M10 YTD Position	
		Status	£	£	Activity
Planned Care - Elective (inc. > 104 wks)	PCP 25-26 Confirmation of Funding for Quarter 1 Activity	Allocated	1,500,000	2,610,411	1,002
	CB - basically M06 and M07 additional 104 wk costs for T&O, to add on to the original £2m	Anticipated	567,000	495,232	72
	ABUHB assumed funding £2m, Board assumed funding as part of forecast review	Anticipated	2,900,000	1,593,793	1,155
	RTT WAITING TIMES Phase 5 Agreed Allocation £1.986m for General Surgery, ENT, Oral surgery, Max fax, and Urology qtr 3 and 4	Anticipated	1,988,000	550,066	182
	RTT WAITING TIMES Phase 5 Agreed Allocation £1.46m for Orthopaedics qtr 3 and 4	Anticipated	1,460,000	1,513,600	262
	RTT Phase 5 - Ophthalmology (non-Cataract)	Anticipated	400,000	101,007	32
	RTT Waiting times Phase 5 Allocation - Orthopaedics	Anticipated	600,000	0	0
	RTT Waiting times Phase 5 Allocation	Anticipated	3,000,000	224,817	79
	Total		12,415,000	7,088,925	2,784
	Planned Care - O/P's > 26 wks	Planned Care 2025-2026 Additional funding - Phase 3 Outpatients	Allocated	193,000	1,122,241
Patient Transport and Support costs to deliver National Outpatient Plan (Phase 3) - Additional support		Allocated	468,930	0	0
Outpatient Diagnostic Delivery - Additional support		Allocated	24,579	0	0
Diagnostic Conversions from Outpatient Programme: Health Board Reporting Process and Oral Surgery Plain Film Funding Arrangements		Anticipated	13,319	0	0
National Outpatient Plan 2025/26 - Revised Trajectories		Anticipated	-5,568	0	0
National Outpatient Plan 2025/26 - Minor Operation Procedures (MOPs)		Anticipated	556,829	73,003	100
Insourcing Contract (HBS)		Anticipated	3,673,332	2,617,664	0
Diagnostics		Anticipated	624,396	624,396	3,659
Total			5,548,817	4,437,304	27,992
Planned Care - > 8 wks Diagnostics		Planned Care 2025-2026 - Phase 4 Diagnostics	Allocated	555,839	324,523
	Phase 4 - diagnostics	Anticipated	293,263	0	0
Regional Cataracts	Regional Cataract Plan 2025/26 SE Wales - £16.5m	Allocated	16,500,000	10,590,000	7,060
	Q1 Activity SE Wales Region Cataracts	Anticipated	3,000,000	2,874,000	755
Other	Total		19,500,000	13,464,000	7,815
	Planned Care Transformation Funding 2025-26 (Q1+Q2)	Allocated	343,902	343,901	33
	Planned Care Transformation Funding 2025-26 (Q3+Q4)	Allocated	216,658	229,267	22
	National POPs Initiative Funding	Allocated	136,636	97,500	0
	Planned Care Transformation Fund: Spinal Mega Clinics	Allocated	55,373	9,332	41
	GP Gatekeeper Model	Allocated	780,045	153,735	0
	Planned Care Transformation Fund Q3 - General Surgery	Anticipated	13,359	4,453	0
	Total		1,545,973	838,189	96
	Overall Total		39,856,892	26,152,941	39,473

Contractual governance processes follow the NWSSP framework for commissioning services and within ABUHB the approved FCP. Regular contract meetings are held to ensure clinical and corporate governance requirements are met.

Further outsourcing includes imaging reporting through contracts held in the CSS division.

Regional Ophthalmology outsourcing is reported under the LTA section.

Service Level Agreements

SLA's are effectively **contracts** with private or third sector bodies.

A review of SLAs is ongoing focusing on

- Developing an AB pan organisation wide register of agreements to improve governance (commissioned and income)
- Reviewing current governance arrangements and seeking legal/Welsh Risk Pool advice for issues identified to date
- Reviewing procurement arrangements for services to be recommissioned/reviewed.
- Working as part of an All Wales workstream (led by JCC) reviewing current arrangements to develop consistent approaches and a national framework for dealing with the Third Sector
- Reviewing contractual documentation within ABUHB including the development of quality management and performance arrangements.

Scope includes:

- Primary Care have 18 Agreements with local Authorities totalling £7.7m with the largest being the pooled budget for Monnow Vale at £2.5m.
- Primary Care have 25 agreements with the 3rd sector totalling £2.960m. the largest being St Davids Foundation £1.6m.
- There is a service level agreement with Public Health Wales for AB to provide screening services totalling £2.8m with the largest element being Bowel Screening £1.6m.
- MH SLAs £4.931m which includes £1.4m of agreements with Gwent Las for LD services.

The table below provides a summary of financial estimates.

SLAs	Nos of Agreements	Value £m
Primary Care	74	14.317
Urgent Care	20	0.949
F&T	71	1.882
Medicine	15	2.059
MH	19	4.931
CSS	53	2.081
Surgery	23	tbc
Total	275	26.219

Local Authority Agreements

These cover mental health, learning disabilities and most notably the Section 33 for the 'Gwent Frailty Programme', operating over ABUHB and the 5 Gwent Local Authorities, the first of its kind in Wales. The service includes community services through rapid response, falls and admission avoidance approaches, led by 5 joint Community Response Teams at a value of c. £19m, work is currently underway to review the effectiveness and VFM of the current services. Clarity of comprehensive performance information has been a consistent challenge since inception. The table below presents the proposed contributions for 26/27.

		PROPOSED BUDGET 2026/27
TOTAL GWENT FRAILTY PROGRAMME	ABUHB	£11,913,734
	BLAENAU GWENT LA	£251,546
	CAERPHILLY LA	£3,274,373
	MONMOUTHSHIRE LA	£1,367,854
	NEWPORT LA	£2,268,296
	TORFAEN LA	£917,625
	TOTAL	£19,993,428

Public Health

The Public Health team manage over 40 contracts with external providers who are support various prevention services. This briefing explores 6 of the contracts:

- Level 2 Weight Management Services- in-person offer
- Level 2 Weight Management Services- digital offer
- Nye BeVan
- Gwent Health Protection Partnership
- Connect 5 training
- Warmer Homes

Level 2 Weight Management Service- in-person offer

Service Description

A multi-component, in-person weight management programme commissioned through each of the five local authorities in Gwent designed to support individuals to reduce and maintain their weight. Delivered in local leisure centres across the five local authorities in Gwent, the programme runs for 12 weeks and includes bespoke exercise classes, full access to leisure centre facilities, and classroom-based sessions focused on nutrition, behaviour change, and wellbeing.

Key successes 25/26

- Of the 521 participants, 82% have accessed 8 or more of the 12 sessions provided. 88% of participants have lost weight, with 48% achieving a weight loss of 5% or more.
- The distribution of participants across demographic groups, including ethnic background, and areas of deprivation aligns with population-level data, demonstrating equality of access.
- Feedback and evaluation from participants report significant physical and mental health improvements, including increased energy, weight loss, reduced waist measurements, and medication adjustments.

Key challenges 25/26

- The programme has supported 521 service users as of December 31st 2025 which is below target. Initial approaches to refer and signpost participants through Primary care have not been routinely completed resulting in low uptake.
- Pathways into additional support services that can additionally assist participants with weight management before, during, and after enrolment have not been fully utilised.
- Current participation rates show lower uptake among men compared to women.

Planned activity delivery in year & Actual activity delivered in year (High level metrics)

KPI	Planned activity (Q1-Q3)	Actual activity (Q1 - Q3)
Number of service users	900	521
Number of completers	60% engage with 8 plus sessions	82%
Number achieving 5% weight loss	30% achieve 5% weight loss	62%

Budget & Spend forecast 25/26

Leisure Provider	Population	Budget	Spent
Blaenau Gwent	66,900	£16,000	£16,000

Caerphilly	181,800	£29,500	£29,500
Monmouthshire	96,600	£18,000	£18,000
Newport	159,000	£22,500	£22,500
Torfaen	93,000	£15,000	£15,000

Savings 25/26

Allocated funding has been spent

Opportunities & risks for 26/27

Opportunities

- Build on strong participant feedback to promote the programme through case studies.
- Working closely with community partners can increase opportunities for participants to access additional programmes to support their weight management journey.
- Utilise data and participant feedback to identify any gaps or development opportunities to strengthen service delivery.

Risks

- If programme capacity is not reached, it will result in missed opportunities for eligible residents resulting in further potential need for more specialist services.
- Gender imbalance may continue if targeted engagement for men is not prioritised.
- Lack of signposting or onward pathways could reduce long-term outcomes for participants after completion.

Level 2 Weight Management Service –Digital offer

Service Description

A multi-component, commissioned, Digital Weight Management Service delivered virtually through GRO Health. The programme uses a personalised digital health and behaviour-change platform designed to help users manage their physical and mental health with a specific focus on weight management. Participants receive both 1:1 and group coaching, supported by four key pillars: nutrition, physical activity and exercise, mental wellbeing, and sleep hygiene.

Key successes 25/26

- Of the 2008 participants, 93% have lost weight, with 71% achieving a weight loss of 5% or more. On average, participants achieved a weight loss of 6.4 kg, resulting in an average of 2.3-point reduction in BMI.

- The distribution of participants across demographic groups, including ethnic background, and areas of deprivation aligns with local population-level data, demonstrating equality of access.
- In addition to various demographic groups, there is an even uptake of the programme across the five local authorities comparing this to local population data, demonstrating equality of access across Gwent.
- Recent comms and promotion activity through various methods including posters across health settings, social media and out of house advertising has led to an increase in referrals.

Key challenges 25/26

- Overall uptake remains below target, with 2008 participants being enrolled on to the programme compared to the Q3 target of 3750.
- Given the recent comms and promotional activity, there has been an increase in ineligible participants attempting to enrol onto the programme. This has mainly been due to participants being outside of the Gwent postcode or their BMI being below eligibility criteria.

Planned activity delivery in year & Actual activity delivered in year (High level metrics)

KPI	Planned activity (Q1 - Q3)	Actual activity (Q1 - Q3)
Number of service users	3,750	2,008
Number of completers	60% engage with 8 plus sessions	41%
Number achieving 5% weight loss	30% achieve 5% weight loss	71%

Budget & Spend forecast 25/26

Budget	Spent
£250,000	£250,000

Budget of £250, 000 has been paid for 5,050 spaces on the programme.

Savings 25/26

Allocated funding has been spent.

Opportunities & risks for 26/27

Opportunities

- Build on strong participant feedback to promote the programme through case studies.
- Utilise data and participant feedback to identify any gaps or development opportunities to strengthen service delivery.

- Continue with the momentum of recent comms and promotional efforts to further increase referrals of participants.

Risks

- If programme capacity is not reached, it will result in missed opportunities for eligible residents resulting in further potential need for more specialist services.
- Should the trajectory of ineligible participants attempting to enrol onto the programme continue, it may cause administrative strain on the service increasing processing time for eligible participants to access the programme
- Digital exclusion risks, including low digital literacy or limited access to devices/ internet, could restrict participation among certain groups.

Nye BeVan

Service Description

The Nye BeVan Mobile Health Unit provides a flexible, community-based clinical outreach offer across Gwent. It is used to deliver prevention, screening, vaccination, and engagement activities directly within communities, retail, local authority and on hospital sites. The unit enables the any team within the Health Board, as well as other key stakeholders, to reach groups less likely to access traditional healthcare settings and provides a visible health-promoting presence across the region.

Key successes 25/26

- **Deployment in Blaenau Gwent for Fluenz Delivery**
Successful on-site delivery of Fluenz as part of immunisation outreach, increasing access for families who may not have attended fixed-site appointments.
- **Supporting National HIV Testing Week**
The unit was used to distribute **sexual health advice, TAP (Test at Home) kits**, and support wider HIV testing engagement. This provided a confidential, approachable space for conversations around sexual health with over 40 people spoken to and >20 kits given out.
- **Flu vaccination outreach at RGH and GUH**
Deployment on hospital grounds supported both staff and patient flu vaccination uptake.
- **Notably, 50% of those vaccinated on the unit had not received a flu jab in the last two years**, demonstrating its effectiveness in reaching individuals who are historically disengaged from seasonal vaccination. The unit is already pencilled in to be used by the Vaccination Service to support an early-bird rollout of flu vaccination in September 2026.

- **Improved engagement as weather conditions stabilised**

Bookings for the unit have significantly increased in recent weeks, reflecting seasonal improvements and growing awareness of the service. Examples are an MMR Roadshow offering MMR catch-up to staff across our locations. HPV Awareness and MMR catch-up offer to higher education sites in Gwent. Outreach targeting areas of poor uptake in Monmouthshire for EOTAS children. The Engagement Team booking the unit for use in Blaenau Gwent targeting working aged men in the first instance.

- **Operational improvement through bank driver onboarding**

A new bank driver is due to join the service, increasing flexibility, reducing reliance on staff redeployment, and improving resilience of deployment schedules. Training has taken place with the driver, and they are due to commence duties W/C 9.2.2026

Key challenges 25/26

- Periods of **poor weather limited safe deployment** at several planned community sites, reducing activity earlier in the year.
- Lack of drivers reduced deployment of the vehicle with Health Board staff not feeling confident to drive the unit.
- Despite strong interest and suggestions of outreach work from a number of teams, this did not translate into bookings and delivery. The recruitment of a bank driver/s and the improved weather, alongside intranet promotion of the benefits of the BeVAN in situ has seen an increase in bookings for the BeVAN.

Planned activity delivery in year & Actual activity delivered in year (High level metrics)

- Utilise unit for wider vaccine equity work targeting, as an example, areas of known lower MMR uptake and working with communities to build trust in health care services and vaccinations.
- Widening the use of the unit to include latent TB and hepatitis case finding as well as other outreach to.

Budget & Spend forecast 25/26

£43,832.08 – Van Lease

£278.66 – Van resources

Savings 25/26

None

Opportunities & risks for 26/27

- Build on successful flu and HIV outreach to develop a core annual preventative calendar, ensuring predictable high footfall and impact deployment.
- Bank driver increases capacity for more frequent deployment
 - With an adequate number of bank drivers available to support delivery across Gwent, we anticipate considerable improvement on the use of the unit and are aiming for 2/3 days of use per week (on average).
- Potential expansion into:
 - smoking cessation engagement

- early cancer symptom awareness
- chronic disease prevention drop-ins
- liver screening
- multi-topic engagement opportunities
- Strengthen community partnership work (schools, sports venues, third sector).
- Wider use and successes will inevitably create interest and discussion that will in turn encourage more us.

Risks

- The main risk is underutilisation resulting in poor take (~1 day of use per week) subsequently the unit would not be considered a prudent use of associated hiring and running costs.

Gwent Health Protection Partnership

Service Description

ABUHB has SLAs with each of the five local authorities in Gwent, providing funding for ensuring a public protection workforce with sufficient capacity and resilience to meet the needs of citizens, businesses and partners.

Individual local authorities are responsible for the recruitment of development posts that are based on the needs of the organisation, but link to the objective of developing additional specialist capacity. These posts are contracted on a fixed term basis.

Key successes 25/26

- Local authorities have been able to recruit to posts and retain staff
- Increased capacity has enabled a collaborative project on sunbed shops, capacity for response and better alignment with HB priorities

Key challenges 25/26

- Current funding for the SLAs is until 31st March 2027

Planned activity delivery in year & Actual activity delivered in year (High level metrics)

- Review of local agreement and SOP outlining the service provision for Covid-19 support provided to care homes
- Part of the response to hepatitis A incident – liaising with the affected school, family and undertaking sampling
- Winter preparedness webinars for care homes
- Involvement in Exercise Pegasus and playing an active part in providing technical advice in completing areas of the workbook
- Developing and commencing a collaborative project in respect of sunbed premises
- Undertaking a review of the beauty procedures guidance document for LAs, which identifies enforcing agencies, legislation etc
- Response to filthy and/or verminous premises and signposting those affected to mental health and well-being services within ABUHB.

Budget & Spend forecast 25/26

£552,000 split between the 5 local authorities in Gwent.

Savings 25/26

Allocated funding has been spent.

Opportunities & risks for 26/27

- Greater capacity to be involved in more preventative health protection work i.e. with educational settings and care homes
- Staff retention

Connect 5 training

Service Description

Connect 5 is an evidence-based mental health literacy training programme that strengthens workforce capability to support population wellbeing. Built on recognised frameworks (COM-B behaviour change theory, MECC, CBT, adult learning models, and Five Ways to Wellbeing), it has a strong track record of improving participants' knowledge, confidence, and competence in wellbeing conversations. Developed in Greater Manchester in 2008 and later nationally funded by Health Education England, the programme is now owned by Connect Collaborations and remains in use across parts of England.

Locally in ABUHB, Connect 5 has been localised and branded **Gwent Connect 5**. Gwent Connect 5 delivers the same core Connect 5 model with some local adaptation, including Welsh data and signposting to ABUHB's Melo resources. It is managed by ABUHB's Gwent Public Health Team and funded by the Welsh Government's Regional Integration Fund.

Training comprises three modular half-day sessions (online or in person), which can be taken individually but must be completed in sequence for those undertaking the full programme.

Key successes 25/26

- Up to the end of quarter 3, over 109 Gwent Connect 5 modules have been delivered across Gwent, with a quarter of these being delivered in person on Health Board premises.
- Up to the end of quarter 3, over 400 participants have completed Module 1.
- Ongoing evaluation includes qualitative data systematically collecting using a booking and evaluation tool and demonstrates that participants of Gwent Connect 5 report an increase in knowledge, confidence, skills and motivation to have a mental wellbeing conversation, which increases incrementally after attending each of the three modules.
- An external third sector provider has been commissioned to coordinate the Gwent Connect 5 training programme

Key challenges 25/26

- Ensuring sustainability of the programme, as the funding stream (WG RIF) expires at the end of March 2027. An Options Appraisal has already been drafted to allow for consideration and implementation of sustainable options.

Planned activity delivery in year & Actual activity delivered in year (High level metrics)

Domain	KPI	Indicator	Data Source	Reporting Frequency	Notes	Quarter 3 Monitoring against KPIs
Delivery & Commissioning	All funded modules commissioned are delivered	% Of commissioned modules delivered	Booking and Evaluation Tool	Quarterly	Track against planned delivery	4Minds – Delivered 24 of 36. Mind in Gwent - Delivered 34 of 36 modules. All remaining modules to be delivered in Q4.
Delivery & Commissioning	All funded modules have ≥8 participants booked	% Of modules with ≥8 bookings	Power BI	Quarterly	Flag modules at risk of cancellation	Trainer 1: A total of 204 participants /23 = an average of 8.8 people per module. Trainer 2: total of 435 participants – therefore 435/33 = average 13.1 per course
Delivery & Commissioning	≥50% of funded modules delivered face-to-face	% Of modules delivered F2F	Booking and Evaluation Tool	Quarterly	Compare online vs F2F trends	All 4Minds modules delivered F2F.
Reach & Participation	≥400 participants complete Module 1	Number of completions	Power BI	Quarterly	Track cumulative totals	427 participants to date.
Reach & Participation	≥250 participants complete Module 3	Number of completions	Power BI	Quarterly	Same as above	269 participants to date.
Quality & Feedback	≥75% complete post-module 1 evaluation	% Of participants submitting evaluations	Power BI	Quarterly	Identify gaps in feedback collection	83.0% of all M1 forms and 61.9% of all post module forms.
Quality & Feedback	Trainer's average ≥4/5 feedback score	Average trainer score	Power BI	Quarterly	Use for trainer development	Average trainer feedback score 4.89
Trainer Development	All In-House Trainers deliver ≥6 modules or have a plan	% Of trainers meeting delivery or plan criteria	Power BI and Trainer MoU records	Bi-annually	Support trainers not meeting criteria	36.4% of In-house trainers are currently meeting the delivery or plan criteria. To be rectified in Q4.
Trainer Development	All In-House Trainers shadowed once	% Of trainers shadowed	4Minds Trainer records	Bi-annually	Ensure quality assurance	35.7% of in-house trainers in the network have been observed. To be rectified in Q4.
Trainer Development	Pilot Apprenticeship Model	Number of trainers onboarded	4Minds T4T Recruitment records	Annually	Track against recruitment targets	2 new In-House Trainers onboarded to Apprenticeship Scheme

Ongoing Support & Engagement	≥1 refresher training event held	Number of refresher events	4Minds Event records	Annually	Include attendance and feedback	Booked for 19 th March 2026.
Ongoing Support & Engagement	4 x Trainer Network meetings held	Number of meetings	4Minds Meeting logs	Quarterly	Include attendance and outcomes	4 Trainer Network Meetings. Jan 2026 – 9 attendees October 2025 – 8 Attendees July 2025 – 7 Attendees April 2025 – 10 Attendees
Ongoing Support & Engagement	4 x Gwent Connect 5 presentations delivered	Number of presentations	4Minds Presentation logs	Quarterly	Include audience, and audience reach	4 presentations delivered – St Giles, Newport BOOST – Will disseminate info to staff in wider consortium MCC – Apprentice now onboarded Torfaen Talks – Apprentice onboarded Tai Calon – Interested in T4T/Apprenticeship Scheme, unable to commit
Ongoing Support & Engagement	4 x partner/public engagement events attended	Number of events attended	4Minds Engagement records	Quarterly	4Minds to record events and estimated audience reach	Five events to date in total – all feedback shared with ABUHB Gwent PH Team to be captured in C&E plans. Three events attended during MH Awareness Week – Grange, YYF and NH. BG Learning Zone during Freshers Fair Community MB Event at The Federation, Newport

Budget & Spend forecast 25/26

Budget	Spent
£61,400.00	£61,400.00

Breakdown of Budget and Actual Spend:

- Coordination of programme: £24,999.00
- Training delivery: £27,600.00
- Booking and Evaluation Tool: £8801.00

Savings 25/26

None. All allocation spent.

Opportunities & risks for 26/27

- Completion of evaluation report for Gwent Connect 5 will highlight the programme's positive impact and potentially attract long term funding for the programme, to be managed by a third sector partner.
- Completion of evaluation report might attract the attention of national partners. The WG Mental Health and Wellbeing Delivery Plan includes a Vision Statement: 2.5 which includes an action to 'develop a training module for employers on how they can empower their workforce to take action to protect and promote good mental wellbeing'. This vision statement is due to be explored in the next financial year.
- The risk for the programme is that no long-term sustainable funding is secured.

Warmer Homes – RICHub Innovation Initiative

Service Description

Severn Wye commissioned for 6 months from Nov 2025 to provide 3rd sector support for Phase 2 of the Gwent Public Health Warmer Homes Programme of work. The Gwent Public Health team use health data linked to housing data to identify households with health conditions exacerbated by living in cold homes. Working with local partners we contact these households, inviting them to contact Severn Wye who;

- Triage the household
- Offer all households expertly tailored advice and guidance as minimum
- Signpost to appropriate funding schemes (ECO / Nest) where applicable

Key successes 25/26

- Identified 1800 applicable households for Monmouthshire and Torfaen
- Of these, 700 households were mailed end of January 2026
- Resulting in commencement of engagement from households into Severn Wye

Key challenges 25/26

- As per the Nov 2025 budget; ECO4 funding to end March 2026
- Information governance approval and buy-in from partner organisations
- Co-ordination of Warmer Homes model across multiple LAs
- No. of households we can mail due to Severn Wye commissioned resource

Planned activity delivery in year & Actual activity delivered in year (High level metrics)

Planned: 100 households contacting Severn Wye Jan-Mar 2026 with planned 20 households approved for either ECO4 or Nest funding to home improvements

Actual: Not available as yet

Budget & Spend forecast 25/26

Budget was £24,999 commission Severn Wye as a third sector partner.

Spend will be £24,999, half paid at the start of the contract and half at the end

Savings 25/26

Not available as yet

Opportunities & risks for 26/27

Potential to upscale to more LAs and to include housing associations. The risk is having multiple different processes, one in each LA, that becomes an increasing team resource burden.

If more funding is secured it will mean more households being contacted, engaging and receiving support that improves their health and well-being

Taking advantage of the recently announced Warm Homes Plan.

Argymhelliad / Recommendation

The Finance & Performance Committee are requested to note this 2025/26 update report for information.

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):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All Patients
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	LTA – long term agreement WG – Welsh Government SLA – Service Level Agreement
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	No does not meet requirements

<p>Equality Impact Assessment (EIA) completed</p>	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Choose an item. Choose an item.</p> <p>Not applicable to this report</p>



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University Health Board

ANNUAL QUALITY REPORT

2024/25

**Primary Care Contracting, Primary and Community
Care Academy and Quality and Patient Safety**

Primary Care, Community Services, Complex and Long Term Care Division

2024/25 Annual Quality Report

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Introduction

This report provides the detail in respect of commissioning arrangements between Aneurin Bevan University Health Board and its Independent Contractors across General Dental Services, Welsh General Optometry Services, General Medical Services and Community Pharmacy.

The Health Board strives to provide patient centred, timely, quality health care through local commissioning with robust governance arrangements in place.

Additionally, included in the report is the role of the Primary and Community Care Academy in the development of the multi-professional team within Primary Care and a brief overview in respect of Quality and Patient Safety in the Primary Care context.

DRAFT

1. General/Personal Dental Services

The Health Board commissions General Dental Services (GDS) throughout Aneurin Bevan University Health Board from independent contractors, through The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006.

In 2024/25 there were 76 General Dental Contracts that were responsible for providing general dental care to patients. Since the inception of the NHS General Dental Services contract in 2006, patients are not registered with dental practices. It is the patient's responsibility to ensure regular attendance at a dental practice to receive ongoing dental care.

Since April 2022, all NHS dental practices have had the opportunity to opt into Contract Reform (CR) or remain on the substantive Units of Dental Activity (UDA) contract. Those practices that have opted into CR, are required to deliver against a set of metrics derived by Welsh Government with a focus on prevention and needs based care. Whilst the core metrics remain unchanged, their specific application is subject to annual review by WG. In 2024/25, 52 NHS GDS practices opted-in to deliver dental services via Contract Reform.

Practices that opted into Contract Reform in 2024/25, were required to deliver the following:

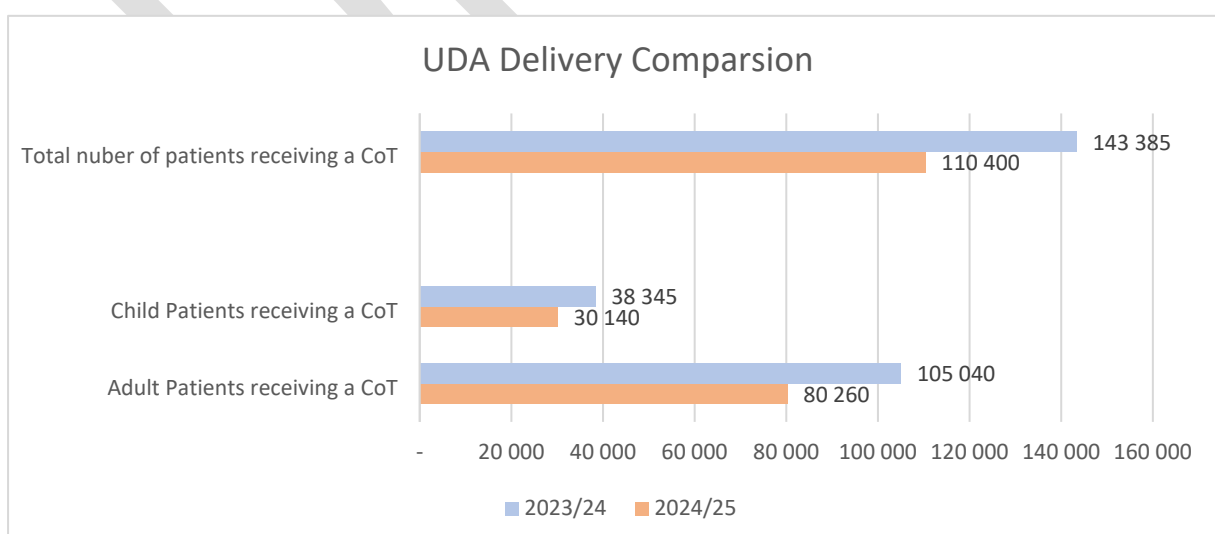
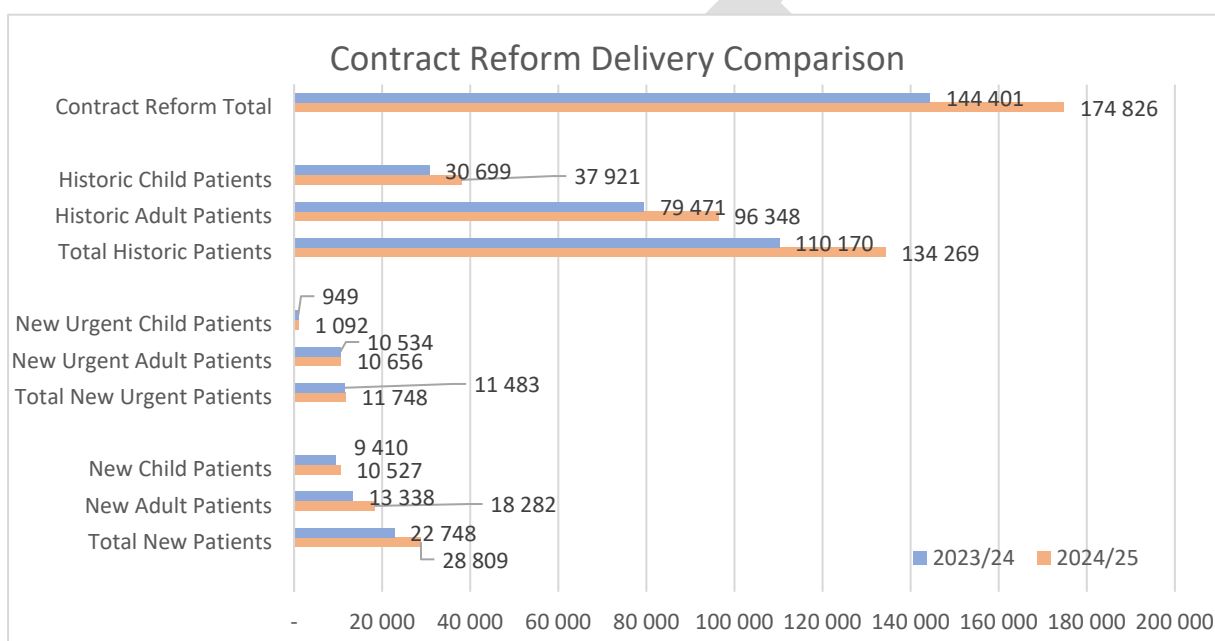
- Complete and report **ACORN** (Assessment of Clinical Oral Risk and Needs assessment) findings,
- Accept at least 52 **New patients** and 104 **New Urgent patients** per £186,533 of Annual Contract Value (ACV) (per year)
- See a minimum of 1,510 **Historical patients** per £186,533 ACV. A historical patient is defined as someone who a dentist has submitted a claim for in the previous four financial years,
- Apply Fluoride Varnish (FV) to at least 80% of all adult patients with risk of (amber), or active decay (red) and at least 80% of all child patients aged 3 and over as well as for child patients aged under 3 with a risk of caries (red or amber) and
- Deliver 25% of their contracted UDAs.
- Quality Improvement activities.

Contract Reform is implemented as a contract variation to the existing substantive NHS GDS Contract in accordance with the 2006 Regulations. For those practices that remained with UDAs, they continued to provide dental services in accordance with The NHS (GDS Contracts) (Wales) Regulations 2006.

Below is a summary of the number of practices within each borough that opted into Contract Reform or delivered activity against UDAs.

Borough	2023/24		2024/25	
	Contract Reform (CR)	UDA	Contract Reform (CR)	UDA
Blaenau Gwent	7	3	9	2
Caerphilly	13	16	13	12
Monmouth	5	8	9	3
Newport	9	6	10	4
Torfaen	7	6	11	3
Totals	41	39	52	24

The following table details the total number of patients seen during 2024/25:



The reduction in UDA activity in 24/25 is reflective of the shift of practices to CR delivery.

1.1 Urgent Access

Urgent Access remains a key priority for the Health Board. From 1 April 2024, the Health Board commissioned 96 core Emergency Dental Service (EDS) appointments per week with an additional 183 EDS appointments commissioned per week as a result of the Contract Reform requirements for 2024/25, across 41 practices.

Below is a summary of the number of EDS appointments available per week:

Borough	2023/24			2024/25		
	Contract Reform EDS appts per week	Core appts per week	EDS per week	Contract Reform EDS appts per week	Core appts per week	EDS per week
Blaenau Gwent	34	21		34	21	
Caerphilly	52	6		47	6	
Monmouth	16	12		14	9	
Newport	64	51		56	51	
Torfaen	44	9		32	9	
Totals	210	99		183	96	

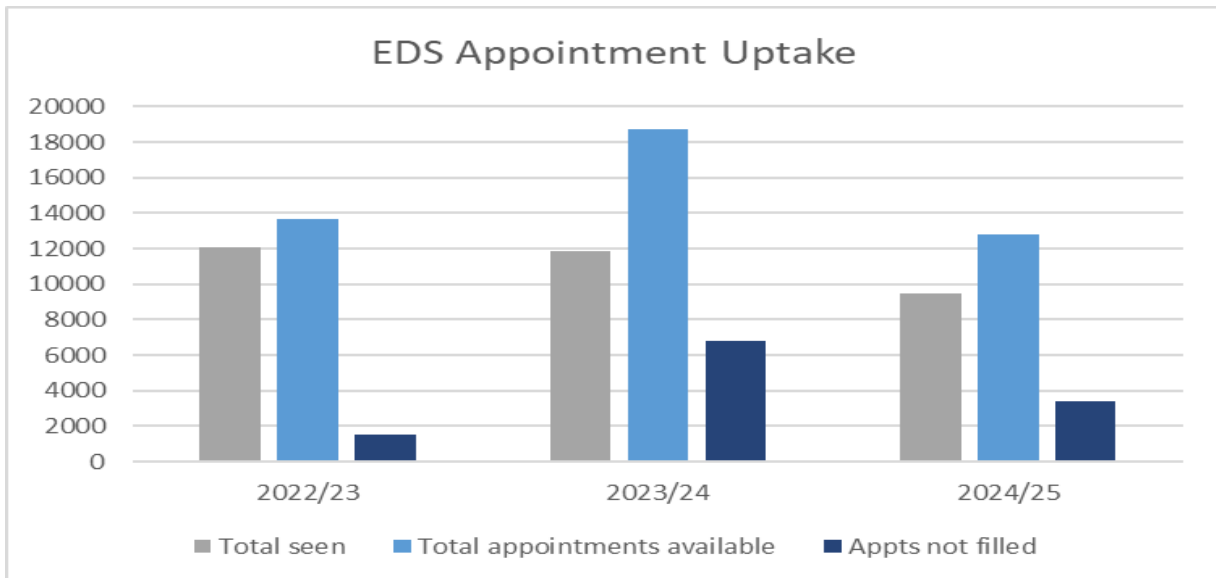
The Health Board has maximised the use of these appointments by introducing a pathway between Gwent Urgent Primary Care (OOH) and in hours EDS appointments via the Dental Helpline. A number of appointments have been ring fenced to enable patients that contact Urgent Primary Care the opportunity of an EDS appointment.

The following table details the number of patients seen for EDS care during 2024/25:

Number of patients seen 2024-25

Month	Number of pts seen 2023-24	Number of pts seen 2024-25
April	1104	1105
May	1126	1081
June	1141	1048
July	1200	1028
August	1225	890
September	1118	889
October	1097	945
November	988	830
December	870	886
January	777	870
February	638	841
March	599	802
Total	11,883	11,220

The following graph details the number of appointments available each year and the number of patients seen for EDS care during from 2022/23-2024/25:



The Primary Care Contracting Team monitor EDS demand and capacity throughout the year. From August 2024 onwards there was a reduction in the number of patients seeking urgent dental care via the Health Boards Dental Helpline resulting in lower demand for urgent dental appointments. On closer analysis of the data available the reduction in urgent dental demand is in direct correlation with an increase in general access to dental practices with more New Patients accessing dental practices within this timeframe.

Information has also been issued to all GP Practices and Community Pharmacies to ensure any patients experiencing dental pain are directed to this service. Public communication has also been shared via social media.

1.2 Dental Access Portal

In response to the Welsh Parliament Health & Social Care Committee’s recommendations in February 2023, the Dental Access Portal (DAP) was developed to centralise and streamline the dental waiting list system in Wales. Designed and built by Digital Health and Care Wales (DHCW), the DAP is a digital platform that allows individuals across Wales to register their interest in accessing routine NHS dental treatment. This centralised system enables all Health Boards to manage and allocate available places at NHS dental practices more effectively and equitably, based on local capacity.

The Primary Care Contracting Team collaborated with all key stakeholders in preparation for the launch, including Llais. Local communication was developed for the profession, wider primary care services, service users, and the public to raise awareness of the DAP while managing expectations.

Historically, the Health Board has not held a centralised waiting list. The Dental Access Portal was launched within Aneurin Bevan University Health Board in February 2024. It is the responsibility of patients to add their details to the DAP if they wish to access routine NHS dental care and have not done so in the previous four years. It is important to recognise that joining the DAP does not facilitate earlier access to routine NHS dental care; rather, it allows for more equitable management of access and supports demand and capacity reporting and analysis.

Within Aneurin Bevan University Health Board, the Primary Care Contracting Team, coordinates and manages the centralised access portal for dental practices and patients. This includes overseeing the patient list, managing waiting times, and addressing expectations regarding access to both routine and urgent care.

Between February and March 2025, 1,307 patients applied to join the DAP within Aneurin Bevan.

The necessary processes are in place and have been tested and refined, including the development of a standard operating procedure (SOP) and Data Protection Impact Assessment (DPIA) to support patients, practices, and the wider primary care team in managing the portal and related communication. However, it is anticipated that the forthcoming new General Dental Services (GDS) Contract, due for implementation in April 2026, will place additional demand on the DAP and its management.

"Under the new dental contract, the DAP will become the only mechanism through which new patients can access routine care."

As communicated in the Welsh Government Reform of NHS general dental services equality impact statement, provided as part of the Welsh Government Reform of NHS General Dental services consultation:

<https://www.gov.wales/sites/default/files/publications/2025-03/reform-nhs-general-dental-services-equality-impact-assessment.pdf>

https://www.gov.wales/sites/default/files/consultations/2025-04/consultation-reform-nhs-general-dental-services-wales_0.pdf

Please refer to section 1.14 for further detail.

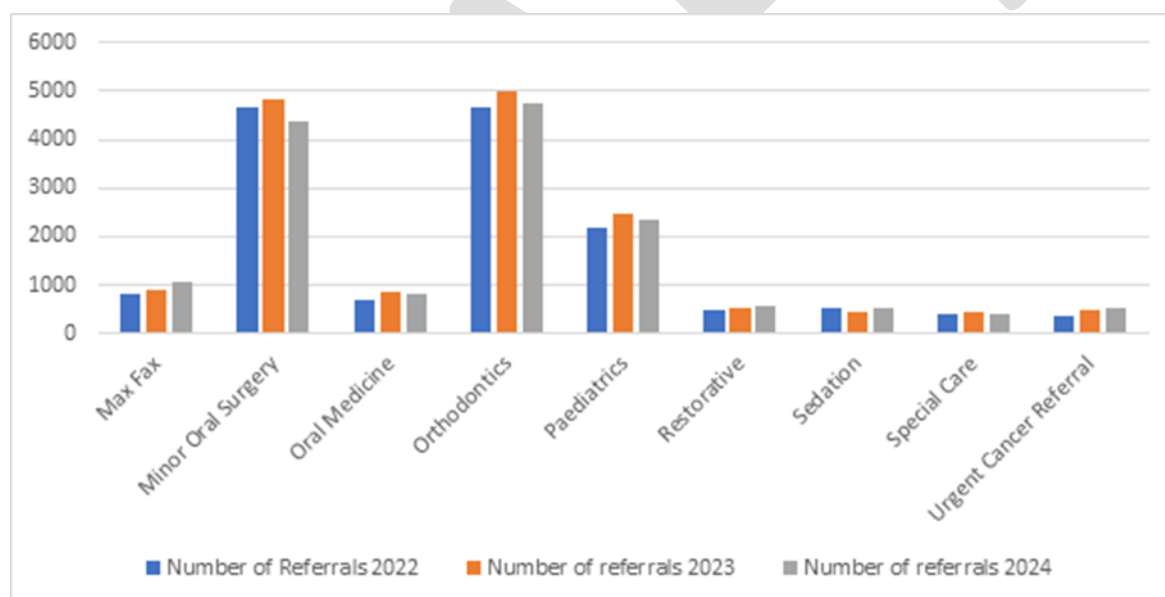
1.3 Backlog/Waiting Times

Since 2022, General Dental Services and Specialist Dental Services have seen a significant growth in patient demand and/or referral rates, resulting

in an increase in patient wait times. However, during 2024 referral rates have generally stabilised.

The table and graph below details the referral rates across services since 2022:

Speciality	Number of Referrals 2022	Number of referrals 2023	Number of referrals 2024
Max Fax	800	916	1057
Minor Oral Surgery	4658	4837	4362
Oral Medicine	683	837	829
Orthodontics	4659	4989	4726
Paediatrics	2184	2452	2350
Restorative	466	537	551
Sedation	542	457	508
Special Care	407	439	401
Urgent Cancer Referral	380	501	526



1.4 Orthodontics

The Health Board commissioned Orthodontic services from 8 providers across the region during 2024/25.

Historically, Orthodontic services have always managed a waiting list from referral to assessment and then from assessment to treatment. However, with the prioritisation of treatment changing in 2020, waiting times have increased.

The criteria for orthodontic referral is that patients that score a 3.6 as part of the Index of Treatment Need (IOTN) assessment can be referred for NHS orthodontic treatment however, following the pandemic, Welsh Government advised that patients with an IOTN of 4 or 5 should be prioritised for treatment.

The Health Board regularly collates wait times and waiting list numbers from Orthodontic practices and as of March 2025, Orthodontic practices reported approximately 7,500 patients waiting for either an assessment or treatment appointment within Primary Care.

Prior to the pandemic, the longest wait time from referral to assessment was 30 months, with the shortest wait being 1 month. For assessment to treatment the longest wait time was 2 years, and the shortest wait time was 6 weeks. At the end of 2024/25, patients were typically waiting up to 3 years for an assessment appointment with the shortest wait time being 18 months. The wait time for assessment to treatment was up to 1 year, with 6 weeks being the shortest.

There is no guidance for Orthodontic practices to follow with regards to the management of waiting lists. Some practices will have a longer wait time for an assessment appointment and shorter wait time for a treatment appointment and vice versa.

Orthodontic provision across ABUHB is detailed below by borough.

Borough	Number of Orthodontic Practices
Blaenau Gwent	1*
Caerphilly	2*
Monmouth	1
Newport	3*
Torfaen	1*
Totals	8

*1 orthodontic practice in BG, Caerphilly, Newport and Torfaen closed their list in 2024/25 in order to manage waiting lists/times.

In order to support both patients and Orthodontic practices, the Health Board has developed an Orthodontic list closure process which supports the consideration and management of orthodontic provider requests to temporarily close their list to new referrals. Orthodontic providers continue to manage their waiting lists to full capacity within their attributed funding. By the Health Board agreeing temporary list closures this enables orthodontic providers to appropriately manage their waiting lists and ensures patients are not waiting longer at one provider when an alternative provider has a shorter waiting time.

In addition, to support General Dental Practices and patients when referring patients for orthodontic services, the Primary Care Contracting team collate and share wait times quarterly across all orthodontic providers to encourage General Dental Practices to refer to those orthodontic providers with the shortest waiting list.

The Primary Care Contracting Team monitor each orthodontic contract via its activity delivery and an annual independent Peer Assessment Review (PAR) outcome audit. For 2024/25, orthodontic performers were asked to PAR score 20 completed patient treatments. Where a performer has less than 20 completed patient treatments, they are asked to PAR all. This review process for 2024/25 remains in progress and practices have until September 2025 to respond.

The Primary Care Contracting Team also manages patient transfer requests, typically for patients who are receiving active orthodontic care initiated outside of the area and are relocating within Aneurin Bevan University Health Board. In 2024/25, the team managed 8 transfer requests, supporting all 8.

The Health Board received 1 patient concern in 2024/25 relating to wait times in Orthodontic services.

The Health Board acknowledges that wait times have increased partly due to the backlog of referrals being made during the recovery period from the pandemic since 2021/22 when services began to resume in full, along with recruitment and retention difficulties faced by practices. Historically, the Health Board has invested additional non-recurrent funding into Orthodontic services, during 24/25, the Health Board was able to secure additional funding enabling 91 additional patients to be treated during this period. This is something the Health Board will consider again in 2025/26. However, it is important to recognise that this is reliant on the capacity and appetite of existing providers to be able to increase their provision.

Additionally, the Health Board also sought Expressions of Interest from the providers of Oral Surgery contracts with one provider being able to demonstrate additional capacity and as such the Health Board commissioned the below non-recurrently to reduce waiting times within the speciality.

Borough	Provider	Total Additional Funding	Number of patients treated
Caerphilly	Blackwood Dental Centre	£42,983.52	149

1.5 Oral Surgery (Sedation)

1.5.1 Oral Surgery

The Health Board commissions a referral based Primary Care Oral Surgery Service via 2 practices:

- Blackwood Dental Centre – Caerphilly; and
- Kensington Court – Newport.

In March 2025, the wait time across both sites, from referral to assessment was between 2-14 weeks with approximately 715 patients waiting for an assessment and the wait time from assessment to treatment was between 14-38 weeks with approximately 326 patients awaiting treatment. During 2024/25 the Health Board invested non recurrently into the service to support with waiting times, enabling an additional 149 patients to be seen. Blackwood Dental Centre came forward with capacity to see the additional patients.

Every 6 months the Health Board's Dental Practice Advisor(s) reviews a sample of patient referrals to ensure clinical appropriateness.

During 2024/25 approximately 10 referrals were returned to the referring General Dental Practice due to inappropriateness.

1.5.2 Oral Surgery with Sedation

The Health Board has historically commissioned an Oral Surgery with Sedation service, however, from 1 April 2023 the service was suspended due to the existing provider terminating their agreement. During 2023/24 the Primary Care Contracting Team successfully procured the Oral Surgery with Sedation contract from an alternative provider, which was effective from 1 July 2024.

Following the previous provider terminating their agreement there was a cohort of patients that had been either referred for Oral Surgery with Sedation or were part way through their treatment. By successfully procuring a new contract for the service in 2024, this enabled those patients referred, prior to the termination of the previous agreement, to receive treatment. The current contract agreement is therefore time limited until 31 March 2026, when it is anticipated that the waiting list will be cleared

1.6 Sedation

Gateway Dental Surgery, Monmouthshire, is commissioned to provide an inhalation sedation service to adults, via an NHS Personal Dental Service (PDS) contract. As of April 2025, the practice reported a wait time of approximately 12 months, with approx. 636 patients waiting to receive treatment. This is an increase from 2023/24, when the wait time for an appointment was approximately 11 months.

Bettws Dental Surgery, Newport, is commissioned to provide an IV sedation service to adults via the practices existing NHS GDS contract. The practice does not receive additional funding for this element, but should an NHS patient attend the practice that requires IV sedation, they have the ability to offer this service as part of their routine GDS contract therefore, there is no specific target that the sedation element of the contract needs to deliver against, and as such the contract is monitored against usual GDS metrics.

1.7 Domiciliary Services

A Health Board wide domiciliary service is commissioned via Blackwood Dental Centre.

The purpose of the domiciliary dental care service is to deliver safe and effective oral health care to people whose circumstances make it impossible, unreasonable or otherwise impractical for them to receive care in a dental surgery.

The range of dental care that can be provided safely at a person's home/residence is limited.

The following services are usually available to domiciliary patients. However, this list is not definitive, and clinicians will assess and provide the best and most appropriate dental care possible under the circumstances presented to them:

- Oral health risk assessment (ACORN) and clinical examination;
- Oral health prevention, oral hygiene instruction and dietary advice;
- Prescription of higher strength fluoride varnish, toothpaste and mouthwashes;
- Denture repair and construction;
- Temporary dental fillings (restorations) or smoothing of sharp teeth;
- Sealing of root remnants, where appropriate;
- Sub and supra gingival debridement (Scaling); and
- Simple extractions that do not require radiographic examination.

Blackwood Dental Centre is supported by an Oral Health Improvement Practitioner (OHIP), which domiciliary patients access following referral by the dentist. The OHIP, employed by Community Dental Services (CDS), provides support to patients, including those in residential homes, as well as providing preventative care.

In addition to this practice, there were 3 practices, Trefynwy Dental Practice, Monmouthshire, Teeth for Life, Magor and Usk Dental Practice, Usk within the Monmouthshire borough have historical contracting

arrangements in place to provide domiciliary care to their own practice patients in 2024/25.

Requests for domiciliary visits are managed via the Dental Helpline with the Community Dental Service triaging those referrals to ensure the patient is seen in the most appropriate setting i.e. CDS or Primary Care.

In 2024/25 677 referrals were received in total with 198 of those referrals directed to Blackwood Dental Centre.

1.8 Governance and Reporting

Robust mechanisms are in place to monitor all contract delivery and activity on a monthly basis, with a formal meeting on a quarterly basis to undertake a more in-depth analysis of contract activity. Members of the quarterly meeting include Health Board Primary Care Contracting Managers, Dental Practice Advisor(s) and NHS Business Service Authority (BSA) colleagues.

Whilst Health Board monitoring of the contract activity occurs monthly, the NHS BSA also undertake independent reviews of contract activity in the form of, Immediate Assurance reports, Peer Assessment Report (PAR), and Provider Assurance Dental (PAD) ACORN support.

Immediate Assurance reports are high level contract reports provided monthly to the Health Boards. The contract data is presented in a way which is benchmarked against the Health Board and Welsh averages to help identify outliers in service provision. If outliers are identified the Health Board can request NHS BSA to undertake a Peer Assessment Report (PAR) audit. This provides the Health Board with an in-depth review of practices claiming data. The process is a supportive mechanism for practices, ensuring inconsistencies are highlighted at the earliest opportunity for practices to make amendments to their claiming processes.

In addition, NHS BSA offer support to Dental Contractors with the completion of an ACORN, via PAD Acorn assessment review. The primary focus of these reviews is around education regarding Oral Health Assessments.

In 2024/25:

- 11 PAR reports were prepared and shared with practices. All of which will receive a further review in 12 months.
- 3 data reports were compiled with the Dental Practice Advisors meeting with the practices to discuss the findings. The practices now fall under normal review processes.

Primary Care Contracting Team ensures that risk is managed appropriately and through prompt identification and assessment, reported into Divisional

Quality and Patient Safety (QPS) forum. This ensures that where possible, the organisation is informed of the risks that are present and how they are managed or mitigated.

The GDS risk register is reviewed regularly and describes risks in sufficient detail so that they are clearly understood. All risks identified are assessed for severity and likelihood of the risk along with necessary actions to treat, remove or minimise the risk.

In addition, the Primary Care Contracting Team monitor mid-year and end of year contract activity as per the NHS General/Personal Dental Services Contract (Wales) 2006.

1.8.1 Mid-Year

The NHS G/PDS contract stipulates a threshold of 30% achievement at mid-year. In 24/25, of the 24 UDA contracts, 2 contracts achieved less than 30% as of 30 September 2024.

Of the 53 Contract Reform contracts, 12 contracts achieved less than 30% as at September 2024 against the New Patient (NP), New Urgent Patient (NUP), Historic Patient (HP) metric or any of the combination.

To understand the reasons for under achievement, the Primary Care Contracting Team met with practices to discuss the issues affecting contract delivery. All practices identified similar challenges which were attributed to their low performance as detailed below:

- New Urgent Patient (NUP) metric difficult to achieve due to low demand;
- Due to practices being able to offset NUP with New Patients (NP) to aggregate the total, practices have identified that NP's have a higher level of dental care required;
- High level of DNA's and late cancellations;
- Software claiming issues; and
- Workforce, recruitment and retention issues of dental associates and therapists.

Whilst the above were acknowledged as challenges impacting contract delivery at that time, all providers were able to provide the Health Board with assurances that they had instigated processes to remedy the low performance, with the aim for full year contract delivery at year-end. The Primary Care Contracting Team agreed with all providers to continue to monitor delivery and maintain dialogue through the second part of the year.

As part of the Mid-Year process any practice can request a meeting with the Health Board to discuss their performance. The Health Board received

no requests from providers who had achieved over the required 30% threshold.

1.8.2 End of Year

All NHS GDS practices within the Health Board are monitored and managed in accordance with the 2006 Regulations, including mid-year reviews and the management of end-of-year (EOY) based on performance and delivery of activity against either the UDA target or CR metrics. Following the application of any agreed mitigation, financial recoveries are instigated in all instances where there is an underperformance identified.

During 2024/25, 24 NHS GDS practices opted to deliver the substantive Units of Dental Activity (UDA) contract, and 52 practices opted to deliver against the Contract Reform metrics. (Appendix a).

Practices delivering against the contract reform metrics are managed in accordance with the Welsh Government End of Year Performance management guidance issued 22 January 2025.

Whilst UDA practices are managed in accordance with the NHS GDS/PDS Regulations 2006.

<https://www.legislation.gov.uk/wsi/2006/490/contents/made>.

Where a practice was projecting under-performance in March 2025, the Primary Care Contracting Team made contact with those practices to encourage commencement of recoveries early, with the Health Board reconciling at final year-end (June).

Practices were given the option for financial clawback to be recovered via COMPASS in instalments or in a lump sum. In addition, practices had the option to pay via a one-off Bacs payment. Where a practice had under-performed recoveries are required to be paid in full by 31st October 2025.

To confirm the position of all contract types at end of year:

Contract Reform

Breakdown	Practices Affected
Financial Recovery	21
Carry Forward of underperformance activity 95%-100%	5 – (77 NP, 37 NUP & 657 HP)
Carry Forward of 5% underperformance activity where a practice achieved < 95%	2 – (27 NP, 13 NUP & 231 HP)
Overperformance	2 – (11 NP, 5 NUP & 91 HP)

UDA

Breakdown	Practices Affected
Financial Recovery	18
Carry Forward of underperformance activity 95%-100%	7 (6 UDA practices & 1 CR practice)
Carry Forward of 5% underperformance activity where a practice achieved < 95%	3 (1 UDA practice & 1 CR practice)
Financial Recovery excl carry forward	11
Overperformance	6 (5 UDA practices. 1 CR practice)

Orthodontics

Orthodontic contracts are managed to 100% of their contract, in line with the afore mentioned NHS GDS/PDS Regulations 2006.

Breakdown	Practices Affected
Financial Recovery	2
Carry Forward of underperformance activity 95%-100%	1
Carry Forward of 5% underperformance activity where a practice achieved < 95%	0 – Practice opted for no carry forward
Financial Recovery excl carry forward	1
Overperformance	6 (617 UOAs)

Specialist

All specialist contracts are managed to 100% of their contract, in line with the afore mentioned NHS GDS/PDS Regulations 2006.

Breakdown	Practices Affected
Financial Recovery	3
Carry Forward of underperformance activity 95%-100%	1 (57 UDAs)
Carry Forward of 5% underperformance activity where a practice achieved < 95%	1 (47.5 UDAs)
Financial Recovery excl carry forward	1
Overperformance	2 (47.5 UDAs)

In line with the Regulations, the Primary Care Contracting Team issue contract breach notices to those practices who under-performed greater than 5%, in accordance with the relevant sections as detailed in the respective contracts under the UDA, Orthodontic and Specialist contracts.

The following is a breakdown of the contract breach notices issued:

Speciality	Number of Breach Notices Issued for 2024/2025	Borough of UDA Practice Breach	1st year to receive breach notice	Second consecutive year to receive breach notice
UDA	10	Caerphilly x 4 Newport x 3 Torfaen x 2 Monmouth x 1	3	7
Orthodontics	0	NA	0	0
Specialist	0	NA	0	0
Totals	10	10	3	7

1.8.3 Quality Assurance System

Hosted and co-ordinated by the Dental Public Health Team, the QAS is an online annual self-assessment toolkit that supports GDS/PDS providers to identify areas for Quality and Safety improvement in their practice.

Since December 2023, QAS has been accessed via an up-dated web-based platform, known as Caforb, which satisfies the strengthened requirements for data security.

One of the benefits of Caforb is that it will remain live and accessible throughout the year, other than a brief period when Dental Practice Advisors will take a snapshot of the data the practice has entered to analyse and prepare a report for Welsh Government. After this, practices can log in again as many times as they wish to amend any information, so the record will always be up to date which will mean the process will not be arduous year on year. Over time the platform will evolve to introduce new features such as reminders being sent to practices to inform them if audit expiry dates are approaching and anything else which might be useful.

All completed QAS returns are reviewed and RAG rated by the Health Boards Dental Practice Advisor(s) who prepare a report and provide advice to the Primary Care Contracting Team in respect of any Quality and Safety concerns arising from the practices' self-assessments. The team liaise with practices regarding any additional information required to satisfy the requirements of the QAS.

The Dental Public Health team produce an annual QAS report based on the summary reports provided by the DPAs across the seven health boards.

The following table highlights the 'red' categorisation of submissions, significantly reduced compared to 23/24:

Health Board	Issues that resulted in practices categorised as 'Red'
ABUHB	<ul style="list-style-type: none"> • Inconsistent autoclave/compressor inspection/certification • PPE availability (Heavy duty gloves in case instrument manual cleaning needed) • Waste disposal protocols/procedures inconsistencies • Corporates' submission not verified by Provider

Other common issues highlighted included:

Health Board	Other common issues identified from the QAS submission
ABUHB	<ul style="list-style-type: none"> • Latex policy, despite latex-free alternatives being available • General reluctance to take the time to answer the sections fully • Display of Welsh language literature.

Feedback received from practices stated that the Primary Care Contracting Team are approachable and supportive. It was noted that the contractual arrangements practices are required to work within are challenging but practices recognise that these are nationally agreed contracts.

The Primary Care Contracting Team provide regular report updates to the Senior Management Team (SMT), Divisional Senior Leadership Team (SLT), Divisional Quality and Patient Safety Group (DQPS) and wider external groups either on an All-Wales basis or regional basis via the Managed Clinical Network (MCNs), All Wales QPS meeting, Welsh Government.

1.8.4 Annual Uplift for 2024/25

In January 2025, Welsh Government issued communication to all Health Boards and NHS Dental Contract Holders regarding the NHS Dentistry – Annual Pay Uplift for 2024/25. It was confirmed that a 6% contract uplift would be invested subject to the following conditions:

- Every dental contract holder, excluding orthodontic contracts, required to repeat the antimicrobial audit undertaken in 2023/24, compare with previous findings and hold a discussion with practice staff to identify any actions required to improve antibiotic prescribing by 30 June 2025.
- All dental contract holders required to fully participate in the Wales National Workforce Reporting System (WNWRS), reporting quarterly as a minimum.

- All contract holders expected to record patient NHS numbers on form submitted to NHS BSA. As a minimum patients must be asked for their NHS number and any appointment text/email/letter should remind patients to have their NHS number available.
- All practice held waiting lists, excluding orthodontic contracts, to be transferred to the Dental Access Portal (DAP) by 30 June 2025.

Subsequent communication was issued by the Primary Care Contracting Team in February 2025 to practices, advising practices that the HEIW Antimicrobial Improvement Toolkit could be utilised and shared guidance regarding accessing WNWRS.

NHS BSA provided support to practices regarding the recording of patient NHS numbers.

The Primary Care Contracting Team developed a self-declaration form, via an MS Form, for practices to confirm their agreement and acceptance of meeting the annual pay uplift 2024/25 requirements. 100% practice returns were received by 31 March 2025 and the uplift was applied and backdated to April 2024.

1.8.5 Health Inspectorate Wales (HIW)

HIW inspect all NHS dental practices for clinical and managerial/administrative compliance, providing a report of each inspection to the practice and the Health Board identifying any areas for improvement. During 2024/25, 8 HIW inspections were undertaken, 8 of which received improvement plans with 4 having immediate improvement plans and 2 were issued non-compliance notices.

In summary, practices were reminded to ensure:

- Regular audits are carried out and the findings shared and discussed, also identifying any lessons learnt;
- Staff training is kept up to date;
- Practice policies are kept up to date and easily accessed for staff members;
- Public facing information to be translated to Welsh;
- Equipment is stored securely with cleaning and testing labels attached; and
- Decontamination and WHTM01-05 (Welsh Health Technical Memorandum) Compliance.

Practices engage directly with HIW, but the Health Board offers support and guidance to a practice before and after inspections have occurred, via the Health Board Dental Practice Advisors, and continues to share learning with practices.

1.9 Contract Variations and Terminations

There continues to be many challenges facing NHS dentistry across Wales, and Aneurin Bevan have received numerous contract variations and terminations

The Health Board is not obliged to source alternative dental practice provision for patients affected by contract variations/terminations, however, without the re-provision of services, overall access will reduce and wait times will inevitably increase. The Health Board is committed to maintaining access to NHS GDS and as such has developed a Variation and Termination Policy, reflective of the NHS GDS Regulations 2006, which is implemented upon receipt of such a notification with the aim being to secure alternative NHS dental care for those patients affected by the change.

The Health Board received the following contract variations and terminations during 2024/25:

24/25	Apr-24	Contract Termination	Bridges Dental, Caldicot
	Apr-24	Contract Termination	Oakdale Dental Centre, Caerphilly
	Apr-24	Contract Termination	Trefynwy Dental, Monmouth
	Aug-24	Contract Termination	Thrive Dental, Magor
	Aug-24	Contract Termination	Beaufort Park Dental, Chepstow

Approximately, 16,700 NHS patients were affected by the contract variations/terminations. The Primary Care Contracting Team procured for new service provision via alternative NHS dental practices and all patients affected were assigned to a new NHS dental practice within the Health Board area.

To provide an overview:

- Bridges Dental, Caldicot – 1,574 patients affected and directed to Severn Dental, Chepstow
- Oakdale Dental Centre – 710 patients affected and directed to Smart Smiles, Caerphilly
- Trefynwy Dental – 5,504 patients affected and directed to Severn Dental, Chepstow
- Thrive Dental, Magor – 536 patients affected and directed to Severn Dental, Chepstow
- Beaufort Park Dental, Chepstow – 8,403 patients affected and directed to, Severn Dental, Chepstow, 168 Dental Practice, Newport and St Julians Dental Surgery, Newport

1.10 Prison Services

The Health Board commissions Time for Teeth Ltd to provide General Dental Practitioner/Therapist sessions to the population of HMP Usk and HMP Prescoed to ensure equitable access to NHS Dental Care. The delivery of the service is monitored by the Primary Care Contracting Team and quarterly meetings take place with the service provider.

Regular updates are provided to the Prison Delivery Group and Prison Partnership Board.

Time for Teeth are commissioned to provide 5 sessions per week, the below details a breakdown provided across both sites.

- Tuesday AM – Usk and PM – Prescoed – Dentist
- Wednesday AM/PM - Usk – Therapist
- Wednesday AM/PM - Prescoed – Dentist Assessment Clinic
- Friday AM – Usk and PM – Prescoed – Dentist

1.11 Occupational Health

Occupational Health services are commissioned by the Health Board for dental teams working within the Aneurin Bevan area. Services include:

- Pre-placement health assessment and further re-assessment as required
- Long term health/sickness absence consultation
- Blood tests and screening (*e.g. screening for hepatitis B / HIV / hepatitis C/ T.B.*)
- Vaccination for work related preventable disease (*e.g. hepatitis B, MMR, T.B, chickenpox etc.*)
- Flu vaccination (details will be circulated annually, some staff may qualify to receive flu vaccination from their GPs)
- Advice on sharps / body fluid incidents including post-exposure prophylaxis if required
- Advice on possible contact with or symptoms of communicable diseases

315 dental staff accessed the service during 2024/25.

1.12 Concerns/FOI

In respect of GDS, during 2024/25 the Primary Care Contracting Team managed and responded to:

- 5 – PTR Concerns
- 11 – MS/MP Requests
- 4 – FOIs

Through the management and investigation of these concerns, the Health Board addresses any specific contractual issues with the relevant provider ensuring any learning points are taken forward.

1.13 Looking Ahead

The Primary Care Contracting Team continues to work closely with all key stakeholders to ensure access to NHS dental services is maintained and enhanced.

The Primary Care Contracting team have recently re-established the Dental QPS group with the first meeting held in May 2025. The group will meet every 4 months going forward.

In addition, the Primary Care Contracting Team are currently working to re-establish the Integrated Oral Health Group.

Where possible, any contract variations/terminations will be considered for reinvestment along with awarding additional monies to enhance current service provision.

Acknowledging the current financial challenges, as a Marmot region, the Health Board remains committed to improve access to NHS services, especially in areas of high need and deprivation. This opportunity has been taken forward with additional investment from 2023/24 with a new dental practice, Ty Dant opening within the new Tredegar Health & Wellbeing Centre in April 2024 and a further investment as part of the Newport East Development, 19 Hills Health & Wellbeing Centre, whereby a local General Dental Practice, Ringland Dental Centre relocated into the centre, opening in early June 2025.

Any future commissioning of new GDS services must comply with the Provider Selection Regime (PSR) in NHS Wales. Introduced through the Health Services (Provider Selection Regime) (Wales) Regulations 2025, which came into effect on 24 February 2025, the PSR modernises health service procurement by moving away from routine competitive tendering. It enables more flexible, collaborative approaches that support improved patient outcomes and reduce unnecessary bureaucracy.

The statutory guidance outlines three procurement routes available to relevant authorities (e.g. local health boards)

- Direct Award Process 1, where only one provider can deliver the service.
- Direct Award Process 2, where the incumbent provider continues to meet service standards and the contract terms remain largely unchanged.
- Most Suitable Provider Process, where a provider can be identified without competition.
- Competitive Process used when other routes are not appropriate.

Authorities must act transparently, fairly, and proportionately when selecting providers, including those from the independent and voluntary sectors. These principles underpin the successful application of the PSR and support the broader aims of the Health Service Procurement (Wales) Act 2024.

<https://www.legislation.gov.uk/ukdsi/2023/9780348252613/contents/data.pdf>

1.14 Reform of NHS GDS 2026- Welsh Government Public Consultation

The consultation forms part of a broader effort to improve access to, and the quality of, NHS dental services in Wales. The proposed reforms aim to address existing issues within the current system, including the complexity of the remuneration process and a potential over-reliance on routine examinations.

The consultation outlines the Welsh Government's proposals to reform the GDS contract, and the potential impacts these changes may have on both patients and dental professionals. The key proposed changes include:

- Creating a single route of entry for patients to access NHS dental services
- Introducing a new, fairer and more transparent remuneration system
- Disincentivising unnecessary routine examinations
- Adjusting patient charges in line with the new remuneration approach and changing how these charges are collected
- Amending contract terms and conditions, such as provisions for parental leave

The consultation highlights how these contractual changes are intended to reshape NHS dental service provision across Wales. However, it also notes that not all aspects of existing laws and regulations will require amendment to implement the proposed reforms. This consultation document was prepared by the Welsh Government and applies specifically to Wales.

The consultation has now concluded, and responses are currently being reviewed by the Welsh Government. The outcome of the consultation and final proposals regarding the 2026 GDS contract are expected to be published in September 2025. In the meantime, the Health Board is actively reviewing the existing proposals to assess their implications for both service users and contractors.

https://www.gov.wales/sites/default/files/consultations/2025-04/consultation-reform-nhs-general-dental-services-wales_0.pdf

2. General Ophthalmic Services

The new National Health Service (Ophthalmic Services) (Wales) 2023 Regulations, which govern Wales General Ophthalmic Services - WGOS 1 and WGOS 2, came into force on 20 October 2023. The new regulations and legislative directions replace all previous General Ophthalmic Service instructions for optometry services including all Wales Eye Care Service instructions for example, Eye Health Examinations Wales (EHEW) and Low Vision Services Wales.

As part of the Contract Reform Clinical Framework, services have been categorised as follows:

- WGOS 1 (Core Mandatory Clinical service) – Eye examination with Holistic Health element;
- WGOS 2 (Core Mandatory Clinical Service) – Previously Eye Health Examinations Wales (EHEW), includes examinations for urgent eye problems;
- WGOS 3 – Low Vision Services Wales (LVSU) and Certificate of Visual Impairment Wales (CVIW) and SPECS;
- WGOS 4 – Referral Refinement/Monitoring (including, Glaucoma, Medical Retina and Hydroxychloroquine); and
- WGOS 5 – Independent Prescribing (IPOS).

In 2024/25 there were 54 Optometry practices providing WGOS 1 and WGOS 2, all of which were open for urgent and essential appointments and could also provide routine sight tests to patients. Practices continue to prioritise and schedule patient appointments based on clinical need and presenting symptoms relative to the risk of sight loss and harm.

Of the 54 practices across the Health Board in 2024/25, 11 practices provide mobile services, 35 practices provide WGOS 3 services, and 23 practitioners/23 practices were eligible to provide the WGOS 5 service.

The WGOS 4 service was launched within the Health Board on 1 November 2024. In 2024/25, 22 practices provided a Medical Retina Service, 11 practices provided a Glaucoma service, and 2 practices were commissioned to provide Hydroxychloroquine monitoring.

The Health Board also commissioned 5 Ophthalmic Diagnostic Treatment Centres (ODTCs) which provided care for patients with Glaucoma that were suitable to be treated within Primary Care. Referrals were made and reviewed by Secondary Care. One of the ODTCs in Newport also provides a Wet AMD service. However, in line with the WGOS 4 implementation plan, the ODTC/Wet AMD service ceased on 31 March 2025, with all providers transitioning to provide WGOS 4 services.

Financial allocations were shared with each Health Board for 2024/25, and services were commissioned through a Primary Care Contracted Services (PCCS) framework. Some services are non-cash limited, and, as a minimum, providers must ensure they are accredited to provide WGOS Levels 1 and 2 as core service provision. All WGOS services are available to all providers that meet the requirements, and Health Boards are expected to commission on that basis.

2.1 Current Position

2.1.1 WGOS 1 and 2 - Fully Implemented

WGOS 1	A sight test as defined by the Opticians Act as well as the inclusion of prevention and wellbeing provision as part of a Patient Management Plan
WGOS 2 Band 1	Examinations for Urgent Eye Problems This examination is for patients who have eye problems of an acute nature. It can also be used to accept referrals from another healthcare provider
WGOS 2 Band 2	Further investigation/examinations These examinations enable patients to have additional investigations following a WGOS 1 or Private sight test only. They can only be used to further inform or prevent onward referral to the hospital eye service
WGOS 2 Band 3	Follow-up examinations This examination enables a patient to be followed up after they have had an initial appointment for a WGOS 2, Band 1 or for a post-operative cataract check

From 20 October 2023, WGOS 1 and 2 became mandatory services for all Ophthalmic practices on the Ophthalmic list and all Optometrists on the Ophthalmic and Supplementary list. All practitioners performing a WGOS service must have completed mandatory compliance training, which consists of four training modules:

- WGOS;
- Make Every Contact Count (MECC);
- Infection Prevention Control and Sharps Safety; and
- Improving Quality Together-Improvement Foundations Training.

In addition, should Practitioners wish to provide a WGOS 1 and 2 mobile service, they are required to submit a Mobile Service Agreement. Mobile services are for patients who are unable to leave their home unaccompanied.

2.1.2 WGOS 3 – Fully Implemented

Low Vision Service Wales (LVSU)	A low vision assessment is for patients who reach the criteria for the service. This assessment helps a patient make the best use of their remaining sight. When a patient first enters the service, they will receive an initial examination, and they are entitled to a follow up examination every year
Certificate of Vision Impairment Wales (CVIW)	Certification is the pre-requisite to being registered with a vision impairment. Practitioners accredited to provide the Low Vision Assessments are now able to certify eligible people with sight loss

WGOS 3 is an opt in service. Practitioners must undergo additional training to provide LVSU and have a LV qualification. In order to undertake the training practitioners must practice in Wales, be WGOS compliant and be an Optometrist or Ophthalmic Medical Practitioner registered with the General Optical Council (GOC), or Dispensing Optician registered with the GOC.

In respect of the CVI element of WGOS 3, the WHC (<https://www.gov.wales/certification-vision-impairment-primary-and-community-care-whc2024029.html>) was issued in 2023 and updated in June 2024 and allows Optometrists to be able to sign a Certification of Visual Impairment (CVI) for patients who meet the following criteria;

- The patient must be aged 16 or over; and
- The cause of Vision Impairment must be permanent; and
- The patient must not be currently undergoing treatment which may result in vision returning to non-certification levels.

The All-Wales patient pathway was introduced to support Optometrists who are also low vision accredited to certify eligible patients with sight loss in the community, which historically, could only be signed by Consultant Ophthalmologists.

The Health Board awaits the final manual in respect of School Pupil Eye Care Service (SPECS).

2.1.3 WGOS 4 – Partially Implemented

WGOS 4 sees patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway for patients:

- with or with suspected medical retina conditions
- with or with suspected glaucoma or ocular hypertension; and

- who are at risk of retinopathy due to taking hydroxychloroquine or chloroquine.

In April 24, Health Boards were required to submit WGOS 4 implementation plans to Welsh Government for each service. Aneurin Bevan University Health Board’s plan outlined how Primary and Secondary Care, through integration and collaboration, would launch the Referral/Filtering and Monitoring aspects of the pathway. In addition, the plans detailed how the existing ODTG services (Glaucoma and Wet AMD) would transition to the WGOS 4 pathway.

The WGOS 4 Referral Filtering service was implemented on the 1 of November 2025 as per the agreed implementation plans. During the transition period, the ODTG service, which was launched in 2016, continued to run alongside WGOS 4 services until it ceased on 31 March 2025. The 5 practices providing this service in Gwent all transitioned into WGOS 4. The Health Board worked closely with the providers throughout the year to ensure a smooth transition of service delivery.

In order to support the implementation of WGOS 4 monitoring services the Health Board have recruited three higher qualified Optometrists through transformation funding. The optometrists will review existing Hospital Eye Service (HES) referrals and assess their eligibility to be seen in Primary Care. Administrative staff have also been appointed, alongside the Optometrists, to undertake all administrative duties relating to the discharge of patients. WGOS 4 Monitoring services will be launched by the 31 of August 2025.

As WGOS 4 is an ‘opt in’ service it is anticipated that the number of practices providing each service will continue to grow during 2025/26 and beyond.

2.1.4 WGOS 5 – Fully Implemented

IPOS – Urgent	Practitioners with an independent prescribing qualification can manage certain acute conditions in primary care for their own patients or following a referral from another WGOS practitioner.
IPOS - Discharge	Practitioners with an independent prescribing qualification will monitor conditions initially seen in hospital eye casualty

The WGOS 5 IPOS Urgent Service has been delivered in the Health Board since November 2023. The service is provided on a rota basis and all Independent Prescriber’s (IP) working within Aneurin Bevan, with a WP10, are expected to provide the service. The Primary Care Contracting Team manage the IP rota and circulate to all practices monthly, also publishing on Optometry Wales’s secure professional webpage. Non-IP practitioners

can refer patients to an IP practitioner but retain responsibility for the patient until they have been accepted by the IP practitioner. Please refer to section 2.2.4 for an activity breakdown.

This service is subject to Post Payment Verification (PPV). In addition, prescribing data continues to be reviewed and monitored by the Health Boards Optometric Advisor and Medicines Management team on a quarterly basis to identify trends and any outliers.

2.1.5 Mobile Services

With the implementation of the WGOS Regulations in October 2023, there was a requirement for Optometrists to reapply to the All-Wales Ophthalmic list and for Contractors to have a Mobile Service Agreement in place with the Health Board, aligned to the location where the service is to be delivered with a predetermined list of equipment required at every domiciliary appointment.

The following practices have a Mobile Services Agreement with the Health Board:

Borough	Practice/Provider
BG West	Gwynn's Optician, 90 Queen Victoria St, Tredegar, NP22 3PY
BG East	Williams & Parry, 50 Church St, Abertillery. NP13 1DB
Caerphilly North	Leighton Rowland (Gwynn's Opticians) 39 Hanbury Rd, Bargoed. CF81 8QU
Monmouth South	Darlington, 2a The Cross, Church Rd, Caldicot, NP26 4HY
Newport East	RW Cole, 58/59 Commercial Rd, Newport. NP20 2PF
Torfaen South	RJD Jenkins Optician, 13 New St, Pontnewydd, Cwmbran, NP44 1EF
Dom	Bristol 1 Domiciliary Specsavers Ltd Specsavers Healthcall Pure Offices Kestrel Court Waterwells Drive Quedgeley Gloucestershire GL2 2AT
Dom	Gwent Domiciliary Specsavers Limited Specsavers Home Visits Gwent Specsavers Britannia House Caerphilly Business Park Caerphilly CF83 3GG
Dom	The Outside Clinic, The Outside Clinic Stirling House, 10 Viscount Way, Swindon, SN3 4TN
Dom	Optical Healthcare, Temple Court, Cathedral Road, Cardiff, CF11 9HA
Dom	CATVOG, SS home visits
Dom **LV SW Only	South Wales Low Vision Clinic t/a Russell Ham 24 Yeo Close, Newport, NP20 7RS

2.2 Reporting

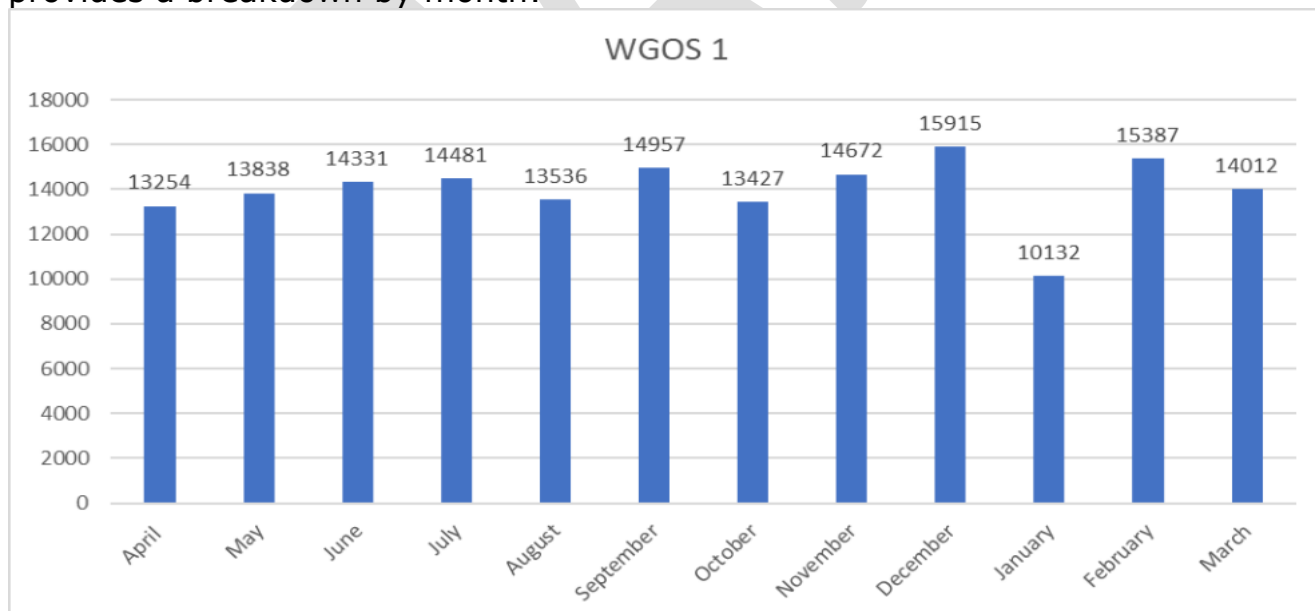
The following table shows the number of practices, by Neighbourhood Care Network (NCN) as of 31 March 2025 providing each WGOS service

	WGOS 1 & 2	WGOS 3	WGOS 4- Medical Retina	WGOS 4- Glaucoma	WGOS 4- HCQ	WGOS 5
Blaenau Gwent East	2	2	2	1	-	2
Blaenau Gwent West	4	3	2	-	-	3
Caerphilly East	9	7	3	2	-	2
Caerphilly North	3	3	3	1	-	2
Caerphilly South	5	4	3	2	-	2
Monmouthshire North	8	5	2	2	-	2
Monmouthshire South	3	1	1	-	1	1
Newport East	5	2	2	-	-	2
Newport West	8	4	4	2	1	5
Torfaen North	3	2	2	1	-	1
Torfaen South	4	1	-	-	-	
Domiciliary	5	1	-	-	-	1

2.2.1 GOS/WGOS 1 and 2

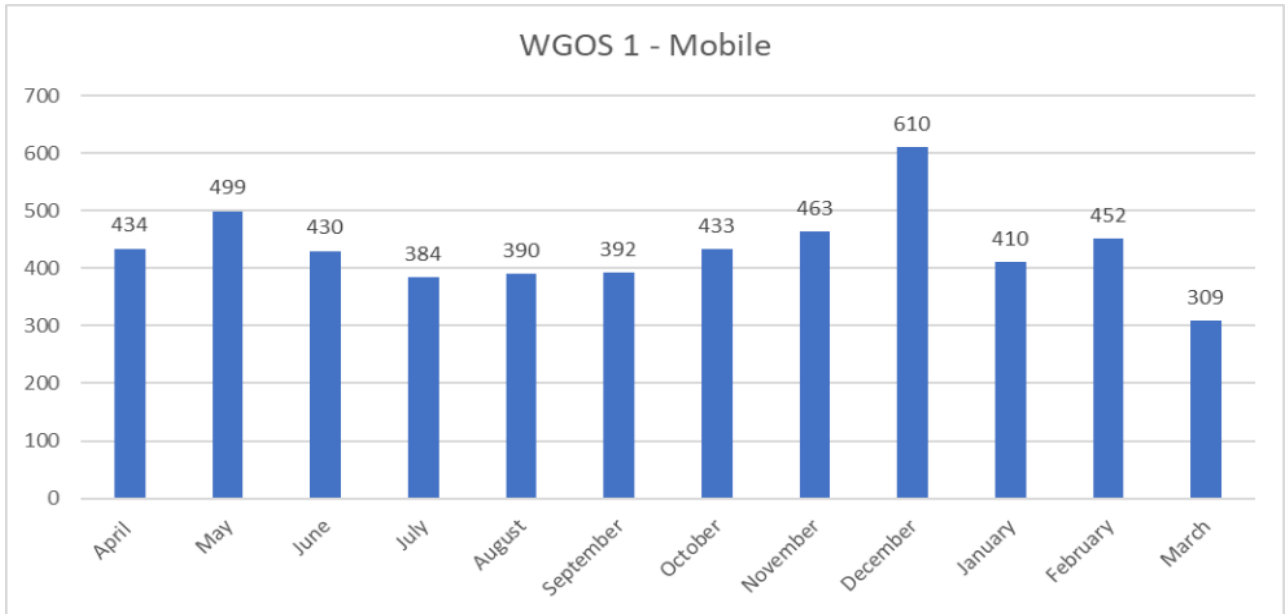
54 high street practices and 5 domiciliary practices provide WGOS 1 and 2 services in Aneurin Bevan University Health Board. The WGOS 1 Sight Test fee for 2024/25 was £44.00.

In 2024/25, 173,148 WGOS sight tests were claimed. The graph below provides a breakdown by month:



Mobile Sight Tests

The graph below details the number of mobile sight tests claimed since April 2024:



2.2.2 EHEW/WGOS 2

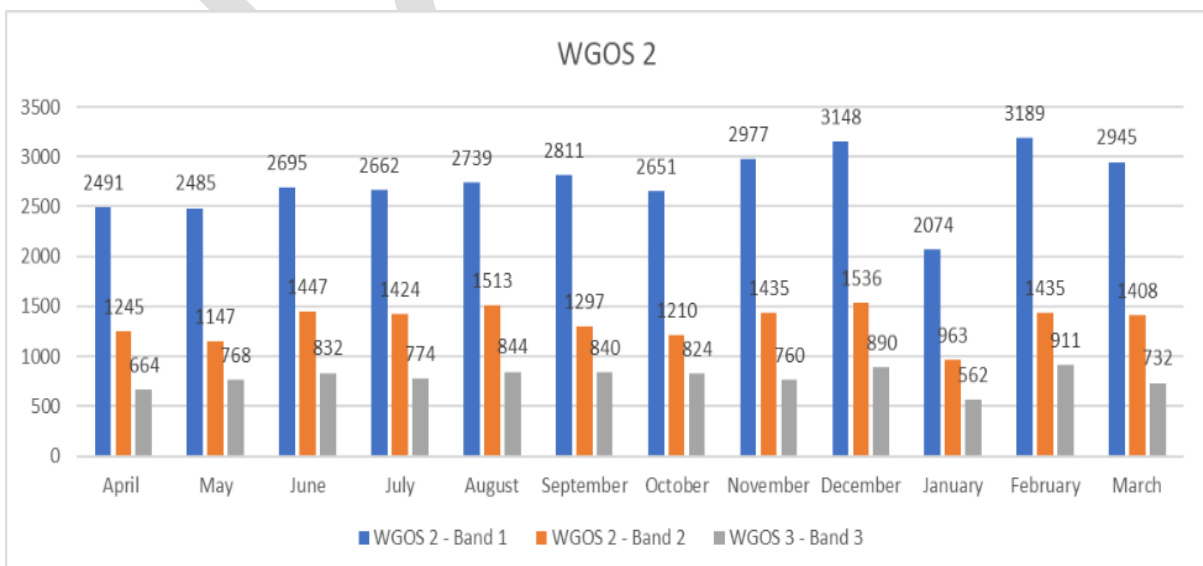
The WGOS 2 fees for 2024/25 are detailed below:

- WGOS 2 B1 £71.63
- WGOS 2 B2 £54.23
- WGOS 2 B3 £26.61

In 2024/25, 58,568 WGOS 2 claims were made.

- WGOS 2 B1 – 33,021
- WGOS 2 B2 – 16,118
- WGOS 2 B3 – 9,429

The graph below provides a breakdown by month:

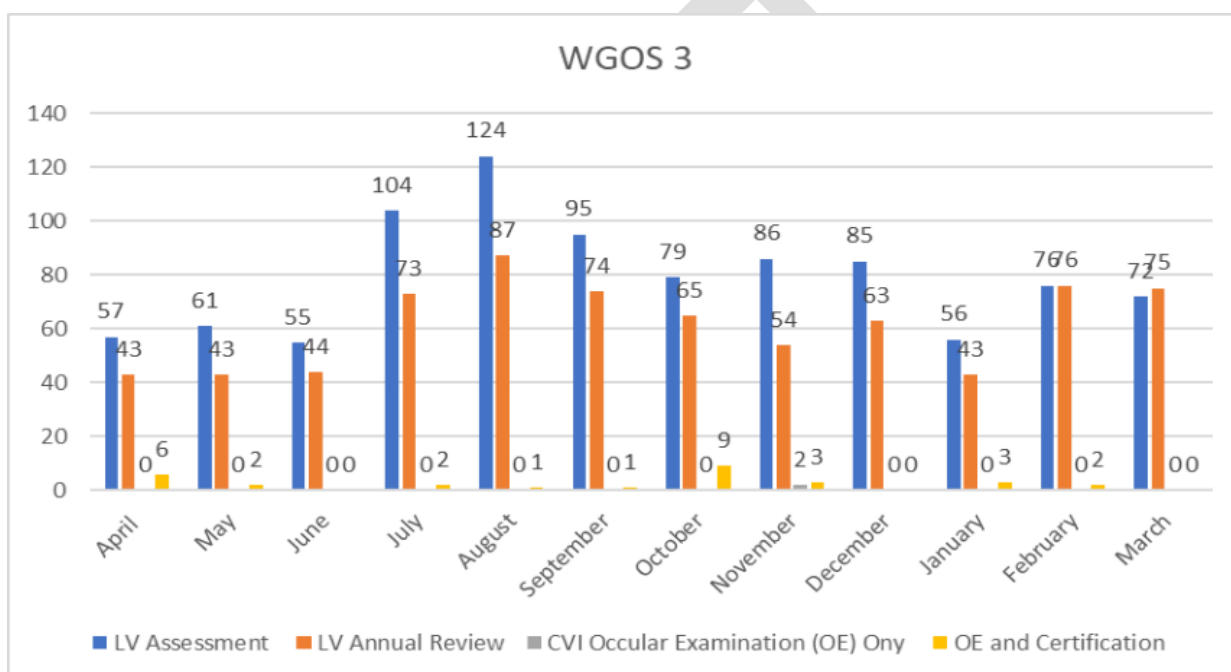


2.2.3 Low Vision Service Wales and CVI

This serviced is managed by the NHS Wales Shared Services Partnership (NWSSP). 35 practices provide the service in Aneurin Bevan University Health Board.

The WGOS 3 fees for 2024/25 are detailed below:

- LVSW Initial Assessment £97.20
- LVSW Annual Review/Follow £57.24
- WGOS 3 CVI in primary care £76.00
- WGOS 3 CVI - Ocular examination claim only £71.63
- WGOS 3 Ocular examination and low vision certification £147.63



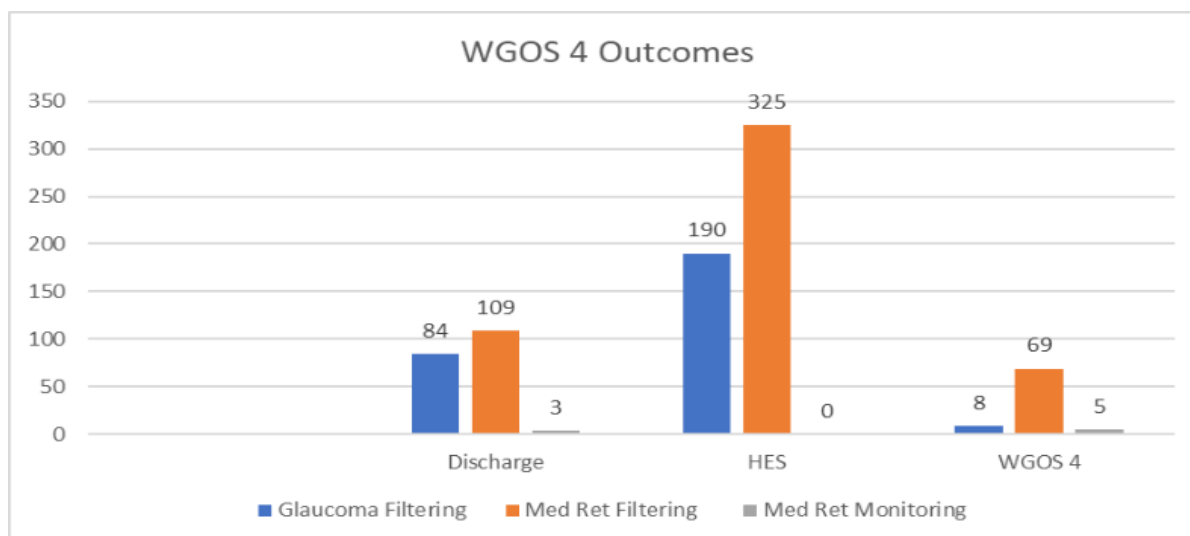
2.2.4 WGOS 4 Services

WGOS 4 Referral/Filtering services went live on 1 November 2024. In 2024/25, 22 practices provided a Medical Retina Service, 11 practices provided a Glaucoma service, and 2 practices were commissioned to provide Hydroxychloroquine monitoring.

The WGOS 4 fees for 2024/25 are detailed below:

- WGOS 4 Medical Retina Referral/Filtering and/or monitoring £98.28
- WGOS 4 Glaucoma Referral/Filtering and/or monitoring £110.00

Since November 2024, 793 WGOS 4 claims were made. The graph below provides a breakdown by month:



From November 2024 to March 2025, WGOS 4 prevented a total 278 referrals being made into Secondary Care. During 2024/25, the Health Board audited a sample of Hospital Eye Service referrals and have since reviewed all WGOS 4 Medical Retina referrals to ensure patients are accessing services via the appropriate pathways.

2.2.5 ODTc; Glaucoma and Wet AMD

Glaucoma

The Glaucoma ODTc service commenced on 1 April 2016 and was designed to allow patients to receive both New and Follow Up Glaucoma reviews within the community. As part of WGOS transition arrangements, it was agreed that the service would cease on 31 March 2025. All providers transitioned to provide services under WGOS 4. During the transition period it was agreed that practices could claim under a WGOS 2, Band 1 per patient episode.

A 'core' referral rate for each ODTc was agreed in 2022-23. During 2024/25, referrals were capped at practices agreed core as part of implementation planning for WGOS 4.

In 2024/25, 3,023 glaucoma claims were processed.

The table below provides a claim breakdown for 2024/25:

Payment month	Glaucoma ODTc Claims
Apr-24	321
May-24	266
Jun-24	204
Jul-24	193
Aug-24	202
Sep-24	233

Oct-24	89
Nov-24	99
Dec-24	0
Jan-25	3
Feb-25	0
Mar-25	0
	1610 (-54.44% from 23/24)

As detailed above, it was agreed that any ODTc claims from the 1 September 2024 could be claimed under WGOS 2 Band 1 which reflect the claim data detailed in the table.

Wet AMD

The Wet AMD ODTc service commenced on 1 April 2016 and was hosted by Specsavers Austin Friars, Newport and was a referral refinement service for patients with suspected Wet AMD. As part of WGOS transition arrangements, it was agreed that the service would cease on 31 March 2025 and all providers transitioned to deliver services under WGOS 4.

The table below, provides a breakdown of the number of referrals seen in Primary Care (to undertake initial assessment) and the number of patients then seen in the Hospital Eye Service as a total.

Payment Month	Wet AMD Claims
Apr-24	106
May-24	109
Jun-24	140
Jul-24	120
Aug-24	119
Sep-24	129
Oct-24	125
Nov-24	121
Dec-24	81
Jan-25	30
Feb-25	15
Mar-25	2
	1097

Where possible, the practice was advised to move patients to a WGOS 4 Referral Filtering appointment during the transition period whilst still recognising the Wet AMD Service was active. This accounts for the reduction in claims from November 2024.

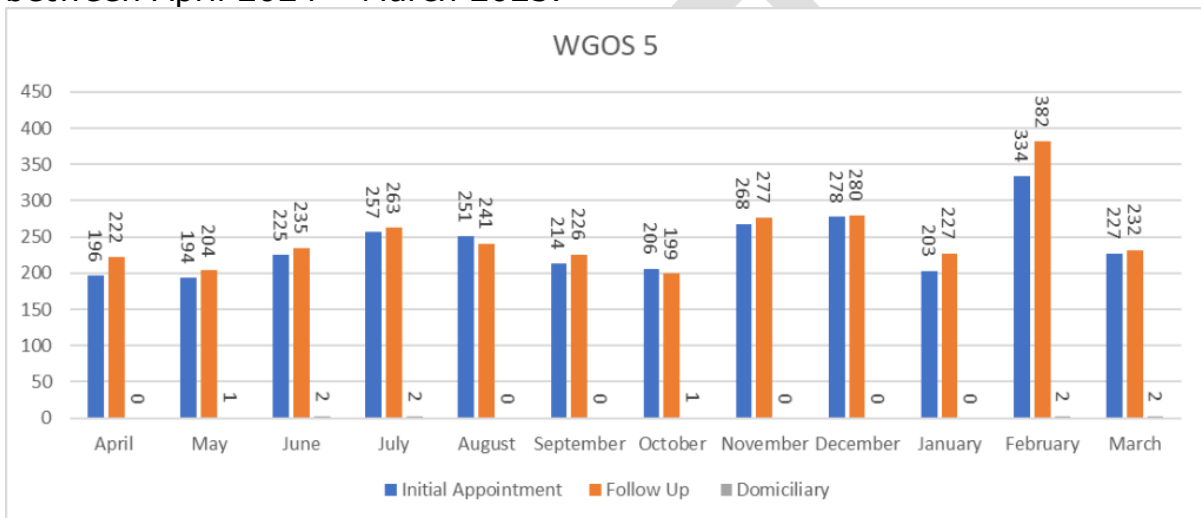
2.2.6 WGOS 5 Services

WGOS 5 Urgent services have been delivered within the Health Board since November 2023. The WGOS 5 clinical manual was updated in 2024, to include the Hospital Eye Service discharge element of the service, this part of the service was launched on 6 February 2025.

The WGOS 5 fees for 2024/25 are detailed below:

- Initial Assessment £135.00
- Follow up £66.96

The graph below details the number of patients seen under WGOS 5 between April 2024 – March 2025.



The Health Board conducted practice visits to all WGOS 5 providers during 2024/25 as part of its ongoing monitoring process. The service has been well received by the profession and secondary care colleagues who have noted a reduction in attendance in the Emergency Eye Clinic which has been supported by the documented figures below:

Total Attendances by Hospital - Where Presenting complaint was Eye problem/ Injury/Pain in or around eye;

2023/24 - 4451

2024/25 - 3403 (-1048 = **23% reduction**)

2.3 Backlog/Wait Times

Optometry services continue to see a significant growth in patient demand and/or referral rates, resulting in an increase in patient wait times.

The following table details the wait times as at the end of 2024/25:

SPECIALTY	URGENTS REQUESTED UP TO 7 WKS	ROUTINE	
	TOTAL NUMBER OF PATIENTS WAITING	TOTAL NUMBER OF PATIENTS WAITING	WAIT TIME (WEEKS)
CATARACT	252	8358	96
CORNEA	65	688	101
DIABETIC RETINA - Diabetic nurse appointments	192	1023	93
GENERAL	188	1265	107
GLAUCOMA	25	787	99
LASER	467	1529	96
MINOR OPS	3	114	80
ADULT OCULAR MOTILITY	0	189	116
ORTHOPTIST Adults	9	87	25
ORTHOPTIST Paeds	21	502	25
OCCULOPLASTIC	200	968	121
PAEDIATRIC	4	916	91
RETINA	528	1662	108
Grand Total	1954	18088	

Since the implementation of WGOS 4 and 5 services, the number of patients discharged from secondary care to primary care has been monitored closely and reported through the Eye Care Wales Committee and the Eye Care Collaborative Board. The HES have noted a reduction in the number of attendances at HES, as detailed above and the number of patients referred directly to HES has reduced due to WGOS 4 Referral Filtering service, all of which will go some way to address the backlog detailed above.

In addition, and as part of a Regional Ophthalmology Project, additional funding was received from Welsh Government which has supported additional staff, theatres and outsourcing meaning 13,048 patients received Cataract surgery in 2024/25. As of 31 March 2025, there were no patients waiting more the 104 weeks for Cataract surgery. Further funding has been secured for 2025/26.

2.4 Governance and Monitoring

Robust monitoring processes are in place whereby claiming and prescribing data available to the Health Board is reviewed on a monthly and quarterly basis to identify trends and understand claiming and prescribing patterns. During 2024/25, as part of the process practice visits were undertaken initially with WGOS 5 providers. The monitoring of claim activity continues to inform financial reporting and planning.

WGOS services are also subject to Post Payment Verification (PPV) which is undertaken by NWSSP on behalf of the Health Board. Once the PPV team has undertaken their visit and the report has been finalised, this report is shared with the Health Board. The Health Board reviews each report received and for an error rate of 10% or more, or a recovery value of £1000 or more, a practice visit is scheduled, for an error rate of 5%- 9% an initial letter is issued to practices. Anything less than 5% results in no further action.

In addition to the Primary Care Contracting Team's monitoring process, the team continues to engage with the PPV team, the Eye Care Collaborative Board, Welsh Government and the National Eyecare Wales Committee. A Regional South East Wales Regional Optometric Committee (SEWROC) group has also been established to support regional working. A number of processes have been agreed through the group and implemented on a regional basis

As part of Contract Reform, a Quality in Optometry package was agreed. As part of the package contractors are required to ensure employees involved in the provision of NHS WGOS will have completed the Optometry Improving Quality Together Foundations e-learning package as part of their mandatory WGOS training. Contractors are also required to make a return of the Quality for Optometry (QO) template at least once every six months. Other requirement of the package includes, completion of workforce toolkit, completion of a quality improvement project and annual audits.

Regular updates are provided to the profession by way of local communication.

The Primary Care Contracting Team ensures that any risk is managed appropriately and through prompt identification and assessment.

The GOS risk register is reviewed regularly.

2.5 Training

The Health Board continues to work with HEIW in respect of training and supported the following practitioners to undertake the following training in 24/25:

- Professional Certificate Glaucoma- 4
- Higher Certificate Glaucoma-3
- Professional Certificate Medical Retina-13
- Higher Certificate in Medical Retina-2
- Independent Prescribing-5
- Low Vision-4

During 2024/25, practices were required to submit their workforce data, including details of those practitioners with higher qualifications, using an excel spreadsheet. A Primary Care Workforce Intelligence System (PCWIS) has recently been launched, and it is a contractual requirement that Contractors use this platform to update their workforce information monthly. The Primary Care Contracting Team will monitor compliance and will use the data to inform future training opportunities.

2.6 Honorary Contracts

During 2024/25 the Primary Care Contracting Team facilitated the process to award 9 Honorary Contracts for Ophthalmology placements in the Royal Gwent Hospital:

- 3 Higher Qualification, Post Graduate Placements; and
- 6 IP Placements.

2.7 Practice Closures/Relocation

To reflect the WGOS regulatory changes, a robust process is currently being developed across Wales regarding the notification and management of practice changes.

In April 24, Lawrence and Harries Opticians closed their branch in Ystrad Mynach. Patients were notified by letter, and posters were displayed in the practice. Patient records transferred to the practice's other branch in Caerphilly. In December 2024, The Optic Shop in Newport moved to a larger premise on the same street.

2.8 Accelerated Cluster Development (ACD)

As part of the Optometry Contract Reform, Welsh Government requested a Primary Care Collaborative Lead (PCCL) from each Optometry practice to be identified, who will engage and support the Collaborative Optometric Lead (COL) for each of the cluster/NCN areas across the Health Board. The PCCL and the COL are remunerated for their engagement. The National Health Service (Ophthalmic Services) (Wales) Regulations 2023 state that a contractor must attend at least 4 meetings per financial year.

To ensure compliance in line with the regulation, the Primary Care Contracting Team have developed a process, which has been agreed through the Regional South East Wales Region Optical Committee (RSEWROC) meeting which was established in 2024/25.

Participation at cluster level continues to support the identification of Quality and Safety improvements within the borough footprint. There is an expectation that pathways will be developed and tested, that optometry priorities will be aligned to the Health Boards overarching NCN plans, provide support and leadership for the profession and contribute to the Health Board's Neighbourhood Care Network IMTP plan continue.

During 2024/25 the professional collaboratives successfully rolled out a project across Gwent that set to make smoking cessation discussions and the offer of a referral to support services a routine element of the eye examination.

There is currently no PCCL in Torfaen and Caerphilly South, the NCN team continue to link with practices and SEWROC to ensure a lead is identified in order to take forward the NCN plans in this area.

2.9 Prison Services

Across Wales, Health Board Prison SLAs are inclusive of the WGOS services provided in community Optometry, ensuring equitable services for all. Following a robust procurement exercise in 2023/24, the prison Optometry contract was re-awarded to 'The Prison Opticians Ltd' from April 2024.

Four sessions are provided a month, two at Usk and two at Prescoed. The Primary Care Contracting Team undertake routine monitoring of the service, in line with the wider processes.

2.10 Occupational Health Service

In accordance with the Regulations, the Health Board commissioned the following via Occupational Health from April 2024:

- Needlestick/sharps injury service, including access to any relevant BBV screening including any related blood tests and any onward monitoring related to risk of infection.
- Annual influenza vaccines.
- Pre-placement health check using a standardised questionnaire for new starters, plus the provision of any necessary and essential vaccines and/or immunisations.
- Baseline assessment of the vaccination status of current staff, with the offer of any necessary and essential vaccines and/or immunisations to be undertaken within the first year of the service being established.
- Sickness absence assessment on request to assist with the management of sickness absence (both short and long term); including plans for supporting a return to work following long term absences.

The service is available to Optometrists, Dispensing Opticians and Contact Lens Opticians. The service does include those in pre-registration training (student optometrists) and trainee opticians. It is noted that the inclusion of student optometrists will be reviewed in 2024/25 in line with the changes to the undergraduate programme to an integrated MSc.

In 2024/25, there was minimal activity through the Occupational Health Service. The Health Board have commissioned the service in 2025/26 and will continue to promote through SEWROC, Optometry Wales and direct communication.

2.11 Eye Health Needs Assessment

As part of the NHS Legislative Directives each Health Board must prepare and publish an Eye Health Needs Assessment (EHNA) for its area. The first publication was required by March 2025 and every 3 years thereafter.

Primary Care Commissioning were commissioned to facilitate the completion of the EHNA on behalf of the Health Board and several steering group meetings were set up to support. The steering group included representation from several stakeholders including NWSSP, Secondary Care, Llais and the Health Board Communications Team. The EHNA was approved by the Health Boards Eye Care Collaborative Board (ECCB) and has been published on the Health Boards internet. <https://abuhb.nhs.wales/hospitals/gps-dentists-opticians-ncns/optician/>

2.12 Annual Report

In addition to the Eye Health Needs Assessment and as part of the NHS Legislative Directives each Health Board was required to prepare and publish an annual report for the purpose of monitoring the provision of WGOS 1-5.

The Annual Report has been published on the Health Boards internet <https://abuhb.nhs.wales/hospitals/gps-dentists-opticians-ncns/optician/>

2.13 Engagement

In collaboration with Secondary Care colleagues, a number of engagement events took place during 2024/25:

- 19.09.24 – WGOS 4 Implementation Event
- 24.10.24 – WGOS 4 'Opt In' Events
- 16.01.25 – WGOS 4 Glaucoma Event- Led by Glaucoma Consultant and Principal Optometrist at Royal Gwent Hospital
- 30.01.25 – Non WGOS 4 Provider Event
- 06.03.25 – WGOS 5 Provider Event
- 20.03.25 – WGOS 4 Medical Retina Event – Led by Medical Retina Consultants at the Royal Gwent Hospital

In addition, Aneurin Bevan University Health Board, in conjunction with Cwm Taf Morgannwg University Health Board and Cardiff and Vale University Health Board, hosted a regional optometry event in March 2025. The event was led by WG with presentations from HEIW, Health Board Optometric Advisors and National Clinical Leads. Two events took place across the SE Wales region, both were well attended by the profession.

Following the regional optometry event, WG met with Health Board colleagues regarding progress of the implementation of WGOS. The

meeting was very positive and an action plan was agreed and taken forward. These meetings will take place annually.

Key Health Board colleagues attended an Eye Care Workshop in May 2024 where barriers to implementation were discussed and priorities were set for the year ahead. The workshop will become an annual event with the 2025/26 workshop scheduled in June 2025.

2.14 Concerns/FOI

In respect of Optometry services, during 2024/25 the Primary Care Contracting Team received nil concerns.

2.15 Looking Ahead

Through collaboration and integration, the Primary Care Contracting Team will implement WGOS 4 monitoring services by 31 August 2025. The implementation of the service will be supported by the WGOS Referral Team, who have been appointed through Transformation Funding. The team will also undertake a review of secondary care services during 2025/26.

As part of the ongoing review of secondary care services, the team will support where any services, typically provided in secondary care can be transferred to primary care. The team will engage with the profession, secondary care Ophthalmology colleagues, the Third Sector and SEWROC to ensure services are patient focused, taking ideas/plans forward via the Eye Care Collaborative Working Group and Board.

During 2025/26, the team will continue to support with the deflection of patients suitable for WGOS 4 and the School Vision Screening Programme which has recently been implemented and sees those patients who failed the school vision screening, historically seen in secondary care, be redirected to primary care for tests in the first instance.

Digitalisation teams will be supported in implementing an electronic patient record and electronic referral system that is fit for purpose. Health Boards have been mandated to implement Open Eyes by the end of March 2026. In the meantime, the team are supporting the implementation of interim solution for electronic referrals, by use of an MS Form. It is anticipated that the MS Form will be in use by October 2025.

Using the recently published EHNA, the Primary Care Contracting Team will create an action plan to enhance service provision in both the Health Board area and across the SE Wales Region, including the advancement of Advanced Training Practices.

Regional working will be supported with the continuation of Regional SEWROC meetings planned for 2025/26. The team will also contribute into

the National clinical Strategy for Ophthalmology and the Regional Ophthalmology Project with consideration to regional training and how we can support this going forward, working collaboratively with other Health Boards on possible services that could be delivered on a regional basis aligned to the National Clinical Strategy.

The Primary Care Contracting Team will continue to engage fully with the profession, with a number of engagement events already planned in 2025/26. The team will also support engagement events for the wider profession, which will be led by WG and will continue to provide regular updates to WG by way of reporting and face to face engagement.

3. General Medical Services

The Health Board is responsible for providing General Medical Services (GMS) to residents throughout Aneurin Bevan University Health Board and commissions services from independent contractors through The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023.

Approximately 90% of all NHS patient interventions take place in the Primary Care setting.

During 24/25 there were 68 General Practices responsible for providing care to patients between 08:00 and 18:30 Monday to Friday. Outside of these “core hours”, access to medical care is provided by the Health Board’s Out of Hours Service, which operates between 18:30 and 08:00 each weekday evening and throughout weekends and Bank Holidays.

Outside of the period the Urgent Primary Care Service provides clinical assessment including remote and face to face consultations in urgent care centres in Newport, Abergavenny and Ystrad Mynach and also home visits where patient is medically unfit to attend one of the centres. Patients are initially assessed by the 111 Wales service which is provided by the Welsh Ambulance Service Trust. More recently the Health Board has established an in-hours urgent care service in Newport and Abergavenny for those who have been diverted by the 111 service, the Emergency Department in the Grange University hospital or the Minor Injury Units in Abergavenny, Newport, Ebbw Vale and Ystrad Mynach.

3.1 Access

The Health Board has a well-established Access Group in place to review, sustain and develop primary care access within General Medical Services to ensure it is sufficient to meet the needs of the patient population and remains sustainable for the future.

Access Group considers any applications received from practices in relation to:

- Branch Surgery Closures/reduction in service provision
- Boundary Changes: monitor, review and consider applications
- Plan and prepare for contract terminations/variations
- List closure requests o Premise relocation

The group also review GMS Access achievement and provides a mechanism for quality assurance for access

During 24/25 Access Group considered:

3.1.1 Branch Surgery Closure/Reduction

The Health Boards Access Group considered one application in Monmouth South to permanently reduce service provision from a branch surgery. All steps detailed in the Health Boards Change in Service Provision Process were followed and the application was supported with no reduction in overall service provision as the practice consolidated their resources onto their main site.

3.1.2 Boundary Changes

Three practices submitted requests to redefine their practice boundaries in 24/25, one in Monmouth North, one in Newport West and one in Blaenau Gwent West.

One application in Monmouth North was not supported by the Access Group as it was deemed that there was sufficient existing GMS provision covering the proposed areas and there were a number of concerns raised from neighbouring practices and Health Boards regarding the potential destabilisation of those practices should the request be supported.

Applications from Blaenau Gwent West and Newport West were supported by the Access Group. Neither of the practices were seeking to reassign patients that resided outside of their re-defined practice boundary and both requests were considered in line with the criteria set in the Health Boards process.

3.1.3 Contract Resignations

General practice continues to face significant challenges including recruitment and retention of workforce, financial constraints and managing patient expectations and demand. In line with the Welsh Health Circular (2006) 063 General Medical Services Practice Vacancies – A Guide to Good Practice, the Health Board has a robust process in place to consider all GMS contract resignations, and upon receipt of a contract resignation the Vacant Practice Policy is implemented.

Each Vacant Practice is considered on its individual merit, in line with the Health Boards strategic plan and the local population health needs. When a Practice becomes vacant, the Health Board seeks to determine the most

appropriate, sustainable option for the delivery of services to the registered population.

Following acknowledgement and early engagement, in confidence, with interested parties including neighbouring practices and local elected members, a Vacant Practice Panel is convened with representatives from Health Board officials, Llais Cymru and the Local Medical Committee (LMC).

At the Vacant Practice Panel meeting, the options for the future of the practice where a vacancy is declared are discussed and a recommendation reached. The options are listed below (options 1-6 do not have to be considered in sequential order, and/or each one implemented before considering the next option. Option 1,2 and 3 may be considered together):

- Option 1: Aim to fill vacancy through local interest under a GMS Contract, (the practice could be passed completely over to another practice in the borough under GMS Contract arrangements (through inviting local expressions of interest))*
- Option 2: Aim to fill vacancy through national interest under a GMS Contract, (the whole practice would be advertised nationally as a vacancy under current GMS Contract arrangements)*
- Option 3: Managed list dispersal with existing neighbouring practices (through inviting local expressions of interest). Practices to consider taking on a proportion of the list*
- Option 4: If vacancy not filled, the LHB take on the management and delivery of GMS services, in accordance with GMS Regulations*
- Option 5: Dispersal of practice list (the LHB decide to disperse the practice list)*
- Option 6: Fill the vacancy through interest from existing/remaining partners (where clauses 525-529 of the GMS contract do not apply (existing partners agree to the transfer of the existing contract to one or more of the existing partners following dissolution)) aim to fill the vacancy through interest from existing partners*

The Health Board will be required to undertake a procurement exercise in relation to options 1-3. Practices may be required to attend for interview at a later stage.

*** Options 1, 2, 4 and 6 maybe subject to Policy for the Reassignment of Patients whose Address is outside the Catchment Area of their Registered GP & Application Process.*

The panel recommendation is presented to the Health Boards Executive Team for consideration and ratification.

In February 2025, Internal Audit undertook a review of the Health Boards application of the Vacant Practice Policy and reported reasonable and substantial assurance.

Reflecting on some of the learning and the implementation of procurement changes through The Health Services (Provider Selection Regime) (Wales) Regulations 2025, the Health Board will update the VPP and incorporate into a Standard Operating Procedure for the management of vacant GMS practices.

During 24/25 the GP partnership of Dr Allinson & Dr Ahmed resigned their GMS contracts for five previously directly managed practices. The Health Board has assumed direct management for all 5 practices for an initial stabilisation period; three from 1 March 2025 and two from 1 April. There has been a Divisional response to the contract resignations and an Operational Support group has been established to provide day to day support for all 5 practices.

3.1.4 Practice Mergers

The Health Board first offered a discretionary payment scheme in 2015 to support practices that are considering merging and it was re-launched in 2023/24 and again in 2024/25. The scheme seeks to support working at scale with wider skill mix, achieving economies of scale with a larger critical mass of patients and thus improving quality of care for patients.

The scheme is backed by significant financial incentive payments. Any practice in Aneurin Bevan University Health Board area can apply, regardless of its current sustainability situation, however prior consideration may be given to those considered more vulnerable depending on their sustainability risk matrix scoring. This scheme applies only to practices in Aneurin Bevan University Health Board area. A typical merger between two practices may attract payments of approximately £30,000.

During 24/25 the Health Board received one expression of interest to merge from two practices in Newport East, however this application was not progressed following practice decision not to pursue.

The table below shows the contractual changes for 2024/25:

24/25	Apr-24	Managed Practice Contract awarded	Aberbeeg Medical Practice, Brynmawr Medical Practice, Bryntirion Surgery & Blaenavon Medical Practice
	Jul-24	Branch Surgery Service Reduction	Magor Surgery, Branch of Caldicot
	Nov-24	Boundary Change	Bryngwyn Surgery, Newport
	Nov-24	Boundary Change	Glan Rhyd Surgery, Blaenau Gwent
	Jan-25	Boundary Change	NHS Gloucestershire practice, potential impact on ABUHB bordering practices being assessed.
	Jan-25	Contract Resignation	Brynmawr Medical Practice
	Feb-25	Contract Resignation	Aberbeeg Medical Practice
	Feb-25	Contract Resignation	Blaenavon Medical Practice
	Feb-25	Contract Resignation	Bryntirion Surgery
Feb-25	Contract Resignation	Tredegarr Medical Practice	

3.2 Sustainability Assessment Framework

There is a national framework in place that provides a consistent approach to the assessment of the sustainability of practices and enables practices to request support. In lieu of physical resource, Aneurin Bevan University Health Board has a mechanism in place to determine a level of financial support available to practices, under this framework.

The 'financial calculator' applies a consistent formula to enable partial reimbursement for locum sessions for those practices that have a shortfall in their core clinical sessions against the local benchmark of 1 clinical session per 200 registered patients. This ensures the sustainable delivery of services whilst the practice seeks to recruit permanent staff, whilst mitigating some of the financial risk associated with locum engagement.

During 2024/25 5 practices received a financial support package under the framework; two in Blaenau Gwent East (both ceased June 2024); one in Caerphilly North; and two in Torfaen North.

With all sustainability applications, financial support is subject to regular review and ongoing monitoring, and the Health Board reserves the right to adjust for any significant changes in circumstances. Practices are required to demonstrate that they are undergoing active recruitment campaigns.

3.3 General Practice Escalation

GMS practices are contractually required to accurately report their escalation level monthly and/or when it changes. The contracting team and respective borough teams continue to support the practices in escalation in line with the agreed process, with additional on the day support from Urgent Primary Care if required, for practices reporting level 3 and above. Gwent Local Medical Committee (LMC) continue to promote accurate escalation.

ABUHB Practice Reported Escalation Status 2024/25				
Escalation Level	1	2	3	4
Qtr 1	36	25	6	1
Qtr 2	38	21	9	0
Qtr 3	31	24	8	5
Qtr 4	33	26	7	2
ABUHB Practice Reported Escalation Status 2023/24				

Escalation Level	1	2	3	4
Qtr 1	59	10	1	0
Qtr 2	52	15	1	1
Qtr 3	37	21	9	1
Qtr 4	35	20	11	2

Demand on General Medical Services (GMS) remained high throughout 2024/25 particularly during Winter months as highlighted in the table above.

3.4 Enhanced/Supplementary Services

The Enhanced Services Operational Group (ESOG) is established to develop and monitor primary care enhanced/supplementary services, ensuring a consistent approach is applied to the delivery and management of the services.

Enhanced/ Supplementary Services are, in essence, an element of core provision delivered to a higher specification, outside of the normal scope of primary medical services which are designed around the needs of the local population and provide the Health Board with the opportunity to develop more local and integrated services across primary and secondary care.

Enhanced/Supplementary Services are optional for practices to deliver and are commissioned by the Health Board from those practices who can meet the requirements within the service specification.

In order to deliver effective and efficient Supplementary Services in primary care it is crucial that there are:

- Appropriate facilities in local communities as referred to above. Contractors must ensure they meet required health and safety standards for primary care premises.
- Staff with appropriate skills, knowledge and attitude to meet the needs of the local population.
- Practices with systems to ensure effective communication in place, between all primary care professionals and patients, to support the delivery of high-quality primary care.

During 2024/25 the following services were commissioned;

Directed Supplementary Services - all Health Boards must commission or provide

Service	% Practices Commissioned
Pneumococcal	100%
Childhood Imms	100%

Asylum Seeker	40%
Learning Disability	91%
Violent Patients (Alternative Treatment Scheme)	1 practice commissioned via SLA
Minor surgery - Fee A & B	75%
Minor surgery - Fee B Only	90%
Diabetes Gateway DES	90%
Care Home	72%
Anti-coagulation Level A & B	85%
Anti-coagulation Level B Only	12%
Homeless	13%
Gender Identity for Registered Patients or on behalf of the NCN	50% registered and 10% for NCN
Complex Multi-Morbidity and Frailty	68%

National Supplementary Services- all Health Boards should commission or provide however not mandatory

Service	% Practices Commissioned
GLP1 Monitoring	47%
Flu Immunisation	100%
Unscheduled Immunisations	100%
Non-Routine Imms	90%
Substance Misuse	16%
Shingles	100%
Rota virus	99%
Meningitis	100%
Catch Up Programme Vaccination of Children Who Have Outstanding Immunisations	72%
People Fleeing War and Persecution in Ukraine	35%

Local Supplementary Services - optional commissioning of services based on local need

Service	% Practices Commissioned
Minor Surgery Non-Registered patients	9%
DOAC Initiation & Monitoring	84%
DOAC Monitoring Only	18%
Depo-Provera	99%
Depo/Sayana Press	25%
Contraceptive Implants (Nexplanon) for Registered and Non-Registered Patients	53% registered/ 4% non-registered
Depression/Lithium	50%
IUCD Registered and Non-Registered Patients	54% registered/ 27% non-registered
Near Patient Testing	97%
Denusomab	94%
Pertussis	100%
Gonadorelin/Zoladex	100%
Extended Minor Skin Surgery	13%

A Schedule 7 is prepared annually as part of the GMS contract and shared with each practice detailing each Supplementary Service the contractor is commissioned to provide.

3.4.1 Alternative Treatment Scheme

Welsh Government issued WHC 2002 (082) "Stopping Violence against Staff Working in the NHS: Tackling Violence Against those in Primary Care". This guidance stated that professionals and staff working in the health service would not tolerate aggression, violence and threatening behavior by the public. The report recommends that Health Boards adopt a "zero tolerance" approach to patients, relatives and members of the public who use violence and aggression towards NHS staff.

The ATS was introduced as a Directed Enhanced Service in 2004 with the aim of providing a secure environment in which patients who have been violent or aggressive in their GP practice can receive General Medical Services.

The right of individuals to receive mainstream primary care services remains a fundamental principle of the NHS and patients who have been subject to immediate removal from a practice list will not be excluded from receiving primary care services.

The ATS is designed to provide General Medical Services to patients who meet the criteria for inclusion into the Scheme and allows Health Boards to balance the rights of patients to receive services from GPs whilst ensuring that GPs, practice staff and bystanders are able to deliver a service without threats or occurrences of unacceptable behavior.

Any immediate removal of the patient from the practice list and referral into the Scheme, whether it is as a result of unacceptable actions, threats or inappropriate behavior must be in accordance with the GMS Contract Regulations 2023.

During 2024/25 31 referrals were received for the scheme of which, 24 were accepted and 7 rejected as they did not meet the threshold.

St Julians Medical Centre in Newport, is commissioned via an SLA to provide this service across the Health Board area.

3.4.2 Welsh Government Additional Capacity Funding

Welsh Government introduced this scheme in 2021/22, to fund additional staff resources (GPs, practice nurses, administration staff, etc) above what is already in place within GMS practices to support recovery from the pandemic.

For 2024-2025, the Health Board was allocated £763,630 to enable the reimbursement of up to 50% of the total cost (salary / sessional fee & on-costs) of either additional posts upon appointment (including those in post from December 2021 under the 2021-22 scheme) or additional hours worked by existing post holders. Individual practice allocation is based on patient list size.

Four practices confirmed that they would not be utilising their allocation and this was distributed between the remaining practices in order to maximise uptake and benefit. Reimbursement is made on the submission of verified claims and the total amount of funding utilised in 24/25 totalled £740,833.07. The following table shows the additional hours, by staff role, facilitated through this scheme.

Welsh Government Additional Capacity Utilisation in Hours

Role	2024/25**	2023/24**	2022/23**	2021/22
GP	8,415.44	5,522.20	9,054.47	801.3
Nurse	8,080.62	11,213.91	4,842.84	808.5
Other Healthcare	8,075.51	7,744.69	4,312.08	149
Admin	51,992.85	49,016.17	27,041.96	4,832.90
Total	76,564.42	73,496.97	45,251.35	6,591.70

** number of hours is the 100% figure stated on the claim form but funded for 50%

This funding is time limited and will be available up to 31 March 2026.

3.4.3 Child Health

The Healthy Child Wales Programme (HCWP) sets out what planned contacts children and their families can expect from their Health Boards; from maternity service handover to the first years of schooling. These universal contacts cover three areas of intervention: screening, immunisation and monitoring and supporting child development.

The 6–8-week baby examination is delivered by Health Boards and undertaken by General Practitioners as part of the GMS contract. A Health Board assurance process, developed in collaboration with the Child Health Department has been implemented for the monitoring of the uptake of the 6 to 8-week baby checks in General Practice. This seeks to provide assurance that GP practices are undertaking 6 to 8-week baby checks in line with the Unified Services element of the GMS Contract and the Healthy Child Wales Programme.

The childhood immunisation programme is delivered by Health Boards and undertaken by General Practitioners as a direct enhanced/supplementary service. The Health Board actively monitors immunisation queues in General Practice in order to gain assurance that GP practices are undertaking childhood immunisations in line with the service specification and the Healthy Child Wales Programme. The process has been developed collaboratively with the Health Board immunisation team.

3.5 Access Commitment

The standards listed in this section were previously referred to as Phase 2 Access Standards and are now referred to only as Access Standards for 2024/25. Participation in the GMS Access Commitment is not mandatory for practices but carries up to 100 Quality and Improvement Framework points for achievement. Health Boards are responsible for verifying

achievement and providing assurance to Welsh Government on progress with delivery of the Access Commitment.

Practices are required to achieve all 6 measures, detailed below, in order to receive 40 points for the Standards section of the commitment and 60 points for the Reflective Report.

Standard	Standard Requirement
1	All existing patient facing staff who did not undertake the national care navigation training package provided by HEIW in the financial year 2022/23 are required to undertake this training, as well as all new patient facing staff completing this training within 3 months beginning with their start date. Practices will supply names of new starters and date of training undertaken.
2	All patients telephoning the practice are to have their calls received by a standard recorded message, and subsequently calls are answered with appointments made available for advanced booking each day with declaration confirming that every patient contact is supported throughout the day. Patients will be offered an appropriate consultation, whether urgently or through advanced booking consistent with the patient's assessed clinical need, without 4 the need for the patients to contact the practice again. Where clinically appropriate, patients may be signposted to another appropriate service.
3	To maintain a planned and forward-looking approach to consultations, practices to undertake a regular assessment of their scheduling appointment system to ensure a mix of remote, face to face, urgent, on the day and pre-bookable. A more planned and forward-looking approach should be taken to the scheduling of appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments for that day to be released at 8.00am.
Standard	Standard Requirement
4	Practices must confirm each quarter that they regularly maintain an automated and standardised public facing dashboard and make this available via a range of communication methods to meet the needs of their patients. (an Infographic is available via the PCIP for practices to use)
5	Practices are required to undertake the national patient experience survey which should include 25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods.
Standard	Standard Requirement
6	Practices are required to undertake care navigation on digital requests in a similar and equitable fashion to telephone requests

Practices are required to produce a reflective report to include; Equality Impact Assessment, Patient Engagement, National Patient Experience Survey, Patient Survey Action plan, Digital Request and Telephone System Intelligence.

The Primary Care Contracting Team reviewed all evidence submitted by practices via the Primary Care Information Portal (PCIP) and provided support to those facing challenges in uploading the relevant documentation. 100% of practices reported 100% achievement in 2024/25, this was verified via the PCIP.

3.6 Quality Improvement Framework

This year's QI cycle ran from 1 April 2024 until 31 March 2025 and the completion of two QI projects was mandatory for practices participating in the QI process.

With the allocation of points as set out below:

1. Supporting Healthy Behaviours project (continuation of 2023-24 Unhealthy Behaviours project) 100 points
2. Prescribing Safety project 70 points

Project specifications were provided to practices with an overview of the objectives and requirements to demonstrate achievement. These specifications would facilitate practices to undertake QI activity. Reporting templates were also issued to practices and all resources to support the completion of the QI projects were available on the <https://primarycareone.nhs.wales/tools/gms-quality-improvement-projects-20242025/>

Practices were required to submit evidence demonstrating completion of each of the QI projects for verification using the national templates. The Primary Care Contracting Team reviewed all submissions to validate evidence of achievement.

Supporting Healthy Behaviours: Initial assessment by the Health Board verified 30/68 practices had completed the projects to meet all objectives and 38 required further information to be included within the reports.

Prescribing Safety: Initial assessment by the Health Board verified 43/68 practices against the agreed indicators and 25 required further information within the reports.

The Primary Care Contracting Team liaised with practices regarding additional information required to evidence achievement with a deadline of 6 May 2025 for submission via PCIP, in line with nationally agreed timescales.

68 out of 68 practices within the Health Board met all requirements set out in Welsh Government guidance against both mandatory projects, including the requirement to engage in Neighbourhood Care Network (NCN) discussions in respect of the QI projects.

3.7 Prison

Primary Care General Medical Services (GMS) services are being provided at both HMP Usk and HMP Prescoed via a Service Specification in accordance with the requirements of the General Medical Services contract and in accordance with the NHS (GMS) Contracts Regulations 2023. This includes but is not limited to the provision of Unified Services described in the GMS contract and Supplementary Services as agreed between provider and commissioner.

In December 2024 a procurement process for the provision of GMS across both sites, with a combined population of 485, was undertaken due to the existing contract due to end in March 2025, with a view to commission an NHS General Medical Prison Service from 1 April 2025.

The contract was awarded to Malpas Brook Health Centre.

Malpas Brook Health Centre provide general medical services for 5 sessions a week across both HMP Usk and HMP Prescoed.

3.8 Governance

The Primary Care Contracting Team have robust mechanisms in place to monitor all contract delivery on a monthly basis, and additional processes in place for reviewing claiming data in respect of locum reimbursement payments and Enhanced/Supplementary services to ensure timeliness of submissions. The Enhanced/Supplementary services monitoring also enables the team to identify any gaps or anomalies in claims which may highlight staffing or training issues at practice level. Appropriate support is provided to practices to ensure practice cash flow is maintained and training issues are addressed. It also allows for the contracting team to identify where practices may be commissioned but not delivering a service and allow for appropriate steps to be taken.

Primary Care Contracting ensures that risk is managed appropriately and through prompt identification and assessment, reported into Divisional QPS. This ensures that where possible, the Health Board is informed of the risks that are present and how they are managed or minimised.

The GMS risk register is reviewed regularly and describes risks in sufficient detail so that they can be clearly understood. All risks identified are assessed for severity and likelihood of the risk along with necessary actions to treat, remove or minimise the risk.

The Post-Payment Verification (PPV) service is delivered by NWSSP on behalf of Health Boards providing assurance to Health Boards that claims made by GP Practices are appropriate and in line with the regulations set and guidance documents issued.

The PPV programme runs on a three-year cycle, monitoring a third of the contractors each year. A random sample of claims are reviewed and verified against the patient's clinical record.

Once the PPV team has undertaken their visit and the report has been finalised, this report is shared with the Health Board.

The Health Board reviews each report received and for an error rate of 10% or more OR a recovery value of £1000 or more, then a practice visit is scheduled, for an error rate of 5%- 9% an initial letter is issued to practices. Anything less than 5% results in no further action.

During 2024/25 the Health Board received 20 reports for GP practices, 12 of which required primary care action. In total £18,882.63 was recovered due to claims errors.

HIW inspect all GMS practices for clinical and managerial/administrative compliance, providing a report of each inspection to the practice and the Health Board identifying any areas for improvement. A total of six HIW inspections were carried out in 2024/25.

Of the GP practices inspected in 2024/25, two practices were issued a non-compliance notice and received an immediate improvement plan. All practices submitted acceptable improvement plans agreed by HIW.

Practices engage directly with Health Inspectorate Wales and the Health Board offers support and guidance to a practice before and after inspections have occurred.

3.8.1 Annual Contract Review

The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023, requires general practice contractors to comply with all relevant legislation and submit an annual return relating to the contract to the relevant Health Board. The same categories of information will be requested from all persons who hold GMS contracts with the Health Board. Failure to comply could result in the Health Board activating remedial notice procedures.

Unified Contract Assurance Framework 2024/2025

The Unified Contract Assurance Framework (CAF) has been developed via tripartite task and finish group taking in account the context of the New Health and Care Quality Standards for Wales (2023). It is used across NHS Wales and by General Medical Services contractors to provide assurance of the delivery of the GMS Unified Contract.

It was agreed that the Unified Contract Assurance Process should:

- Be open and transparent in process;
- Be proportionate and not bureaucratic in execution;
- Make use of existing sources of data;
- Include data analysed at national level and provided to practices and Health Boards;
- Use national standards and measures;
- Be consistently applied across Wales;
- Set out processes that are formative and supportive where possible; and
- Provide a clearly articulated stepped approach to escalation if concerns exist.

The Assurance Framework indicators have been mapped to the 6 domains of quality and 6 enablers as set out in the Health Care Quality Standards.

6 Domains

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

6 Enablers

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

Assurance Framework Process

There are five key stages to the CAF process, ensuring a consistent approach across Wales.

Stage one – Nationally agreed data set for quality, safety, governance and contract management.

A desk top review of practice assurance using the nationally agreed set of indicators including Assurance Indicators, CGPSAT, IG Toolkit and Annual Contract Returns was carried out for all 68 GP practices within ABUHB.

Stage two – Prioritisation by Health Boards

The desk top reviews were utilised to determine the level of assurance and then prioritise the depth of assessment required for each practice. Information submitted by the practices on the Annual Contract Return was validated by the Primary Care Contracting Team with the weighted scores automatically assigned on PCIP, manually adjusted to reflect the outcome.

The desk top reviews enabled the categorisation of practices based on the following assurance levels;

- Substantial Assurance – few matters require attention, low risk. Action Plan drafted for practices to complete and return, no visit required.
- Reasonable Assurance – some matters require attention with a low to moderate risk until resolved.
- Limited Assurance – more significant matters require management attention with a moderate risk until resolved.
- No Assurance – action required to address the whole framework with a high risk until resolved.

As a result of the desktop reviews, 37 practices were provided with an action plan consisting of low to moderate risks that required attention within a given timeframe.

Stage three – Process for assessing compliance against contractual requirements

A schedule of practice visits was agreed based on the outcomes of the desktop reviews, Annual Contract Return, National Prescribing Indicators, National Safety Indicators, Contractual Issues, Governance and local intelligence. As a result, 23 practices (34%) were highlighted to receive a Contract Assurance Visit during 2024/25 for the review period 1 April 2023 to 31 March 2024.

Visits are led by the Primary Care Contracting team, alongside a Primary Care Clinical Director. Practices are prioritised for a practice visit, based on their submissions, with all practices offered an opportunity to meet each year should they wish.

Stage four – Output of visit

Visits took place between January and March 2025, with a multidisciplinary focused approach in collaboration with the Medicines Management Team where appropriate.

Following each practice visit an action plan was provided to the practice, where applicable, with associated timeframes and also included any actions identified from the desktop reviews. A summary report of the visit was also provided to the practice for information.

Number of Practices:						
No actions	1 action	2 actions	3 actions	4 actions	5 actions	6 > actions
6	13	15	11	11	5	7

Number of practices:				
Immediate actions	Actions within 1 month	Actions within 3 Months	Actions In 3-6 Months	Ongoing Improvement
2 (5 Actions)	16 (42 Actions)	31 (87 Actions)	3 (8 Actions)	15 (54 Actions)

Stage five- nationally agreed escalation ladder

The Health Board approaches the CAF process in a supportive manner in order to ensure practices are able to meet the requirements and work through any action plans to achieve substantial or reasonable assurance. Should any practice not engage with the process or have limited or no assurance then the escalation ladder supports the management of those scenarios, which ultimately could lead to the Health Board issuing a Remedial or Breach notice.

Stages of the escalation ladder include:

1. Practice contract and governance framework response plan
2. Sustainability Framework
3. Unified and Supplementary service review
4. Remedial/Breach notice issued

All actions identified during the 2024/25 visit cycle have been satisfactorily completed in line with practice response plans, therefore the escalation ladder has not been invoked.

3.8.2 Enhanced Monitoring Arrangements

The Partners who resigned the contracts for the 5 practices have retained GMS contracts for a further 3 practices in Aneurin Bevan. The Health Board has requested that the partnership provides a detailed plan for each of their remaining GMS contracts that describes when and how they expect to enter a period of greater stability, independent of the Health Board. The Health Board continues to work with the partnership to support the development of their plans and arrange a sequential approach to reviewing each GMS contract. During this time contractual management and compliance monitoring will remain to ensure the needs of the registered population are met, with the primary focus being patient safety and access to service provision.

3.9 Concerns/FOI

In relation to GMS, in 2024/25, the team investigated and responded to a total of:

- 18 FOI requests;
- 17 PTR concerns; and
- 100 MS MP concerns.

Through the management and investigation of these concerns, the Health Board addresses any specific contractual issues with the relevant provider ensuring any learning points are taken forward. Common themes include access to GP appointments, difficulties in contacting practices and access to vaccines and immunisation.

3.10 Looking Ahead

The following information is based on local knowledge and at this stage there is no indication that any of these practices propose a change to their current service.

As of 1 April 2025:

Blaenau Gwent

Currently no single-handed contractors.

Managed practices:

Practice	Location	List Size
Aberbeeg Medical Centre	Blaenau Gwent East	4,713
Brynmawr Medical Practice	Blaenau Gwent East	10,874
Tredeggar Health Centre	Blaenau Gwent West	6,829

Caerphilly

Single Handed Contractors:

Practice	Location	List Size
Sunnybank Health Centre	Caerphilly East	5,605
South Street Surgery	Caerphilly North	3,330
Bryntirion Surgery	Caerphilly North	10,619

Monmouthshire

Single Handed Contractors:

Practice	Location	List Size
Wye Dean Practice (Tintern)	Monmouth South	1,933

Newport:

Single Handed Contractors:

Practice	Location	List Size
St Paul's Clinic	Newport West	6,570

Torfaen:

There are no single-handed contractors.

Managed practices:

Practice	Location	List Size
Blaenavon Medical Practice	Torfaen North	6,576

The Health Services (Provider Selection Regime) (Wales) Regulations 2025 came into force on 24 February 2025. Aneurin Bevan Health Board will continue to apply the Regulations to the procurement of relevant health services in Wales. The Primary Care Contracting Team will continue to review and update all local procurement policies and procedures to ensure alignment with National Regulations.

The Health Board's well established Access Group will continue to be scheduled on a Quarterly basis and the Enhanced (Supplementary) Services Operational Group (ESOG) will continue to be scheduled Bi-annually. The Primary Care Contracting Team continue to work closely with all key stakeholders and liaise with Llais and Local Medical Committee (LMC) will all policy changes and application.

3.11 Directly Managed Practices

The Health Board assumed direct management for 5 practices for an initial stabilisation period; 3 from 1 March 2025 and 2 from 1 April. There has

been a Divisional response to the contract resignations and, in addition to the robust contractual process which were implemented, the Division also established an operational oversight team comprised of Clinical Directors, Nursing Colleagues and management support. This dedicated team is aligned to the practices to support them during this time.

Following an initial stabilisation period, there will be a sequential review of the practices to determine the longer- term arrangements for the ongoing delivery of GMS for each practice.

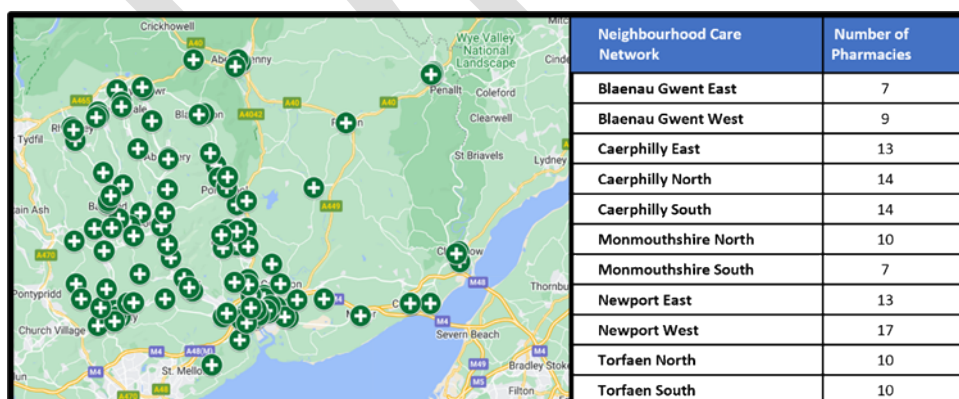
As the Health Board cannot enter a contractual arrangement with a directly managed practice, Managed practices are monitored in accordance with the Practice Statement which mirrors the requirements of the GMS Regulations.

4. Pharmaceutical Services (Community Pharmacy)

One hundred and twenty-five community pharmacies provide NHS pharmaceutical services to the citizens of the Health Board in accordance with the terms of service laid out in the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Alongside dispensing services, the pharmacies provide a range of additional clinical services commissioned using provisions in the Pharmaceutical Services (Clinical Services) (Wales) Directions 2022. As independent contractors, community pharmacies also provide private services outside the remit of the NHS terms of service. These private services include delivery, provision of compliance aids and clinical services such as travel vaccinations and weight management.

This report focusses on the NHS pharmaceutical services provided by Community Pharmacies.

4.1 Distribution of services and opening hours



The 125 community pharmacies are distributed across the Health Board area according to population need based on historical arrangements for control of entry.

Community pharmacies must open for 40 “core” hours to provide NHS pharmaceutical services. They may also open for additional “supplementary” hours. The Health Board must be notified of all changes to opening hours but only core hours need Health Board’s consent for change.

Opening hours range from 8am to 8pm Monday to Saturday with some pharmacies open between 10am and 4pm on Sundays. Most pharmacies are open between 9am and 6pm Monday to Friday and just over half open for at least part of the day on Saturday. Eight pharmacies open on Sundays.

In 2024-25 eleven pharmacies reduced their opening hours including stopping to open on Saturdays. Nine of these involved a change to core hours. This continues an ongoing trend to reduce total opening hours to maintain viability.

All contractors reducing Saturday hours cited a lack of footfall, recruitment and retention challenges, and operating costs as reasons for the change. Sunday opening has remained consistent.

The Health Board managed all applications to change core hours with a formal process and scrutiny by the Change of Core Hours Review Panel. Applications are usually subject a four-week patient consultation period and are examined by the pharmacy team before being presented alongside an options paper to the Panel. Panel decisions are ratified by the Primary Care and Community division’s Senior Leadership Team. Decisions made consider the existing Pharmaceutical Needs Assessment. To date, the panel has not identified a need for a new pharmacy or a new service provision.

To ensure citizens have access to medicines during the out of hours period, a pharmacy rota service is commissioned as an additional service outside of the core and supplementary hours requirements.

4.2 Pharmaceutical Needs Assessment

The NHS Wales Act 2006 requires Health Boards to produce a statement of their needs for pharmaceutical services, this statement is termed the Pharmaceutical Needs Assessment (PNA) and must be published every five years. The Health Board’s first PNA was published on 1 October 2021 and is used when considering whether to grant applications to join its pharmaceutical list or dispensing doctor list under the 2020 regulations.

The PNA does not identify any existing additional pharmaceutical needs for Aneurin Bevan University Health Board.

Planned housebuilding and the creation of new communities has identified a future need for pharmaceutical services in Newport East and Torfaen North. The needs are contingent upon defined house completion levels within each of the identified areas and this is monitored by periodic contact with the site developers. Current building rates suggest that the need is not likely to be realised during the lifetime of the 2021 PNA.

The next PNA is due to be published in October 2026.

4.3 Contract Monitoring

To ensure pharmacies provide their NHS services in line with their NHS terms of service, two health board officers visit each of the one hundred and twenty-five pharmacies at least once every three years. The visits are conducted according to the formal community pharmacy contract monitoring process.

In 2024/25, fifty-five pharmacies received contract monitoring visits. Fifty-one were fully compliant with their terms of service at the point of monitoring or at the end of a one-month local resolution period. Four pharmacies did not meet the local resolution deadline and were issued with a Remedial Notice in line with the 2020 regulations. The notices have now been satisfactorily closed as the pharmacies are fully compliant with their terms of service.

4.4 Accelerated Cluster Development

The Community Pharmacy Contractual Framework (CPCF) provides funding for collaborative working within Neighbourhood Care Networks (NCNs). This includes a collaborative lead for each NCN who is selected by the pharmacies in the NCN. During 2024-25 four NCNs were without a community pharmacy collaborative lead (Blaenau Gwent East, Caerphilly North and South and Monmouthshire South). The community pharmacy team have worked with Community Pharmacy Wales to try and increase awareness and interest in the role without success. In March 2025 the community pharmacy team provided a collaborative event for the unrepresented clusters to garner interest for the role. The governance around the role is managed locally within the community pharmacy team by including listings enabling payment and receipting meeting reports.

The CPCF also provides funding for individual pharmacies to participate in up to six collaborative meetings each year. The meeting may be those organised by the NCN pharmacy collaborative lead or meetings agreed between the pharmacy and other healthcare professionals within the relevant cluster do discuss prescribed areas of mutual interest including, implementing periods of treatment review, the Electronic Prescription Service and clinical services.

Financial governance surrounding the collaborative working arrangements are managed by NWSSP Post Payment Verification in line with the requirements of the drug tariff.

4.5 Dispensing Activity

The community pharmacies included on the Health Board's Pharmaceutical List are operated by different contractors ranging from single handed independent pharmacies, through small chains to large national chains with multiple pharmacies. During 2024-25 the pharmacies dispensed a total of 16,597,551 prescription items, an increase of 1.3% compared with 2023-24 and an average of 319,000 items each week.

Depending on the geographical location and the communities the pharmacies serve, the dispensing activity ranges from 800 to 6500 prescriptions a week.

4.6 Additional Service Activity

4.6.1 Clinical Community Pharmacy Service

Alongside dispensing prescriptions, all community pharmacies in Aneurin Bevan University Health Board offer the NHS Clinical Community Pharmacy Service (CCPS). A nationally directed service within the community pharmacy contractual framework.

The CCPS comprises the following components:

- The provision of emergency, bridging and quick-start contraception
- The supply of previously prescribed medicines in an emergency
- The provision of the national common ailments service

The CCPS was changed during 2024-25 to combine the provision of bridging and quick-start contraception with emergency contraception to form a mandatory contraception service.

During 2024-25 community pharmacies provided over 113,000 patient consultations through the services.

Flu was also removed from the core CCPS to reflect differences in provision and sat as a separate, optional service for the 2024-25 season with 124 pharmacies opting into service provision.

Service name	Activity
Contraception	4,602 consultations
Emergency Supply	23,256 consultations (40,458 medicines)
Common Ailments including: Sore Throat Test and Treat UTI	70,637 consultations 5,817 consultations 1,849 consultations
Seasonal Influenza	14,553 vaccinations

The other nationally directed community pharmacy services available within the Health Board are the Discharge Medication Service and the Pharmacy Independent Prescriber service.

4.6.2 The Discharge Medication Review Service

The service offers an additional safety assurance by reconciling a patient’s medicines after being discharged from hospital. Because if the transfer of care, there may be differences in the medicines compared with those the patient used before admission.

All pharmacies in the Health Board are commissioned to provide the directed service but not all actively provide it on a regular basis. During 2024-25, ninety-seven pharmacies (78%) provided 2,495 Discharge Medication Reviews (DMRs) between them.

The clinical record system used in the Gwent hospitals is incompatible with the national system developed for the DMR service and our patients are at a disadvantage compared to those discharged from other hospitals. Our information transfer is reliant on paper records and self-referral compared with automated electronic notification in other areas. Our Health Board has the second lowest uptake of DMRs per unit of pharmacy activity of all seven Health Boards in Wales. The IT compatibility issue has been raised directed with Digital health and Care Wales and the Executive team in ABUHB, but the programme to update our Clinical Work Station (CWS) has chosen to omit the inclusion of communication with the Choose Pharmacy, continuing to disadvantage citizens of ABUHB compared with other Health Boards.

4.6.3 The Pharmacist Independent Prescriber Service

Pharmacy: Delivering a Healthier Wales, the pharmacy profession’s vision for the development of pharmacy to meet the Welsh Government’s long-term vision for health and social care, identified a goal to have a Pharmacist Independent Prescriber in every community pharmacy in Wales by 2030.

The Health Board has been involved in this journey since its inception, developing local pilot services and collaborating on a national approach. From tentative first steps with seven community pharmacists qualifying in 2019, the Health Board now has fifty-seven community pharmacies (46%) commissioned to provide the service in line with the national service specification.

During 2024-25, ABUHB pharmacies provided 24,671 consultations via the service. Growth is again expected in future years with approximately thirty pharmacists entering training each year.

4.6.4 Local Additional Services

Alongside the directed services detailed above, the Health Board commissions additional clinical services locally. The services include:

Service name	Number of pharmacy providers
Blood Borne Virus	8
Care Home Support	4
Covid vaccination service	6

Directly Observed Therapy	commissioned on demand
Inhaler use review	46
Medicines Administration Record Supply	85
Needle Exchange	23
Naloxone	3
Out of hours rota	63
Palliative Care Out of Hours	9
Prison supply service	1
Smoking cessation level 2	123
Smoking Cessation level 3	93
Supervised Consumption	114
Tuberculosis Compliance Support	2
Urgent Medicines Supply	23
Waste Reduction Intervention	107

The Health Board commissions these services via 764 individual service level agreements stipulating provision in line with agreed national or local service specifications. The commissioning arrangements are dependent upon local and overall need and geographical location. For example, the nine pharmacies commissioned for the out of hours palliative care service work with the ABUHB OOH and provide for the entire Gwent region. Smoking cessation is commissioned much more widely to ensure good local access. Given the range and nature of services available, activity information can be provided separately on request.

4.7 Governance

Governance regarding the NHS Terms of Service for community pharmacy is managed through the Contract Monitoring Process identified earlier in this document. Annual reporting of clinical and information governance feed into the monitoring process and issues of suspected non-compliance are managed through the performance related sanctions described in the 2020 regulations.

The community pharmacy team also provide local scrutiny of additional clinical service provision. For the Pharmacy Independent Prescriber service, prescribing trends are monitored to identify potential variance from the service specification. Services where supplies are enabled by Patient Group Directions (PGD) undergo the same scrutiny with a focus on service specifications and PGD requirements.

Potential discrepancies are firstly discussed with pharmacy superintendents for local resolution with continued monitoring evaluating compliance. Sanctions are limited to suspending or removing a service, but as these

impact upon patients' access to NHS care, support and guidance is the usual route to resolution.

Claims for service activity are monitored against commissioning information and account schedules paid by NHS Wales Shared Services Partnership. Monitoring of dispensing is managed as part of medicines management overseen by the wider pharmacy team.

4.7.1 Information Governance

With community pharmacists and technicians having access to the NHS Wales "Choose Pharmacy" platform, related information governance around access is also managed by the community pharmacy team. A formal process is in place utilising the National Intelligent Integrated Audit Solution (NIIAS) to monitor access. In common with the service scrutiny above, reports are sent to superintendent pharmacists for local resolution. The ultimate sanction is removal of access rights. During 2024-25 twenty-eight potential breaches were identified, documented and communicated to superintendent pharmacists for investigation and appropriate action.

4.7.2 DATIX Reporting

Community pharmacies in Wales are obligated to submit reports of patient safety incidents via the Once for Wales Primary Care Wales National Incident Reporting tool, DATIX Cymru. Each submission comes to the Health Board to be closed. Whilst it's important to note that it's the pharmacy that is responsible for investigating and managing incidents, acknowledging receipt and closing the reports is an additional function of the community pharmacy lead with support from a medicines management technician. During 2024-25 four hundred and six incidents were receipted and closed. For context, over sixteen million prescription items and one hundred thousand patient consultations were completed during the same period. Awareness of the contractual need to report is raised through contract monitoring visits. There is no national feedback mechanism for these incidents to allow learning at scale and this may be responsible for the low increase in reporting compared with 2023-24.

4.8 Performance Related Sanctions

The 2020 Pharmaceutical Services Regulations introduced the ability for Health Boards to manage non-compliance with the community pharmacy Terms of Service with a series of remedial and breach notices, the opportunity to withhold monies associated with non-compliance and provided the ultimate sanction of removal from the pharmaceutical list.

To ensure consistent application of the sanctions the Health Board utilises the formal "Procedure for Managing Breaches of the NHS Terms of Service for Community Pharmacy Contractors". Initially the process was used to manage potential breaches of the terms of service relating to pharmacy opening hours. With contract monitoring becoming fully operational post

covid in 2022-23 the process is also used to manage any non-compliance identified during the visits.

Broadly speaking the process has several stages, progressing from local resolution through remedial notices and finally breach notices. The process is managed via a sub group that gathers evidence and presents a recommendation, and a main contractual breach group that formally decides the action to be taken. The community pharmacy development manager compiles, issues and manages the remedial and breach notices. During 2024-25, one hundred and one potential breaches were investigated with four breach notices issued.

The four breach notices were issued to Jhoots Pharmacy across its two branches within the Health Board area. These breaches were due to the pharmacies failing to meet the essential terms of service under the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Ongoing challenges remain regarding opening hours and stock availability and supply. The Health Board is actively liaising with the provider and continuing to apply appropriate sanctions whilst seeking a longer-term resolution.

4.9 Consistency of Action

To ensure that the Health Boards' interests are fully represented when national services and policies are being developed that for community pharmacy the community pharmacy team have roles in a variety of relevant national boards and working groups. They also work closely with equivalents in other Health Boards and liaise with Llais, Welsh Government and Community Pharmacy Wales to ensure monitoring and development arrangements are equitable and proportional for all Health Boards and pharmacy contractors in Wales.

5. Primary and Community Care Academy

Development of the multi-professional workforce remains the priority for the Primary and Community Care Academy (PCCA) in line with the vision of the Primary Care Model for Wales (PCMW).

Established through HEIW and Aneurin Bevan University Health Board funding, the PCCA continues to deliver and develop training and education for a broad range of professionals working in primary and community care to ensure the multi-professional workforce has access to the necessary training and education and associated support to deliver a wider range of services and interventions within these settings.

The PCCA aims to provide positive educational experiences for trainees to allow them to develop skills and confidence to work at the top of their licence and provide excellent healthcare. Courses and programmes delivered by the PCCA are outlined in this section.

5.1 Healthcare Support Worker Programme

Healthcare Support Worker (HCSW) Programme to support primary and community care HCSWs through effective induction and training to allow them to deliver safe, effective healthcare. In 2025, 13 HCSWs have completed the training course with a further 6 from County Hospital beginning the programme in September 2025.

5.2 Nursing Foundation Programmes

The General Practice Nurse (GPN) Programme supports qualified nurses who are new to primary care. This comprehensive programme of training events is delivered in collaboration with Swansea University over 9 months. Learners receive a Post Graduate Certificate in Primary Care Practice at the end of the programme. Three cohorts of GPN trainees have completed the programme over recent years; 22 trainees in total, with another cohort of 10 trainees starting the programme in September 2025.

The Journey of Excellence is a preceptorship programme to support newly qualified nurses in community, to enable a smooth transition from a newly registered nurse into a confident practitioner. The JOE programme remains the flagship recruitment programme for community care settings within Aneurin Bevan University Health Board. 2024 -2025 has seen the Academy train 3 cohorts of nurses:

- JOE Cohort 4 – 14 completed training In March 2025
- JOE Cohort 5 – 10 due to complete training in September 2025
- JOE Cohort 6 – 14 starting the programme in September 2025

Commencing in March 2026, the Academy JOE programme will align with the corporate JOE offer for nurses.

5.3 Advanced Practice Training

The PCCA delivered a Managing Same Day Presentations Advanced Practice module via Swansea University to develop the primary care skills of existing Advanced Practitioners. Eight Advanced Practitioners, including ANPs and Pharmacists, completed the training. Work is continuing to deliver further PCCA Advanced Practice Training in 2025 / 2026.

5.4 Pharmacists

The Academy Post registration foundation Pharmacist programme has been remodelled in order to address sustainability needs across Community Pharmacy and GMS. The Academy has recruited 1 pharmacist to the training programme on a 2-year fixed term contract from January 2025. The programme includes rotations between General Practice and Community Pharmacy. A memorandum of understanding and Service Level Agreement has been developed to provide an agreement framework

between the three parties A mentor and a competency handbook is in place to support the learner.

At the end of the programme the pharmacist will achieve 80 level 7 credits, the independent prescribing qualification and the RPS post-registration foundation credential award – this provides assurance that they are working at the required level and enables progression into advanced practice.

5.5 Pharmacy Technicians

The aim of introducing a Pharmacy Technician programme through the academy is to showcase the work that pharmacy technicians can complete within primary care and consequently evidence the more effective use of pharmacist time on more complex clinical tasks. The PCCA has now introduced the Pharmacy Technician Programme, with 1 pharmacy technician currently placed in 19 Hills Practice in Newport. This is a revolutionary new transition pathway for pharmacy technicians new to primary care in Wales and aims to showcase the role within GP Practices. Many GP practices are still unaware of the roles and responsibilities that a pharmacy technician can undertake and therefore pharmacists are still routinely completing some of these roles and therefore this is not a prudent use of their time.

5.6 Clinical Skills Programme

The Clinical Skills Programme offers a range of courses to Healthcare Professionals (HCPs) across primary, community and care home settings to allow them to develop or refresh their clinical skills. This includes ANTT, BLS, Bowel Management, Catheterisation, Wound Care HICC&PICC lines, Recognising the Deteriorating Patient, NEWS and Sepsis.

5.7 Continuing Professional Development (CPD) sessions

A range of CPD sessions including lunchtime learning events covering a range of subjects for HCPs have been delivered again in 2025 and the 2026 programme is currently being developed. These are either pre-planned or in response to requests to address specific training needs. The PCCA has also delivered Protected Learning Time (PLT) events for GMS practices which focussed on Diabetes and Mental Health. Further PLT sessions for 2025 / 2026 are currently being planned around the themes of CKD & Health Pathways and Frailty.

5.8 Internationally Educated Nurse Programme

The Internationally Educated Nurse (IEN) programme is designed to support internationally educated nurses in developing the knowledge, skills, and confidence to work effectively within UK primary and community healthcare settings. 16 Nurses are currently booked on to this Academy training programme

5.9 National (HEIW) Workstreams

The PCCA continues to work with HEIW and the Wider Academies Network in Wales to develop national training programmes. Programmes include Practice Manager Development, Non-Clinical Workforce Development, Advanced Practice Framework Digitisation, Support for Non-Clinical Prescribers, Training Needs Analysis development and Evaluation / Benefits Realisation development.

5.10 Schools and Colleges

Engagement with schools and colleges is essential to promote careers in primary and community care to students who are our potential future workforce. The PCCA has attended a number of engagement events at schools and colleges through the Gwent Schools Programme. These events have been very well received and given PCCA staff an opportunity to explain the range of career opportunities and career pathways in Primary and Community Care.

6. Primary Care & Community Quality and Patient Safety

6.1 Duty of Candour/Duty of Quality

The Duty of Candour (DoC) requirements in relation to health care providers have been in place since 1 April 2023, with the aim of being open and honest with patients receiving care and treatment.

Divisional representation at the national Welsh Risk Pool DoC and learning network with specific responsibility for promoting raising of awareness for independent contractors, sharing tools, templates algorithms and direct support when DoC is triggered.

The Primary Care and Community Quality and Patient Safety (QPS) team continue to review all incidents reported by the Division to establish and support with any cases that could potentially trigger the Duty. The more information included within the initial Datix report and management review sections, the easier it is to establish whether the duty has been triggered. The number of incidents triggering DoC have reduced, as processes for review and validation have been embedded.

For independent contractors, the DoC and decision-making sits with the contractor although the QPS team are available to provide support or guidance. Once the duty has been triggered, initial contact (in person notification) is made with the patient/next of kin by the clinically responsible person. This is followed up with a written notification sent to

patient or next of kin by day 5 (suggested template provided by QPS to ensure all required information to comply with the DoC is captured). The investigation can then commence and the outcome can be shared with the patient/relative if agreed.

Rapid review of incidents by managers is important and the QPS Team currently review all divisional incidents to establish potential cases whilst processes are being embedded.

6.2 Monitoring and assurance

Robust mechanisms are in place for the screening of all incidents and concerns and timely escalation within the Division and to the corporate team where indicated.

Weekly focussed reviews are undertaken of all DATIX reports and liaison with clinical teams as appropriate.

There is continued engagement with GPs via the Local Medical Committee to further explore the implementation of the All-Wales strategic review, awareness raising, promotion of primary care drop-in clinics and additional training and support for practice staff.

The Health Board is engaging the with national Welsh Risk Pool DoC and learning network to develop a State of the Nation self-assessment to demonstrate to Welsh Government its maturity and progress made for implementation. The Division has contributed case studies to inform the All-Wales DoC casebook to share and promulgate learning identified.

Independent contractors are required to complete an annual submission confirming all incidents which triggered DoC during the year, the Health Board then submits a report to Welsh Government identifying the themes in relation to DoC triggers across primary care. The Welsh Government report for 2024/25 is due to be submitted in November 2025 and the data is currently being collated to inform this report.

7. Conclusion

This Primary Care Annual Quality Report for 2024/25 from the Primary Care, Community Services, Complex and Long Term Care Division has outlined the robust mechanisms in place for monitoring contract delivery across all independent contractors and goes some way to demonstrate the depth and breadth of work involved in relation to contractual review, enhanced monitoring, Post-Payment Verification processes, and engagement with Health Inspectorate Wales.

Also included is an overview of the Primary and Community Care Academy education programmes supporting the ongoing sustainability of services and a brief review of the Duty of Candour reporting requirements through the Quality and Patient Safety team.

Appendices

Appendix A – GDS Contract Reform Variation Offer



2024-25 - Variation
offer - letter to prac

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Annual Programme of Business for 2026-27

Finance and Performance Committee

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

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

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

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

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

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

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

<ul style="list-style-type: none"> • Annual Review of Committee Terms of Reference 2026/27 • Annual Review of Committee Effectiveness 2026/27 • Outcome of Annual Review of Committee Effectiveness 2026/27 								
Performance Management								
Annual Review of Performance Management Framework	DoSP&P	AN						✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN						✓
Performance Management and Escalation Update.	DoSP&P	SI	✓	✓	✓	✓	✓	✓
AB Escalation Framework	DoSP&P	AN					✓	
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 Revenue Budget Allocation letter	DoF&P	AN						✓

Value and Sustainability Assurance Reporting	DoF&P	SI	✓	✓	✓	✓	✓	✓
Efficiency Opportunities and Update Report	DoF&P	SI	✓	✓	✓	✓	✓	✓
Commissioning Update Report to include: <ul style="list-style-type: none"> • Primary Care • CHC • Intra NHS Agreements • SLAs 	DoF&P	AN						✓
Service Activity and Performance								
Outpatient Transformation Programme Update	DoSP&P	AN				✓		
Stroke Improvement Plan Update Report	DoT&HS	AN	✓					
Theatres Efficiency	DoSP&P	AN			✓			
Information Management								
Information Governance Report, including SIRO Update	DoD	SI	✓	✓	✓	✓	✓	✓
Freedom of Information Act Report	DoCG	AN						✓
Digital and IM&T								
Assurance reports from the Digital, Data and Technology	DoD	SI	✓	✓	✓	✓	✓	✓

Group, including an update on the Delivery of Digital Programmes								
Capital, Estates and Facilities								
Estates Compliance including compliance with Health Technical Memorandums	COO	AN						✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	1/2 yearly

Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance and Performance Committee – Review of Committee Forward Work Plan 2025/26
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 2024/25 and to enable the Committee to: -

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

Cefndir / Background

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

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

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

Additional items to the Forward Work Programme:

- There have been no additions to the Forward Work Programme during this reporting period.

Changes to the Forward Work Programme:

The item, *Annual Review of Performance Management Framework*, which was scheduled for February 2026 has been moved to June 2027 to enable more time for the refresh to be completed and for the changes to be embedded.

These changes have been reflected on the updated Forward Work Programme.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business are a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives 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 2025-26

Finance and Performance Committee

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

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			8 th April 2025	17 th June 2025	31 st July 2025	29 th Sept 2025	15 th Dec 2025	23 rd Feb 2026
Preliminary Matters								
Attendance and Apologies	Chair	SI	✓	✓	✓	✓	✓	✓
Declarations of Interest	All	SI	✓	✓	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓	✓	✓
Committee Governance								
Development of Committee Annual Programme of Business 2025/26	DoCG	AN	✓					
Review of Committee Programme of Business 2025/26	DoCG	SI	✓	✓	✓	✓	✓	✓
Committee Risk Report	DoCG	SI	✓	✓	✓	✓	✓	✓
Annual Review of Committee Terms of Reference	DoCG	AN	✓					

Corporate Information Report	DoCG	AN	✓					
Annual Review of Committee Effectiveness 2025/26	DoCG	AN	✓				✓	✓
Outcome of annual Review of Committee Effectiveness 2025/26	DoCG	AN						✓
Committee Annual Report 2025/26	DoCG	AN						✓
Performance Management								
Annual Review of Performance Management Framework	DoSP&P	AN						✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN						✓
Performance Management and Escalation Update.	DoSP&P	SI	✓	✓	✓	✓	✓	✓
AB Escalation Framework	DoSP&P	AN					✓	
Integrated Performance Report, including performance against Ministerial Priorities	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Reporting on Benefits Realisation Projects	DoF&P/DoSP&P							✓
Ophthalmology Business Care Progress	COO	Ad hoc						✓
Financial Performance								
Monthly Finance Report and Monitoring Returns	DoF&P	SI	✓	✓	✓	✓	✓	✓
Financial Outlook for Future Financial Year, including	DoF&P	AN						✓

Revenue Budget Allocation letter								
Value and Sustainability Assurance Reporting	DoF&P	SI	✓	✓	✓	✓	✓	✓
Efficiency Opportunities and Update Report	DoF&P	SI	✓	✓	✓	✓	✓	✓
Commissioning Update Report to include: <ul style="list-style-type: none"> • Primary Care • CHC • Intra NHS Agreements • SLAs 	DoF&P	AN						✓
Audit Wales Eye Care report							✓	
Service Activity and Performance								
Outpatient Transformation Programme Update	DoSP&P					✓		
Stroke Improvement Plan Update Report	DoT&HS		✓					
Theatres Efficiency	DoSP&P				✓			
Information Management								
Information Governance Report, including SIRO Update	DoD	SI	✓			✓		✓
Freedom of Information Act Report	DoCG	AN						✓

Digital and IM&T								
Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes	DoD	SI	✓	✓	✓	✓	✓	✓
Capital, Estates and Facilities								
Estates Compliance including compliance with Health Technical Memorandums	COO	AN						✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Er Sicrwydd/For Assurance

The purpose of this report is to provide the Finance and Performance Committee (the Committee) with a comprehensive overview of the strategic risks delegated to it by the Board.

This includes the current status of each risk, the mitigating actions in place, and the associated assurance mechanisms designed to monitor and manage these risks effectively.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation & Cefndir / Background

This report provides the Committee with an updated assessment of the strategic risks delegated to it, reflecting the position reported to the Board in January 2026.

The Health Board continues to operate in a materially constrained financial and operational environment. As reported to the January Board, the organisation is projecting a significant year-end deficit position and remains challenged in achieving recurrent financial balance. While strengthened financial governance and cost control measures are in place, the recurrent gap between expenditure and available resource allocation remains substantial.

Operational performance remains mixed. Incremental improvements are evident in some planned care and diagnostic recovery trajectories; however, sustained



compliance with several Welsh Government performance standards has not yet been achieved. Pressures within urgent and emergency care flow, long-wait reduction metrics, workforce capacity, and sickness absence continue to impact performance delivery.

The overall strategic risk profile remains heightened. Of the six sub-risks within the Committee’s remit, two exceed the agreed risk appetite:

- **SRR 001G** – Financial Sustainability (Score 20 – Extreme) – Outside appetite
- **SRR 001I** – Performance Improvement (Score 12 – High) – Outside appetite

Digital and decarbonisation risks remain within appetite but require continued oversight.

Asesiad / Assessment

The Committee’s current risk portfolio, summarised in Table 1, comprises three high-level strategic risks and six related sub-risks. Further detail is provided in Appendix A, which includes the Strategic Risk Dashboard and the individual risk assessments.

Table 1

Risk Details	High-Level Risk Description	Sub-Risk	Risk Level L x I	Within Appetite
<p>SRR 001G</p> <p>Director of Finance & Procurement</p> <p>Theme</p> <p>Financial Sustainability</p> <p>Appetite</p> <p>Cautious</p> <p>Score 13 and below</p>	<p>There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.</p>	<p>g) Due to the failure to deliver a sustainable financial position and longer-term financial plan</p>	<p>5 x 4 = 20</p> <p>Extreme</p>	<p>N</p>
<p>SRR 001I</p> <p>Director of Strategy, Planning & Partnerships</p> <p>Theme</p> <p>Compliance & safety</p> <p>Appetite</p> <p>Minimal</p> <p>Score 8 and below</p>		<p>i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.</p>	<p>3 x 4 = 12</p> <p>High</p>	



SRR 006 A – C Director of Digital Theme Service Delivery Appetite Open Score 17 and below	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	a) Due to the full or partial failure of existing digital infrastructure and systems.	3 x 4 = 12 High	Y
		b) Due to an adverse impact on service delivery in the implementation of new digital systems.	4 x 4 = 16 Extreme	Y
		c) Due to a failure to develop digital solutions that are sustainable and fit for the future	3 x 4 = 12 High	Y
SRR 011 Director of Finance & Procurement Theme Service Delivery Appetite Open Score 17 and below	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030.)	The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected.	5 x 3 = 15 Extreme	Y

Risks Outside of Appetite

SRR 001G – Financial Sustainability

The January Board update confirmed a substantial in-year deficit, with savings delivery below the level required to offset structural cost pressures. The organisation continues to rely on non-recurrent measures to manage the in-year position, while workforce pay inflation, agency expenditure, and other demand-driven pressures remain key cost drivers.

Financial flexibility is extremely limited, with minimal headroom to absorb further operational volatility. Despite strengthened mitigating actions, including enhanced oversight through the Value and Sustainability Board, tighter vacancy controls, improvements in procurement optimisation, and more robust medium-term modelling, **SRR 001G** remains outside appetite due to the scale and structural nature of these pressures.

SRR 001I – Performance Improvement

Performance challenges persist across several domains. Urgent and emergency care pressures continue to impact patient flow, with subsequent impacts on long waits and diagnostic capacity. Workforce constraints, including high sickness absence



levels of around 6–7% and recruitment and retention challenges, remain significant contributory factors.

Although recovery plans are in place and some trajectories show improvement, variability across services and continued demand growth mean that performance remains fragile. Enhanced oversight through the Performance Management Framework, strengthened accountability across divisions, and targeted elective and diagnostic recovery actions are helping to stabilise performance, but these measures have not yet resulted in sustained compliance with national standards. As a result, **SRR 001I** remains outside appetite.

Other Delegated Risks

Digital Infrastructure (SRR 006 A–C)

Risks relating to digital infrastructure resilience, system implementation, and future sustainability remain within appetite. However, given the scale of digital transformation and the importance of stable infrastructure to clinical services, continued monitoring is essential to ensure early escalation of any emerging concerns.

Carbon Reduction Target (SRR 011)

The existing framing of SRR 011 focuses primarily on the delivery of decarbonisation targets within estate and operational functions. While achievement of carbon reduction targets remains an important element of the Health Board's Green Health agenda, the current articulation is narrower than the broader climate-related strategic risk exposure facing the organisation. Further development work is required to ensure that this risk fully reflects the scale and breadth of the strategic climate agenda, rather than focusing solely on compliance with carbon reduction targets.

The Health Board faces increasing exposure to the impacts of climate change. This includes heightened demand on healthcare services during periods of extreme heat, service disruption and estate vulnerability during storms and flooding, and excess winter pressures during prolonged cold spells. Infrastructure fragility, including risks to digital systems, utilities, and supply chains, presents additional exposure, while vulnerable patient cohorts face increased clinical risk during extreme weather events. These factors collectively create demand volatility and operational instability that extend beyond estate decarbonisation considerations.

Such pressures have system-wide implications for service continuity, operational resilience, workforce safety and capacity, estate and infrastructure resilience, emergency preparedness and business continuity planning, and regulatory and reputational assurance. There are also direct financial implications arising from reactive expenditure and unplanned demand surges. In this context, the current framing of SRR 011 may not fully capture the strategic and cross-cutting nature of climate-related risk exposure.

Welsh Government and Audit Wales guidance increasingly expects NHS organisations to articulate climate risk in a broader strategic form, encompassing



both mitigation (decarbonisation) and adaptation (system resilience) dimensions. In recognition of the preceding information, further discussion with the Director of Finance and Procurement and individuals with specialist knowledge of the green health agenda is required to develop the risk assessment and determine whether risk stratification between the Strategic Risk Register and the Corporate Risk Register is appropriate.

Until this review is completed, SRR 011 remains within appetite. However, the Committee should note that its current framing may not yet fully reflect the scale and systemic nature of climate-related strategic exposure facing the Health Board.

Argymhelliad / Recommendation

The Committee is requested to:

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

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

Gwybodaeth Ychwanegol:
Further Information:



Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Contained within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Board and respective Committees of the Board have considered risks contained within the Strategic Risk Register

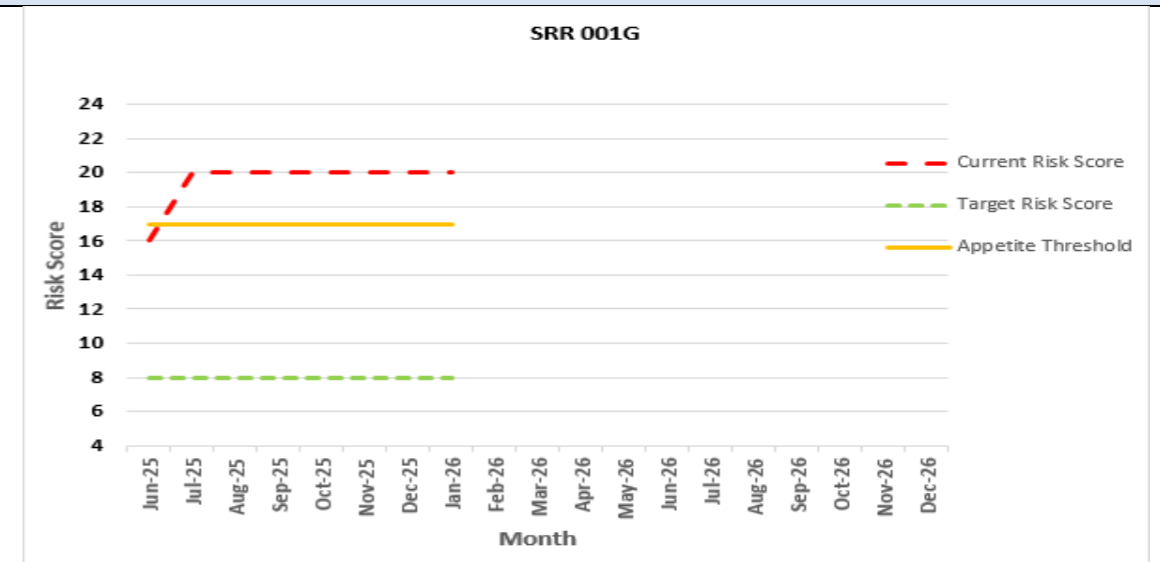
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or 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/	Choose an item. Choose an item. N/A



Risk ID and Description				IMTP Link	Risk Score												
					2	3	4	5	6	8	9	10	12	15	16	20	25
SRR 001	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	Finance						X			◇			●	
	Director of Strategy, Planning and Partnerships.		l) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	Performance Expectations & Workforce & Culture						X ◇			●				
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems	Digital, Data & Technology						X					● ◇		
			b) Due to an adverse impact on service delivery in the implementation of new digital systems						X			●		◇			
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future						X			●		◇			
SRR 011	Director of Finance and Procurement	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030).	a) The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected	Green Health								X	●	◇			

Key	Current Score	●
	Target Score	×
	Appetite Threshold	◇

RISK THEME	FINANCIAL SUSTAINABILITY			
LINK TO IMTP	SECTION 4: ENABLER - FINANCE			
Strategic - SRR 001 G	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status Public
Threat <i>(As a result of)</i>	Due to the failure to deliver a sustainable financial position and longer-term financial plan.			Risk Appetite Level – CAUTIOUS Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls
Impact <i>(Consequences of the threat)</i>	<p>Organisation</p> <ul style="list-style-type: none"> Breach of statutory duty to breakeven over 3 years. Instigation of NHS Wales Escalation & Intervention Arrangements. Non-delivery of Health Board priorities, required improvements, and achieving longer-term sustainability. Prioritisation and possible disinvestment in service delivery. Reputational damage and loss of public confidence. 			<p>Risk Appetite Threshold – Score 13 and Below</p> <p>Risks relating to all aspects of the Health Board’s financial performance and its ability to manage cost and efficiencies.</p> <p>SUMMARY</p> <p>The current risk level is OUTSIDE of target and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x
Initial Date of Assessment	June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	February 2026	Risk rating	= 20 (Extreme)	= 8 (Moderate)
Next Review <i>(Monthly based on risk score)</i>	March 2026			



<p align="center">Current Key Controls</p> <p><i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i></p>	<p align="center">Plans to Improve Control</p> <p>What further controls are required to reduce the risk exposure to within a tolerable range? <i>(Short, Medium, and Long-Term Plans need to be included)</i></p>
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<ul style="list-style-type: none"> • IMTP 25/26-27/28 • IMTP Delivery Framework • Sustainability Route Map revision • Accountability Framework • Performance Framework • 3-year route map to sustainable recovery developed and approved by Board July 24. • Scheme of Delegation • Standing Financial Instructions (SFIs) • Standing Orders (SOs) • Final budget delegation • Financial Control Procedure (FCP) Budgetary control • Financial Budget Intelligence (FBI) • Appropriately trained Finance Team (capacity & capability) • Budget holder training & other business training tools • Cost intervention procedures • 25/26 savings plans & opportunities. • Health Board financial escalation processes. • Health Board Pre-Investment Panel (PIP) process. • Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. • Executive groups and structures established to deliver statutory duties. • Assessment of financial control environment within divisions and corporate teams. • Financial Escalation Meetings • Regular organisational Recovery plan meetings and briefings • Value & Sustainability Board established. • Revised accountability arrangements part of Executive governance. • Budget holder financial recovery deep dive meetings, • Enhanced forecasting and planning processes 	<ul style="list-style-type: none"> • Revised V&SB approach for 2025/26 to help drive financial recovery, separating thematic and divisional scrutiny. • Service Redesign disaggregated as a V&SB theme • Review of programme structures to match V&SB thematic areas • Updated Route Map development • Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&B structure.
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> • Adherence to SO/SFI/FCPs • Regular AFD meetings to discuss position and performance. • Day 5 comprehensive financial performance review – DoF led. • Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance 	None	<ul style="list-style-type: none"> • Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. • Development of detailed 3-year recovery plan.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. • Performance escalation meetings established. • Financial assessment and review report to the Board and Finance & Performance Committee 	<ul style="list-style-type: none"> • Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. • Board Briefing sessions on the financial position. 	None
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
		<ul style="list-style-type: none"> • 2025/26 – 27/28 IMTP plans focussed on ‘living within’ budget levels. • 2025/26 savings plan to be delivered. • Detailed delivery plans will be a constant development over next 3 years.

Internal Audit <ul style="list-style-type: none"> Annual Report 2024/25 Financial Sustainability – Reasonable Assurance Sept 2025 2025/26 - Audit Reviews External Audit Reports <ul style="list-style-type: none"> 2024 -25 – Annual Report 2025/26 - Audit Reviews 	Welsh Government <ul style="list-style-type: none"> Financial assessment and review reports to Welsh Government – monthly Enhanced monitoring T.I. meetings with Welsh Government monthly IMTP plan to WG end of March 2025 	<ul style="list-style-type: none"> Recommendations from audits 	<ul style="list-style-type: none"> Implement management actions to complete the recommendations from audit reports
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Assurance Rating (Overall Assessment of controls and assurances) [Guidance](#)

Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE
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RISK THEME	COMPLIANCE AND SAFETY			
LINK TO IMTP	SECTION 2: DRIVERS – PERFORMANCE EXPECTATIONS		SECTION 4: ENABLERS – WORKFORCE & CULTURE	
Strategic Risk SRR 001 I	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, sustainable services that meet the needs of the population.			Publication Status Public
Threat <i>(As a result of)</i>	Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.
Impact <i>(Consequences of the threat)</i>	Patient <ul style="list-style-type: none"> Unintended Patient Harm. Negative Public/Patient Experience. 	Staff <ul style="list-style-type: none"> Reduced Staff Morale leading to potential absence from work. 	Organisation <ul style="list-style-type: none"> Loss of patient/public trust and confidence. Scrutiny from external organisations. Adverse publicity. Punitive Actions. Financial implications. 	Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. SUMMARY The current risk level is OUTSIDE of target and the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level
Monitoring Committee	Finance and Performance Committee.	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	19 April 2024.	Impact	4 (Major)	4 (Major)
Last Reviewed	December 2026	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review <i>(Quarterly based on risk score)</i>	March 2026			

SRR 001 I

Risk Score

Month

Legend: Current Risk Score (red dashed), Target Risk Score (green dashed), Appetite Threshold (yellow solid)

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range?</i> <i>(Short, Medium, and Long-Term Plans need to be included)</i>
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<ul style="list-style-type: none"> Performance Management and Assurance Framework Executive Accountability letters Divisional Directors Accountability letters Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions in place Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reviewed post End of Year and proposed adjustments awaiting sign off Reporting through to Finance and Performance Committee via Executives Specific areas of focus are discussed at Value and Sustainability Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. External scrutiny via Welsh Government and NHS Executive Capacity to run the performance framework and reporting requirements has been strengthened with the appointment of the Head of Systems Planning and Performance and analytical team who will fully be in place by January 2025 alongside the Business Partnering Support 	<ul style="list-style-type: none"> 6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required. Appropriate Business Partnering Support and analytical support Realign capacity and/or redefine roles to provide explicit support
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> DMTs in place for all Divisions Divisional oversight arrangements – monthly/fortnightly meetings Divisional plans in place and focussed agendas Cross Divisional meeting monthly – progress the wider system way of working. 	<ul style="list-style-type: none"> System Leadership Team for awareness and updates 12-month Performance Management Framework review in the Autumn 	<ul style="list-style-type: none"> Outcome if the review will determine if further action is required 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Established reporting to the Executive Committee Established reporting to the Finance and Performance and Patient, Quality and Safety Committee Established reporting to the Board Routine reporting through the IQPD process 	None	N/A	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Internal Audit 2024/25 Plan Directorate Review - Mental Health and Learning Disabilities (Q2) Divisional Governance Arrangements (Q2) HIW Inspections Llais for feedback 	<ul style="list-style-type: none"> Internal Audit 2024/25 Plan Findings and recommendations from the Divisional Governance Arrangements (Q2) Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2) 	<ul style="list-style-type: none"> Implementation of the management responses set out in the final Internal Audit Reports 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk SRR 006 A	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Threat (As a result of)	Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	Patient	Staff	Organisation		
	<ul style="list-style-type: none"> Unintended harm or Injury to Patients. 	<ul style="list-style-type: none"> Unintended harm or injury to staff 	<ul style="list-style-type: none"> Data Breaches Litigation and Financial Penalties. Reputational damage and loss of public confidence. 		
Risk Appetite Threshold – Score 17 and Below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.					
SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.					
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	January 2026	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	April 2026				

<p align="center">Current Key Controls</p> <p><i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i></p>	<p align="center">Plans to Improve Control</p> <p>What further controls are required to reduce the risk exposure to within a tolerable range? <i>(Short, Medium, and Long-Term Plans need to be included)</i></p>
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<ul style="list-style-type: none"> Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jun 2025. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed regularly. Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. Information Governance and Cyber Security governance and assurance processes reviewed and implemented. Governance group terms of reference agreed. Meetings started in November 2023. Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff Scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report. Working with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber, and the Teams review compliance levels against policy. Results are captured within the monthly Cyber Report and presented at monthly Service Delivery Management Group. Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. Battle tested ABUHB cyber incident response, communication cascade and reporting to Cyber Resilience Unit. Working with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. Risk impact reduced as recent loss of power at key sites, incorporating our data Centre allowed to failover in a seamless fashion from one DC to the other with no service impact. Microsoft Defender provides inspection and protection from malicious links embedded within emails using telemetry from the whole NHS Wales tenant. Microsoft Sentinel security event and incident management tool in use to analyse systems and provide alerts. At least monthly simulated phishing emails to check email security awareness among staff. Scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber to run quarterly exercises. 	<ul style="list-style-type: none"> Cyber Resilience Audit (CRU) undertaken in June 2025 showed an overall improvement. Some key recommendations such as incident management testing have been actioned, with others progressed and monitored via regular meetings with CRU and reported to Information Governance Group. Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation, aligning with NIS CAF controls, and CIS (Centre for internet security) benchmarks. Internal Audit review on Shadow IT scheduled for 2026. Daily firewall reports on suspicious traffic, internet usage. Stats and trends reported monthly to the Service Delivery Management Group (SDMG) Improvements to Vulnerability Management Service (VMS) to identify vulnerable 3rd party applications Internet of Things reporting to show device security posture now being developed as new firewalls are being deployed. Ingest NHS England Security Operations Centre (SOC) Indicators of compromise (IOC) feed into the Health Boards security tooling to provide additional early warnings. Improvements in mandatory training compliance for Information Governance and Cyber Security. Monthly Phishing simulations have identified colleague susceptibility and additional training requirements - re-procurement of a phishing and education awareness tool in 2026 to support this Health Board involvement in national cyber response exercise in September 2025. Incident management; <ul style="list-style-type: none"> 2x members of Cyber security now CIPR (Cyber Incident Panning & response) accredited Cyber attend regular NHS England hosted Immersive labs tabletop exercises. 2x tabletop exercises for technical teams conducted in 2025 by Tarian (SW Police Cyber unit) Quarterly inhouse scenario-based tabletop exercises hosted by Cyber for technical teams and wider responders.
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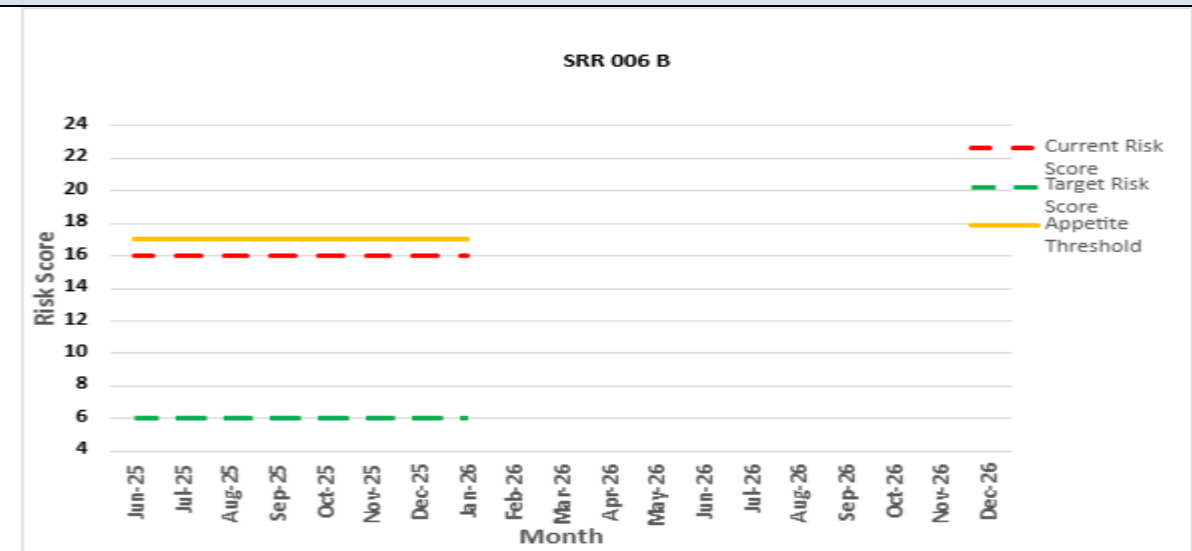
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Single directorate risk registers now in place. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Regular reporting on progress to the Finance & Performance Committee on the cyber security action plan. Annual Senior Information Risk Owner report. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		

<ul style="list-style-type: none"> Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting Internal Audit 2024/25 and backup systems. Oversight from NHS Wales Cyber Resilience Unit. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
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Assurance Rating (Overall Assessment of controls and assurances) [Guidance](#)

Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE
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RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk SRR 006 B	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Threat (As a result of)	Due to an adverse impact on service delivery in the implementation of new digital systems.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	Patient <ul style="list-style-type: none"> Unintended harm or Injury to Patients. Adverse impacts on delivery of care to patients across acute and non-acute settings. 	Staff <ul style="list-style-type: none"> Unintended harm or injury to staff 	Organisation <ul style="list-style-type: none"> Data Breaches Litigation and Financial Penalties. Reputational damage and loss of public confidence. 	Risk Appetite Threshold – Score 17 and Below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	4 (Major) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	February 2026	Risk rating	= 16 (Extreme)	= 6 (Moderate)	
Next Review (Monthly based on risk score)	March 2026				

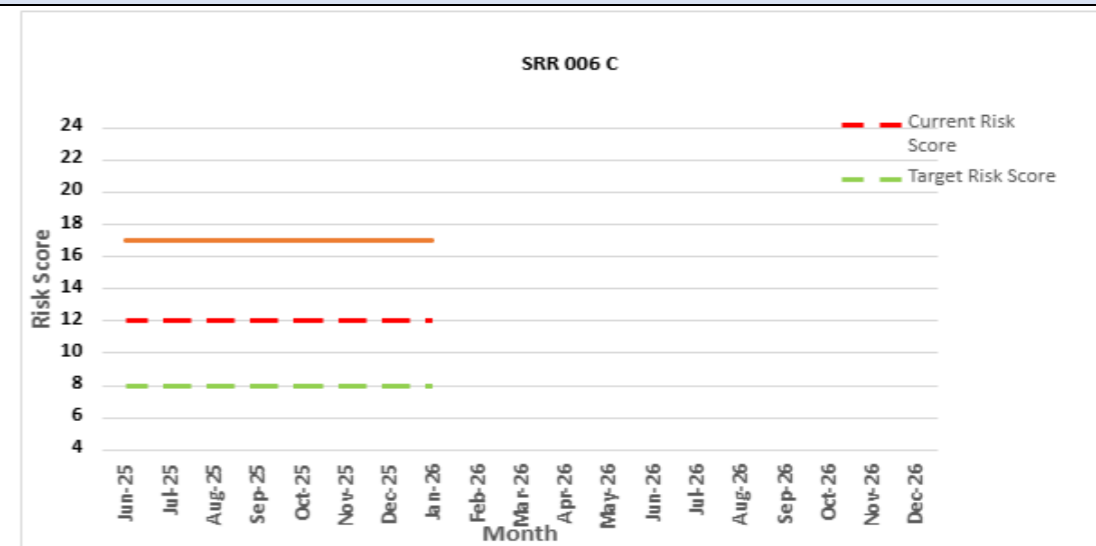


Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
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<ul style="list-style-type: none"> • Adoption of formal project management methodologies to ensure project plans are developed in conjunction with services. • Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated. • Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages. • Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services. • Business change team in place to support services in improvement of clinical and administrative processes. • Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery. • Projects support backfilling of clinical time where required. • Assurance activities included in project framework including clinical safety, information governance, health records and cyber security. • An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects. • Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements. • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation. • Aggregated view of digital Lessons Learned available, and lessons are reviewed during project initiation for best chance of success. • Formal divisional engagement meetings in place monthly to discuss new programmes of work and provide update on critical programmes/projects • A Digital Prioritisation and Optimisation Meeting (DPOM) introduced monthly to review capacity and priorities to support decision making and early escalation if required. 	<ul style="list-style-type: none"> • Additional governance being put in place with the Digital, Data and Technology Group which will report to the Finance & Performance Committee - Terms of reference developed. • Digital benefits Board development session held in 2025. • Digital transformation development programme to be provided to the Board in January 2026. • Welsh Government strengthening national governance with the introduction of a DDaT Leadership Board and supporting groups. • Regular reporting now in place to Chief Executive Management Team and Welsh Government DDAT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP. • Local project tolerance levels changed to zero for both RISP and LIMS to ensure immediate escalation processes are enacted for risks or issues impacting delivery / timelines. • Strengthen governance with Divisional Engagement Meetings to increase transparency of digital portfolio and align priorities.
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> ○ Project Boards meet monthly and report into the bi-monthly Digital Portfolio Progress Group (DPPG) ○ Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. ○ Risk management approach and escalation processes in place in line with the Health Board's Risk Framework 	<ul style="list-style-type: none"> • Escalation of risks and issues done on an Ad hoc basis to Director of Digital and Executive Committee in the absence of DDaT Sub-committee. 	<ul style="list-style-type: none"> • Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee • Welsh Government implementing stronger national governance for national projects and programmes 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> • Regular Reporting to the Finance & Performance Committee 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Not Applicable 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit 2023/24 <ul style="list-style-type: none"> • Benefits Management review – Outcome Substantial Assurance • Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance 	Internal Audit 2024/25 <ul style="list-style-type: none"> • Implementation of the Welsh Intensive Care System – future of programme to be decided 	<ul style="list-style-type: none"> • Recommendations identified through audit work 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY			
Strategic Risk SRR 006 C	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status Public
Threat (As a result of)	Due to failure to develop digital solutions that are sustainable and for the future.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<p>Patient</p> <ul style="list-style-type: none"> Unintended harm or injury to patients. Adverse impacts on delivery of care to patients across acute and non-acute settings 	<p>Staff</p> <ul style="list-style-type: none"> Unintended harm or injury to staff. 	<p>Organisation</p> <ul style="list-style-type: none"> Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 	<p>Risk Appetite Threshold – Score 17 and Below</p> <p>Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.</p> <p>SUMMARY</p> <p>The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	January 2026	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review (Quarterly based on risk score)	April 2025			



<p align="center">Current Key Controls</p> <p><i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i></p>	<p align="center">Plans to Improve Control</p> <p>What further controls are required to reduce the risk exposure to within a tolerable range? <i>(Short, Medium, and Long-Term Plans need to be included)</i></p>
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<ul style="list-style-type: none"> ○ New Digital Service Request process in place which provides governance in several key areas: ○ Automation of request process via 'Seren' the ICT Portal ○ Information Governance – ensuring new services have appropriate controls to keep patient information safe. ○ Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. ○ Patient Safety – ensuring services do not introduce any patient safety risks. ○ Records – ensuring new systems comply with the requirements of records management. ○ Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require. ○ Business change function which ensures implemented systems are effective and deliver the benefits required. ○ Formal framework in place for the adoption of new digital services and best practice guidance followed. ○ Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process ○ New Digital Request processes include fortnightly senior leadership scrutiny of requests, ○ New prioritisation framework & tool Monthly/quarterly Operational delivery aligned to ITIL standards ○ Annual operational plan completed and aligned with IMTP ○ Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities for Urgent Care, MH & LD, CSS, Division of Surgery & PCCS in place ○ Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints. 	<ul style="list-style-type: none"> ● Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities to be arranged for Division of Medicine, ● Portfolio optimisation to ensure the resources of the service are aligned to key priorities ● New Digital Request quarterly reporting to DDAT Group ● New governance structures to be put in place further to directorate restructuring ● Development of product management approach to delivery of core software applications and extending use of agile processes to ICT ● Development of digital strategies including Digital Transformation Strategy linked to ABUHB 2035 – the new Health Board 10 year strategy and associated component strategies and plans including Electronic Health & Care Record and Infrastructure strategy.
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> ● Quarterly reporting to DDAT Group 	<ul style="list-style-type: none"> ● If the NDSR process delivers anticipated improvements ● The outcome of the EDRMS audit 	<ul style="list-style-type: none"> ● Monitor the performance of the NDSR process ● Audit into the effectiveness and appropriateness of the electronic document and records management solution (EDRMS) in use for the management of digital health records and the provision of scanning services. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> ● Regular Reporting to the Finance & Performance Committee 	<ul style="list-style-type: none"> ● None 	<ul style="list-style-type: none"> ● Not Applicable 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> ● LINC Programme– Outcome Reasonable assurance ● Network Infrastructure (VPN) - Outcome Reasonable assurance <p>Internal Audit 2024/25</p> <ul style="list-style-type: none"> ● Electronic document and records management solution - planned for Q4 	<ul style="list-style-type: none"> ● Recommendations identified through audit work 	<ul style="list-style-type: none"> ● Regular Reporting to the Finance & Performance Committee 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – GREEN HEALTH				
Strategic Risk SRR 011	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030) <i>This is common to all Health Bodies across the country.</i>			Publication Status	Public
Threat <i>(As a result of)</i>	Due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected. <i>(The effect of a failure to meet this target is on the wider environment.)</i>			Risk Appetite Level – OPEN: Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure	
Impact <i>(Consequences of the threat)</i>	<p style="text-align: center;">Organisation</p> <ul style="list-style-type: none"> Failure to meet the target set on Welsh Health bodies for reducing carbon output Non-delivery of health board priority in this regard, required improvements, and achieving longer-term sustainability for the Health Board and nationally. Reputational damage and loss of public confidence. Opportunity cost of reduced energy costs 			<p>Risk Appetite Threshold – SCORE 17 AND BELOW.</p> <p>Risk driven by the likelihood of the HB missing this target with some cause for optimism regarding making some progress towards reducing carbon emissions in some areas such as ReFit and changes in clinical practice. The impact locally is relatively small.</p> <p>SUMMARY</p> <p>The current risk level is OUTSIDE of target level and WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level	<p style="text-align: center;">SRR 011</p> <p>Risk Score</p> <p>Month</p> <p>Legend: --- Current Risk Score --- Target Risk Score --- Appetite Threshold</p>
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	5 (Almost Certain) x	4 (Likely) x	
Initial Date of Assessment	30 October 2024	Impact	3 (Moderate)	3 (Moderate)	
Last Reviewed	01 December 2025	Risk rating	= 15 (Extreme)	= 12 (Moderate)	
Next Review <i>(Monthly based on risk score)</i>	01 January 2025				

<p>Current Key Controls</p> <p><i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i></p>	<p>Plans to Improve Control</p> <p><i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i></p>
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<ul style="list-style-type: none"> Quarterly review of projects and workstreams at the Decarbonisation Programme Board The project structure has 5 key workstreams each with a Health Board Lead covering clinical, communications, resources, waste and facilities and estates Regular reporting of financial data available Significant work already with the ReFit programme and Investment Grade Proposal (IGP) which aims to secure funding for projects of £7.4m, to reduce carbon emissions by 995 tonnes Co2 with a 10-year payback on investment. Refreshed Decarbonisation Action Plans for 2024-25. The DAPs are integrated with other sustainability plans and were approved at the Decarbonisation Project Board in July 24. Annual net zero return submitted to Welsh Government Regular reporting of success stories in this area communicated across the Health Board (e.g., "Gloves R off") Decarbonisation Action Plans reported annually Executive lead and publicised on the green health website SUS Qi training Met office training Carbon literacy training HEIW 4 modules on carbon reduction and net zero ESR Spread & Scale academy training sessions 	<ul style="list-style-type: none"> Project structure regularly reviewed should action be needed. Controls will be implemented further as part of the ReFit programme when it progresses following approval of the Investment Grade Proposal.
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Regular meetings of the subgroups to discuss position, monitor and new ideas Bi-annual ISO14001 audit to be undertaken in October 2024. Estates operational meetings	<ul style="list-style-type: none"> Detailed level metrics and measures are limited due to data capture equipment. 	<ul style="list-style-type: none"> All opportunities for funding will be optimised Training opportunities will be maximised. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Six monthly updates to the Board Executive Committee (Clinical Futures Board) updates – Quarterly Six monthly updates to the Finance & Performance Committee Decarbonisation Programme Board – Quarterly reporting	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> The annual reporting to Welsh Government via the net zero return is the main source of information for carbon output by the Health Board. However, it provides a relatively simplistic picture of output of total tonnes per carbon and so its value is limited. Funding is the greatest limitation on achieving targets. All opportunities for funding will be optimised Training opportunities will be maximised. 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Report in July 24. <ul style="list-style-type: none"> Received “limited assurance” but not because of controls – the issues were largely around funding limitations. External Audit Reports 2023 -24 Periodic reports from Audit Wales – considered by the Audit and Risk Assurance committee	<ul style="list-style-type: none"> Funding for a comprehensive ABUHB decarbonisation strategy is not available. 	<ul style="list-style-type: none"> As above - REFIT invest to Save capital opportunities being progressed. 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	NEGATIVE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance & Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value & Sustainability Board Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Commins – AFD ‘Out of Hospital’ Greg Bowen – AFD ‘Hospital and Corporates’

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

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

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

As at month 09, the year to date savings achieved are £26.8m against the plan of £17.2m, with a full year forecast of £43.5m. The Health Board will continue to identify new schemes and to review performance on existing schemes to maximise the total achievement for the year and will continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

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

The table below illustrates the V&SB category savings performance.

Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	12	£1,686	£978	£-708	£2,563	£1,870	£-693
Medicines Management	50	£3,114	£5,618	£2,504	£4,520	£9,207	£4,687
Procurement & Non-pay	133	£6,479	£12,915	£6,436	£20,587	£20,959	£372
Service redesign	3	£1,160	£1,275	£115	£1,980	£1,643	£-337
Workforce	78	£4,746	£6,020	£1,274	£10,750	£9,811	£-939
Total	276	£17,185	£26,806	£9,621	£40,400	£43,489	£3,089

Cefndir / Background

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

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

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

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

These workstreams consider and progress both national and local opportunities.

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

Asesiad / Assessment

Medicines Management V&S update December 2025

ABUHB V&SB Group Executive lead - Director of Public Health

National Priorities

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

National Value & Sustainability Board

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

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

ABUHB Value & Sustainability Board

AWTTC data has not been updated due to the development of new metrics. Therefore the data below is largely the same as that reported in the previous period.

Positive Progress During Period

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

National Priority 1 – Use of biosimilars

- ABUHB biosimilars uptake is now over 99% (Dec '25 report).
- Ophthalmology – Ranibizumab switch to Rimmyrah now complete.
- Gastroenterology – all patients (125) have now been switched to the biosimilar with prescriptions issued to the homecare provider

National Priority 2 – Use of generics

- Haematology – Pomalidomide generic switch savings forecast of £688k included in 2025/26 financial position

National Priority 4 - DOACs

- Latest data (Sept25) shows an increase in use of Apixaban and Rivaroxaban to 91.86%.

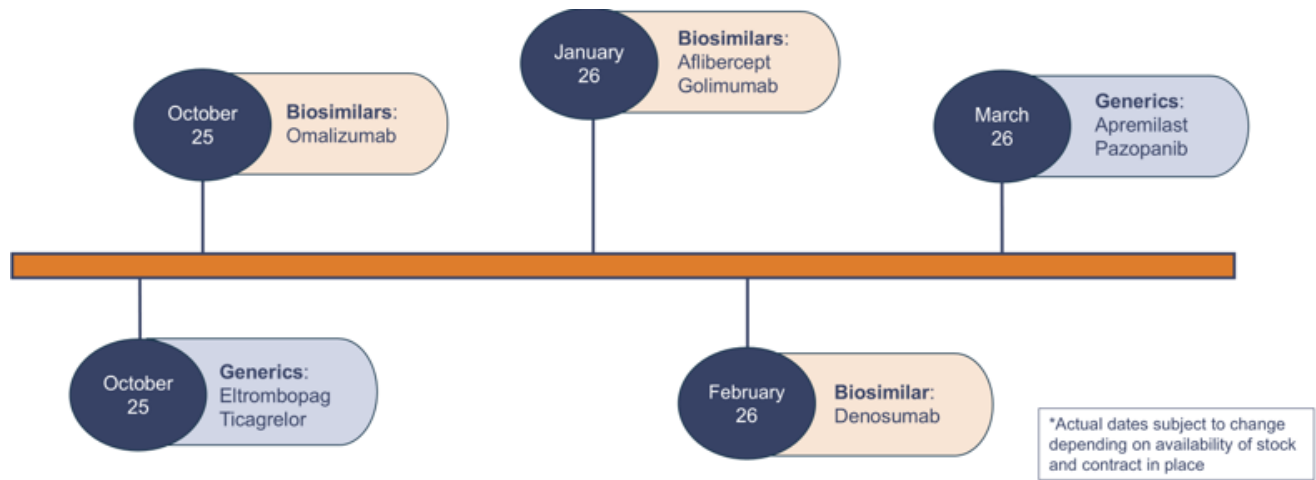
National Priority 5 – Bath/shower emollients

- ABUHB continues to have the lowest spend per 1000 patients for bath and shower emollients and primary care branded prescribing

Next Steps

Continue to progress the 8 National Priority areas.

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



Outlier Practices

Work remains ongoing in relation to the outlier practice pilot at Tredegar Health Centre. A meeting with the practice will be arranged to discuss findings once further data collection has been undertaken. Pharmacist resource has been identified to work with the practice from January. The initial focus will be a review of hypnotic and anxiolytic prescribing.

Formal reporting on the 8 National Priorities is awaited from AWTC.

Challenges

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

Mitigations

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

Medicines Management Programme Board (MMPB) Actions

- Ensure greater Divisional / Clinical representation at MMPB
- Progress Blueteq implementation – SBAR endorsed by V&S B and MMPB. The process of top-slicing Secondary Care Division budgets to fund the resource required to implement Blueteq was agreed.
- Endorse Homecare as preferential route over WP10(HP). This will provide more timely information, have less reliance on Rebate Income, will have less

impact on community pharmacy cashflow and will improve the way patients get their medicines.

- Expand the use of the QlikSense Pharmacy App to Clinical Directors to facilitate their oversight of medicines spend in their areas.

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

Medicines Management Programme Board Thematic Updates

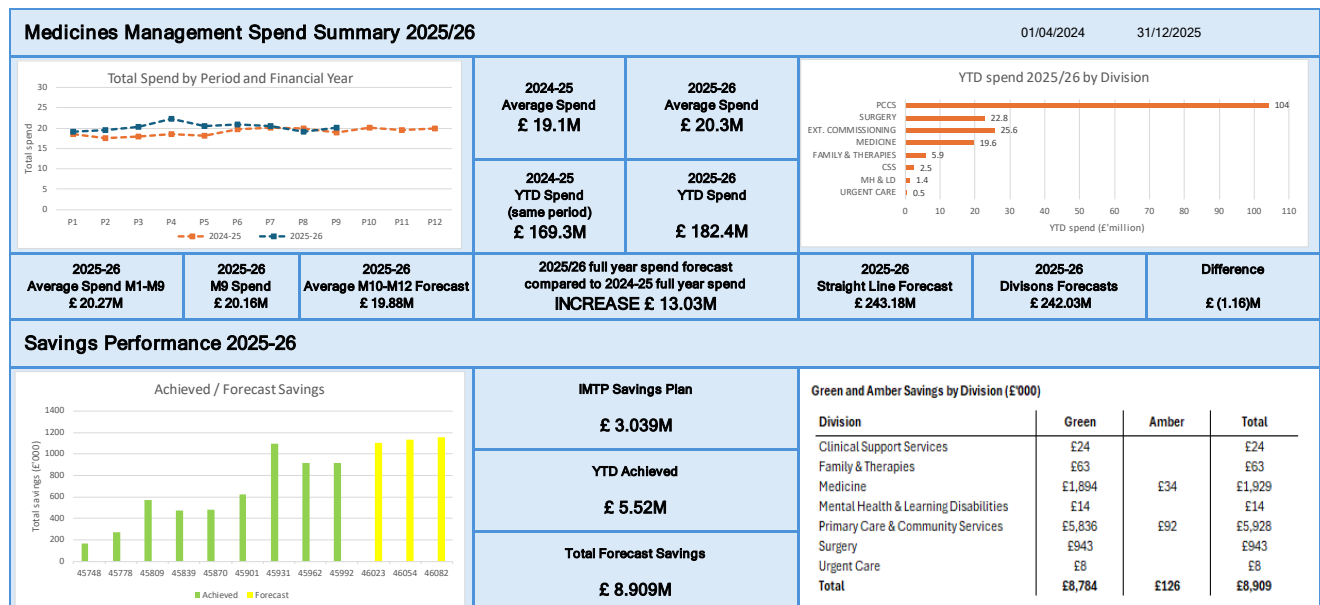
The following Thematic updates have taken place since the last update: Enteral Nutrition, Respiratory, Endocrine, Stoma and Cardiovascular. Opportunities and cost pressures identified from each of these reviews will be incorporated into Division IMTPs.

Medicines Management Programme Board Month 9 Finance Review

A detailed Finance update for Month 9 was prepared for the January Medicines Management Programme Board.

The savings forecast for 2025/26 at month 9 has increased to £8.909m. (Savings delivered in 2024/25 totalled £5.549m).

Further potential opportunities for 2025/26 have also been identified totalling £381k and are now being reviewed within the Surgery Division and with their Pharmacy team, relating to Aflibercept (£333k) and Golimumab (£48k).



Enhanced Medicines Management Information

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

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

Value & Sustainability Board – Workforce Update December 2025

ABUHB Variable Pay Programme Board

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

Positive Progress 25-26 To Date:

- Specialist Rates – Removal of enhancements £1.6m in 25-26 forecast (£2m annual benefit)
- HCSW Recruitment campaign completed but ongoing in relation to turnover. Focus on reaching zero agency by end March 2026 in MH&LD and Primary Care. Reduction over recent months from circa 26wte per week to 7wte per week - £TBC
- Estates & Facilities action plan to remove agency - in progress with reduction of 21wte to date in facilities following recruitment campaign. Challenges with recruitment, especially in Estates ongoing. Shortages in skilled trades. Plan focuses on facilities reduction to zero by QTR 1 26/27.
- Focus on improvement of Consultant Job Plan compliance, deep dives arranged by Deputy Medical Director - £TBC
- Additional measures in place from 1 Dec on medical agency bookings and process with potential savings of £500k by end March 26 (assessment in progress).
- Successful RN recruitment campaign in terms of streamlining and IENs. Financial impact TBC.
- Received £13K form patchwork rebate

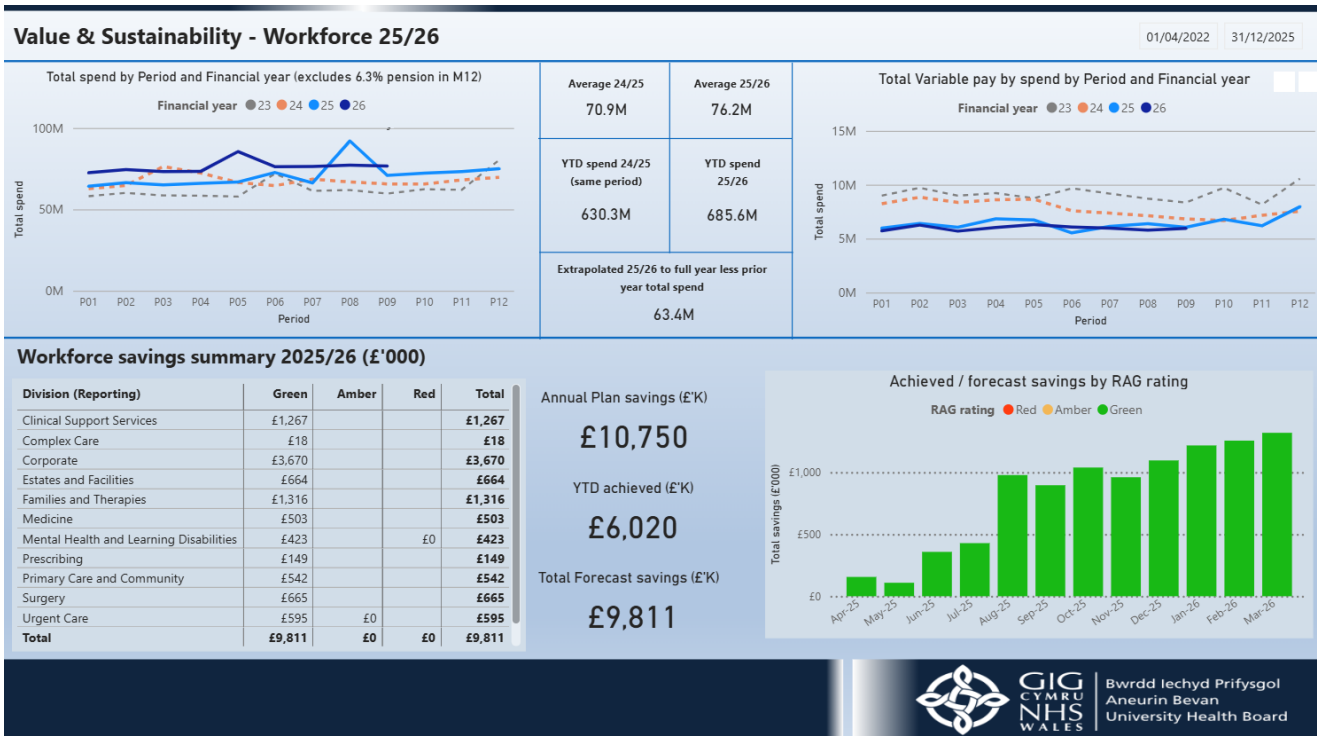
Key focus Areas:

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

Challenges:

- Ability to reduce sickness absence (current absence is 6.3% which is higher than the pre-Covid figure of 5.7%)

- Specialist Rates – holding period as staff may not work the shifts without enhancements, presenting a risk on increased agency usage
- HCSW turnover in 10% which equates to 20 WTE per month
- National contract reform may have an impact on rates of contractual pay
- Impact of additional staffing required for planned care, winter and ONP



Value & Sustainability Board – Service Re-Design Update December 2025

ABUHB V&SB Executive lead – Director of Planning

ABUHB Service Re-Design

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

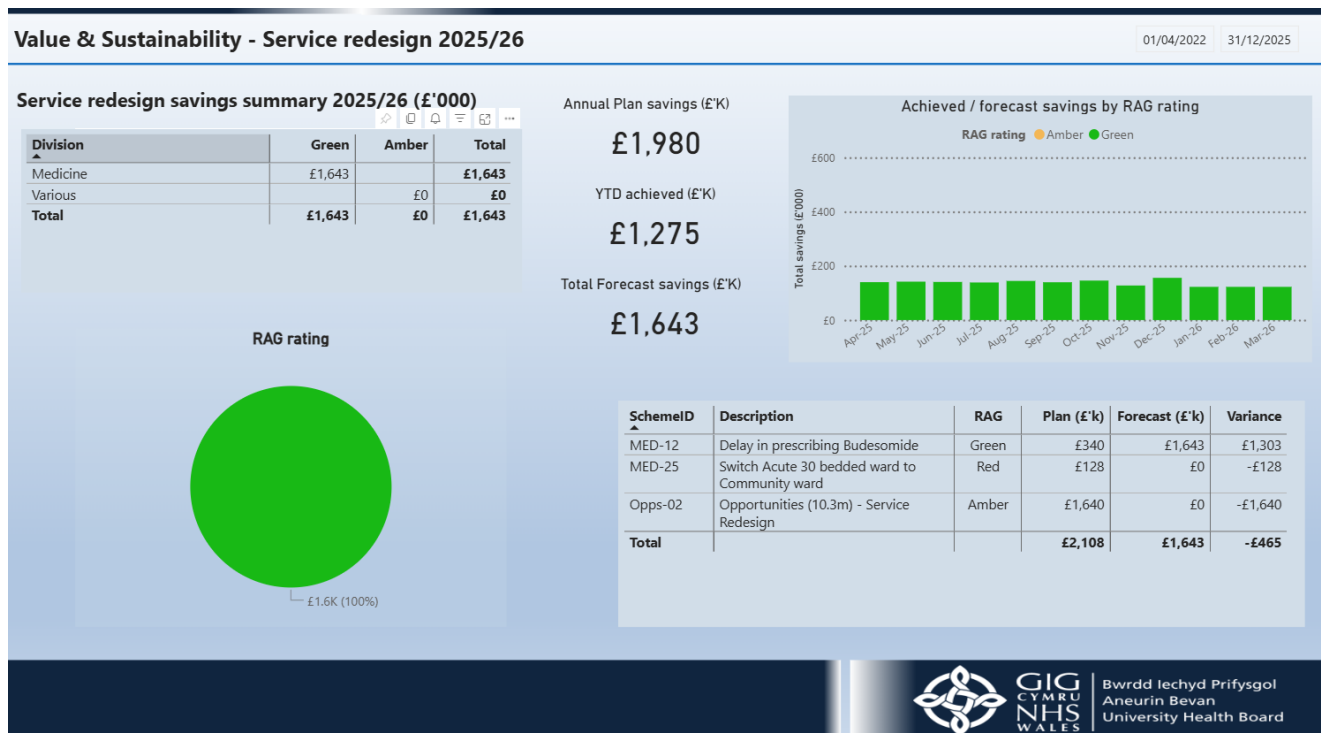
Positive Progress 25-26 To Date:

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

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

Next Steps / Opportunities:

- Intake Model / SDEC / Bed Base – take forward actions from the May clinical model workshop to include Acute Medical Model, Right Sizing of Bed Base, further modelling to be undertaken re opportunities across the system, Older Person Pathway – service mapping and visit to Swansea to see best practice
- SWH Rationalisation – Project Board to be established in July
- Planned Care Efficiencies – Stocktake of opportunities, with future meeting to be held with NHS Exec
- NHH – Work continuing ahead of submission of SOC to Board and WG in September
- Staff Ideas – Progress ideas aligned to existing workstreams to assess viability for delivery



Continuing Healthcare V&S update December 2025

ABUHB V&SB Executive lead – Chief Operating Officer

Value & Sustainability CHC delivery

As at Month 9 savings of £1.870m have been identified against a plan of £2.563m. These are now all green schemes.

Key Highlights Of Period



Positive Progress During Period

Complex Care

- Reduction seen in one to one hours
- Appointment to All Wales Direct Payments implementation lead post

Mental Health & Learning Disabilities

- Savings delivered of an additional £219k for Oct in relation to repatriation to in-house services, eligibility, rightsizing & step down
- High cost transition package avoided due to JH being supported by in-patient services whilst local options continue to be pursued – this continues as cost avoidance
- Legal have written to Hammersmith & Fulham (H&F) regarding CHC dispute for retrospective financial claims. H&F have instructed solicitors, LARS instructing Counsel
- LML continues in core services, preparing plan to discharge
- Patient flow work has avoided external bed commissioning

Family & Therapies

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

Next Steps

Complex Care

- Engagement with All Wales working groups on Direct Payments / Continuing Healthcare (CHC) system
- Had a demonstration from CareCubed in December 2025 (National System Procurement)

Mental Health & Learning Disabilities

- Revenue implication to for HCF Capital Scheme to be worked up and presented at assurance/PIP panel for approval
- Approve the revised disputes policy at Complex Care Board
- Continue with review on high-cost Commissioned packages
- Work with legal on H&F dispute to outline next steps
- Link high cost placement review with patient flow pathways & housing opportunities
- Options appraisal to be presented for Mitchell Close

Family & Therapies

- No Dispute Packages of Care that we are aware of
- Ongoing talks around eliminate agenda (shared working with Gwent Heads of Children's Services)
- Reviewing CHC pathway – work on-going

- Deep Dive on delayed reviews of packages of care
- National Database – demo session being arranged by Paul Solloway on the new CHC Database (3 year funded by WG)

Challenges

Complex Care

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

Mental Health & Learning Disabilities

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

Family & Therapies

- Repeated 'over commissioning' of healthcare professionals within social care packages
- Mitigation plans: early planning and no surprises approach with local authority and dispute negotiation
- No new savings plans identified for Children's CHC – LA commissioned packages
- Staffing challenges, 1 wte Case Manager on secondment, 1 wte Case Manager has returned from maternity leave and 1 wte B5 vacancy recently interviewed

Mitigations

Complex Care

- Efficiency group to continue to identify additional saving opportunities

Mental Health & Learning Disabilities

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

Family & Therapies

- £375k funding has been allocated as part of the annual plan
- Not seeing the level of packages of care come through this year as expected but this is a volatile area and can change quite quickly



Value & Sustainability Board – Non-Pay Update December 2025

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

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

Key updates:

- £21.0m expected delivery for 2025/26 against £20.6m plan – further opportunities progressing in terms of planning for 26-27.
- Medical consumables & Theatre Improvement – Sub-group set up to provide a dedicated focus in this area. Procurement pushing national priorities and local opportunities.
- Contract Management – new process now live in ABUHB which covers any new contracts > £100k in value. 40 contracts identified & working through each of them starting with highest value. Key successes in CCS.
- 2026/27 pipeline of opportunities progressing - £TBC

Challenges:

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

Value & Sustainability - Procurement & Non pay 2025/26

01/04/2022 31/12/2025



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

Division (Reporting)	Green	Amber	Red	Total
Clinical Support Services	£2,580			£2,580
Contracting and Commissioning	£3,662			£3,662
Corporate	£5,802			£5,802
Estates and Facilities	£4,392			£4,392
Families and Therapies	£1,082			£1,082
Medicine	£384			£384
Mental Health and Learning Disabilities	£394			£394
Primary Care and Community	£1,760			£1,760
Surgery	£703	£3	£0	£706
Urgent Care	£197			£197
Various		£0	£0	£0
Total	£20,956	£3	£0	£20,959

Annual Plan savings (£'K)

£20,587

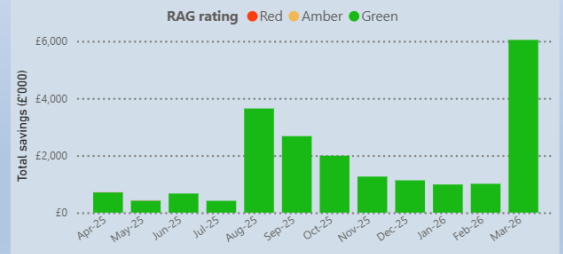
YTD achieved (£'K)

£12,915

Total Forecast savings (£'K)

£20,959

Achieved / forecast savings by RAG rating



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Value & Sustainability Board – Prevention Update December 2025

ABUHB V&SB Executive lead – Director of Public Health

Focus on CVD Hypertension and Diabetes and Contraception, working with GPs and key NCN groups to progress.

Need to include latest prevention slide deck.

Value & Sustainability Board – Digital Update December 2025

ABUHB V&SB Executive lead – Director of Digital

Positive Progress to date:

- Hybrid Mail – Phase two underway for commencement to digital letters go live – Go Live on hold due to issues found at testing phase. New date not yet known.
- ICT Equipment requests continue to be challenged - ongoing – part of BAU
- Managed Print – discussions have commenced – awaiting a report

Challenges:

- M365 VAT reclaim still awaiting treasury decision – 4 year rule July 25 – on hold with DHCW/HMRC
- Reviewing ICT requests from users – validating information
- Stale devices Laptops 185 Desktops 77 not been used in last 12mths, working with staff to locate
- Heading 14 VAT Charges – affects digital contracts (changes to reclaim rules) – working through as contract renewals arise
- Resources currently allocated to the Microsoft 365 team

Next Steps:

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

Financial Opportunities:

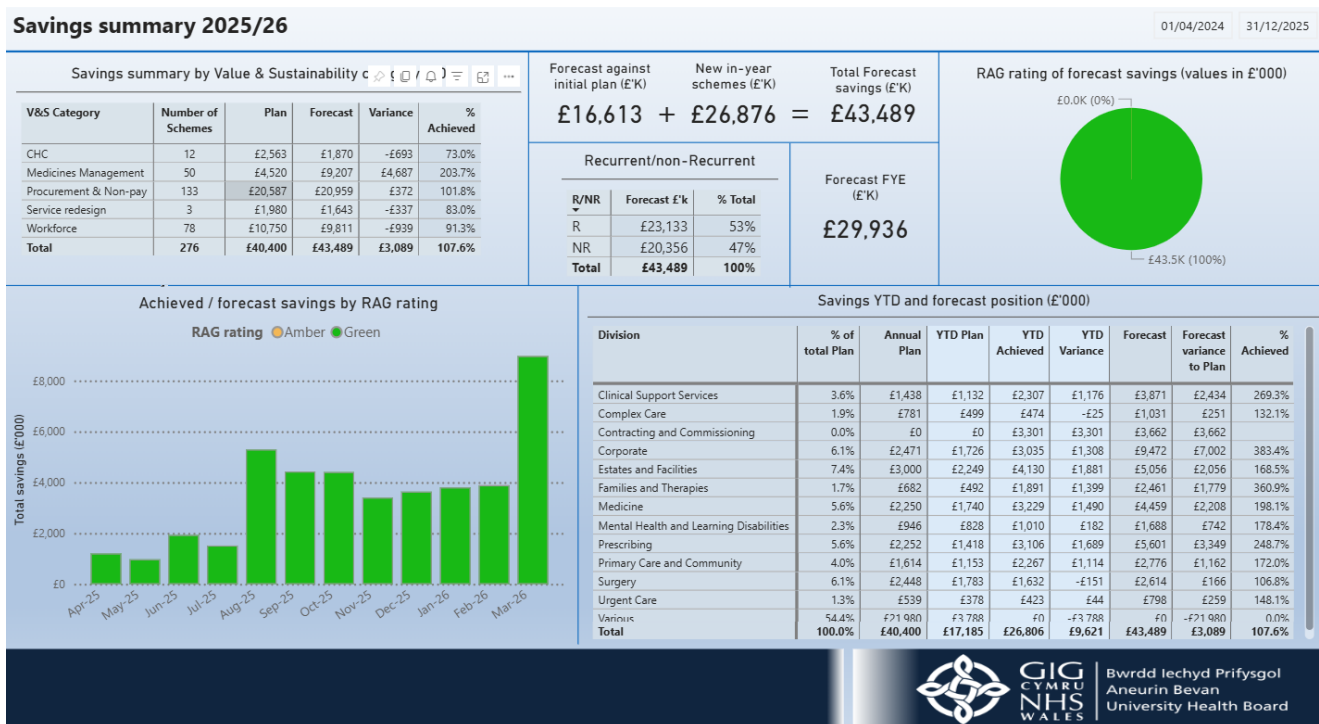
- Digital Patient Communications – (£1,189)
- Dial Tokens SLA - £7.2k (25-26)
- Office Licenses (Med Secs/Imprivata) – Eradication of Office 21 On Prem Licence (500k potential saving for 26/27)
- Telephony - £36k (over the next 3 years)

Next Steps / Opportunities:

- Continue to monitor expenditure in the relevant cost centres
- Continue to query and discuss alternative options
- Continue the audit process for Mobiles and Telephony lines

Summary

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



Bwrdd Iechyd Prifysgol Aneurin Bevan
University Health Board

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Gwybodaeth Ychwanegol:

Further Information:

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

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2026
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Revenue Budget Allocation Letter Briefing – 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Assistant Director of Finance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

This report sets out the following:

- Baseline financial allocations for Aneurin Bevan Health Board for 2026/27. This includes identifying;
 - 25/26 recurrent funding and
 - New 26/27 funding

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This briefing summarises the funding headlines announced in the revenue Allocation letter (WHC (2025) 055 – dated 19th December 25) and highlights the financial implications for Aneurin Bevan University Health Board’s (ABUHB) 2026/27 Financial Plan.

For Hospital and Community Health Services (HCHS) and prescribing costs, Health Boards are responsible for commissioning services for their resident population for HCHS, with the exception of some cross border flows, and based on registered

population for the prescribing element. The GMS Contract allocation is issued based on registered populations, and the Community Pharmacy allocation is issued primarily based on numbers of scripts dispensed within Health Board areas.

Baseline funding for 2026/27 has increased by **£172.7m** compared to 2025/26 (baseline December 24), a significant element of which relates to 2025/26 in-year recurrent funding (£84m), and 2025/26 funding anticipated as recurrent in nature, now confirmed in the baseline (£38m). A detailed breakdown of the increase is shown in the Appendix 1.

Total additional 'new' funding to the Health Board i.e. excluding committed and directed funding, is £18.7m. This funding includes an estimated £3.8m which will be passed to NHS provider organisations to cover relevant cost increases in healthcare agreements as directed by WG, leaving approximately **£15m** of funding for the Health Board upon which funding decisions can be made. However, the use of this funding must be directed toward inflationary and unavoidable growth only.

Net funding uplift	Committed / Directed (£'000)	LTA / Specialist Services pass-through funding (estimate) (£'000)	New funding available for decision (£'000) (Appendix 2)	Total 2026/27 funding (£'000)
Baseline funding 2025/26	1,763,424			1,763,424
2025/26 funding received shown in 2026/27 baseline	146,482	7,501		153,983
Total funding before uplifts and additional funding	1,909,906	7,501	0	1,917,407
Core uplift 2026/27		3,756	13,322	17,078
Mental Health core uplift 2026/27			1,662	1,662
Other funding movements			0	0
Uplifts and additional funding 2026/27	0	3,756	14,984	18,740
Total baseline funding 2026/27	1,909,906	11,257	14,984	1,936,147
Anticipated funding for year-on-year non-recurrent spend				1,931
Central income (estimate)				14,819
Total budget 2026/27 including confirmed and anticipated funding, and other anticipated income.				1,952,897

Key points to note:

- Funding for NHS pay awards in 2026/27 will be held centrally and will be allocated to Health Boards once awards are made.
- Contract negotiations for GMS have been finalised for 2026/27 and £6m has been added to the GMS baseline funding for 2026/27 based on a 5.8% increase. Contractor allocations for Community Pharmacy and General Dental Services are issued at this stage on the same basis as the recurrent 2025/26 allocation.
- Conditional recurrent funding of £95.5m in the 2025/26 baseline position has been reviewed as follows:

- £64.5m: initially awarded to support the 2024/25 financial position, conditions set for this funding have now been met and it has therefore been re-categorised as *unconditional* recurrent funding within the 2026/27 baseline.
- £31m: additional recurrent funding notified by Welsh Government in November 24 remains as **recurrent in principle only and is conditional** on the Health Boards progress towards delivering the target control total.
- Other allocations of £1.9m have been anticipated on top of the baseline allocations where Welsh Government correspondence has been received (see Appendix).
- The Health Boards share of the total 2026/27 HCHS & Prescribing allocation (excluding Primary Care contracts) for Wales is 18.58%. This represents a decrease of 0.4% (£6.9m) from the comparable figure in 2025/26 (18.65%) and *decreases* the ABUHB position in terms of formula fair shares.

Cefndir / Background

This briefing summarises the funding headlines announced in the revenue Allocation letter and highlights the financial implications for Aneurin Bevan University Health Board's (ABUHB's) 2026/27 Financial Plan.

The Ministerial letter to Chairs formally issued the 2026/27 revenue allocations to Health Boards. The allocation reflects the Minister for Health and Social Services decisions about the distribution of resources to Health Boards for the forthcoming year.

Health Boards are expected to achieve and deliver the statutory duties and ministerial priorities in line with the Welsh Government annual priorities for 2026/27, with consideration to the following actions and expectations:

- New funding provided should support **"unavoidable inflationary pressures and inescapable demand growth"** in 2026/27. There is **no discretionary investment funding** reflected within the 2026/27 uplift outside of those specified in the funding letter.
- Organisations will need to make significant savings to deliver and implement financially sustainable plans for 2026/27.
- Health Boards should continue to take action to reduce all unnecessary and inappropriate variation and reduce waste. Health Boards are expected to implement the actions of national priorities on value and efficiency, implementing the agreed outputs of the national Value & Sustainability Board.

The following points relate to other Welsh Government centrally held funding:

- **Pay awards:** Agreed recurrent pay allocations for 2024/25 and 2025/26, have been added to the recurrent baseline funding. Funding for NHS pay

awards in 2026/27 will be held centrally (in full) and allocated to the Health Board once awards are made.

- **Primary Care contract uplifts:** Contract negotiations for General Medical Services (GMS) have been finalised for 2026/27 following a multi-year deal reached in 2025/26, and the baseline includes an additional £6m for GMS based on a 5.8% increase. Community Pharmacy and General Dental Services (GDS) contracts have not been finalised for 2026/27, therefore baseline allocations have been issued on the same basis as 2025/26. A supplementary allocation will be issued when contract agreements have been confirmed.
- **SIFT:** Revenue funding for SIFT and Research and Development will be issued as direct funding to Health Boards.
- **Capital charges:** Allocations for accelerated depreciation, AME depreciation for donated assets, relevant IFRS 16, and DEL and AME impairments will be issued as direct funding in-year to the relevant Health Boards and NHS Trusts. This also applies to any increases in depreciation related to approved schemes with confirmed strategic support.
- **NICE ATMPs:** Funding will be held centrally to recognise the impact of NICE mandated Advanced Therapeutic Medicinal Products (ATMPs).
- **IFRS 16:** this will continue to be managed on an in-year basis, to include revenue recoveries, depreciation adjustments and any associated capital funding.
- **Genomics:** Genomics spend will be monitored centrally and any additional impact for 2026/27 (over and above 2025/26 baseline allocations) will be dealt with as an in-year matter and issued in alignment with the spend forecast through JCC. The increase in baseline funding for 2026/27 of £0.6m reflects the 2025/26 approved recurrent plan.
- **Real Living Wage (RLW) / National Living Wage (NLW):** Allocations issued during 2025/26 reflecting the in-year difference between RLW and the NLW (£3m) has been added to the recurrent baseline for 2026/27. Any financial pressure for the difference between the recently announced NLW and the RLW during 2026/27 will need to be identified by Health Boards through the 2026/27 planning process. Funding for this cost pressure will be dealt with outside of this allocation and in accordance with Welsh Government policy.
- **Cystic Fibrosis medicines:** Funding will continue to be retained centrally by WG to fund the costs of purchasing cystic fibrosis medicines Orkambi and Symkevi and to maintain access to Kalydeco (note, costs will also be incurred centrally within WG).
- **HEIW Education and Training:** Funding for education and training investments in 2026/27 will continue to be provided to Health Education and Improvement Wales (HEIW) from the Welsh Government NHS budget, rather than directly to Health Boards.
- **Hospice funding:** Hospice funding of £3m will be retained centrally until its allocation to Health Boards, pending the outcome of the Hospice

Commissioning phase 2 work which is scheduled to be completed by April 2026.

- **CHC information:** Funding to support a system for standardising CHC information and intelligence on All-Wales bases will be centrally held.
- **Pension costs:** As in 2025/26, funding to cover the increased 9.4% employer's contribution for the NHS Pension Scheme will be held centrally in 2026/27.
- **Access targets:** £20 million is being retained centrally within Welsh Government to support access targets once stipulated criteria has been met in 2026-27.

Revenue Allocation categories

Hospital and Community Health Services (HCHS) allocations are derived from the 2025/26 baseline funding, adjusted for recurrent and new funding issued. The HCHS Revenue allocation is divided into *Discretionary*, *Ringfenced* and *Directed* expenditure funding. It is the total funding available to the Health Board to fund HCHS and Primary Care prescribing costs.

- **Discretionary allocations** – represents the funding available to the Health Board to fund HCHS and Primary Care prescribing costs without restrictions/conditions imposed by Welsh Government.
- **Ring fenced allocations** – represents the minimum the Health Board must invest in specific areas. Ring fencing restraints continue for Learning Disabilities, Mental Health, Urgent & Emergency care, further faster funding, Regional Integration Fund and Depreciation costs.
- **Directed Expenditure** – allocated for specific purposes where the Health Board acts on an Agency basis i.e., pass through for Welsh Government or lead organisation for other Health Boards. This is not part of the population-based funding.

Other significant areas of funding within the Health Board's total revenue allocations relate to Primary Care Contracts; General Medical Services (GMS), General Dental Services (GDS), and Community Pharmacy. Allocations for GMS, and GDS (including the *Designed to Smile* and *Gwên am Byth* oral health improvement programmes within the GDS contract), are ringfenced in terms of the definition above, therefore the funding within these areas indicates the minimum required spend. The Health Board may, however, invest additional discretionary funding in these services.

Summary of Allocations

Initial baseline funding allocations 2026/27 for the Health Board total £1,936.1m (£1,763.4m, 2025/26). The increase in the baseline from 2025/26 of **£172.7m** includes the recurrent impact of funding issued during 2025/26, new committed funding for 2026/27, and inflationary uplifts. A summary of the increase in baseline

funding across funding categories is shown in Table 1 below, with a detailed breakdown contained within the Appendix:

Category	2025/26 Baseline £M	2026/27 Allocation letter £M	Change in baseline allocation £M	% change
HCHS and Prescribing				
Discretionary	1,329.2	1,494.4	165.3	12.4%
Protected and Ringfenced	254.4	231.3	(23.1)	-9.1%
Directed Expenditure	1.5	4.7	3.1	201.0%
Total HCHS and Prescribing	1,585.1	1,730.4	145.3	9.2%
General Medical Services	106.9	129.1	22.2	20.8%
Community Pharmacy	36.8	38.2	1.3	3.6%
General Dental Services	34.6	38.5	3.8	11.1%
Total baseline allocations	1,763.4	1,936.1	172.7	9.8%

Table 1 - Summary Revenue Allocations 2026/27

A summary of the main movements within each category are:

- **HCHS Discretionary:** funding increase of £165.3m due to:
 - **2025/26 Allocations made recurrent:**
 - recurrent pay award funding for 2024/25 (£55.9m) and 2025/26 (£38.9m) of which £9.3m is pass-through to JCC. Total pay award funding **£94.8m**
 - baseline funding reclassified from ringfenced to discretionary including Planned Care sustainability funding (£22.6m), recurrent impact of planned care recovery (£3.9m), critical care funding (£3.2m) and Value based recovery (£2.7m). Total value of reclassified funding is **£32.4m**.
 - recurrent funding for Employers National Insurance increase implemented in 2025/26 (**£16m**), this includes £2m pass through to other organisations.
 - Real Living Wage recurrent funding based on 2025/26 for the in-year difference between Real Living Wage and the National Living Wage (**£3m**).
 - Recurrent funding has been built in for the 2026/27 costs of both the Shingles (**£1.2m**) and Respiratory Syncytial Virus (**£0.1m**)
 - Other baseline funding adjustments (net increase of £0.6m) including the 2025/26 Optometry contract pay agreement (£0.3m), a revised Cost Uplift Factor for England (£0.4m) which was issued recurrently in a prior year.
 - **2026/27 NEW Allocations:**

- **2026/27 core uplift (£17.1m) based on 1.11% increase on the recurrent discretionary allocation, the ring-fenced allocation (excluding mental health and depreciation) and directed expenditure.**
 - Top slice (to NWSSP) of £0.1m for the central procurement of flu vaccines.
- **Ringfenced:** total ringfenced funding of £231.3m representing 12% of the Health Boards total funding for 2025/26 (14% in prior year). Reduction in ringfenced funding of £23.1m due to:
 - **2025/26 Allocations made recurrent:**
 - baseline funding reclassified from ringfenced to discretionary - **£32.4m** (see *HCHS Discretionary* section above)
 - 6 goals funding for SDEC and UPC (**£3.1m**) including £0.3m pass-through for the Velindre Trust SDEC element. This funding was previously issued in-year.
 - Regional Partnership Board recurrent funding for the Dementia Action Plan (**£2.3m**), including Dementia (£1.6m), Memory Assessment Services (£0.6m) and Dementia Connectors (£0.1m).
 - Other baseline adjustments totalling **£1.7m** including CAMHS In-Reach (£0.8m), DoLs and Mental Capacity Act (£0.4m), Mental Health '111 press 2' programme (£0.3m), and Tier 4 CAMHS to JCC (£0.2m) – all previously issued in-year.
 - **2026/27 NEW Allocations:**
 - additional funding for Genomics (**£0.6m**) to be directed through JCC.
 - **2026/27 core uplift for Mental Health Services 2026/27 (£1.7m).**
- **Directed expenditure:** total Directed funding total £4.7m, a net increase of **£3.1m** compared to 2025/26 due to additional baseline recurrent funding for Value Based Healthcare schemes (£1m) including the Health Board element (£0.5m), and pass-through element to JCC and Velindre (£0.5m). Other funding movements relate to postgraduate Medical & Dental (£1.8m), Save a Life Cymru programme (WAST) funding (£0.1m), and a Velindre LTA adjustment in relation to historic pay awards (£0.2m).
- **Primary Care contracts:** Contract negotiations for General Medical Services (GMS) have been finalised for 2026/27 following a multi-year deal reached in 2025/26, and the baseline includes an additional £6m for GMS based on a 5.8% increase. Community Pharmacy and General Dental Services (GDS) contracts have not been finalised for 2026/27, therefore baseline allocations

have been issued on the same basis as 2025/26. A supplementary allocation will be issued when contract agreements have been confirmed.

- **GMS:** Total recurrent baseline funding has increased by **£22.2m**. Pay & expenses agreements for 2023/24, 2024/25, 2025/26 and 2026/27 have been added to the baseline totalling £21.8m. Funding adjustments have also been made in relation to a Global Sum uplift for 2025/26 (£0.2m), and for Shingles and RSV (£0.2m) which were previously issued on an in-year basis.
- **Community Pharmacy:** recurrent funding of £1.3m included in the baseline to reflect the 2025/26 agreed uplift as per the contract negotiations.
- **General Dental Services:** recurrent funding of £3.9m included in the baseline to reflect the 2024/25 and 2025/26 agreed uplift for pay.
- **Dental patient charges:** were increased 1st of April 2024. No changes were made to dental contract patient charge targets because of the increase, and any increased patient charge revenue have been utilised by health boards to offset the current shortfall against the targets set in baseline dental contract allocations. No adjustments have been actioned for 2026-27.

Total additional 'new' funding to the Health Board i.e. excluding committed and directed funding is £18.7m. Welsh Government directed that an appropriate level of funding for relevant cost increases in healthcare agreements, equivalent to the uplift for Health Boards, be passed to Providers. This is estimated at £3.8m of this funding, based on 1.11%. The balance available to the Health Board is approximately **£15.0m** upon which funding decisions, within the parameters directed by Welsh Government, can be made as shown in Table 2 below:

Net funding uplift	2026/27 funding (£'000)
Core uplift 2026/27 (1.11%)	17,078
Mental Health core uplift 2026/27 (1.11%)	1,662
Other funding movements	0
Gross uplifts	18,740
LTA's and Specialist Services pass-through (estimated based on 1.11%)	(3,756)
Net available new funding 2026/27	14,984

Table 2- Net uplift summary

Notes to Table 2:

- **Core uplift for 2026/27 - £17.1m (£25.1m, 2025/26) -**
 - The Welsh Government draft budget provides £91m of funding across Welsh Health Boards to meet core cost inflation and unavoidable

demand pressures for 2026/27. The Health Board's element of £17.1m equates approximately to a 1.11% increase (1.77% increase, 2025/26) on the total of recurrent Discretionary allocation, Ring Fenced (excluding mental health and depreciation) and Directed Expenditure.

- In relation to healthcare agreements with other Health Boards and NHS Trusts, Welsh Government have stipulated that 1.11% core uplift for demand and inflation is expected to 'unequivocally' pass through from commissioners to providers. For ABUHB, this pass-through element is estimated to be £3.76m as shown in Table 2.
- **Mental Health core uplift £1.7m (£2.5m, 2025/26)** - additional funding for Mental Health equivalent to 1.11% of the 2026/27 baseline for Mental Health Services, to fund unavoidable cost and demand growth.

Application of the uplifts will be determined via the Annual Plan & Budget setting process.

Further Notes on other allocations.

- **Revised Cost Uplift Factor (CUF) England** - Funding has been included for the impact of the 2025/26 CUF for NHS England, which were issued as in year allocations, over and above the core cost inflation (1.77%) in the 2025/26 allocation letter (**£0.4m**: £0.2m Health Board funding and £0.2m for JCC)
- **Depreciation** - The DEL depreciation budget remains ring-fenced and is a non-cash allocation. The depreciation ring-fence includes the allocation made here as well as for any non-recurrent funding that is issued in-year to cover accelerated depreciation, DEL impairments and further support for strategic schemes and baseline pressures.
- **Substance Misuse** - this remains ring-fenced in 2026/27 and will be withheld from Health Boards until confirmation is received from the Chair of the relevant Area Planning Board (APB) that the use of these resources complements the delivery of the Welsh Government Substance Misuse Delivery Plan (£3.5m for the Health Board following an uplift of £49k).
- **Infrastructure SIFT** - Funding for infrastructure SIFT (£0.7m) has been included as a Directed Expenditure Allocation. This funding must be used to support medical undergraduate education, and recipients of this funding will still be required to account for its use as part of the annual SIFT accountability agreements.
- **Discretionary Capital** - The capital discretionary baseline funding has been confirmed as £14.46m, an increase of £1.6m (12.2%) compared to 2025/26.

Anticipated Allocations

The funding included in the baseline position for the Health Board (detailed within this document) is recurrent in nature and will form part of the rolled-forward baseline position for future years. The Health Board also assumes further funding within its

financial plan which can be recurring or non-recurring and will be indicated by way of individual WG funding letters during the financial year.

These additional allocations can be anticipated within the financial position in situations where official confirmation from Welsh Government has been received by the Health Board that funding will be issued for a specified period of time (e.g. successful bids for projects), or funding is recurring in nature however it is not included within the baseline allocations for the Health Board (e.g. due to variations in activity or spend from year to year). A full list of anticipated allocations is reported to the Board and to Welsh Government as part of the monthly reporting timetable.

A list of anticipated allocations assumed for 2026/27 as of December 25, can be reviewed in the Appendix 2.

Argymhelliad / Recommendation

The Committee is asked to note:

- The 2026/27 confirmed baseline allocations available to Aneurin Bevan Health Board, and
- Note the conditions attached to the 26/27 inflationary funding uplift

Appendix 1: Summary of Baseline Movements 26/27 (below)

Appendix 2: Anticipated Allocations 26/27 (below)

Appendix 3: 26/27 Health Board Circular - Allocations (attached)



2026-27%20Health
%20Board%20Alloca

Appendix 4: 26/27 Health Board Allocation tables final (attached)



2026-27%20Health
%20Board%20%20Al

Appendix 1

2026/27 Baseline movements	25/26 recurrent funding letters confirmed in 26/27 baseline £'000	25/26 anticipated recurrent funding confirmed in 26/27 baseline £'000	25/26 NR funding confirmed as recurrent in 26/27 £'000	26/27 Funding category reclassify £'000	26/27 New funding: Committed programme £'000	Pass through to other Health Boards / Trusts (estimate) £'000	Net additional Discretionary funding £'000	Total 2026/27 £'000
Baseline funding 2025/26								1,763,424
<u>HCHS Discretionary</u>								
Pay Mapping 2024-25	50,196							50,196
Pay Mapping JCC 2024-25	5,674							5,674
Revised 2025-26 Cost Uplift Factor (CUF) England	163							163
Revised 2025-26 Cost Uplift Factor (CUF) England JCC	264							264
Real Living Wage (Social Care) 2025-26 recurrent allocation			3,000					3,000
Pay Mapping 2025-26		34,717				613		35,330
In year: Pay Mapping JCC 2025-26						3,628		3,628
Employers NIC funding 2025-26	14,022				447			14,469
Employers NIC funding 2025-26 (JCC)						1,574		1,574
Optometry contract reform (2025-26 pay agreement)	271							271
<i>Planned and Unsch Care Sustainability for 23-24 onwards</i>				22,605				22,605
<i>Recurrent impact of funding for Planned Care Recovery</i>				3,940				3,940
<i>Critical care funding (including JCC funding and PACU)</i>				2,753				2,753
<i>Critical care funding (JCC funding (was for EASC))</i>				425				425
<i>Value based Recovery (£14m)</i>				2,686				2,686
Shingles (HCHS recurrent transfer of in year funding)			1,201					1,201
RSV (HCHS recurrent transfer of in year funding)			106					106
Additional Topslice for Central Procurement of Flu Vaccines					(78)			(78)
Core cost and Demand Uplift for 2026-27 (1.11%)						3,756	13,322	17,078
<u>Ringfenced</u>								
Genomics for Precision Medicine Strategy (inc new Genetic Tests)						611.830		612
<i>Critical care funding (including WHSSC funding and PACU)</i>				(2,753)				(2,753)
<i>Critical care funding (EASC funding)</i>				(425)				(425)
<i>Funding for Planned and Unscheduled Care Sustainability</i>				(22,605)				(22,605)
<i>Recurrent impact of funding for Planned Care Recovery</i>				(3,940)				(3,940)
<i>Value based Recovery (£14m) trfd to disc</i>				(2,686)				(2,686)
Urgent & Emergency Care (6 goals - SDEC and UPCC)			2,744					2,744
Urgent & Emergency Care (Velindre Trust SDEC element)						348.298		348
<u>Mental Health Services</u>								
CAMHS In-Reach	817							817
Tier 4 CAMHS JCC		234						234
111 press 2		285						285
DoLS & Mental Capacity Act (MCA)			377					377
RPB Funding - Dementia Action Plan (DAP)		2,276						2,276
Mental Health Core Cost and Demand Uplift (1.11%) 2026-27							1,662	1,662
<u>Directed Expenditure</u>								
Velindre Trust - LTA adjustment (Historic Pay award)			158					158
Save a Life Cymru programme (JCC / WAST)						112.000		112
Value Based Healthcare recurrent schemes (HBs)	506							506
Value Based Healthcare recurrent schemes (JCC Element)						105.332		105
Value Based Healthcare recurrent schemes (Velindre Trust element)						383.267		383
Postgraduate Medical & Dental : HB funding					1,716			1,716
Postgraduate Medical & Dental : VT Element						125.780		126
<u>GMS Contract</u>								
2023-24 GP Pay / Expenses	3,801							3,801
2024-25 GP Pay / Expenses	4,771							4,771
Global Sum / PSP List Size Increase 2025-26	194							194
Shingles (GMS recurrent transfer of in year funding)			120					120
RSV (GMS recurrent transfer of in year funding)			60					60
2025-26 GMS GP Pay & Expenses agreement					7,207			7,207
2026-27 GMS agreement - 5.8% increase					6,058			6,058
<u>Community Pharmacy Contract</u>								
In year funding: 25-26 agreed uplift to CPCF (4%)	1,343							1,343
<u>Dental Contract</u>								
In year funding: 24-25 agreed uplift DDRB Pay	2,079							2,079
In year funding: 2025-26 agreed uplift DDRB Pay (4%)					1,754			1,754
Net movement in baseline funding 2026/27	84,100	37,512	7,766	-	17,104	11,257	14,984	172,723
Baseline funding 2026/27								1,936,147
Anticipated funding for year-on-year non-recurrent spend								1,931
Central income (estimate)								14,819
Total confirmed and anticipated funding 2026/27								1,952,897

Appendix 2:

HCHS	£'000
Capital - DEL Depreciation - IFRS 16 Leases	3,222
Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62
Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(1,340)
Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,406)
New M&D Training Posts 2017-2025	1,716
Substance Misuse & increase	3,480
Clinical Excellence Awards (CDA's)	298
AHW:Prevention & Early Years allocation	1,114
Welsh Risk Pool Risk Share agreement 25/26	(6,582)
Digital Priorities Investment Fund (DPIF) for EPS go live (Community Pharmacy)	74
SIFT Allocation Reduction 25/26	(15)
Refit - E&F	(295)
Total HCHS anticipated allocations	328
GMS	
GMS Refresh	1,603
Total GMS anticipated allocations	1,603
Total Anticipated funding at January 25	1,931

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

**Gwybodaeth Ychwanegol:
Further Information:**

<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>ABUHB efficiency compendium Value & Sustainability Board</p>
<p>Rhestr Termau: Glossary of Terms:</p>	<p>A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children’s Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTCO – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty</p>

EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community
 Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection
 Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK – Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring
 Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services
 Partnership
 ODTC – Optometric Diagnostic and Treatment
 Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care
 Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit

PrEP – Pre-exposure prophylaxis
 PSNC –Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital
 RN – Registered Nursing
 RRL – Revenue Resource Limit
 RTT – Referral to Treatment
 RPB – Regional Partnership Board
 RIF – Regional Integration Fund
 SCCC – Specialist Critical Care Centre
 SCH – Scheduled Care Division
 SCP – Service Change Plan (reference IMTP)
 SLF – Straight Line Forecast
 SpR – Specialist Registrar
 STW – St.Woolos Hospital
 TCS – Transforming Cancer Services (Velindre programme)
 TEF – Targeted Estates Funding
 T&O – Trauma & Orthopaedics
 TAG – Technical Accounting Group
 UHB / HB – University Health Board / Health Board
 USC – Unscheduled Care (Division)
 UC – Urgent Care (Division)
 ULP – Underlying Financial Position
 VCCC – Velindre Cancer Care Centre
 VERS – Voluntary Early Release Scheme
 WET AMD – Wet age-related macular degeneration
 WG – Welsh Government
 WHC – Welsh Health Circular
 WHSSC – Welsh Health Specialised Services Committee
 WLI – Waiting List Initiative
 WLIMS – Welsh Laboratory Information Management System
 WRP – Welsh Risk Pool
 YAB – Ysbyty Aneurin Bevan
 YTD – Year to date
 YYF – Ysbyty Ystrad Fawr

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

2026-27

Health Board
Allocations

Health Board Allocation 2026-27

Introduction

1. This document details the Health Boards revenue & discretionary capital allocations for 2026-27.
2. The allocation reflects the Cabinet Secretary for Health and Social Care's decisions about the distribution of resources to Health Boards.
3. This allocation is made under:
 - Section 174 of the National Health Service Act 2006 and the amounts payable to the Assembly in respect of depreciation charges under section 174(10). The powers are conferred directly on Welsh Ministers.
 - Section 70 of the Government of Wales Act 2006

Action

4. Health Boards are expected to develop robust plans to deliver against the priorities for 2026-27 set out in the NHS Wales Planning Framework from within this allocation. The deadline for submission of the plans for 2026-27 is 31st March 2026. This is the baseline allocation and any additional funding if available for key priorities will be allocated as appropriate on an in-year basis. Funding for the following issues is being held centrally until the amounts required for 2026-27 are confirmed:
 - Revenue funding for SIFT and Research and Development will be issued as direct funding to the relevant Health Boards and NHS Trusts. Depreciation funding for these funding streams is included in this allocation.
 - Allocations for accelerated depreciation, AME depreciation for donated assets, IFRS 16 depreciation, and DEL and AME impairments will be issued as direct funding to the relevant Health Boards, SHAs and NHS Trusts. This also applies to any increases in depreciation related to approved schemes with confirmed strategic support.
 - IFRS16 will continue to be managed on an in-year basis, to include the revenue recoveries, depreciation adjustments and any associated capital funding. Organisations are expected to strengthen their plans and delivery of IFRS16 schemes.
 - Funding will be held centrally to recognise the impact of NICE mandated Advanced Therapeutic Medicinal Products (ATMPs).
 - Funding will continue to be held centrally to fund the costs of purchasing cystic fibrosis medicines Orkambi and Symkevi and to maintain access to Kalydeco.

- Funding for education and training in 2026-27 will continue to be provided directly to Health Education and Improvement Wales (HEIW).
- As in previous years, funding for NHS pay awards in 2026-27 will be held centrally and allocated to employers once awards are agreed. As agreed in the Draft Budget for 2026-27, plus the budget deal agreed with Plaid Cymru (as part of the Final Budget for 2026-27) funding for a pay award assumption is being centrally held in Welsh Government, based on the latest OBR forecasts of pay growth in 2026-27.
- Genomics spend will be monitored centrally and any additional impact for 2026-27, over and above 2025-26 baseline allocations will be dealt with as an in-year matter.
- Hospice funding of £3 million will be retained centrally pending the outcome of the Hospice Commissioning phase 2 work which is scheduled to be completed by April 2026.
- Where applicable, funding for the NHS Wales Shared Services Partnership will be met from Welsh Government central budgets in 2026-27. Adjustments have been made to this allocation for agreed transfers (as set out in Table 3).
- Funding remains centrally held to support the system for standardising CHC information and intelligence on all Wales basis.
- As in 2025-26, funding to cover the increased 9.4% employer's contribution for the NHS Pension Scheme will be held centrally in 2026-27.
- £20 million is being retained centrally within Welsh Government to support access targets once stipulated criteria has been met in 2026-27.

GENERAL POLICY FRAMEWORK

Unified budgets

5. This document sets out the revenue & discretionary capital allocations to Health Boards for 2026-27.
6. Health Boards are responsible for managing the totality of their budget and making the best use of all available resources. The only restrictions to virements between different allocations relate to ring fenced HCHS services (see Table B), the totality of the GMS contract and elements of the Dental Contract (see Table C and F and the explanatory notes enclosed).
7. The 2026-27 allocation comprises:
 - Summary: Revenue
 - Hospital and Community Health Service (HCHS) and Prescribing Revenue Discretionary Allocation (Tables A1, A2 and A3)

- HCHS Protected and Ring-fenced Services (Table B1)
 - HCHS Directed Expenditure Allocations (Table B2)
 - General Medical Services Contract Allocation (Table C)
 - Community Pharmacy Contract (Table E)
 - Dental Contract (Table F)
 - Memorandum Tables (Tables 1 to 6)
8. For Hospital and Community Health Services (HCHS) and prescribing costs, Health Boards are responsible for commissioning services for their resident population for HCHS, with the exception of some cross border flows, (referred to in paragraphs below) and on the basis of registered population for the prescribing element. The GMS Contract allocation is issued on the basis of registered populations, and the Community Pharmacy allocation is issued primarily on the basis of numbers of scripts dispensed within Health Board areas.

Equality Impact Assessments

9. You are reminded of the requirement to ensure you undertake integrated impact assessments of all major spending decisions, including the implementation of efficiency programmes.
10. Health Boards are reminded to ensure compliance with the Welsh Government Code of Practice for Funding the Third Sector, and the requirements of the Well-Being of Future Generations (Wales) Act.
11. You should ensure that any changes in service provision are impact assessed to ensure the Welsh language is fully considered and you should keep a record of the cost of delivering the service in Welsh.
12. Health Boards are reminded that any funding decisions take account of the population needs assessments for care and support needs that were published in 2017, as part of the requirements of the Social Services and Wellbeing (Wales) Act 2014.

HOSPITAL AND COMMUNITY HEALTH SERVICES AND PRESCRIBING REVENUE (HCHSP)

Recurrent Discretionary Allocation (Tables A1, A2 and A3)

13. This provides the total discretionary funding available to Health Boards to fund hospital and community healthcare services and primary care prescribing costs. The distribution of the allocation is derived from the 2025-26 recurrent baseline, with Table A2 for baseline adjustments from 2025-26, and A3 for additional recurrent funding for 2026-27.

14. In the 2025-26 allocation letter, conditionally recurrent funding allocations of £182.1 million remained for Aneurin Bevan £64.5 million / Betsi Cadwaladr £74.6 million / Hywel Dda £43 million, as target control totals were yet to be delivered. **The conditions set out in the letters from Judith Paget 20th October 2023 were achieved for the organisations for 2024-25 and as such this funding has now been built in on a recurrent basis in 2026-27.**
15. £62 million specific organisational funding as a result of a review of distance from target, were issued in the 2025-26 allocation letter (as per the letters issued from Judith Paget to Health Boards on 2 December 2024), with clear and specific conditions attached to these specific funding streams. **The conditions have not yet been delivered, therefore this funding remains conditionally recurrent in 2026-27.**
16. £40 million conditionally recurrent (organisation specific) funding was included in the allocation tables in 2025-26 for Betsi Cadwaladr. **Given the conditions specified have not been achieved to date, this funding remains conditionally recurrent in 2026-27.**
17. 2024-25 Pay mapping allocations have been built in on a recurrent basis (£329.9 million: £298.3 million Health Board funding and £31.6 million for Joint Commissioning Committee (JCC)). The recurrent amounts built in are as per communication from Richard Dudley dated 28th August 2025.
18. Recurrent 2025-26 Pay mapping allocations have been included in the 2026-27 allocation letter in line with the Welsh Government commission issued 3rd December 2025. (£204.345 million: Health Boards funding of £184.401 million / JCC £19.944 million). Funding issued in 2025-26 for Employers NI has also been mapped on a commissioner basis and included on a recurrent basis for 2026-27 (£88.838 million: £80.229 million Health Boards / £8.609 million JCC).
19. Funding has been included for the impact of the 2025-26 Cost Uplift Factor (CUF) for NHS England, which were issued as in year allocations, over and above the core cost inflation (1.77%) in the 2025-26 allocation letter (£4.405 million: £2.133 million Health Board funding and £2.272m for JCC).
20. Allocations issued in year during 2025-26 for Welsh Government policy position on Real Living Wage (Social Care) of £17.918 million, have been baselined for 2026-27. Any financial pressure for the difference between the recently announced National Living Wage and the Real Living Wage, will need to be identified by Health Boards through the 2026-27 planning process.
21. Additional Optometry Contract funding of £1.302 million has been built in on a recurrent basis for the negotiated agreed increase for 2025-26.
22. Previously held ring fenced funding (previously within Table B1) for Planned and Unscheduled Care Sustainability / Planned Care Recovery / Critical Care funding (including JCC and PACU) / Value Based Recovery funding have been moved to discretionary funding based on policy advice to remove the ring-fenced status. This will support an increased focus on core delivery and increasing productivity and outcomes.
23. Recurrent transfers have been built in for the 2026-27 costs of both the Shingles (£6.319 million HCHS & £0.634 million GMS) and Respiratory Syncytial Virus (RSV) immunisation programmes (£0.530 million HCHS & £0.318 million GMS).

24. Further to the top slice adjustments actioned in 2025-26 for the agreed central procurement of Flu vaccines, a further top slice of £0.405 million has been actioned for the additional procurement of vaccines in 2026-27. This procurement continues to be centrally managed by NWSSP in 2026-27.
25. The recent budget deal with Plaid Cymru secured £100m for frontline services for 2026-27. Health Board discretionary allocations have been increased by £90.916m for core cost inflation and unavoidable demand pressures for 2026-27. This equates to a 1.11% increase on the recurrent discretionary allocation, ring fenced (excluding mental health and depreciation) and directed expenditure.
26. This core funding increase is to support health boards with the impact of unavoidable inflationary pressures and inescapable demand growth that are forecast for 2026-27. It is assumed that this funding is applied in full to evidenced inflationary pressures and inescapable demand growth only. There is no discretionary investment reflected within this uplift, and organisations will need to make significant savings in order to deliver and implement financially sustainable plans for 2026-27.
27. As in previous years, Health Boards should continue to take action to reduce all unnecessary and inappropriate variation and reduce waste. Health Boards are expected to implement the actions of national priorities on value and efficiency, implementing the agreed outputs of the national Value & Sustainability Board. Health Boards are also expected to fully implement the priority enablers set out by the Cabinet Secretary in the NHS Wales Planning Framework 2025-2028.
28. The Welsh Government will continue to hold a budget for the Cross Border flow (the difference between the cost of prescribing drug costs via Prescribing Audit Reports (PAR) and the cost of drugs dispensed (excluding (WP10 (HP), as this was included in the recurrent discretionary allocation in 2016-17 (supplementary allocation)).

HCHS Ring Fenced Services (Table B1)

29. The second component of the HCHS allocation is the funding allocated for ring fenced allocations. There is no flexibility about the use of this funding, although Health Boards are free to invest additional funding in these services to meet national priorities.
30. The DEL depreciation budget remains ring fenced and is a non-cash allocation, and reflects the detail issued to health boards 10th May 2023. There are no changes to the recurrent baseline allocations from 2026-27. In year allocation adjustments will be considered as part of the regular non-cash submission process.
31. As advised above, previously held ring fenced funding (previously within Table B1) for Planned and Unscheduled Care Sustainability / Planned Care Recovery / Critical Care funding (including JCC and PACU) / Value Based Recovery funding have been moved to discretionary funding based on policy advice to remove the ring-fenced status.
32. The ring-fenced Palliative Care funding includes £3.208m for Hospices across Wales. This funding should be provided directly to hospices delivering core NHS services. The ring-fence also includes £0.060 million per Health Board for bereavement co-ordination.

33. **£42m remains as a conditionally recurrent ring-fenced organisation specific allocation for performance and transformation for Betsi Cadwaladr, until such time that the conditions in the letter issued from Judith Paget to Health Boards on 2 December 2024 are met.**
34. Funding for Mental Health has increased by £32.586 million; see section below for detail.
35. Genomics allocations have been increased by £3.263 million to baseline 2025-26 approved funding levels.
36. £18.382 million has been built into the ring-fenced allocation for Urgent & Emergency Care Fund (Six Goals funding) (£17.515 million HB funding / £0.867 million for Velindre Trust SDEC funding), which has previously been issued on an in-year basis.
37. As advised in paragraph **25**, the £90.916 million uplift includes an equivalent 1.11% uplift on the ring-fenced allocations (Table B1) (excluding Mental Health and Depreciation amounts) and the Directed Expenditure Analysis (Table B2).

HCHS Directed Expenditure (Table B2)

38. Funding allocation adjustments have been made to the Directed Expenditure table, for agreed items:
- Velindre NHS Trust LTA (Historic Pay Award);
 - Save a Life Cymru (JCC / WAST);
 - Genomics funding for C&V (up to agreed 25-26 levels);
 - Value Based Healthcare recurrent schemes (HB funding / JCC Elements / Velindre Trust element);
 - Postgraduate Medical & Dental (PGMD) funding (HB funding and Velindre Trust element).

All of the above funding has previously been allocated on an in-year basis.

Healthcare Agreements between Health Boards and with NHS Trusts

39. Health Boards and the Joint Commissioning Committee are expected to pass on an appropriate level of funding for relevant cost increases in Healthcare Agreements for services provided by other Boards and NHS Trusts, equivalent to the additional funding provided to commissioners. With the exception of centrally funded services and any agreed in-year funding, Welsh Government will not be allocating funding for underlying pressures and new cost growth directly to provider organisations, as this is an appropriate requirement for commissioning organisations to discharge.
40. A letter was issued 1st March 2024 from Hywel Jones to all Health Boards setting out the Welsh Government's expectations of the funding flows of funding that supports unavoidable demand and inflationary pressures from commissioners to providers; this principle and expectation continues to apply in 2026-27. The financial values of agreements should be confirmed promptly to enable provider organisations to confirm their Integrated Medium-Term Plans. You are reminded that organisations are expected to reach agreement without the need for arbitration as a key measure of effective relationships between NHS Wales organisations. Given the expectation of system progress on strengthened regional and collaborative working, any arbitration

requirement will be seen as a failure of organisations ability to plan and deliver effective service arrangements. Organisations are to report on the status of obtaining signed agreements via the Financial Monitoring Return process. **For the avoidance of any doubt, the 1.11% uplift for demand and inflation agreed for 2026-27 is expected to unequivocally pass through from commissioners to providers.**

41. Welsh Government will not be able to accept 2026-27 plans for consideration by the Cabinet Secretary for Health & Social Care if any funding agreements have not been finalised and agreed between commissioners and providers. **Health Boards will not be able to assume the 'Core Cost and Demand Uplift for 2026-27' allocation as available funding within final submitted plans without confirmation that agreements are in place with other Health bodies within NHS Wales.** You are required to confirm in writing to Jacqueline Totterdell **by Friday 27th February 2026** that agreements are in place with other Health bodies for 2026-27 in order to assume this funding as part of final plan submissions.

PRIMARY CARE REVENUE

GMS Contract (Table C)

42. Contract negotiations have been finalised for 2026-27, as the agreement reached in 2025-26 was a multi-year deal, including a 5.8% increase to provide financial certainty for practices to invest in workforce expansion, service redesign, and administrative support. This underpins the community-by-design transformation programme, which is being led by the Chief Medical Officer for Wales to deliver and develop more care and services in local communities closer to people's homes and will ensure GPs continue to play a central role in supporting and developing integrated care models.
43. The community-by-design transformation work is a central feature of this year's agreement. The funding for 2026-27 will enable GPs to actively participate in this innovative programme, which aims to reshape primary care services around the needs of local communities. Through collaborative working, we will develop new service models that enhance access, improve outcomes, and ensure care is delivered locally where it is needed most.
44. The allocation tables include all agreed recurrent allocations agreed up to 2025-26, plus the agreed 5.8% increase for 2026-27.
45. A supplementary allocation will be issued when the 2026-27 DDRB negotiations are confirmed.

Community Pharmacy Contract (Table E)

46. Contract negotiations have not been finalised for 2026-27. The Pharmacy allocation is issued at this stage on the same basis as the recurrent 2025-26 allocation.
47. A supplementary allocation will be issued when the 2026-27 contract agreement is confirmed. Details of the total contractual Community Pharmacy Contractual Framework (CPCF) funding and the distribution of funding between core services, enhanced services, quality and workforce elements will be clarified after the supplementary allocation is issued.

Dental Contract (Table F)

48. Contract negotiations have not been finalised for 2026-27. The Dental allocation is issued at this stage on the same basis as the recurrent 2025-26 allocation.
49. The allocation will be re-issued for 2026-27 when contract negotiations have been concluded, and agreement is given for a contractual uplift.
50. Health Boards are reminded that in terms of the ring-fenced Dental Contract budget arrangements will continue as follows for the next year:
- for Health Boards without two consecutively approved IMTPs, the ring fence will continue for 2026-27;
 - for those Health Boards with two consecutively approved IMTPs, the ring-fence is removed provided they continue to have their IMTP approved; and
 - to continue to ring-fence the Designed to Smile and Gwên am Byth oral health improvement programmes for all Health Boards in 2026-27.
51. We will continue to monitor and review the expenditure analysis provided by Health Boards, and we will make adjustments to ring fenced dental contract allocations should explanation on expenditure be considered inadequate.
52. Dental patient charges were increased 1st of April 2024. No changes were made to dental contract patient charge targets as a result of the increase, and any increased patient charge revenue have been utilised by health boards to offset the current shortfall against the targets set in baseline dental contract allocations. No adjustments have been actioned for 2026-27.

OTHER ISSUES

Capital

53. NHS infrastructure investment comprises strategic schemes delivered through the NHS All Wales Capital Programme. Investments include land and buildings as well as other physical assets including vehicles, medical and digital technology equipment. The investments cover all healthcare settings including acute, primary, community and social care.
54. Discretionary capital is that allocated directly to NHS organisations for the following priority areas:
- meeting statutory obligations, such as health and safety and firecode;
 - meeting the fabric of the estate; and
 - the timely replacement of equipment.

See Table 6 for values of baseline discretionary capital funding for 2026-27. Total discretionary capital funding will increase by £12.3m, an increase of 12%.

55. In addition to discretionary capital, capital funding will also be made available specifically as part of the Targeted Estates Fund, and All Wales Capital programme. In addition, ring-fenced funding has also been identified for the continuing delivery of digital investment programmes, equipment & diagnostic replacements, IFRS 16 requirements, and to support delivering improvements in productivity. The detail of

these funding streams will be set out outside of this allocation letter. All approved funding amounts will be agreed with individual organisations based on scheme delivery profiles.

Mental Health

56. Mental health services will continue to be ring fenced in 2026-27. Compliance of individual organisations with the ring-fencing requirement will be monitored on an annual basis. Any organisation whose expenditure on mental health services falls below the ring-fenced quantum will be required to account for the shortfall in expenditure. Table 2 details the total amount of the mental health ring fence, shown by relevant allocation stream. This funding forms a floor, below which expenditure on core mental health services must not fall. This does not exclude mental health services from making efficiencies, but these savings must be re-invested in these services to meet cost increases and new developments.

57. £8.825 million has been added to the ring-fenced mental health allocation in the HB revenue allocation for core costs and demand uplift (equivalent to 1.11%), which provides health boards with additional funding.

58. Funding of £23.761million has been transferred from central budgets for:

- CAMHS In-reach £5.634 million;
- Tier 4 CAMHS £1.250 million;
- 111 Press 2 funding £2.077 million;
- DoLS & Mental Capacity Act (MCA) funding £2.101 million; and
- £12.700 million for **Regional Partnership Board** funding for Dementia Action Plan.

59. The mental health elements that are included in the total ring-fenced allocation (primary care prescribing, GMS (QAIF and Supplementary Services) and Other primary care) have been updated (based on the 2023-24 WCR13 (NHS Programme Budgeting detail)).

60. This increases the total Mental Health ring fenced allocation to £863.614 million (in 2026-27). The detail is shown in Table 2 of the allocation, and the corresponding explanatory notes.

Infrastructure SIFT

61. Funding for infrastructure SIFT has been included as a Directed Expenditure Allocation. This funding must be used to support medical undergraduate education, and recipients of this funding will still be required to account for its use as part of the annual SIFT accountability agreements.

Substance Misuse

62. The Substance Misuse allocation remains ring fenced in 2026-27 and the table shows an agreed increase of £0.259 million (equivalent to 1.11%). Funding will be withheld from Health Boards (HB) until confirmation is received from the Chair of the relevant Area Planning Board (APB) that the use of these resources complements the delivery of the

Welsh Government Substance Misuse Delivery Plan 2019-22 (and any subsequent Plan), this should happen no later than 30th June 2026. Welsh Government expects to see evidence of clear joint planning across the HB ring fence and the Substance Misuse Action Fund monies, with HBs taking due regard for their statutory duties and ensuring they contribute to areas of relevant pressures, including prescribing costs and meeting waiting list targets. Further detail is included in the explanatory notes accompanying the allocation.

Public Health (PHW), Health Education and Improvement Wales (HEIW), NHS Performance & Improvement and Digital Health and Care Wales (DHCW)

63. Core funding for the above bodies for 2026-27 are not being issued with this allocation. Separate funding letters will be issued from policy leads in due course, alongside a mandate and remit letter for 2026-27.

Cross Border Financial Flows

64. To reflect cross border commissioning responsibility, Health Boards in Wales have been funded for English residents registered with their GPs and vice versa, in line with the Protocol agreed with the Department of Health & Social Care.

65. The impact of the 2026-27 uplift, above the core uplift provided in this paper, on Health Board plans will be considered once the tariff is published by NHS England.

Queries

66. If you have any queries about this circular, please contact Julie Broughton (0300 025 5747).

67. Further information surrounding specific policy issues and contact details are provided in the explanatory notes.

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Summary: Unified Budget Allocations - Total HCHS, Drug Prescribing and Primary Care Contracts Resource Limit 2026-27

	1	2	3	4	5	6	7	8
	2026-27 Recurrent HCHS and Prescribing Discretionary Allocation	2026-27 HCHS Ring Fenced Allocation	2026-27 Directed Expenditure	Total 2026-27 HCHS and Prescribing Revenue Allocation	2026-27 GMS Contract - Table C	2026-27 Community Pharmacy Contract - Table E	2026-27 Dental Contract - Table F	Total Revenue Resource Limit 2026-27
	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	1 494,446	231,317	4,651	1 730,415	129,104	38,151	38,476	1 936,147
Betsi Cadwaladr University HB	1 770,467	315,880	7,308	2 093,655	163,746	41,408	37,444	2 336,253
Cardiff and Vale University HB	1 100,021	188,347	27,548	1 315,916	97,535	27,088	34,237	1 474,776
Cwm Taf Morgannwg HB	1 186,359	186,000	6,166	1 378,525	99,543	32,233	27,784	1 538,086
Hywel Dda HB	1 015,445	161,760	2,338	1 179,543	91,188	25,438	23,157	1 319,326
Powys HB	332,929	59,180	0,572	392,681	40,525	6,238	8,423	447,866
Swansea Bay HB	1 021,829	186,243	14,102	1 222,174	82,711	25,426	27,859	1 358,170
Total	7 921,495	1 328,728	62,686	9 312,909	704,353	195,982	197,379	10 410,623

Table A1: Hospital, Community and Health Services and Prescribing (HCHSP) - Discretionary Allocation for 2026-27- £ million

	1	2	3	4
	2025-26 Recurrent HCHS and Prescribing Discretionary Allocation	Baseline Adjustments (Table A2)	Additional Recurrent funding (Table A3)	2026-27 Recurrent HCHS and Prescribing Discretionary Allocation
	£m	£m	£m	£m
Aneurin Bevan HB	1 329,162	148,206	17,078	1 494,446
Betsi Cadwaladr University HB	1 569,820	180,290	20,357	1 770,467
Cardiff and Vale University HB	949,173	138,234	12,614	1 100,021
Cwm Taf Morgannwg HB	1 043,358	129,171	13,829	1 186,359
Hywel Dda HB	898,355	105,419	11,671	1 015,445
Powys HB	303,402	25,640	3,886	332,929
Swansea Bay HB	880,176	130,172	11,481	1 021,829
Total	6 973,446	857,132	90,916	7 921,495

Table A2: HCHSP Allocation 2026-27 Baseline Adjustments - (Column 2, Table A1)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
	Removal of 'Conditionally Recurrent funding 2023-24: Underlying deficit contribution & Inflationary increase'	Recurrent funding 2023-24: Underlying deficit contribution & Inflationary increase	Presentational: Removal of 'Conditionally recurrent funding from 2025-26'	Presentational: Addition of 'Conditionally Recurrent funding for 2026-27'	Presentational: Removal of '2024-25 allocation: Conditional funding (as per Judith Page's letters 2 December 2024)'	Presentational: Addition of '2024-25 allocation: Conditional funding (as per Judith Page's letters 2 December 2024)'	In year: Pay Mapping 2024-25	In year: Pay Mapping JCC 2024-25	In Year: Revised 2025-26 Cost Uplift Factor (CUF) England	In Year: Revised 2025-26 Cost Uplift Factor (CUF) England JCC	Real Living Wage (Social Care) 2025-26 recurrent allocation	In year: Pay Mapping 2025-26	In year: Pay Mapping JCC 2025-26	Employers NIC funding 2025-26	Employers NIC funding 2025-26 (JCC)	Optometry contract reform (2025-26 pay agreement)	Transfer from Ring Fenced: Funding for Planned and Unscheduled Care Sustainability for 23-24 onwards	Transfer from Ring Fenced: Recurrent impact of funding for Planned Care Recovery	Transfer from Ring Fenced: Critical care funding (including JCC funding and PACU)	Transfer from Ring Fenced: Critical care funding JCC funding (was for EASC)	Transfer from Ring Fenced: Value based Recovery (£14m)	Shingles (recurrent transfer of in year funding)	RSV (recurrent transfer of in year funding)	Additional Toplice for Central Procurement of Flu Vaccines	NHS Wales Shared Services adjustments (Table 3)	Total Adjustments (Carried forward to Table A1, Column 2)	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	(64,500)	64,500			(31,000)	31,000	50,196	5,674	0,163	0,264	3,000	35,330	3,628	14,469	1,574	0,271	22,605	3,940	2,753	0,425	2,686	1,201	0,106	(0,078)	-	-	148,206
Betsi Cadwaladr University HB	(74,600)	74,600	(40,000)	40,000			64,358	5,151	0,992	1,147	2,785	39,966	3,434	17,993	1,500	0,231	27,102	7,445	3,529	-	3,126	1,504	0,117	(0,090)	-	-	180,290
Cardiff and Vale University HB							49,740	4,994		0,199	3,667	30,207	3,134	13,520	1,365	0,240	15,966	6,900	5,574	0,348	1,870	0,847	0,082	(0,056)	(0,362)	-	138,234
Cwm Taf Morgannwg HB							46,227	4,472	0,019	0,174	2,600	27,650	2,820	12,315	1,224	0,220	18,426	7,300	2,425	0,288	2,137	0,859	0,077	(0,061)	-	-	129,171
Hywel Dda HB	(43,000)	43,000			(26,000)	26,000	35,986	4,860		0,146	2,300	22,259	2,996	10,195	1,277	0,157	15,347	4,900	2,082	0,281	1,770	0,847	0,065	(0,052)	-	-	105,419
Powys HB					(5,000)	5,000	7,337	1,417	0,948	0,180	1,308	4,676	0,945	1,949	0,411	0,038	5,307	0,000	0,174	0,049	0,583	0,316	0,019	(0,017)	-	-	25,640
Swansea Bay HB							44,469	4,972	0,011	0,162	2,258	24,313	2,985	9,788	1,258	0,145	15,248	19,500	2,167	0,309	1,828	0,746	0,064	(0,051)	-	-	130,172
Total	(182,100)	182,100	(40,000)	40,000	(62,000)	62,000	298,313	31,540	2,133	2,272	17,918	184,401	19,944	80,229	8,609	1,302	120,000	49,985	18,704	1,700	14,000	6,319	0,530	(0,405)	(0,362)	-	857,132

Table A3: HCHSP Allocation 2026-27 Additional recurrent funding (Column 3, Tab

	1	2
	Core cost and Demand Uplift for 2026-27 (1.11%)	Total Additional recurrent Funding (Carried forward to Table A1, Column 3)
	£m	£m
Aneurin Bevan HB	17,078	17,078
Betsi Cadwaladr University HB	20,357	20,357
Cardiff and Vale University HB	12,614	12,614
Cwm Taf Morgannwg HB	13,829	13,829
Hywel Dda HB	11,671	11,671
Powys HB	3,886	3,886
Swansea Bay HB	11,481	11,481
Total	90,916	90,916

Table B1: HCHS Protected and Ring Fenced Revenue Allocations for 2026-27 £-million
 Amounts in the table below have been increased (Core Uplift applied to Table A3)

	1	2	3	4	5	6	7	8	9	10	11
	Learning Disabilities	Depreciation (Table 4 Column 1)	Mental Health Services (Table 2 column 8)	Palliative care/ Bereavement/ Hospice funding	Genomics for Precision Medicine Strategy (inc new Genetic Tests)	Organisation specific funding for performance and transformation	Regional Integration Fund (incorporating previously allocated ICF), plus £1m Carers Funding added	Further Faster	Urgent & Emergency Care	Urgent & Emergency Care (Velindre Trust SDEC element)	Total 2026-27 HCHS Ring Fenced Allocation (carried forward to Summary Table)
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	13,800	50,863	131,111	1,820	3,542		24,796	2,292	2,744	0,348	231,317
Betsi Cadwaladr University HB	17,214	39,819	174,868	2,653	4,259	42,000	29,668	2,654	2,744		315,880
Cardiff and Vale University HB	0,488	33,790	126,932	1,732	2,898		17,691	1,615	2,960	0,243	188,347
Cwm Taf Morgannwg HB	-	33,977	123,274	0,869	2,678		20,393	1,816	2,744	0,249	186,000
Hywel Dda HB	8,663	27,787	100,726	0,917	2,354		17,042	1,528	2,744	-	161,760
Powys HB	7,494	5,857	36,846	0,418	0,819		6,386	0,506	0,835	0,020	59,180
Swansea Bay HB	22,904	28,536	110,716	0,558	2,314		16,925	1,539	2,744	0,008	186,243
Total	70,562	220,630	804,473	8,967	18,863	42,000	132,901	11,950	17,515	0,867	1 328,728

1 478,886	Opening position from 2025-26 Allocation
-120,000	Transfer to Discretionary allocation: Planned & Unscheduled Care
-49,985	Transfer to Discretionary allocation: Planned Care Recovery
-18,704	Transfer to Discretionary allocation: Critical Care funding
-1,700	Transfer to Discretionary allocation: Critical Care funding (was for EASC)
-14,000	Transfer to Discretionary allocation: Value Based Recovery
32,586	Additional MH funding (Table 2)
17,515	Addition for UEC Funding (previously issued in year)
0,867	Addition for UEC Funding - VT SDEC element (previously issued in year)
3,263	Additional Genomics funding (to agreed 25-26 plan level)
1 328,728	2026-27 Closing Position

Table B2 - HCHS Directed Expenditure Analysis

	Aneurin Bevan HB	Betsi Cadwaladr University HB	Cardiff and Vale University HB	Cwm Taf Morgannwg HB	Hywel Dda HB	Powys HB	Swansea Bay HB	Total
1			0,820					0,820
2		0,314						0,314
3		0,199				0,263		0,462
4			0,056	0,035				0,091
5	0,663	1,080	11,334	0,110			4,245	17,432
6	0,021	0,595	3,638	0,131	0,039		0,304	4,728
7		0,030	0,066					0,096
8			0,310					0,310
9		0,280						0,280
10			1,172					1,172
11			0,173					0,173
12	0,153	0,306	0,153	0,196	0,153		0,110	1,071
13						-		-
14					-			-
15	0,060							0,060
16	0,055	0,067	0,044	0,042	0,037	0,013	0,035	0,293
17				1,500				1,500
18			0,009					0,009
19				0,032				0,032
20	-							-
21							0,060	0,060
22		0,150						0,150
23			3,353					3,353
24	-							-
25	-						0,464	0,464
26	0,040	0,079	0,096	0,109	0,058	0,035	0,124	0,541
27	0,051	0,061	0,051	0,061	0,051	0,055	0,051	0,383
28							0,525	0,525
29	0,057		0,040	0,041	0,003	0,003	0,001	0,145
30			1,166					1,166
31	0,273		0,893	0,294	0,348	0,023	1,143	2,974
32	0,047		0,037	0,025				0,108
33			0,050					0,050
34							2,296	2,296
35							0,459	0,459
36	-							-
37	-							-
38							0,210	0,210
39	-							-
40		1,150						1,150
41			0,010					0,010
42						0,050		0,050
43			0,406					0,406
44	0,125	0,409	0,528	0,249	0,025	-	0,386	1,722
45	0,158	-	0,110	0,113	-	0,009	0,004	0,394
46	0,112	0,173	0,081	0,087	0,092	0,050	0,069	0,664
47	0,506	-	0,412	0,655	0,050	-	1,642	3,265
48	0,105	0,128	0,084	0,080	0,071	0,025	0,068	0,560
49	0,383	0,063	0,276	0,277	-	0,039	0,068	1,107
50	1,716	2,225	2,092	2,041	1,411	-	1,835	11,319
51	0,126		0,088	0,090		0,007	0,003	0,313
52	4,651	7,308	27,548	6,166	2,338	0,572	14,102	62,686

Additional funding

44,741 Start position
 0,394 VT LTA - Historic Pay award
 0,664 Save a Life Cymru (JCC / WAST)
 0,323 Additional Genomics funding (to agreed 25-26)
 3,265 Value Based Healthcare schemes (HB)
 0,560 Value Based Healthcare recurrent schemes (HB)
 1,107 Value Based Healthcare recurrent schemes (HB)
 11,319 PGMD: HBs
 0,313 PGMD: Velindre Trust
62,686 Closing Position

Table C: GMS Contract - £ million

	1	2	3	4	5	6	7	8	9
	Allocation 2025-26	2023-24 GP Pay / Expenses	2024-25 GP Pay / Expenses	In year: Global Sum / PSP List Size Increase 2025-26	Shingles (recurrent transfer of in year funding)	RSV (recurrent transfer of in year funding)	2025-26 GP Pay & Expenses agreement	2026-27 agreement - 5.8% increase	Allocation for 2026-27
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	106,894	3,801	4,771	0,194	0,120	0,060	7,207	6,058	129,104
Betsi Cadwaladr University HB	138,361	4,357	5,471	0,142	0,151	0,074	8,262	6,928	163,746
Cardiff and Vale University HB	80,158	2,873	3,621	0,210	0,085	0,044	5,470	5,073	97,535
Cwm Taf Morgannwg HB	82,500	2,988	3,747	(0,047)	0,086	0,044	5,657	4,568	99,543
Hywel Dda HB	76,246	2,586	3,242	0,073	0,085	0,043	4,895	4,019	91,188
Powys HB	35,285	0,913	1,146	0,026	0,032	0,015	1,730	1,378	40,525
Swansea Bay HB	68,601	2,484	3,102	(0,132)	0,075	0,038	4,678	3,866	82,711
Total	588,045	20,000	25,100	0,466	0,634	0,318	37,900	31,890	704,353

Table E: Community Pharmacy Contract - £ million

	1	2	3
	Final allocation 2025-26	In year funding: 25-26 agreed uplift to CPCF (4%)	Allocation for 2026-27
	£m	£m	£m
Aneurin Bevan HB	36,808	1,343	38,151
Betsi Cadwaladr University HB	39,857	1,551	41,408
Cardiff and Vale University HB	26,115	0,973	27,088
Cwm Taf Morgannwg HB	31,185	1,048	32,233
Hywel Dda HB	24,535	0,903	25,438
Powys HB	5,942	0,296	6,238
Swansea Bay HB	24,540	0,886	25,426
Total	188,982	7,000	195,982

Table F: Dental Contract - £ million

	1	2	3	4
	Start position	In year funding: 24-25 agreed uplift DDRB Pay	In year funding: 2025-26 agreed uplift DDRB Pay (4%)	Allocation for 2026-27
	£m	£m	£m	£m
Aneurin Bevan HB	34,643	2,079	1,754	38,476
Betsi Cadwaladr University HB	33,689	2,021	1,734	37,444
Cardiff and Vale University HB	30,848	1,851	1,538	34,237
Cwm Taf Morgannwg HB	24,982	1,499	1,303	27,784
Hywel Dda HB	20,884	1,253	1,020	23,157
Powys HB	7,575	0,455	0,393	8,423
Swansea Bay HB	25,112	1,507	1,240	27,859
Total	177,732	10,665	8,982	197,379

**Table 1: Substance Misuse Funding
(Memorandum table)**

	1	1	1
	2025-26 Substance Misuse Ring- Fenced Funding	2026-27 Core Cost and Demand Uplift (1.11%)	2026-27 Substance Misuse Ring- Fenced Funding
	£m	£m	£m
Aneurin Bevan HB	3,480	0,049	3,529
Betsi Cadwaladr University HB	6,354	0,058	6,412
Cardiff and Vale University HB	2,972	0,036	3,008
Cwm Taf Morgannwg HB	4,092	0,039	4,131
Hywel Dda HB	2,463	0,033	2,496
Powys HB	0,733	0,011	0,744
Swansea Bay HB	3,224	0,033	3,257
Total	23,319	0,259	23,578

Table 2 - Total Mental Health Ring Fenced

	1	2	3	4	5		6	7	8	9	10	11
	2025-26 HCCHS Ring-Fenced Allocation	CAMHS In-Reach	Tier 4 CAMHS	111 press 2	DoLS & Mental Capacity Act (MCA)	RPB Funding - Dementia Action Plan (DAP)	Core Cost and Demand Uplift (1.11%) 2026-27	2026-27 Final HCCHS Ring Fenced Allocation	Primary Care Prescribing	GMS (QAIF and SS)	Other Primary Care	2026-27 Total Mental Health Ring Fenced Allocation
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	125,461	0,817	0,234	0,285	0,377	2,276	1,662	131,111	7,477	0,613	3,305	142,506
Betsi Cadwaladr University LHB	167,116	1,864	0,279	0,278	0,452	2,931	1,947	174,868	8,419	0,092	2,881	186,260
Cardiff and Vale University HB	122,594	0,622	0,198	0,285	0,266	1,600	1,367	126,932	5,569	0,494	2,913	135,908
Cwm Taf Morgannwg HB	118,770	0,700	0,177	0,208	0,307	1,803	1,309	123,274	5,719	0,390	2,751	132,134
Hywel Dda HB	96,493	0,755	0,154	0,252	0,256	1,733	1,083	100,726	5,157	0,175	2,798	108,855
Powys HB	34,692	0,336	0,053	0,516	0,189	0,701	0,359	36,846	1,300	0,053	1,742	39,942
Swansea Bay HB	106,759	0,541	0,155	0,252	0,254	1,656	1,098	110,716	4,964	0,575	1,755	118,010
Total	771,886	5,634	1,250	2,077	2,101	12,700	8,825	804,473	38,606	2,392	18,144	863,614

Updated using 2023-24 NHS Programme Budgeting returns

1,11 %

Table 3 - Shared Services Funding / Top Slice

	113	114	115	116	117	118	119
	Core Uplift 2025-26 (0.5%)	2024-25 Pay Award (including retrospective 2023-24 Medical & dental)	2025-26 ENIC	2025-26 Pay Award	Primary Care Workforce Sustainability	Cardiff & Vale Procurement posts	Total Shared Services Funding 2026-27
	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB							5,206
Betsi Cadwaladr University LHB							6,456
Cardiff and Vale University HB						0,362	5,811
Cwm Taf Morgannwg HB							4,021
Hywel Dda HB							3,968
Powys HB							1,010
Swansea Bay HB							6,970
NWIS							(0,028)
Welsh Government	0,440	6,145	1,679	3,993	0,082		67,342
TOTAL	0,440	6,145	1,679	3,993	0,082	0,362	100,755
Welsh Ambulance Services NHST							0,656
Velindre NHST							0,527
Public Health Wales NHST							0,445
HEIW							0,012
DHCW							0,083
OVERALL TOTAL	0,440	6,145	1,679	3,993	0,082	0,362	102,478

	Total Shared Services Top- Slice 2025-26	Recurrent Adjustment 2026-27 (Table A2)
	£m	£m
	5,206	-
	6,456	-
33,442	5,449	(0,362)
	4,021	-
	3,968	-
	1,010	-
	6,970	-
	33,080	(0,362)

Table 5: Recurrent Primary Care Development Funding (Already in Discretionary Baseline - not additional funding)
(Memorandum table only)

Amounts in the table below have been increased (core uplift applied to Table A3)

	1	2	3	4	5	6	7	8	9	10	11
	IMTP and Workforce	Cluster funding	Additional Cluster funding added 2024-25	SPPC Funding (previously Pathfinders)	Wet AMD	Inverse Care Law	Occupational Health for GPs	Programme manager funding	Funding for local communication activity in primary care	National Director and Strategic Programme Lead for Primary Care	Total Amount (Already included in discretionary baseline)
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	5,064	1,880	1,896	0,715	-	0,360	0,038	-	0,020	-	9,973
Betsi Cadwaladr University HB	5,628	2,210	2,236	0,840			0,045		0,020		10,979
Cardiff and Vale University HB	3,805	1,414	1,351	0,537			0,031		0,020		7,158
Cwm Taf Morgannwg HB	4,362	1,515	1,513	0,575	0,019	0,360	0,030		0,020		8,394
Hywel Dda HB	2,898	1,284	1,291	0,488	-		0,022		0,020		6,003
Powys HB	1,140	0,453	0,416	0,172	-		0,010		0,020		2,211
Swansea Bay HB	3,047	1,244	1,297	0,473			0,024		0,020		6,105
Total	25,944	10,000	10,000	3,800	0,019	0,720	0,200	-	0,140	-	50,823
	Adjusted as per letter from Alex Slade			Adjusted as per letter from Alex Slade				To NHS Exec (SPPC)		To NHS Exec (SPPC)	No change in 26-27

Summary: Baseline discretionary capital funding 2026-27

	1
	2026-27 Baseline discretionary capital funding
	£m
Health Boards & SHAs	
Aneurin Bevan HB	14,456
Betsi Cadwaladr University HB	19,088
Cardiff and Vale University HB	19,088
Cwm Taf Morgannwg HB	13,474
Hywel Dda HB	11,228
Powys HB	3,032
Swansea Bay HB	15,579
HEIW	0,112
Digital Health Care Wales	3,649
Total (Health Boards and SHAs)	99,706
NHS Trusts	
Velindre	2,246
NHS Wales Shared Services Partnership	1,404
Public Health Wales	1,909
Welsh Ambulance Services	7,018
Total (NHS Trusts)	12,577
Total	112,283

1,581