

Agenda

09:30 - 09:40 1. PRELIMINARY MATTERS

10 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 01 July 2025

Chair

📄 PPHPC 20251007 1.4 Draft Minutes.pdf (10 pages)

1.5. Committee Action Log

Chair

📄 PPHPC 20251007 1.5 Committee Action Log.pdf (3 pages)

09:40 - 09:40 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

0 min

There are no items for inclusion in this section

09:40 - 12:10 3. ITEMS FOR DISCUSSION

150 min

3.1. Review of Committee Programme Annual Programme of Business 2025/26

Director of Corporate Governance

📄 PPHPC 20251007 3.1 Review of Committee Programme Annual Programme of Business -Cover Report.pdf (3 pages)

📄 PPHPC 20251007 3.1a Review of Committee Forward Work Plan - Appendix 1.pdf (5 pages)

3.2. Committee Risk Report

Director of Corporate Governance

📄 PPHPC 20251007 3.2 Committee Risk Report.pdf (6 pages)

📄 PPHPC 20251007 3.2a Committee Risk Report Appendix 1.pdf (18 pages)

3.3. Update on Priority Programmes


Director of Strategy, Planning and Partnerships

📄 PPHPC 20251007 3.3 Update on Priority Programmes .pdf (12 pages)

📄 PPHPC 20251007 3.3a App 1 Prog on Page Sept 25.pdf (12 pages)

3.4. IMTP/Annual Plan Development

Director of Strategy, Planning and Partnerships


 PPHPC 20251007 3.4 IMTP Annual Plan Development.doc.pdf (11 pages)

3.5. Estates Strategy Review

Director of Strategy, Planning and Partnerships


3.6. Update on St Woolos Hospital

Director of Strategy, Planning and Partnerships


 PPHPC 20251007 3.6 Update on St Woolos Hospital.pdf (17 pages)

3.7. Development of Nevill Hall Hospital


Director of Strategy, Planning and Partnerships

 PPHPC 20251007 3.7 Development of Nevill Hall Hospital.doc.pdf (7 pages)

 PPHPC 20251007 3.7 Appendix 1 - Posters in Community Venues.pdf (1 pages)

 PPHPC 20251007 3.7 Appendix 2 15th Sept 25 NHH and Wider Hospital Future Plans - Llais.pdf (2 pages)

 PPHPC 20251007 3.7 Appendix 3 - Community Engagement.pdf (2 pages)


 PPHPC 20251007 3.7 Appendix 4 - Social Media Analytics.pdf (7 pages)

 PPHPC 20251007 3.7 Appendix 5 - events & feedback summary.pdf (13 pages)

3.8. Regional Partnership Board Update

Director of Strategy, Planning and Partnerships

 PPHPC 20251007 3.8 Regional Partnership Board Update.pdf (6 pages)

 PPHPC 20251007 3.8a Presentation in PPHPC 20251007 3.8 Regional Partnership Board Update.pdf (3 pages)

3.9. Public Services Board Update

Director of Public Health

3.10. Regional Planning Update

Director of Strategy, Planning and Partnerships

 PPHPC 20251007 3.10 Regional Planning Update.pdf (9 pages)

12:10 - 12:15 4. ITEMS FOR INFORMATION

5 min


4.1. Future Generations Report Launch 2025

Director of Public Health

 PPHPC 20251007 4.1 Future Generations Report .pdf (5 pages)

 PPHPC 20251007 4.1a Letter from the Future Generations Commissioner for Wales.pdf (4 pages)

 PPHPC 20251007 4.1b 2025 04 25 Argymhellion CCDC List of FG Report Recommendations.pdf (28 pages)

 PPHPC 20251007 4.1c Llythyr oddi wrth Comisiynydd Cenedlaethau'r Dyfodol Cymru.pdf (4 pages)

12:15 - 12:30 5. OTHER MATTERS 12.15-12.30

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

- **27 January 2026**



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

Partnerships Population Health and Planning Committee

DATE OF MEETING	01 July 2025
VENUE	Microsoft Teams

PRESENT	Phil Robson, Chair
	Dafydd Vaughan, Independent Member
	Richard Clarke, Independent Member
	Penny Jones, Independent Member
IN ATTENDANCE	Rani Dash, Director of Corporate Governance
	Leanne Watkins, Chief Operating Officer
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Tracy Daszkiewicz, Director of Public Health
	Lloyd Hambridge, Divisional Director Primary Care
	James Attwood, Health Intelligence Consultant
	Naomi Murtagh, Board Business Manager
	Gavin Thomas, Governance Support Officer
Apologies	Akmal Hanuk, Independent Member

PPHPC0107/01	Welcome and Introductions Phil Robson (PR), Chair, welcomed everyone to the meeting.
PPHPC0107/02	Apologies for Noting Apologies were NOTED from Akmal Hanuk (AH), Independent Member.
PPHPC0107/03	Declarations of Interest for Noting There were no Declarations of Interest to note.
PPHPC0107/04	Draft Minutes of the Partnerships, Population Health and Planning Committee, held on 2nd April 2025



	<p>The minutes of the meeting held on 2nd April 2025 were RECEIVED and were AGREED as an accurate record of the meeting.</p>
<p>PPHPC0107/05</p>	<p>Committee Action Log for Review</p> <p>The Committee received the action log and were content with the progress made in relation to completed actions and NOTED that the remaining outstanding action was due to be presented at the next meeting.</p>
<p>PPHPC0107/06</p>	<p>Development of Committee Annual Programme of Business</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the Annual Programme of Business to the Committee.</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, suggested incorporating deep dives into the IMTP priority programme to focus on key areas such as the six goals programme and planned care transformation.</p> <p>Phil Robson (PR), Chair agreed with HE on the need to incorporate deep dives into the programme of work and HE advised she would work with the governance team to incorporate these into the work plan.</p> <p>Action: Director of Strategy, Planning and Partnerships/Committee Secretariat</p> <p>The Committee APPROVED the Committee Annual Programme of Business and NOTED that it would be brought forward to each future meeting for oversight.</p>
<p>PPHPC0107/07</p>	<p>Committee Risk Report</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the report, providing an overview of the current strategic risk aligned to the Committee. It was reported that there had been no changes from the previous report.</p> <p>Phil Robson (PR), Chair, queried the estates risk which was shown as red in the report. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, explained that it was a similar picture across Wales. Furthermore, HE advised</p>



	<p>that there was a requirement of £250k needed to undertake the estates work across the Health Board, but assured the Committee that there was a detailed risk register in place for estates to monitor the situation.</p> <p>The Committee NOTED the report and the delegated strategic risks.</p>
<p>PPHPC0107/08</p>	<p>IMTP Priority Programmes</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee and outlined key service programmes: place-based care and population health, six goals programme, planned care, cancer, mental health and LD, and clinical redesign.</p> <p>HE emphasised the importance of these programmes in driving forward the delivery of the plan and strategy.</p> <p>Dafydd Vaughan (DV), Independent Member, noted that the programmes will involve multiple layers of complexity, making them challenging to monitor. HE agreed with DV and explained that there was a tracker in place to monitor these which would be brought to the next meeting for the committee to review.</p> <p>Action: Director of Strategy, Planning and Partnerships/Committee Secretariat</p> <p>Penny Jones, (PJ) Independent Member queried if any partner organisations are involved in the 6 goals programme of work and HE confirmed that there is representation from Local Authorities.</p> <p>Phil Robson (PR), Chair, thanked HE for her detailed report, and explained that there was confidence that the programmes of work would help to deliver the Board’s aims and objectives.</p> <p>The Committee NOTED the report and the six transformation programmes for 2025/26 and additionally NOTED the core purpose of each programme.</p>
<p>PPHPC0107/09</p>	<p>2024/25 Emergency Planning Resilience and Response Annual Report.</p>



Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee, and highlighted key areas such as major incident planning, business continuity, and security.

HE also informed the Committee of a planned National Exercise called Exercise Pegasus, to test readiness for a novel infectious disease.

HE informed the Committee of the major incident planning efforts, including a significant exercise conducted in June 2024. This exercise involved simulating a major incident with various injects to test the organisation's response capabilities. The exercise was observed by both internal and external stakeholders, providing valuable feedback for improvement.

Business continuity had been a major focus, with efforts to ensure that all areas of the organisation had robust plans in place. This included transparency around the status of these plans and ongoing support for areas that need additional help in developing and testing their business continuity arrangements.

HE highlighted the work completed to enhance security, including the transition to an in-house security model and preparations for the implementation of Martin's Law, which would introduce new security requirements for places where large numbers of people gather.

HE discussed the upcoming Exercise Pegasus, a national exercise to test readiness for a novel infectious disease. This exercise would involve multiple phases and would test the system's ability to respond to a new virus, with a focus on planning and preparedness.

Penny Jones (PJ), Independent Member, queried if the Major Incident undertaken recently had been recorded and if it was available for viewing by Independent Members. Additionally, PJ queried if there was a role for independent members to play during a Major Incident. HE explained that there was a considerable amount of footage and pictures available from the day but within the Incident Management Plan and that there is no specified role for Independent Members.

PJ explained that she believes that there is a need for there to be a Board Briefing session focused on Major



Incidents. Rani Dash (RD), Director of Corporate Governance, explained that this would be built into Board Session Briefing plans.

Action: Director of Corporate Governance

Dafydd Vaughan (DV), Independent Member, acknowledged confidence in the organisation's approach to Business Continuity. However, emphasised the importance of focusing on the actions required should a supplier experience an incident that impacts the organisation. HE agreed with DV and explained that this issue would be raised at Executive Committee, to ensure it is addressed through existing contractual arrangements with suppliers.

The Committee **NOTED** the Emergency Planning Annual Report and was **ASSURED** of the work being undertaken.

PPHPC0107/10

Primary Care Sustainability Report

Leanne Watkins (LW), Chief Operating Officer welcomed Lloyd Hambridge (LH), Divisional Director Primary Care, to the meeting who presented the report to the Committee.

LH explained that primary care remains in a challenging position, and the Health Board continued to see a concerning picture of services struggling to cope with rising demands and diminishing capacity, the system was under sustained and multifaceted pressure due to a convergence of demographic, clinical, operational, and economic factors. These pressures were significantly impacting workload, staff retention, morale, and the financial viability of independent contractor practices.

LW noted that a substantial portion of the National Chief Executive Meeting agenda had been allocated to this issue, reflecting the significant pressures currently being experienced.

LH explained that by March 2026 all practices in Wales should be on EMIS which will bring standardisation across Wales, and Welsh Government were currently working with practices on Data Sharing agreements which would help the situation going forward.

DV informed that NHS England had recently approved their first new GP system in 10 years which would allow



innovation in GP practices, and suggested we review this as something to learn from going forward.

LW advised that both herself and Hannah Evans (HE), Director of Strategy, Planning and Partnerships recently attended Microsoft along with the NHS GP Confederation to learn about doing things differently with technology, with a planned follow up later in the year.

Phil Robson (PR), Chair, thanked LH for his attendance and the Committee **NOTED** the progress of the Primary Care Sustainability Board since May 2023.

In addition, the Committee **ENDORSED** the Place Based Model proposed as a key contributor to Primary Care Sustainability.

PPHPC0107/11

Population Health Management Update Report

Tracy Daszkiewicz (TD), Director of Public Health, introduced James Attwood (JA), Health Intelligence Consultant, who presented the report to the Committee.

JA provided an update on the Population Health Management (PHM) project, outlining progress in linking Primary and Secondary Care data, as well as the challenges encountered. JA also discussed the evolving national landscape and the potential benefits of adopting a national PHM tool. JA highlighted the successful completion of a Data Protection Impact Assessment and a Data Sharing Agreement with Mount Pleasant Practice in Monmouthshire.

JA explained that some GPs remained reluctant to share data, emphasising the need for robust Information Governance. However, he stressed the importance of overcoming these challenges to ensure the project's success.

Dafydd Vaughan (DV), Independent Member, acknowledged the concerns raised by JA and queried where Wales sits in light of Data Sharing Act which was passed 2 weeks ago which covered sharing of data for population health noting that Wales was excluded from the legislation. JA informed that conversations were ongoing with Welsh Government to make the sharing of data easier.



	<p>TD reminded the Committee that data sharing was originally established following a series of incidents around 25 years ago, where the absence of shared data had resulted in harm. These events highlighted the critical need for effective data sharing. TD emphasised that maintaining momentum in these discussions is essential, warning that failure to do so could result in Wales falling behind England in this area.</p> <p>Phil Robson (PR), Chair, queried if practices were aware of the benefits of such work. JA explained that the Health Board were working closely with practices to understand what their priorities were and then working with them to deliver their goals, in a similar way to how Public Health Wales are looking at Hypertension in the community.</p> <p>TD explained that she firmly believed that if we can build this in a bespoke way, we can use the intelligence to help inform strategic direction across the partnerships.</p> <p>The Committee NOTED the report.</p>
<p>PPHPC0107/12</p>	<p>Best Start in Life - Joint Strategic Needs Assessment Update</p> <p>Tracy Daszkiewicz (TD), Director of Public Health, presented the report to the Committee and outlined a clear system-wide approach, underpinned by a robust methodology for data collection and the use of family feedback to shape services, with an aim to ensure consistent support for children from birth through to age 25.</p> <p>The report was welcomed by Phil Robson (PR), Chair, who queried where oversight of the recommendations sits.</p> <p>TD confirmed that the programme and its progress were overseen by the Public Service Boards, established under the Well-being of Future Generations (Wales) Act 2005.</p> <p>The Committee NOTED the report.</p>
<p>PPHPC0107/13</p>	<p>Regional Planning</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee.</p> <p>HE explained that Health Boards in South East Wales continued with active collaboration where this delivers</p>



added value to clinical service delivery, access and sustainability. HE explained that the Cabinet Secretary's expectation of regional planning and delivery remained at a high level, reinforced by letters recently received from his office and that of the NHS Wales Chief Executive.

HE explained how Chairs were directed to establish a South East Wales Health Boards Regional Joint Committee with the aim of offering stronger strategic leadership, foster collaboration, and to provide a robust governance framework to accelerate and enhance the planning and delivery of services. To allow for the induction and onboarding of new Chairs to Aneurin Bevan and Cardiff and Vale University Health Boards, the Committee is to be formally established in quarter 3 of 2025/26.

HE informed the Committee that since confirmation of funding in February 2023 and subsequent purchase of the Llantrisant Health Park (LHP) site by Cwm Taff Morgannwg UHB, Welsh Government, focus had been on the development of the site for additional local and regional service capacity, for which an Outline Business Case (OBC) was being prepared.

The Committee noted that for Aneurin Bevan University Health Board (ABUHB), the position remains that the LHP development does offer opportunities to further strengthen our planned care capacity and offer in this context. Despite this, HE explained that the Health Board had maintained full engagement and participation in a wide range of collaborative regional planning programmes but maintained the position that it was essential that any opportunities identified through this work reflect value for money when considered against other options.

In terms of Endoscopy, HE advised that ABUHB team have continued to engage with finalisation of the required regional plan setting out the current demand and capacity requirements and residual deficit across the region, whilst consistently following the original position statement setting out the approach to endoscopy regional planning.

In terms of Radiology, HE explained that ABUHB team were working with colleagues to develop the required cross-health board demand and capacity mapping exercise, together with a detailed delivery plan for meeting radiology demand across the region. Whilst the formal



regional radiology / community diagnostic hub project had been stood down, the need for close ongoing collaboration had been recognised, and it was planned for a regional radiology management group to provide a forum for joint planning, agreeing common service protocols and sharing of best practice.

HE informed the Committee that in respect of Ophthalmology the ophthalmology regional programme had continued to make good progress, successfully delivering the key aim of eliminating cataract surgery waits of over two years by the end of March this year. Welsh Government responded by committing additional funding of £19.5M for 2025/26 to maintain and further improve the waiting time position by the end of the financial year.

Phil Robson (PR), Chair, thanked HE for her detailed report and queried the latest position in relation to stroke patients from Cwm Taff Morgannwg Health Board. HE advised that there was recently an Executive-to-Executive meeting held between the two Health Boards to review the position. HE explained that the data is difficult to cut through, and the Health Board would need more time to understand the data and review the position. HE advised that the Health Board would expect the position to continue for a 12-month period, but that the Health Board were awaiting formal communication on this matter.

The Committee **NOTED** the report.

PPHPC0107/14

Eye-Care Health Needs Assessment

Leanne Watkins (LW), Chief Operating Officer, presented the report to the Committee and explained that the National Health Service (Wales Eye Care Services) (Wales) (No.2) Directions 2024 came into force on the 1st April 2024 and placed a requirement on Health Boards, under Part 2, to undertake and publish an initial Eye Health Needs Assessment (EHNA) within 12 months of the commencement date.

Due to the timescales, complexities and volume of work required to complete the initial EHNA, the Primary and Community Care Division commissioned PCC to undertake the Health Boards initial EHNA.



	<p>LW informed the Committee that the Executive Committee had endorsed the publication of the Health Boards initial Eye Health Needs Assessment for 2024/25 and asked for it to be received at the Partnerships, Population Health & Planning Committee for noting.</p> <p>The Committee NOTED the publication of the Health Boards Initial Eye Health Needs Assessment for 2024/25.</p>
<p>PPHPC0107/15</p>	<p>Audit Wales Report on No time to lose: Lessons from our work under the Wellbeing of Future Generations Act</p> <p>Rani Dash (RD), Director Corporate Governance, presented the report and explained that Audit, Risk and Assurance Committee had received the report and asked for it to be received at the Partnerships, Population Health & Planning Committee for noting.</p> <p>The Committee NOTED the report.</p>
<p>PPHPC0107/16</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>There were no specific matters identified for escalation to the Board or other Committees at this time. It was noted that many of the key items discussed are expected to reach the Board through existing channels in due course</p>
<p>PPHPC0107/17</p>	<p>Any Other Urgent Business</p> <p>There was no other Urgent Business to note.</p>
<p>PPHPC0107/18</p>	<p>Date of the Next Meeting</p> <p>The next meeting is scheduled for 7th October 2025</p>





**Partnerships, Population Health and Planning
Committee
ACTION LOG**

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2025	PPHPC/2801/08	<p>Update on the development of Capital Programmes</p> <p>An update on the transfer of services from St. Woolos Hospital to the Royal Gwent Hospital was requested for the next Committee meeting.</p>	Director of Strategy, Planning and Partnerships	April 2025	<p>Complete</p> <p><u>July Update</u> This item is scheduled to come to the October meeting.</p> <p><u>May update</u> Project Board now established. 3 Groups set up reporting to the Board to take forward the relevant workstreams –</p> <ul style="list-style-type: none"> • Service Group • Estates and Infrastructure • Finance and Resource <p>Agreed at agenda setting meeting in</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					<p>May for update to come to September's meeting.</p> <p><u>April update.</u></p> <p>To be scheduled for a full Board briefing, alongside an update on other capital projects</p>
July 2025	PPHC 202507/08 IMTP Priority Programmes	IMTP Programmes Tracker to be brought to the next Committee.	Director of Strategy, Planning and Partnerships/Committee Secretariat	October 2025	<p><u>August Update</u></p> <p>Item is on the agenda for October meeting.</p>
July 2025	PPHC 202507/09 2024/25 Emergency Planning Resilience and Response Annual Report.	A Board Briefing session focused on major incident planning will be scheduled and incorporated into the forward plan.	Director of Corporate Governance/Committee Secretariat	October 2025	<p><u>August Update</u></p> <p>Board Briefing Session is planned for January.</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed

All actions in this log are currently active and are either part of the Board'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 Board meeting will be ready.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 October 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships, Population Health and Planning - 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)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Partnerships, Population Health and Planning Committee is asked to review the agreed Committee Forward Work Plan appended to this report as **Appendix A**.

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

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

Cefndir / Background

In line with good governance practice, the Partnerships, Population Health and Planning 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 of July to October, there have been no changes made to the Forward Work Programme.

Asesiad / Assessment

The Committee is requested to **NOTE** the updated Partnerships, Population Health and Planning Committee Forward Work Plan as provided in **Appendix A**.

Argymhelliad / Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee work plan and **NOTE** that it will be brought forward to each future Committee meeting for oversight.

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. 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	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 <i>resource</i> 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

Committee Name: Partnerships, Population Health and Planning

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 Committee self-assessment for 2024
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on:

- The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- Plans and arrangements for the following matters are adequate, effective, and robust and achieving intended outcomes: Joint committee and partnership planning; Engagement and communication; and Civil Contingencies and Business Continuity;
- That partnership governance and partnership working is effective and successful; and

- that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee also has a role in providing accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- Business cases and service planning proposals;
- The alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
- The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- The Health Board's priorities and plans to improve population health and wellbeing.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 02/04/25	QTR 2 July to Sept 01/07/25	QTR 3 Oct to Dec 07/10/25	QTR 4 Jan to Mar 27/01/26
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	All members	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/ Chair	AN	✓			
Review of Committee Programme of Business	DoCG/ Chair	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2025/26	DoCG/ Chair	AN	✓			
Annual Review of Committee Effectiveness 2025/26	DoCG/ Chair	AN	✓			
Committee Annual Report 2024/25	DoCG/ Chair	AN	✓			
Committee Risk Report	DoCG	SI	✓	✓	✓	✓
Strategic Planning						
Update on the Delivery of a Long-Term Strategy	DoSP&P	SI	✓	✓	✓	✓
IMTP/Annual Plan Development	DoSP&P	An			✓	

Development of any plans and strategies aligned to the IMTP and Annual Plan	DoSP&P	SI	✓	✓	✓	✓
Emergency Planning Assurance Report	COO/ DoN	An		✓		
Primary Care Sustainability Report	COO	An	✓			
Estates Strategy Review	DoSP&P	AN			✓	
Nevil Hall Hospital Strategic Outline Case	DoSP&P	AN			✓	
St Woolos Hospital rationalisation	DoSP&P	AN			✓	
Digital Strategy	DOD	AN				✓
Planning Maturity Matrix	DoSP&P	AN			✓	
Strategic Partnerships						
Regional Partnership Board	DoSP&P	SI	✓	✓	✓	✓
Public Services Board	DPH	SI	✓	✓	✓	✓
Regional Planning	DoSP&P	SI	✓	✓	✓	✓
Population Health						
Population Health Management Update Report	DPH	An		✓		
Joint Strategic Needs Assessment Update	DPH	An		✓		
Health Protection & Vaccination Programme Update	DPH	Bi-An	✓		✓	

Lead Officer	
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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 Allied Health Professionals & 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	!/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:	07 October 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning 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 an overview of the current strategic risks assigned to the Partnerships, Population Health, and Planning Committee (the Committee) for monitoring on behalf of the Board.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation & Cefndir / Background

Since the last report to the Committee, in July 2025, there have been no changes to the risk profiles assigned to this Committee for oversight.

Asesiad / Assessment

The Committee risk portfolio, outlined in Table 1, contains **four** principal risks with **eight** sub-risks. In accordance with best practice, all risks are reviewed within the appropriate timeframe for their respective levels of risk.

The review focuses on the control environment, ensuring that the controls remain robust and adequate for managing the identified risks. Additionally, the assurances are tested to verify the robustness of the controls. Detailed information is provided in **Appendix A** (Strategic Risk Dashboard and individual risk assessments).



Table 1

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 001 Theme Service Delivery Appetite Open Score 17 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population.	e) Due to inadequate strategic plans which respond to population health and socio-economic needs.	Moderate 2 x 4 (8)	Y
		f) Due to unsustainable service models.	Moderate 2 x 4 (8)	y
SRR 002 Theme Compliance & Safety Appetite Minimal Score 8 and below	There is a risk that there will be a significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) within structures.	Extreme 3 x 5 (15)	N
		b) Due to significant levels of backlog maintenance and structural impairment.	High 3 x 4 (12)	N
SRR 004 Theme Compliance & Safety Appetite Minimal Score 8 and below	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident.	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident	Moderate 2 x 4 (8)	Y
		b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.	High 3 x 4 (12)	N
SRR 007 Theme Transformation & Partnership Working Appetite Open Score 17 and below	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	Moderate 2 x 4 (8)	Y
		b) Due to the impact of fragile services across the regional and supra regional geography.	High 3 x 3 (9)	Y



Risk Exposure

The risk exposure of the eight sub-risks is illustrated in the infographic below. Most of the risks sit within bottom left quarter of the risk matrix, representing a balance between the probability of occurrence and the severity of the consequences. These risks require a proportional management approach necessitating increasingly robust responses to avoid moving toward the higher-risk categories.

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)					
4. Likely (61-90%)					
3. Possible (41-60%)			SRR 007B	SRR 001F *SRR 002B *SRR 004B	*SRR 002A
2. Unlikely (11-40%)				SRR 001E SRR 004A SRR 007A	
1. Rare (1-10%)					

*Outside of appetite

Risks Outside of Appetite

The table below highlights **three** key strategic risks within the compliance and safety theme, all of which currently exceed the Board's stated appetite.

The Board has articulated a minimal risk appetite in relation to compliance and safety, reflecting its commitment to meeting statutory obligations and ensuring the safety of patients, staff, and visitors. Under this appetite, risks with a residual score above the defined threshold of 8 are expected to be actively managed, reduced, or eliminated where feasible. As such, they require targeted action and close oversight.

Risk ID	Sub Risk Description	Current Score	The Board should:
SRR 002A	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	15	Tolerate the risk until it can be Terminated .
SRR 002B	Due to significant levels of backlog maintenance and structural impairment.	12	TREAT the risk through proactive estate investment and maintenance planning.
SRR 004B	Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident	12	TREAT the risk by developing, standardising, and testing effective Business Continuity and Critical Incident Response Plans.



Focus for 2025/26

The Corporate Governance Directorate is working closely with Executive Directors to develop a comprehensive corporate risk register (CRR). This collaboration helps identify emerging risks early and ensures risk management is embedded in strategic planning. So far, several high-level operational risks, outlined below, have been identified that could affect delivery of the Integrated Medium-Term Plan (IMTP). By adding these to the CRR, the Executive Team can gain a clearer view of its biggest challenges and how they align with strategic objectives.

Proposed Corporate Risks aligned to Strategic Risks overseen by the PPHP Committee			
Theme	Risk Description	Causes	Impact
Partnership Working	Ineffective or fragmented working relationships across the region	Misaligned priorities, inconsistent engagement, lack of clarity in roles and decision-making across partner Health Boards	Missed opportunities for service transformation, duplication of effort, inefficient resource use, and reduced confidence in regional leadership
Improved Population Health	Re-emergence of vaccine-preventable diseases	Decline in immunisation uptake post-COVID-19, with geographical variation	Increased disease incidence, outbreaks, pressure on health services, reputational risk
Improved Population Health	Failure to maintain oversight of the whole system (Primary Care to acute)	Increased focus on secondary care performance	Missed early intervention opportunities, unaddressed issues in community settings, failure to deliver integrated care
Long-Term Service Sustainability	Financial pressure and potential service loss	Withdrawal of RIF funding and lack of alternative funding	Service decommissioning, reduced integrated care, strain on core services
Long-Term Service Sustainability	Capital project delays and budget overspend	Contractual disputes with contractors	Disruption to planned service developments, reputational and governance concerns
Long-Term Service Sustainability	Failure to meet climate adaptation requirements	Insufficient readiness and capacity to embed adaptation measures	Non-compliance, vulnerability to climate risks, missed sustainability opportunities
IMTP Delivery	Planned care and cancer pathway targets not achieved	Increased referrals vs. limited resources	Longer waits, poorer outcomes, reputational and regulatory consequences

Each risk is now undergoing detailed assessment to identify control gaps and determine what further action is needed. This targeted approach helps ensure resources are focused where they're most needed, supporting service delivery and minimising potential disruption. In doing so, preventative controls, designed to stop



issues before they arise are being strengthened as part of this work. Directive controls, such as policies, procedures, and standards, are also being reinforced to guide consistent, safe practice across the Health Board.

This enhanced approach aims to provide the Committee with greater assurance around its priorities of partnership working, improved population health, and long-term service sustainability in Gwent. In addition, maintaining a strong grip on strategic and operational risks, the Health Board is better equipped to deliver on the IMTP, plan services effectively, and support a safer, more resilient health system for the people of Gwent.

Argymhelliad / Recommendation

The Committee is requested to:

- **DISCUSS** and **NOTE** the delegated strategic risks;
- **NOTE** the ongoing efforts to reduce the three sub-risks to within the Board’s risk appetite;
- **NOTE** the ongoing efforts to ensure the Committee remains informed of risks that could impact the delivery of a collaborative and sustainable health service for the population of Gwent.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
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. N/A 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:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

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



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 Strategy, Planning and Partnerships.	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	e) Due to inadequate strategic plans which respond to population health and socio-economic needs	System Change					X	•									
			f) Due to unsustainable service models						X				•						
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	Estates	X					◊							•		
			b) Due to significant levels of backlog maintenance						X			◊			•				
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident	System Change					X	•◊									
			b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.						X			◊			•				
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	System Change & Regional Plans			X			•									◊
			b) Due to the impact of fragile services across the regional and supra regional geography				X					•			◊				

Key	Current Score	•
	Target Score	x
	Appetite Threshold	◊

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE				
Strategic/ Corporate Risk SRR 001 E	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 inadequate strategic plans which respond to population health and socio-economic needs.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact <i>(Consequences of the threat)</i>	<p>Patient</p> <ul style="list-style-type: none"> Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes 	<p>Staff</p>	<p>Organisation</p> <ul style="list-style-type: none"> Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence Increased demand 	Risk Appetite Threshold – SCORE 17 AND BELOW Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
					SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Public Health and Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 April 2025	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review <i>(Six monthly based on risk score)</i>	01 October 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Health Board IMTP and associated KPIs Public Health Wales surveillance data QlikSense – performance dashboard Population Needs Assessment and Area Plan Marmot Region Programme 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.

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"> QlikSense – performance information SFN – performance information 		<ul style="list-style-type: none"> Effectiveness of the plans in delivering improvements 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> IMTP Delivery and Outcomes Reporting to Board Marmot Region Programme RPB reporting to Board and Population Health, Planning and Partnerships Committee 	<ul style="list-style-type: none"> Regional Planning reporting to Population Health, Planning and Partnerships Committee 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit Reviews 2023-24</p> <ul style="list-style-type: none"> IMTP Planning (Q1) Outcome – Reasonable Assurance <p>Internal Audit Reviews 2024-25</p> <ul style="list-style-type: none"> Internal Audit Partnership Arrangements – Limited Assurance 		<ul style="list-style-type: none"> Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan 	
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 3: SYSTEM CHANGE				
Strategic Risk SRR 001 F	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 (As a result of)	Due to unsustainable Service Models			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<p>Patient</p> <ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes 	<p>Staff</p> <p>N/A</p>	<p>Organisation</p> <ul style="list-style-type: none"> Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence 	<p>Risk Appetite Threshold – SCORE 17 AND BELOW</p> <p>Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY</p> <p>The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>	
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 April 2025	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six monthly based on risk score)	01 October 2025				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> The Health Board’s Integrated Medium-Term Plan (IMPT) and associated KPIs Strategic Programmes in place Public Health Wales surveillance data – Covid, flu and other communicable diseases. QlikSense – performance information. Population needs assessment and area plan development by the RPB. Southeast Wales Plan for fragile services. 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Public Health Wales surveillance data – COVID, flu and other communicable diseases. QlikSense – performance information 		<ul style="list-style-type: none"> Evidence of individual arrangements in place to deliver service plans. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> IMTP delivery and outcomes reporting to Board. RPB reporting to Board and Population Health, Planning and Partnerships Committee. Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. 	<ul style="list-style-type: none"> Regional Planning reporting to Population Health, Planning and Partnerships Committee. Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit Reviews 2023-24</p> <ul style="list-style-type: none"> IMTP planning Q1. Outcome – Reasonable Assurance. <p>Internal Audit Reviews 2024-25</p> <ul style="list-style-type: none"> IMTP – Service Plans (Q2) – Outcome - Reasonable Assurance Partnership Arrangements. Outcome – Limited Assurance 	<ul style="list-style-type: none"> Recommendations identified in the Limited and Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan 	<ul style="list-style-type: none"> Implementation of the management responses to close off recommendations 	
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	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.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.				
Impact <i>(Consequences of the threat)</i>	Patient <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 	Staff <ul style="list-style-type: none"> Harm or injury to staff 	Organisation <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 September 2025	Risk rating	= 15 (Extreme)	= 2 (Low)	
Next Review <i>(Monthly based on risk score)</i>	01 October 2025				

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 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>
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<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 (currently ongoing for June and July with report expected in August 2025) • Actions from previous reports including specific actions relating to 'skylights' in progress albeit some will require more substantial work -which is 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
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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"> • 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 <i>(Executed by risk management and compliance functions)</i>		
<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 • Formal reporting to the Board/Committees in place • Formal update to the PPHPC in July and SOC being developed, led by Planning team 	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 – report received as Reasonable Assurance (albeit Substantial Assurance on the process relating to surveys. Report submitted to Audit Committee November 2024. 	<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 <p>Internal Audit 2024/25 Plan</p> <ul style="list-style-type: none"> • Implementation of the management responses to close off recommendations been concluded.

<ul style="list-style-type: none"> 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. 		
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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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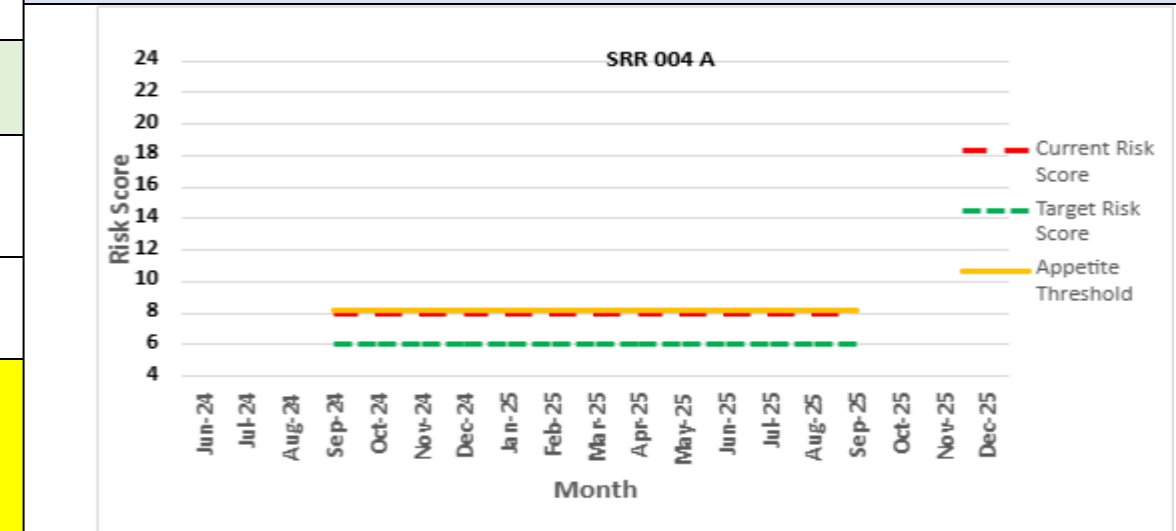
RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES				
Strategic Risk SRR 002 B	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to significant levels of backlog maintenance 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 <i>(Consequences of the threat)</i>	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 August 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review <i>(Quarterly based on risk score)</i>	01 November 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> 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 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.

• A clear approach to compliance monitoring and escalation of AE reports has been implemented

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"> 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 <i>(Executed by risk management and compliance functions)</i>			
<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 	None	N/A	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit Reviews 2023- 24</p> <ul style="list-style-type: none"> Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee <p>Internal Audit Plan 2024-25</p> <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"> 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 	<ul style="list-style-type: none"> Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan <p>Internal Audit 2024/25 Plan</p> <ul style="list-style-type: none"> Implementation of the management responses to close off recommendations 	
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		COMPLIANCE AND SAFETY		
LINK TO IMTP		SECTION 3: SYSTEM CHANGE		
Strategic Risk SRR 004 A		There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a business continuity incident or critical incident		Publication Status Public
Threat <i>(As a result of)</i>		Due to emergency planning arrangements at both the corporate and operational levels lacking the necessary robustness to ensure an effective response.		
Impact <i>(Consequences of the threat)</i>		<p>Patient</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Harm or injury to patients 	<p>Staff</p> <ul style="list-style-type: none"> Inability to respond to a major incident to meet needs of those affected Harm or injury to staff 	<p>Organisation</p> <ul style="list-style-type: none"> Health Board breaches statutory duties under the Civil Contingencies Act 2004 Litigation & Financial Penalties Reputational damage and loss of public confidence
Lead Director		Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level
Monitoring Committee / Group		Partnerships, Public Health & Planning Committee	Likelihood	Target Level
Initial Date of Assessment		01 June 2023	Impact	2 (Unlikely) x
Last Reviewed		01 May 2025	Risk rating	4 (Major)
Next Review <i>(Six-monthly based on risk score)</i>		01 November 2025		= 8 (Moderate)
				= 6 (Moderate)



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Local/Divisional action cards are in place in key areas Training undertaken service-specific relating to local response. Major incident exercise 'Euclid' undertaken 20 June 24. Approx. 100 participants and external observers, demonstrated that the Health Board was able to successfully respond to an incident. As a result of the exercise action cards refreshed and renewed with teams to incorporate learning Internal strategic on call training Executive Team attending 2-day strategic training. Loggist training is provided and accessed regularly New all Wales logbooks are in place for use Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. Ongoing Participation in exercises UK, Wales, LRF and HB. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP) 	<ul style="list-style-type: none"> Continue to deliver training programmes to support staff preparedness to respond to an incident. Additional 'local' team and intra team exercises to take place for areas to practice and embed their response to a major incident together Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. BCPs in place across all services. Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to support improvements in the development of BCP's across key operational areas. National pandemic exercise Pegasus Autumn 2025 Development of a pan plan to support pandemic pathways (HCIDs e.g., MPOX)

<ul style="list-style-type: none"> Continuing to work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner LRF Pandemic Solaris undertaken 	
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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"> Departmental debrief following an incident to inform learning and enhance controls. Training records Plans and action cards in place and up to date Debrief with key stakeholders following an incident to inform learning and enhance controls. 	<ul style="list-style-type: none"> All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs. 	<ul style="list-style-type: none"> Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Report to the EPRR Group from debrief of incidents Reports to the PPHP Committee on Emergency Planning Preparedness 	<ul style="list-style-type: none"> EPRR Thematic Risk Register 	<ul style="list-style-type: none"> Develop an EPRR
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Review(s) <ul style="list-style-type: none"> Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response - Reasonable Assurance Outcome and feedback from national exercises 	<ul style="list-style-type: none"> Identification of recommendations to ensure the Health Board is prepared and has the capabilities to respond effectively. 	<ul style="list-style-type: none"> Implementation of the recommendations and subsequent management responses.

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
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RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE				
Strategic Risk SRR 004 B	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to Business Continuity incidents.			Publication Status	Public
Threat (As a result of)	<ul style="list-style-type: none"> Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident 			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 controls.	
Impact (Consequences of the threat)	Patient <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 	Staff <ul style="list-style-type: none"> Staff absence (injury, wellbeing) Harm or injury to staff 	Organisation <ul style="list-style-type: none"> Operational flow if services fail to prepare BCPs against the 5 key themes Loss of infrastructure; Financial implications due to staff absence Health Board breaches statutory duties under the Civil Contingencies Act 2004; Litigation & Financial Penalties; Reputational damage and loss of public confidence 	Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.	
	SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.				
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	3 (Likely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 August 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 November 2025				

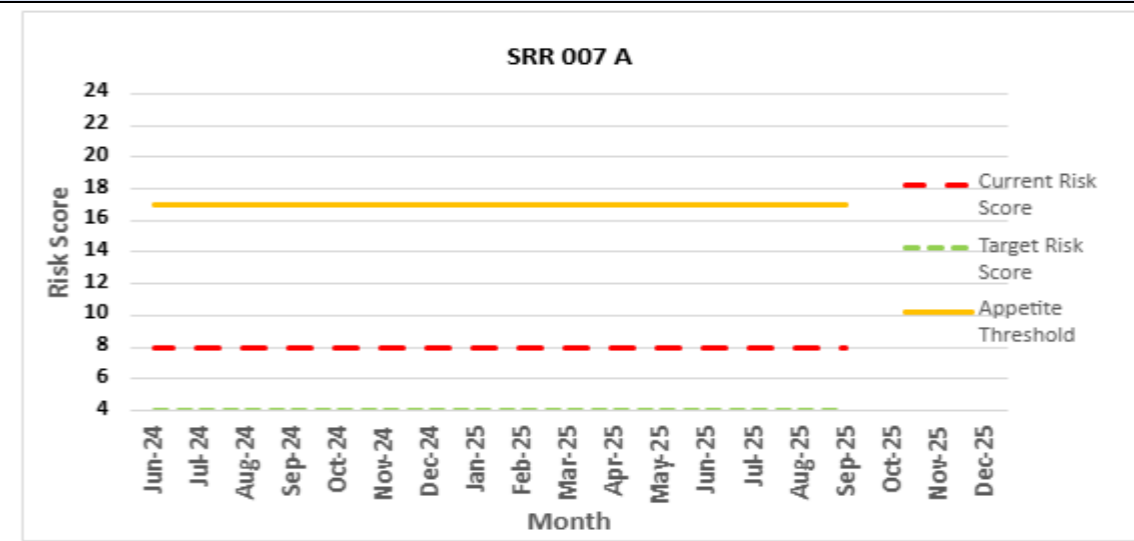
Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> BC Policy BC Response Guidance BC Template & guidance (reviewed and updated April 2025) Divisional, Directorate & Service BC Plans across a number of key operational areas BC Exercise BC debrief learning. HB and LRF Plans. 3C (Command/Control, Communication) structure in place to respond to incidents. 1-2-1 training with Divisional BC leads and delivering BC workshops for services. EPRR Group Established. Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. Awareness raising of the requirement for BC across the Health Board through various training programmes Infectious Diseases plan Joint plan with PH in response to infectious diseases and public health incidence response overall Internal strategic on call training Executive Team attending 2-day strategic training. Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. 	<ul style="list-style-type: none"> Ongoing support to develop business continuity plans. Continued engagement with Divisions, Directorates, and service areas to embed contingency planning into the culture of the organisation, Conduct BIAs, develop plans, train staff, test & exercise, and review plans to mitigate the risks and threats to service delivery. Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. Continue to engage with the communication team to improve incident cascade during an event to ensure a Health Board wide awareness in a timely manner. Each Division to identify on their risk register any outstanding business continuity plans against the 5 key themes for their areas and escalate any identified risks to the HB risk group for review. Development of a business continuity dashboard that enables divisions & directorates to manage, RAG rate and provide assurance of their BC planning arrangements. Joint working with partners – Exercise Pegasus Pull together a task and finish group to review and plan for the BC recommendations from the Ex Mighty Oak exercise debrief. Develop an off the shelf BC exercise for divisions, directorates & services. Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to support improvements in the development of BCP's across key operational areas.

<ul style="list-style-type: none"> • Ongoing Participation in exercises UK, Wales, LRF and HB. • Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). • Ability to warn & inform the organisation of critical BC incidents via the Health Board communications team. • Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans are in place. • A dedicated business continuity lead for IT applications and networks to reduce the highest key theme risk. • The introduction of a business continuity Incident Response Group in the event that a BC incident that escalates to critical. • Joint working with LRF partners – Exercise Solaris 	
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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"> • Plans and action cards in place and up to date. • Div/Service BC risk registers • Service BC training records • Departmental debrief following an incident to inform learning and enhance controls. • Debrief with key stakeholders following an incident to inform learning and enhance controls. 	<ul style="list-style-type: none"> • All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs. 	<ul style="list-style-type: none"> • Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness • 	<ul style="list-style-type: none"> • EPRR Thematic Risk Register 	<ul style="list-style-type: none"> • Develop an EPRR
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<p>Internal Audit Review(s) Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response – Reasonable Assurance</p> <ul style="list-style-type: none"> • Outcome and feedback from national exercise 	<ul style="list-style-type: none"> • Identification of recommendations to ensure the Health Board is prepared and has the capabilities ato respond effectively. 	<ul style="list-style-type: none"> • Implementation of the recommendations and subsequent management responses.

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	TRANSFORMATION AND PARTNERSHIP WORKING			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE		SECTION 4: ENABLERS - REGIONAL PLANS	
Strategic Risk: SRR 007A	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status Public
Threat <i>(As a result of)</i>	Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.			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>	Patient <ul style="list-style-type: none"> Unmet patient need resulting in harm 	Staff N/A	Organisation <ul style="list-style-type: none"> Ineffective use of combined resource Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence 	Risk Appetite Threshold – SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change. 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 Strategy, Planning, and Partnerships.	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	01 April 2025	Risk rating	= 8 (Moderate)	= 4 (Moderate)
Next Review <i>(Six Months based on risk score)</i>	01 October 2025			



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>

<p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ul style="list-style-type: none"> The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. The Gwent Regional Partnership Board As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care, and support is in place to best meet the needs of their respective population. Through these statutory forums formal partnership arrangements take place. In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners. Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams 	<ul style="list-style-type: none"> Governance review of Regional Partnership Board undertaken in August 2023. Renewed Strategy for strategic partnership Capital in place and revised governance processes. New Long-Term Strategy for Health Board to focus on Partnership approach.
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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"> PMO reporting to the Director of Strategy, Planning and Partnerships. Regional Leadership Group Reporting 	<ul style="list-style-type: none"> Systematic reporting of outcomes Systematic evaluation of schemes Governance of financial control arrangements 	<ul style="list-style-type: none"> Implementation plan to be developed following RPB governance review. Health Board strategy development approach to focus on partnership approach 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. 	None	N/A	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Plan 2024/25 <ul style="list-style-type: none"> RPB Governance Review (Q4) – Outcome = Limited Assurance. Reported to ARAC September 2024 Partnership Arrangements Review (Q1) Deferred 	<ul style="list-style-type: none"> Recommendations identified in the Limited Assurance RPB Governance Review 	<ul style="list-style-type: none"> Implementation of the management responses to close off recommendations 	
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	TRANSFORMATION AND PARTNERSHIP WORKING				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE		SECTION 4: ENABLERS – REGIONAL PLANS		
Strategic/ Corporate Risk SRR 007 B	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to the impact of fragile services across the regional and supra regional geography				
Impact <i>(Consequences of the threat)</i>	<p>Patient</p> <ul style="list-style-type: none"> Unmet patient need resulting in harm Adverse impacts on delivery of care to patients across acute and non-acute settings 	<p>Staff</p> <p>N/A</p>	<p>Organisation</p> <ul style="list-style-type: none"> Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence Ineffective use of combined resources Delayed decision making 	<p>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.</p> <p>Risk Appetite Threshold – SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.</p> <p>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.</p>	
Lead Director	Director of Strategy Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	04 January 2024	Impact	3 (Moderate)	2 (Minor)	
Last Reviewed	01 July 2025	Risk rating	= 9 (High)	= 4 (Low)	
Next Review <i>(Quarterly based on risk score)</i>	01 October 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"> A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership. Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all. Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. The south east Wales health boards agreed revised joint priorities and working arrangements for regional planning in 2024, following a review workshop attended by Chief Executives. Workstreams are underpinned by a Memorandum of Understanding between the participating health boards, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project. In addition to these arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks. 	<p>Additional direction and guidance have been received from Welsh Government, placing greater emphasis on the role of regional planning to achieve sustainable longer-term positions for a range of services where fragilities currently exist. The principal actions are:-</p> <ul style="list-style-type: none"> Requirement to develop a portfolio of documents to inform and drive the forthcoming development of a regional diagnostic and treatment centre at Llantrisant Health Park (LHP). These will include a clear outline strategy, comprehensive demand & capacity modelling for proposed LHP services, future development opportunities and programme governance arrangements Direction for the participating health boards to establish a Joint Regional Committee in quarter 3 of 2025/26, to exercise the facilitation and oversight of regional planning and drive effective collaboration and regional working. <p>The health boards are progressing the above on a collaborative basis. There remains an absolute commitment to delivering on the existing regional programmes of work, and following 're-baselining' work during 2024/25, there is a continued regional consensus on objectives, outcomes, and planning assumptions.</p>
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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"> Service Divisions reporting to the Chief Operational Officer 	<ul style="list-style-type: none"> Alignment and effectiveness of partners to deliver integrated services 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. Regular touchpoint meetings of all key players to review progress and issues arising 	None	N/A	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 October 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Transformation and Delivery Programmes - Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Kate Fitzgerald, Assistant Director of Transformation and Delivery

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This SBAR provides a summary of the key deliverables and areas of focus for the Health Board's Transformation programmes. The Programmes are a key delivery vehicle for the IMTP and strategic priorities. **'Programmes on a Page'** are included in Appendix 1 and summarise:

- Leadership of programme
- The priority workstreams
- Key deliverables
- Intended Benefits
- Key Milestones
- Interdependencies and risks

Cefndir / Background

Since the opening of the Grange University Hospital in 2020, the **Health Board's Transformation Programmes** have evolved over the past five years, with the central team supporting a core set of programmes alongside additional projects led by Divisions, including those in Primary and Community Care and Mental Health. As



outlined in the 2025/26 IMTP, the current transformation portfolio comprises of a number of key programmes that reflect system wide change:

- Planned Care Programme
- Transforming Cancer Services
- Six Goals for Urgent and Emergency Care
- Place Based Care and Population Health
- Mental Health Transformation
- Clinical Redesign Programme
- Decarbonisation

In June 2025, the **Executive Team** approved the realignment of priority programmes to optimise capacity within the Transformation and Delivery team to streamline interdependencies across programme areas. This approach enhances delivery, adds value, and reduces duplication.

Asesiad / Assessment

This section provides a brief update on the programmes for the Committee, covering the period from April 2025 onwards and reflecting the 2025/26 programme year.

Planned Care Programme

The Planned Care Programme has a refreshed scope of focus to encompass all key planned care priorities and expectations. The agenda for planned care is wide covering transformation and pathways redesign alongside efficiencies:

- Sustainability/long term plans
- Health Pathways
- Keeping Well Service
- Outpatients Theatres Maximisation
- Planned Care Academy
- Diagnostics
- Enabling Actions – Effective Planned Care
- CIN Optimisation Frameworks
- Ministerial Advisory Group recommendations and actions
- GIRFT/deep dive action plans
- Regional planning
- Delivery of priority targets: 26-week outpatients, 104-week treatments, diagnostics

Key areas of progress include:

- **E-Advice**
A development to enable E-advice within Clinical Workstation is in progress. The development will enable advice to be sent back in message to Primary Care rather than the current process of dictating a letter.
- **SOS/PIFU**
Increase of SOS/PIFU rates from 13.2% for 2024/25 to 13.6% for 2025/26.
- **Outpatients**
Directorate specific Outpatient Plan meetings are in progress with the Outpatient Transformation Team, with a focus on eliminating patients with long delays on the follow up list.
- **Theatres Utilisation Group**



Monthly Theatres Utilisation Group meetings ongoing. Discussions focus on high level data on KPIs and model hospital metrics, and improvement projects such as auto send and golden patient.

- **Health Pathways**

136 pathways now live on the Health Pathways platform, consistent increase in page views with 4,500 views in August.

Positive discussions on continuation of national funding for the Health Pathways programme for 2026/27 (minus staffing costs) – currently waiting for a final decision from Welsh Government.

- **Keeping Well Service**

Keeping Well service has called all patients on the treatment waiting lists for ENT, T&O Hips, T&O Knees, T&O Spines inpatients. Substantial increase in traffic to the Keeping Well website.

- **Regional Cataracts Pathways**

Funding received for 12,800 regional cataracts pathways to be outsourced during 25/26.

Regional Cataracts Unit fully set up and handed over to the Surgery Division as Business as Usual.

All health boards in the region met the targets for zero 104 week waits for cataracts at the end of 2024/2025.

Transforming Cancer Services

The programme provides strategic oversight of cancer services, ensuring coordinated activity and delivery across the system. It works in partnership with key stakeholders, including clinical specialties, operational teams, and external partners, to drive improvements in outcomes, equity, and service sustainability.

Key areas of progress include:

- **Nevill Hall Hospital – Satellite Radiotherapy Unit**

Opened in June 2025, the Velindre @ Nevill Hall Radiotherapy Unit enhances Velindre Cancer Service's capacity to deliver radiotherapy, enabling more patients to be treated each week. The unit serves patients from across Southeast Wales referred for breast cancer, prostate cancer, and palliative radiotherapy, subject to clinical criteria.

- **School Nursing – HPV Vaccine Consent Pilot Expansion**

Following a successful pilot at Newport High School, the School Nursing team expanded their approach to all schools in the region, proactively contacting parents who had not returned HPV vaccine consent forms. This intervention increased positive consent returns from 73% in 2023/24 to 80% in 2024/25.

- **Skin Cancer Awareness – 'Spotting the Signs' Initiative**

The Spotting the Signs of Skin Cancer programme won the Population Health and Wellbeing Award at the 2025 ABUHB Staff Awards. Training sessions continue to roll out across Coleg Gwent campuses in 2025/26. A summer social media campaign on sun safety and skin cancer awareness led to an increase in GP referrals from 640 in July 2024 to 822 in July 2025. Next steps include developing an annual awareness plan to sustain referral rates year-round.

- **Urology Pathway Review – Flexi Scope Clinics**

A review of the Urology flexi scope clinic pathway has been completed. Improvements to clinic calendars, timetables, and consent processes are scheduled for implementation in Autumn 2025.



- **Prehabilitation Workgroup**

Established in July 2025, the Prehabilitation Workgroup is developing a business case for presentation to the Cancer Board in January 2026. The group is evaluating models across NHS Wales, England, and internationally to identify best-fit approaches for the ABUHB population.

Six Goals for Urgent and Emergency Care Improvement

The Health Board has made progress across all objectives, with established workstreams and appointed clinical and managerial leads. The team continues to work closely with the national team, receiving support and guidance aligned with best practice and national standards.



Urgent Care Close to Home (Goal 1)

The programme aims to support older and/or frail individuals to remain at, or as close to, home as possible by avoiding unnecessary hospital admissions and reducing lengths of stay. This is achieved by redesigning, optimising, and building capacity within community services and at the hospital front door.

Key areas of progress include:

- **Emergency Care at the Front Door**

Focuses on improving the interface between emergency departments and community services to ensure timely assessment, decision-making, and redirection where appropriate. The three teams operating within and around GUH ED – CAATT, Rapid Frailty Response and Home First are working collaboratively under the name 'Front Door Response Hub Team'. A shared SOP has been developed to guide consistent practice and clarify roles and responsibilities across the teams. A proposal is in development to repurpose the **old discharge lounge at GUH into a shared assessment and co-location space**, enabling real-time collaboration and improved patient flow by the end of October 2025.

- **Care Home Conveyance**

Aims to reduce avoidable conveyances from care homes to hospital by enhancing in-reach support, clinical decision-making, and alternative care pathways. St John's Ambulance falls training delivered to **437 care home** and provider staff via face to face and virtual training sessions supported by Six Goals funding. Additional funding provided 10 additional Mangar lifting aids for care homes. Two care homes have been supported to develop **Future Care Plans (FCP)** via a Multi-Disciplinary Team (MDT) approach with positive feedback from residents and staff. Plan to focus on top 10 to 15 care homes with the highest conveyance figures over winter being developed. Conveyance figures showing signs of improvement following interventions with a care homes data dashboard developed to ensure delivery and focus are data driven.

Single Point of Access (Goal 2 & 3)



To reduce unnecessary hospital conveyance and increase utilisation of community-based alternatives by strengthening the clinical assessment capacity of multidisciplinary teams (MDTs) for professionally referred patients from defined cohorts. This will be achieved through targeted workforce development, pathway redesign, and improved triage protocols, enabling timely, appropriate care closer to home.

Key areas of progress include:

- **Advanced Paramedic Practitioner / Navigator** embedded to Navigation Hub 7 days per week 8am – 8pm, completing stack reviews and deploying operational teams to appropriate patients.
- Pilot a **multi-disciplinary clinical team** co-located within the Navigation Hub to increase the utilization of alternate pathways, end of October 2025.
- **£265k short-term funding** has been successfully secured via the national Six Goals programme to resource the multidisciplinary team (MDT) pilot.
- Engaged with Urgent Primary Care, Frailty and therapies to identified resources/staffing to support the MDT.
- Draft **SOP and process mapping** completed for initial minimum viable product testing.
- Demand & capacity analysis completed for **over-65 and care home resident cohorts**.

Community Falls Response (Goal 4)

Work is underway to reduce hospital conveyance and admissions for patients who experience falls by implementing a sustainable community-based falls response service. This approach focuses on increasing the utilisation of alternative care pathways, enabling timely assessment and intervention in the community, and reducing reliance on acute hospital settings. The service will be supported by MDTs and aligned with broader transformation goals around urgent and emergency care.

Key areas of progress include:

- Programme structure established with **5 workstreams – assistive technology, care homes, falls navigation, community response and hospital response**.
- Establishment of **Level 1 and Level 2 response service across Gwent** (L1 response conveyance rate 44% and L2 response conveyance rate 33%).
- Falls referrals from **Welsh Ambulance Service** to be prioritised for MDT clinical assessment as part of the Navigation hub from November 2025.
- Initial engagement has commenced with **Local Authorities** to explore interest in a proposed assistive technology model, drawing on approaches successfully implemented in other regions.
- Agreed focus areas for the **'at hospital'** elements of the MDT pilot include upstream involvement of Community Admission Avoidance Therapies (CAAT) in triage, and the utilisation of Community Resource Team (CRT) capacity to support alternative response options.
- Funding secured via **RIF for 2025/26** with plan to re-purpose Allied Health Professional resource into the Navigation Hub.

Discharge Improvement Programme (Goals 5 & 6)

A key aim of the programme is to support timely discharge and promote a "Home First" ethos, ensuring patients return and stay well at home. This involves working



in partnership with Local Authorities to optimise hospital care and discharge practices from the point of admission, reduce the risk of readmission, and increase access to community-based support.

Key areas of progress include:

- **GUH Transfer Lounge**

Since opening in late March 2025, the GUH Discharge Lounge has received positive feedback from staff and patients. It is a key contributor to improving patient flow and will support system resilience ahead of winter, aligned with the Welsh Government's 45-minute handover and 'Your Next Patient' initiatives. Data demonstrates clear progress, with weekly throughput increasing from **70–90 patients to 110–130** since opening the lounge in March 2025, peaking at a record 146 patients in September 2025.

- **Pathways of Care Delays (POCD)**

A reduction in patients with prolonged hospital stays (POCD) has been observed since April 2025, **decreasing from 176 to 160**. This marks a significant improvement compared to September 2024, when 262 delays were reported across the region. The establishment of a weekly scrutiny panel in April 2025 has been instrumental in driving this progress. The approach has been recognised by NHS Wales Performance and Improvement as best practice and was recently showcased at the national conference. POCD regional action plan developed monitored on a quarterly basis by NHS Wales Performance and Improvement.

- **Out of Hospital Flow Framework (OHFF)**

Roll out of the OHFF including the four elements – Deconditioning, Safer, D2RA and Red to Green. Initial focus at RGH, Community Hospitals and GUH aligned to the 45min handover initiative, aiming to improve patient flow and reduce delays at the front door. In additional funding secured from NHS Wales Performance and Improvement for x3 WTE Band 7 OHFF Trainers to support the roll out. Initial data collection has commenced early insights include - **D5W at RGH** weekly discharge rates have aligned with targets and **exceeded them twice**, reduction in median LOS average of 3.5 days since the since the rollout of the Optimal Hospital Flow Framework.

- **Data and Digital**

Development and roll out of **Clinical Workstation 2 (CWS2)** to capture Red to Green days and reason for delays, a 'floor plan/visual tool' has been developed for each site to identify patients suitable for discharge (Green/Pathway One), enhancing site-wide situational awareness, next steps include embedding the digital tools into ward and site operations.

- **Discharge Review**

Joint review of the discharge model is underway **across Health and Social Care**, in collaboration with the Regional Partnership Board, a multi-agency workshop was held on 6th August to explore the opportunities to alignment across the sectors, a follow up a session in September is planned to scope the optimal discharge model.

End of Life Care (Goals 5 & 6)

The End-of-Life Care programme focuses on supporting individuals to live as well as possible until they die, ensuring dignity and comfort throughout. The approach promotes compassionate, person-centred care that honours individual values and needs.



Key areas of progress include:

- **Future Care Planning (FCP)**

First Contact Practitioner guidance document is currently being co-developed in collaboration with key stakeholders to ensure relevance and usability across settings. Updates to supporting resources and easy-read materials are also underway, aiming to improve accessibility and support consistent implementation of the FCP model., including the All-Wales TEP logo and public-facing content.

- **EOLC and Bereavement**

GRACE End of Life Care and Bereavement models have received executive approval, with five "**Grace's Place**" **support groups** now active across key localities. Grief Awareness Sessions are being delivered to Health Board staff with strong engagement, and new "Your Grief Journey" courses are in development. A generic **Bereavement Booklet** has been approved for use across care settings, pending Welsh translation, and the Bereavement Questionnaire is now live via Civica. Attendance at the Care After Death National Event highlighted the need for digital tracking systems. Currently, **44 End of Life Companions** are in place offering bereavement support, and the CAD/mortuary team is working towards bronze accreditation.

- **Education and Training**

ABUHB **End of Life Care and Bereavement Education Strategy** is being developed in collaboration with hospice colleagues and will be ratified through the End-of-Life Care Board (EOLCB). As part of this work, a Care Decisions **Guidance E-Learning Module** is currently in the design phase, with potential to be adopted as an All-Wales resource.

- **Outcome Measures**

Working group has been established to review and align national and ABUHB-specific outcome measures for End-of-Life Care (EOLC). The aim is to **avoid duplication and ensure the development of meaningful**, tailored metrics that reflect the priorities of the Health Board. This work will support consistent evaluation, improved service delivery, and enhanced accountability across EOLC programmes.

Place Based Care & Populations at Risk

The programme is designed to **foster resilient and connected communities**, reduce health inequalities, and lower rates of preventable morbidity and mortality. It aims to deliver care and support closer to home, while streamlining access to specialist services. This is achieved by **bringing together community members, organisations, services**, and multidisciplinary teams responsible for the health and wellbeing of the population within a defined place. Through collaboration and integration, the programme seeks to create a more cohesive, person-centred system that responds to local needs and builds sustainable health outcomes.

Key progress includes:

- **Place-Based Engagement:**

PBC workshops successfully delivered across all five ISPBs — Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen.

- **Financial Planning**



A combined costing plan is in development for Torfaen and Blaenau Gwent to support implementation planning.

- **Clinical Engagement**
Workshop delivered with the Family & Therapies Division to align clinical priorities with the PBC.
- **Third Sector Collaboration**
Joint session held with GAVO and TVA to clarify roles in community wellbeing, including capacity building and engagement.
- **Governance & Delivery**
Terms of reference are being developed to operationalise Locality Management Teams, supporting integrated neighbourhood teams and network development at place.
- **Regional Alignment**
A development session with Regional Partnership Board members confirmed endorsement of the PBC as a delivery vehicle.
- **Programme Infrastructure**
Work is underway to establish the necessary programme infrastructure, with identified leads progressing key workstreams.
- **Evaluation & Learning**
Commissioning of short-term expertise is in progress to support evaluation of system change and integrated neighbourhood teams. This work is funded by the Gwent Public Health team.

Mental Health Transformation

The vision is to deliver high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people of Gwent. The 'Models of Care Programme' is a three-year transformation programme designed to improve care for people with mental health needs and learning disabilities. There are several projects within the programme, including:

- **Inpatient and Community Services**
- **Crisis Pathways and Single Point of Access (SPoA)/Open Access**
- **Alternative Accommodation Options**

For 2025/26, the main focus will be on developing the Crisis Pathways and rolling out the **SPoA/Open Access**. This work supports the **Mental Health and Wellbeing Strategy**, which promotes a recovery-focused approach to community mental health. It also aims to make sure inpatient stays are purposeful and that people who come into the system in crisis have a better experience.

Key areas of progress include:

- A full review of services across Adult Mental Health, Older Adult Mental Health, and Learning Disabilities.
- Presentations from these services, along with Primary Care Mental Health Support Services, into the Division's Priorities and process is tracked and monitored via the Divisional Strategic Change Board.
- Report has been submitted recommending that all three dementia units be co-located.
- Demand and capacity work has been completed for all inpatient units.
- Work has commenced with a local housing and support provider to develop a hub-and-spoke housing model for people with learning disabilities.



- Driving the development of a SPoA/Open Access in line with Welsh Government's strategic direction, as set out in the Mental Health and Wellbeing Strategy delivery plan.
- Developing Crisis Pathways to support the avoidance unnecessary hospital admissions.
- Joint workshops and planning sessions are supporting workforce modelling and the Booking Centre model to improve access and align services.

Clinical Redesign Programme

This programme focuses on the **strategic optimisation of the hospital network** across the Health Board. It encompasses **reconfiguration of clinical service models** to ensure services are aligned with population needs and clinical best practice. With the aim of delivering workforce sustainability, service optimisation and system sustainability.

Key areas of progress include:

- **Older Person Pathway**

A clinical workshop held in August with clinicians from **Frailty and Care of the Elderly (COTE)** to map the clinical criteria across the pathway, further session scheduled for 10th October to scope the optimal model focusing on improved alignment and flow across services.

Acute Frailty Service – Baseline Mapping

- **Baseline mapping** undertaken aligned to Six Goals for Urgent and Emergency Acute Frailty Service guidance, to identify opportunities for improvement at the GUH and eLGH front doors, supporting targeted service development.

- **Acute Medical Model**

Retrospective review of **257 patients** who attended the Acute Medical Unit (AMU) was undertaken through a multidisciplinary tabletop exercise to determine the most appropriate patient pathways. This work is informing the development of an **optimal intake model** at both the Grange University Hospital (GUH) and enhanced Local General Hospital (eLGH) sites. An options appraisal is currently in development, with further modelling planned to identify a sustainable model and assess interdependencies with other workstreams and system-wide transformation efforts.

Populations at Risk (Aligned to Six Goals and Clinical Redesign)

The programme aims to increase the **number of healthy days at home** and reduce the number of hospital bed days occupied by patients within the **0.5% population at risk cohort**. This will be achieved by implementing and upscaling multidisciplinary team (MDT) patient reviews within the community, enabling proactive, coordinated care that supports individuals to remain safely at home and reduces avoidable hospital admissions.

Key areas of progress include:

- Collaborated with **4 GMS practices** to analyse primary care held data with acute data to improve method of 'at risk' patient identification.
- Evidence based agreement of **patient identification method** which is best applied when based on clinical impression and local clinical knowledge.
- Multiple multidisciplinary team (MDT) reviews are currently ongoing across Gwent, with the **highest number taking place in Newport**.



- **7,000 patients discussed**, 975 MDTs completed since August 2022.
- Workshop held in August 2025, bringing multiple **MDT teams together** to establish best practice principles and resource planning requirements to up-scale activity.

Decarbonisation Programme

The programme has developed and grown since its implementation three years ago with a growing **number of staff actively making changes** to their practices to reduce the carbon footprint. The Estates and Facilities team have also put measures in place to reduce the energy and water consumption across the sites.

Key areas of progress include:

- **Estates and Facilities**
Carbon emissions reduction year to date – 3.1%. Continued improvement of the hospitals Building Management Systems, with a major software update to include a new front-end allowing remote access, greater functionality, controllability, and resilience.
- **Clinical and Health Care**
Clinical and Health Care team are focussing on five priorities for this year: **Reducing medicines waste and medical gas waste** - drug audits in YYF, NHH, RGH and GUH Theatres, resulting in process changes to avoid waste and manage stock levels in both the Anaesthetics cupboards and the Omnicells. **Reduction in unnecessary use of non-sterile gloves** – reduced glove usage. **Increase numbers of 'Green' Wards and Champions** - in partnership with SBUHB, established an all Wales working group to create green ward accreditation. Establishment of nurse-led Sustainability group to focus on ward-based activity. **Highlight Waste in Sterile Packs** - change to draping practices in non-sterile procedures, investigative work to streamline theatre packs. **Reduction in Unnecessary Blood Tests** - preparing for pilot project in secondary care, investigating ways to combat the issues of repeat bloods for GPs.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee are asked to:

- **Note** the 'Programme on a Page' summaries for the 2025/26 priority transformation programmes.
- **Note** that progress updates will be provided at future meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
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:	<p>CIN – Clinical Implementation Network GRIFT – Getting it Right First Time SOS – See on Symptoms PIFU – Patient Initiated Follow Up ENT – Ear, Nose and Throat T&O – Trauma and Orthopaedic CAAT – Community Admission Avoidance Therapies FCP – Future Care Plan MDT – Multidisciplinary Team SOP – Standard Operating Procedure RIF – Regional Integrated Fund POCD – Pathways of Care Delays OHFF – Optimal Hospital Flow Framework CWS2 – Clinical Workstation Two CRT – Community Resource Team GMS – General Medical Service ISPB – Integrated Service Partnership Board GAVO – Gwent Authority Voluntary Organisation TVA – Torfaen Voluntary Alliance eLGH – Enhanced Local General Hospital</p>
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	
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>Choose an item.</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>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>



Programme Title	• Planned Care	SPM Workforce Lead	• Hattie Aston • Shelley Williams • Greg Bowen	SRO	• Rich Morgan-Evans	Executive Lead	• Hannah Evans
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Programme Aims & Objective	• The Planned Care Programme brings together 6 goals (HealthPathways, Keeping Well, Outpatient Transformation, Diagnostics, Theatres Maximisation and the Planned Care Academy) . The programme focusses on transformation in planned care and takes into account the ministerial objectives and renewed priority targets e.g. Effective Planned Care Enabling Actions, MAG recommendations, CIN optimisation frameworks, GIRFT/deep dive action plans.
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Workstreams & Priorities	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

Workstreams <ul style="list-style-type: none"> HealthPathways Keeping Well Outpatient Transformation Diagnostics Theatres Maximisation Planned Care Academy Priorities <ul style="list-style-type: none"> Effective Planned Care Enabling Actions MAG Recommendations CIN optimisation frameworks GIRFT / deep dive action plans 	<ul style="list-style-type: none"> Increased theatre utilisation and elective capacity Modernise outpatient model to increase capacity Implement local pathways Skills and tools in planned care management 	Theatres: <ul style="list-style-type: none"> Utilisation – 85% Late starts – 35.6% HealthPathways: <ul style="list-style-type: none"> 104 localised pathways Outpatient Transformation: <ul style="list-style-type: none"> SOS/PIFU – 13.2% Delayed follow-ups – 100% past target – 33,453 (reportable 30,355) DNAs 5.9% 	<ul style="list-style-type: none"> 85% 25% 156 localised pathways SOS/PIFU – 13.5% 27,275 5% 	Interdependencies <ul style="list-style-type: none"> Transforming Cancer Programme Six Goals for Urgent and Emergency Care Clinical Redesign Programme Value and Sustainability Digital/Finance/Workforce ABUHB Strategy and Delivery Plan, Clinical Plan Risks <ul style="list-style-type: none"> Capacity of clinical and operational colleagues to engage alongside other pressures Ongoing funding for Welsh Government funded schemes e.g. Health Pathways and Keeping Well
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Key Milestones	Q1/Q2 2025/26	Q3/4 2025/26
	<ul style="list-style-type: none"> Evaluation of Keeping Well service Decision on continuation of central funding for Health Pathways Roll-out of auto send and golden patient in GUH 	<ul style="list-style-type: none"> Achieve theatre efficiencies targets Achieve 156 localised pathways Secure funding to convert Keeping Well into a BAU service Secure funding for Outpatient Clinic Room Booking System Roll-out of E-advice

Programme Title	<ul style="list-style-type: none"> Transforming Cancer Services 	SPM Workforce Lead	<ul style="list-style-type: none"> Clare Small Cathy Brooks Phil Meredith 	SRO	<ul style="list-style-type: none"> Rich Morgan-Evans 	Executive Lead	<ul style="list-style-type: none"> Leanne Watkins
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Programme Aims & Objective	Delivery of the 2019-2025 cancer strategy, focusing on the full cancer pathway including prevention, early detection, timely diagnosis, improved & standardised cancer care, living with & beyond Cancer and improving our knowledge of cancer.
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Workstreams & Priorities	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

Workstreams <ul style="list-style-type: none"> Prehabilitation Prevention Reducing Cancer inequalities Regional Working Communication Enhance Psychology Living well with and Beyond Cancer Priorities <ul style="list-style-type: none"> HPV Skin Cancer Prehabilitation NOPs Cervical Screening uptake 	<ul style="list-style-type: none"> HPV Vaccine rate to 95% of those eligible Development of Skin Cancer Awareness and sun safety education Reducing Cancer Inequalities Improve Cervical Screening Uptake Coalfield Regeneration Programme Development Strategic Communication Plan 	<ul style="list-style-type: none"> 70% HPV Vaccination Cancer café in Caerphilly, Abergavenny and Rogerstone 	<ul style="list-style-type: none"> 80% HPV vaccination Deliver 4 Skin cancer training sessions for H&B professionals Cancer inequalities New Tredegar Cancer Café Submission of Prehabilitation business case 	Interdependencies <ul style="list-style-type: none"> Clinical Support Services Value & Sustainability Digital/Finance/workforce Communication ABUHB Strategy and Delivery Plan, Clinical Plan Public Health Risks <ul style="list-style-type: none"> HPV – Financial risk for digital form development Prehabilitation Business case Psychology Provision business case
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Key Milestones	Q1/Q2 2025/26	Q3/4 2025/26
	<ul style="list-style-type: none"> Communication Strategy Pillar 1 Commence Cancer Inequalities Discovery work –Public Health Commence Prevention work Workshop to embed cancer programmes into Coalfields work 	<ul style="list-style-type: none"> Develop and present Prehab Business case Cancer Lung Screening & smoking cessation preparation work. Present findings of Cancer Inequalities Discovery work to Cancer Board

Programme Title	• Goal 1 Urgent Care Closer to Home	SPM Workforce Lead Finance Lead	• Matt Lloyd • Joanne Gubbings • Tristan Harris	SRO	• Joanne Lane	Executive Lead	• Jennifer Winslade
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Programme Aims & Objective	• The Goal 1 – Urgent Care Closer to Home Programme includes 3 workstreams (Emergency Care @ Front Door, Care Homes Conveyance and Direct Access Pathway (DAP) to improve access to care and support for older and/or frail people for them to remain at, or as close to, home as possible and avoid unnecessary hospital admissions and lengths of stay by redesigning, optimising and building appropriate capacity within community services and at the front door.
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Workstreams & Priorities	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

Workstreams 1. Emergency Care @ Front Door 2. Care Homes Conveyance 3. Direct Access Pathway Priorities • Co-location space at ED for the Front Door Hub Team. • Refreshed SOP for front door team • Evaluation of Mangar devices.	Emergency Care @ Front Door 1. Aligning GUH front door teams 2. Ensuring a robust Community response 3. Delivering and evaluating Balancing Rights and Responsibilities training package Care Homes Conveyance 1. Continuation of and enhancing the Education and Training offer 2. Monitoring the Escalation Framework pilot 3. Increasing awareness and utilisation of Future Care Planning Direct Access Pathway 1. Sustaining and building on existing pathway across Community (alongside COTE/Frailty Model agreement) 2. Improving data entry and collection	Emergency Care @ Front Door No of Admissions Avoided % Admissions Avoided Care Homes Conveyance % Reduction in people conveyed from Care Homes Direct Access Pathway No of DAP Beds	Emergency Care @ Front Door No of Admissions Avoided % Admissions Avoided Care Homes Conveyance % Reduction in people conveyed from Care Homes Direct Access Pathway No of DAP Beds	Interdependencies • Six Goals for Urgent and Emergency Care • Clinical Redesign Programme • Value and Sustainability • PCCS Academi • Falls Improvement Programme • Digital/Finance/Workforce • Regional Partnership Board Risks • Reputational risk to Health Board, Primary and Community Care Division and Goal 1 Programme if not delivering against agreed milestones. • Co-location space close to ED is crucial to cement the one team ethos and operation. • No further funding or resource allocation to continue Falls training. • No further funding or ringfenced capacity for Future Care Planning MDT members to support future rollout.
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Key Milestones	Q1/Q2 2025/26	Q3/4 2025/26
	<ul style="list-style-type: none"> • Agree SOP for 3 teams' hub at the front door (RFR/CATT and Home First) • Evaluate use of Mangar falls devices • Home First review approved by RPB 	<ul style="list-style-type: none"> • Co-location space for front door hub team close to ED • Delivery of front door hub team model and report shared measures • Funding to continue falls training

Programme Title	• MDT Navigation Hub / SPOA	SPM Workforce Lead Finance Lead	• Simon Roberts • Paula Mitchel/Angela Palfrey • Jenna Parr	SRO	• Steve Bonser	Executive Lead	• Leanne Watkins
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Programme Aims & Objective	<ul style="list-style-type: none"> • Develop MDT capacity to clinically review defined cohorts of professionally referred cases ie Care homes, Falls, over-65 (a clinical community desk) • Reduce conveyance to hospital for defined cohorts – care homes, falls and over 65s • Increase the utilization of alternative primary and acute pathways
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Workstreams & Priorities	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

<p>Workstreams</p> <ol style="list-style-type: none"> 1. APPNAV 2. Clinical Review Model 3. Call Handling Model 4. Technology 5. Social Care & Discharge <p>Priorities</p> <ul style="list-style-type: none"> • Integrate APPNAV into the hub • Implement a clinical MDT for selected cohorts • Develop agreed referral pathways and mechanism to increase utilization of alternative pathways 	<p>Reduce conveyance to hospital for selected cohorts, care home residents, falls patients and over 65s</p> <p>APPNAV</p> <ul style="list-style-type: none"> • Perform stack reviews and assign operational APPs to scene <p>Clinical Review Model</p> <ul style="list-style-type: none"> • Implement MDT to include a GP, AHP and frailty clinician to the hub <p>Call Handling Model</p> <ul style="list-style-type: none"> • Simplify existing structures to improve access to services <p>Technology</p> <ul style="list-style-type: none"> • Assess opportunity to utilize technology to reduce noncomplex referrals <p>Social care & Discharge</p> <ul style="list-style-type: none"> • Integrate social care expertise/pathways into the nav hub 	<ul style="list-style-type: none"> • Reduction in falls patients conveyed from Care Homes • 415 Conveyances to acute sites baseline monthly • 230 conveyances to hospital Baseline 2024 / equates to 23 per week • Falls pathway utilization 40 per month 	<ul style="list-style-type: none"> • Care Home Conveyance to ED to be no more than 50% by March 2025. • Reduce conveyance to hospital for selected cohorts • Increase falls pathway utilization to 60 per month 	<p>Interdependencies</p> <ul style="list-style-type: none"> • Six Goals for Urgent and Emergency Care • National SPOA / Falls Programmes • ABUHB Falls Programme • Clinical Redesign Programme • Digital/Finance/Workforce • Falls and Bone Health Committee • Regional Partnership Board <p>Risks</p> <ul style="list-style-type: none"> • Fragility of Staffing within Flow centre and SPA • Recurrent funding for Nav Hub / SPOA. • Ability to resource 7 days per week as per national framework • Timescale to mobilise and operationalise additional capacity (including staff) if additional funding is secured • OCP implications for any changes to structures
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Key Milestones

<p>Q1/Q2 2025/26</p> <ul style="list-style-type: none"> • APP embedded 7 days per week • Submit proposals for short term pump-prime funding • Framework national self assessment submission / SOP development 	<p>Q3/4 2025/26</p> <ul style="list-style-type: none"> • Implement AHP and GP support to SPOA/Nav Hub • Introduce the MDT on 5-day basis prior to winter • Agree protocol for call management and referral process i.e. through Ad Astra
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Programme Title	• Community Falls Programme	SPM Workforce Lead	• Simon Roberts • tbc • Tristan Harris	SRO	• Karen Hatch	Executive Lead	• Peter Carr
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Programme Aims & Objective	<ul style="list-style-type: none"> Reduce conveyance to hospital for defined falls cohorts i.e. Care home residents , over-65s Reduce conveyance to hospital for patients that have had a level 1 and/or level 2 community response Reduce admissions to hospitals for falls cohorts i.e. care home residents and over-65s Increase proportion of initial assessments within alternative pathways i.e. primary care, eLGH settings
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Workstreams & Priorities	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

<p>Workstreams</p> <ol style="list-style-type: none"> Care Homes Assistive Technology Community Response Navigation Hospital Response <p>Priorities</p> <ul style="list-style-type: none"> Develop care home training programme optimise Community response services Increase utilization of alternative pathways 	<p>Reduce L1 and L2 falls conveyance by 10% by December 2025. Reduce L1 and L2 falls admissions by December 2025</p> <p>Care Homes</p> <ul style="list-style-type: none"> Continuation of and enhancing the Education and Training offer <p>Assistive Technology</p> <ul style="list-style-type: none"> Assess opportunity for response linked to assistive tech <p>Community Response</p> <ul style="list-style-type: none"> Maximize value of Falls response service by enhancing L1 <p>Falls Navigation</p> <ul style="list-style-type: none"> Develop falls response pathways via single point of access <p>Hospital Response</p> <ul style="list-style-type: none"> Enhance front door response and timeliness for non-injurious falls patients 	<ul style="list-style-type: none"> Reduction in falls patients conveyed from Care Homes 415 Conveyances to acute sites baseline monthly 220 L1 and L2 conveyances to acute sites baseline monthly Falls pathway utilization 40 per month 	<ul style="list-style-type: none"> Reduce L1 and L2 falls conveyance by 25% by March 2025. Reduce L1 and L2 falls admissions by 25% by March 2025 Increase falls pathway utilization to 60 per month 	<p>Interdependencies</p> <ul style="list-style-type: none"> Six Goals for Urgent and Emergency Care National SPOA / Falls Programmes Value and Sustainability Goal 1 programme Digital/Finance/Workforce Regional Partnership Board <p>Risks</p> <ul style="list-style-type: none"> Interpretation of national targets and how data is collected and reported Availability of additional funding to right-size the current falls Response Service in 25/26 Timescale to mobilise and operationalise additional capacity (including staff) if additional funding is secured Staff turnover Ability to sustainably recruit into therapies roles Recurrent funding for Falls programme
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Key Milestones	Q1/Q2 2025/26	Q3/4 2025/26
	<ul style="list-style-type: none"> Map Existing processes and governance Develop key metrics and data Submit proposals for short term pump-prime funding 	<ul style="list-style-type: none"> Implement AHP support to SPOA/Nav Hub Implement L1 community resource additionality Agree hospital response protocol for non-injurious falls patients

Programme Title	• Return & Stay Well at Home	SPM Workforce Lead Finance Lead	• Kate Fitzgerald • Joanne Gubbings • Fidelma Davies	SRO	• Amanda Hale	Executive Lead	• Jennifer Winslade
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Programme Aims & Objective	Delivery of : <ul style="list-style-type: none"> • Optimal hospital care and discharge practice at the point of admission • A Home First approach to reduce re-admission
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Workstreams & Priorities	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

Workstreams <ul style="list-style-type: none"> • Optimal Hospital Flow Framework • Pathway of Care Delays • Discharge Resource Review • Deconditioning • Digital Discharge Projects Priorities <ul style="list-style-type: none"> • MAG Recommendations • Alignment of digital systems • Discharge resource • LOS review meetings • Joint assessments delays • Trusted Assessor • H2H business case 	<ul style="list-style-type: none"> • Roll out of the OHFF across all sites • Increase compliance with DR2A pathway reporting • Reduction in POCD and days delayed • Development of an integrated discharge model across Health and Social Care • Trusted Assessor opportunities across Gwent 	<ul style="list-style-type: none"> • Reduction in POCD (176) • Reduction in days delayed (5,900) • Increase in weekend discharges (17%) • Increase in discharge 12 mid day (10.2%) 	<ul style="list-style-type: none"> • Reduction in POCD (160) • Reduction in days delayed (6,437 set from onwards Dec 24) • Weekend discharges (increase from baseline tbc) • Discharges before mid day (33%) 	Interdependencies <ul style="list-style-type: none"> • Six Goals for Urgent and Emergency Care • Clinical Redesign Programme • Value and Sustainability • Digital/Finance/Workforce • Place Based Care • Mental Health & Learning Disabilities • National POCD programme • Regional Partnership Board Risks <ul style="list-style-type: none"> • Interdependencies with wider system, capacity outside of hospital setting/community, working across localities • Digital infrastructure, number of digital systems, interface with local authorities/WAST
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Key Milestones	Q1/Q2 2025/26 <ul style="list-style-type: none"> • Establishment of the scrutiny panel to review patients with LOS over 100 days • Roll out of the OHFF at RGH, GUH and Community Hospitals • Pilot NHS P&I deconditioning tool on 3.2 at YYF • Preparation of business case for H2H for permanent funding 	Q3/4 2025/26 <ul style="list-style-type: none"> • Roll out of OHFF at NHH and YYF • Sign off integrated discharge model • Delivery of ward-based dashboards to identify themes and opportunities • Confirm Trusted Assessor opportunities and delivery plan
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Programme Title	• Place Based Care and Population Health Programme	SPM Workforce Lead Finance Lead	• TBA – urgently required • TBA- urgently required • Chris Commins	SRO	• Lloyd Hambridge	Executive Lead	• Tracy Daszkiewicz
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Programme Aims & Objectives	<p>Aim: To build resilient and connected communities, reduce health inequalities and preventable morbidity and mortality, provide care and support closer to home and streamline access to specialist care by bringing together community members, organisations, services and teams responsible for the health and wellbeing of the population/community within a place.</p> <p>Objectives/priorities:</p> <ul style="list-style-type: none"> • Community Model: Community engagement and capacity building, asset mapping, linking and co-ordinating wellbeing assets and individual and group behaviour change • NCNs: MDTs for people with complex needs, connecting people to non-medical assets, addressing diabetes & CVD risk and ensuring equitable access to enhanced services 						
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Workstreams	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

<p>Workstreams (TBC following completion of programme infrastructure and assignment of leads)</p> <ul style="list-style-type: none"> • Financial strategy • Workforce planning and development • Intelligence, data and digital • Evaluation and Performance • Estates and facilities • Communication and engagement 	<ul style="list-style-type: none"> • Sustainable financial strategy that provides recurrent, long-term funding. • Workforce plan for each function of the programme that is proportionate to need and sustainable. • Workforce development plan that enables high functioning teams to be developed, nurtured and sustained. • A robust evaluation and monitoring framework that not only monitors outputs but provides signals of system change. • Costed implementation plan for Torfaen and Blaenau Gwent, as well as pan Gwent 	TBC	TBC	<p>Interdependencies</p> <ul style="list-style-type: none"> • ABUHB 10yr Strategy and Delivery Plan • Primary Care Model for Wales • Six Goals for Urgent and Emergency Care • Neighbourhood Care Networks • Integrated Well-Being Networks • Digital & Data transformation • Capital and Estates planning <p>Current Programme Risks</p> <ul style="list-style-type: none"> • No assigned SPM and workforce lead. • Lack of finance input to develop financial strategy. • Planned changes to Torfaen and Blaenau Gwent ISPB resulting in delays to progressing in Blaenau Gwent.
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Key Milestones	Q1/Q2 2025/26	Q3/4 2025/26
	<ul style="list-style-type: none"> • Endorsement by ABUHB Executive Committee and Board to progress PBC as a priority • Delivered PBC workshops at Caerphilly, Monmouthshire, Newport and Torfaen ISPB's • Delivery of PBC workshop with Family & Therapies Division • Workshop with GAVO and TVA with the aim of clarifying functions and responsibilities in relation to community wellbeing through e.g., community capacity building and engagement. • Development of terms of reference to enable operationalisation of Borough Management Teams to oversee operational delivery, development of integrated neighbourhood teams and network development at place. • Development session on PBC as a vehicle for delivery with Regional Partnership Board members. 	<ul style="list-style-type: none"> • Develop a costed implementation plan, including Torfaen and Blaenau Gwent. • Finalise programme infrastructure e.g., deliverable programme plan with identified workstreams and leads • Deliver PBC workshop with MH & LD Division • Continue to engage with ISPB's to progress development of PBC model and costed implementation plan.

Programme Title	• End of Life Care (EoLC) Programme	SIM Workforce Lead Finance Lead	• Jamie-Lee Cook • tbc • Tristan Harris	SRO	• Tanya Strange	Executive Lead Chair:	• Jennifer Winslade • Tracey Partridge Wilson
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Programme Aims & Objective To ensure the provision of high-quality palliative, end of life, and bereavement care for people with life-limiting conditions using a whole systems approach that works in partnership with people, services and stakeholders across the entire life course.

Workstreams & Priorities	Key Deliverables	Intended Benefits	Interdependencies & Risks
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<p>Workstreams</p> <ul style="list-style-type: none"> Education and Training End of Life Care and Bereavement Future Care Planning Outcome Measures <p>Priorities</p> <ul style="list-style-type: none"> To co-ordinate a strategic educational strategy to enhance and improve EoLC for patients To ensure equitable access to high-quality end-of-life and bereavement care and support for all who need it, when they need it, including the training and support of staff to deliver compassionate, person-centred care. To co-ordinate the use of Future Care Planning (FCP's) and create the infrastructure for effective sharing and adherence to patient's wishes by all stakeholders involved in their care To work at both a national and local level to identify a meaningful set of metrics e.g. NACEL, to develop an end-of-life performance dashboard that will provide meaningful, measurable data 	<p>Accessible Services : A coordinated offer of end-of-life and bereavement support available across all communities in Gwent, reducing inequalities in access.</p> <p>Staff Training and Support :A structured programme of training and emotional support for staff to build confidence and capability in delivering compassionate care This includes embedding Sage & Thyme as the standardised model of communication training and roll out of new Care Decisions Guidance Training e-learning Health Board Wide</p> <p>Personalised Care Pathways: Implementation of consistent, person-centred approaches to end-of-life care planning and bereavement support, aligned with national frameworks.</p> <p>Feedback and Improvement Loop : Mechanisms to capture experiences from people, families, and staff to inform continuous learning, service improvement, and accountability.</p> <p>Agree set of outcome measures to achieve to measure areas for improvement and success</p>	<p>As the programme continues to evolve, it aims to embed person-centred, equitable care as a core component of service delivery across all settings. The following benefits highlight the impact of the programme's workstreams and provide a framework for evaluating success in 2025/26 and beyond.</p> <p>For Patients & Families</p> <ul style="list-style-type: none"> Enhanced dignity and person-centred support More people able to die in their preferred place Timely communication and coordinated care Improved bereavement support to reduce long-term mental health risks <p>For Staff</p> <ul style="list-style-type: none"> Increased confidence and morale Better training and support to honour patient wishes Reduced emotional burden through structured reflection and debriefs <p>For the System</p> <ul style="list-style-type: none"> Fewer avoidable hospital admissions Reduction in complaints/incidents Stronger planning and resource alignment Enhanced data quality for performance monitoring and improvement 	<p>Interdependencies</p> <ul style="list-style-type: none"> Six goals for Urgent and Emergency Care Programme Clinical Redesign programme Strategic Programme for Primary Care ABUHB Strategy and Delivery Plan, Clinical Plan Digital (National and Local) Finance Workforce <p>Risks</p> <ul style="list-style-type: none"> Capacity Clinical and Educational Resource Engagement and accountability from all divisions Technology Infrastructure Paper processes Approval to mandate the relevant training Variable implementation of national standards <p>Further explanation of risks and associated mitigations are detailed within the report for executive committee due to presented in August 2025.</p>
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Key Milestones	Q1/Q2 2025/26	Q3/4 2025/26
	<ul style="list-style-type: none"> Develop End of Life Care and Bereavement Educational Strategy 	<ul style="list-style-type: none"> Develop and rollout patient, carer and staff experience surveys Agree outcome measures

Programme Title	• Populations at Risk	SPM Workforce Lead	• Simon Roberts • tbc • tbc	SRO	• Lloyd Hambridge	Executive Lead	• Jenny Winslade
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Programme Aims & Objective	<ul style="list-style-type: none"> • Increase the number of healthy days at home • Standardize approach / increase volume of MDTs in the community • Reduce the number of bed days occupied by patients within the 0.5% population at risk cohort
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Workstreams & Priorities	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

<p>Workstreams</p> <ol style="list-style-type: none"> 1. Cohort / Patient identification 2. MDT Definition and Scale-up 3. Care Plans 4. Monitoring and Evaluation <p>Priorities</p> <ul style="list-style-type: none"> • Evidence based agreement of patient identification method • Baseline of current MDTs across Gwent • Develop plan for upscaling the MDT to capture greater number of reviews completed / quality of outcome 	<p>Reduce the number of bed days occupied by patients within the 0.5% population at risk cohort</p> <p>Cohort / Patient identifications</p> <ul style="list-style-type: none"> • Complete comparative analysis of Primary and secondary care data held <p>MDT Definition and Scale-up</p> <ul style="list-style-type: none"> • Define MDT best practice and scale up across ISPBS. Community matron model. <p>Care Plans</p> <ul style="list-style-type: none"> • Increase the utilization of FCPs and access to them <p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> • Develop methods to clearly measure outcomes / benefit for patients and the health system 	<ul style="list-style-type: none"> • Multiple MDTs on-going across Gwent with most occurring in Newport • 7000 patients discussed in an MDT since July 2024 • 975 MDTs completed since July 2024 	<ul style="list-style-type: none"> • Agree patient / cohort identification methods • ISPB development of plans for local implementation learning from other ISPBS • Resource requirements to enable the MDTs aligned to place based care 	<p>Interdependencies</p> <ul style="list-style-type: none"> • Six Goals for Urgent and Emergency Care • Place Based Care • Clinical Redesign Programme • Digital/Finance/Workforce • ABUHB 10yr strategy and delivery plan • Primary Care Model for Wales • Neighbourhood Care Networks • Integrated Well-Being Networks <p>Risks</p> <ul style="list-style-type: none"> • System wide access to data – primary, social care in particular • Robust measures including healthy days at home • Recurrent funding model to scale-up • Planned changes to Torfaen and Blaenau Gwent ISPB resulting in delays to progressing in Blaenau Gwent
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Key Milestones	<p>Q1/Q2 2025/26</p> <ul style="list-style-type: none"> • Workshop bringing together clinicians leading MDT work • Evidence based agreement of patient identification Method • Work with 4 practices to compare GMS held data with acute 	<p>Q3/4 2025/26</p> <ul style="list-style-type: none"> • Develop a service document that details exactly what existing MDTs have established • Establish MDT as top priority within ISPB space • Progress with additional primary and social care data to assess outcomes fully
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Programme Title	• Mental Health & Learning Disabilities Transformation	SPM Workforce Lead	• Sarah Parks-Jones • Cara Bradley • Gemma Mainwaring	SRO	• Louise Turner	Executive Lead	• Leanne Watkins
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Programme Aims & Objective	1. Develop future models of care based on demand, capacity, clinical best practice, and sustainability. 2. Right-size inpatient services and redesign community mental health pathways. 3. Deliver an integrated Single Point of Access (SPOA) and 24/7 crisis response. 4. Expand alternative accommodation options to reduce CHC dependency and out-of-area placements
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Workstreams & Priorities	Key Deliverables	Intended Benefits Baseline (April 25) Target (March 26)		Interdependencies & Risks
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Workstreams <ul style="list-style-type: none"> Inpatient Services, MH&LD Community, MH&LD MH&LD Integrated Crisis Response and Single Point of Access (SPoA) Alternative Accommodation Options Priorities <ul style="list-style-type: none"> Align Models of Care with IMTP, divisional objectives and ministerial strategy Implementing a SPOA for referrals and integrating a 24/7 crisis response offer (while prioritising services continuity and safeguarding staff wellbeing). Strengthen Workforce Resilience across services: mitigate secondment gaps, improve morale, support MDT Define Clinical Criteria & Delivery Plans for service transformation with agreed assumptions and phased implementation Advance Housing & CHC Solutions through feasibility reviews, partnership development, and costed pilots 	<ul style="list-style-type: none"> Review and refreshed inpatient & community service models SPOA integration framework and crisis escalation protocol Accommodation pathway with short-term step-down options Programme dashboard and reporting tools 	<ul style="list-style-type: none"> Inconsistent access and transitions Multiple service access points/variable crisis response Lack of step up and down accommodation 	<ul style="list-style-type: none"> Integrated pathways with defined criteria Coordinated escalation and resolution Increased options and throughput 	Interdependencies <ul style="list-style-type: none"> Regional Partnership Board (RPB) programmes Workforce Digital Finance enablers Local authority and voluntary sector initiatives Ministerial priorities Estates Risks <ul style="list-style-type: none"> Communication & engagement / mitigated via comms & engagement strategy and streamlined reporting Programme delays / addressed through clear milestones and governance. Duplication /interdependencies of workstreams/ mitigated programme governance arrangements. Funding gaps / managed through business plan and programme escalation process.
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Q1/Q2 2025/26 KEY MILESTONES <ul style="list-style-type: none"> Confirm baselines and workforce model Produce SPOA framework 		Q3/4 2025/26 <ul style="list-style-type: none"> Trial revised service and crisis pathways Secure capital for LD accommodation 		
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Programme Title	• Clinical Redesign	SPM Workforce Lead Finance Lead	• Kate Fitzgerald • Shelley Williams • Greg Bowen	Clinical Lead	• Andy Bagwell	Executive Lead	• Leanne Watkins
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Programme Aims & Objective	<ul style="list-style-type: none"> • Reconfiguration of the clinical service models to enhance patient experience and outcomes based on population need • Right sizing of service across community and acute including the bed base • Sustainably workforce model, efficient use of resource that delivers value, evidence based
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Workstreams & Priorities	Key Deliverables	Intended Benefits		Interdependencies & Risks
		Baseline (April 25)	Target (March 26)	

Workstreams <ul style="list-style-type: none"> • Older Person Clinical Model • Acute Medical Model • Bed Plan/Model • End of Life Priorities <ul style="list-style-type: none"> • Treatment Escalation Plans • Care Homes • Frailty Passport • 75+ Prevention Team/Populations @ Risk 	<ul style="list-style-type: none"> • Research best practice models for integrated geriatric medicine • Mapping of clinical criteria across the older person pathway • Development of older person clinical model and workforce plan • Acute medical model progress options and modelling to identify optimal model • Delivery of bed plan/model 	• tbc	• tbc	Interdependencies <ul style="list-style-type: none"> • Six Goals for Urgent and Emergency Care • Planned Care Programme • Place Based Care Programme • Strategic Programme for Primary Care • Digital/Workforce/Finance • End of Life Care • ABUHB Strategy and Delivery Plan, Clinical Plan Risks <ul style="list-style-type: none"> • Staff well being and moral – service change • Communication and engagement with stakeholders • Funding to support redesign of services if required • Interdependencies with other work streams limits progress
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Key Milestones	Q1/Q2 2025/26	Q3/4 2025/26
	<ul style="list-style-type: none"> • Complete review of best practice models • Mapping of clinical criteria across older person pathway • Development of frailty passport • Scoping of older person model • Rapid Feasibility DAP Beds 	<ul style="list-style-type: none"> • Development of older person model and workforce plan • Confirm options for acute medical model and next steps • Delivery of winter bed plan • Agree End of Life measures

Programme Title	• Decarbonisation – Net Zero	SPM	• Terry Watkins	SRO	• Roxanne Green	Executive Sponsor	• Rob Holcombe
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Programme Aims & Objective The Decarbonisation Framework outlines the main areas of focus for a net zero trajectory by 2030; the goals and objectives required to meet performance targets and provide a timescale and action plan. The Health Board plans to implement energy efficiency and promote decarbonisation over the coming years, while also providing a mechanism for governance and reporting.

Supporting Workstreams	Key Deliverables	Intended Benefits (linked to IMTP)
<p>Programme Workstreams:</p> <ol style="list-style-type: none"> Estates Communication and Training Clinical and Health Care Resources Wastes <ul style="list-style-type: none"> Welsh Government Decarbonisation Groups Five ABUHB Decarbonisation Groups – Estates, Communications & Digital, Clinical & Health Planning, Finance & Procurement, waste. Agile Working group Cardiff University HB "Cycle Friendly Group" HEIW Carbon Literacy development Group H&SC Climate Emergency National Programme - Community of Experts 	<ul style="list-style-type: none"> Engagement programme by multiple mechanisms to raise awareness and promote the decarbonisation & sustainability agenda in ABUHB e.g., Intranet and social media. Reports to Welsh Government on the progress of the Decarbonisation Programme Provide support for the development and creation of the conditions to enable all staff to embed sustainable healthcare improvement principles within ABUHB Improved medicine stock and medical gas cylinder management By 2030 aim to achieve the target of a reduction of 34% carbon emissions Implementation of a Green Ward Accreditation (Bronze, Silver and Gold) Implementation of an IV paracetamol guideline to reduce unnecessary IV use Reduction in unnecessary blood tests – baseline TBC Training of staff in Carbon identifying opportunities & behaviours Development of the section 6 biodiversity report for ABUHB. A health board wide Adaptation "toolkit" 	<p>2025/26 we will continue to focus on:</p> <ul style="list-style-type: none"> Increased awareness and participation of reducing carbon emissions Re Fit Programme – 804 tonnes of emissions reduction Reduction in waste of gases, e.g. Entonox and Nitrous Oxide – baseline TBC 10% reduction of clinical product waste, e.g. tests, PPE, medicines 10% Reduction in the use of IV paracetamol – baseline 24/25 9376 IV based on 1g in 100ml IV and 500mg in 50ml IV 10 vial packs, (93, 760 IV paracetamol) Further carbon emission reductions of 16% by the end of 2025 Collaboration (external resource, expertise, leadership, implement All Wales exemplars) Increased appropriate waste recycling on hospital sites

Key Risks	Interdependencies with other Programmes
<ul style="list-style-type: none"> Future funding schemes to support the ongoing changes to deliver Net Zero by 2030 Pace of change required to reduce the Carbon footprint by 16% (2025 Target) Investing in Biodiversity now (2025) but not realising the benefits of tree Carbon offset for 8-10 years Resources to support the schemes going forward where no funding currently exists Changes to legislation that could prove both costly and timely for the health board 	<ul style="list-style-type: none"> Linking with other NHS organisations through the Community of Experts group Capital development schemes also link in with the Arts, Biodiversity & Wildflower planting when planning new builds or developing existing building/Land areas Linking in with the estates Energy resources team to keep the communications going on the performance framework

Milestones Q1 2025	Q2 2025	Q3 2025	Q4 2025
<ul style="list-style-type: none"> Gloves Are Off – reduction in use of non-sterile gloves Biodiversity Report Task & Finish group IV medicines for oral Project mapping and reporting for Group 3 Re Fit Programme objective and delivery continue to progress plans Start to develop the adaptation group & confirm stakeholders SBAR Annual plan for the board 	<ul style="list-style-type: none"> Start developing the waste group objectives Continue to progress the Refit programme DCR Report Spread & scale up the gloves are off project Gain momentum with the adaptation report Finalise the Qualitative report and annual plan Funding approval for the Refit Programme 	<ul style="list-style-type: none"> Adaptation final 1-3 section report toolkit Re Fit programme to commence improvements 	<ul style="list-style-type: none"> Annual Report (WG) Decarbonisation Annual benefits realisation & gap analysis Reduction in unnecessary blood tests Nitrous Oxide Waste Reduction Reduction in use of single use items DCR Report (SDP Refresh pushed out the NWSSP)

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 October 2025
CYFARFOD O: MEETING OF:	Planning, Population Health and Partnerships Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	IMTP 2026-29 Approach
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk, Assistant Director of Planning and Performance Marie-Claire Griffiths, Head of Strategic Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Ahead of the development of the next IMTP, 2026-2029 the organisational approach needs to be agreed that embeds learning from previous planning cycles. This paper sets out the proposed approach, timeline and governance to develop the IMTP 2026-2029.

Cefndir / Background

The NHS Wales Finance Act (2014) requires the Health Board to annually submit an Integrated Medium-Term Plan (IMTP) that can financially balance over a three period to Welsh Government for approval. This is a statutory duty. Each year The Welsh Government issues an NHS Wales Planning Framework in the Autumn that sets out the requirements for Health Boards to plan against, including the national policy context, ministerial priorities, statutory obligations and a Minimum Data Set (MDS) adopted as the mechanism that provides assurance on delivery of core services. There is a Welsh Government requirement to report against the delivery of the IMTP on a quarterly basis.

The IMTP was presented to Board in March 2025 in the context of significant financial and operational challenges, reflected in the heightened escalation arrangements that the Health Board was subject to at the time.

The plan outlined the drivers, priorities and system change required under the five priority areas:

1. Embedding Prevention and Population Health in all that we do:
2. Improving patient experience and timeliness of care in our urgent and emergency care system focusing on access and discharge pathways:

3. Continuing to prioritise cancer, urgent and the longest waiting patients for planned care:
4. Progressing our place-based models of care in primary and community services:
5. Improving our Mental health services.

In addition, each of the enablers set out the changes required for their areas.

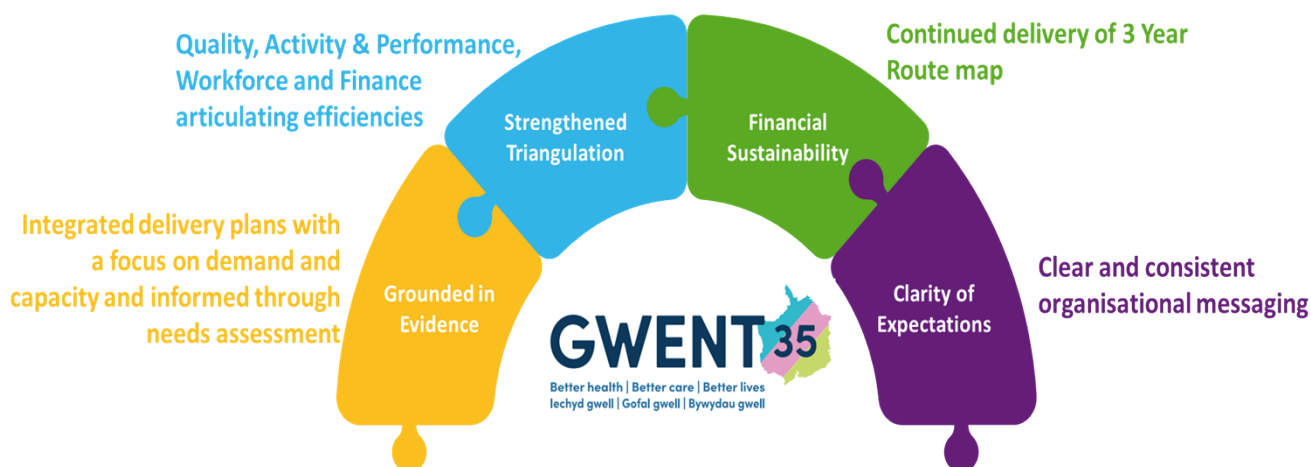
In July the Board approved our new organisational strategy Gwent 2035: Better Health, Better Care, Better Lives. This new strategy signals a step change, and our future planning needs to demonstrate how it will achieve the ambition that by 2035 we want everyone across Gwent to have the same chance to live a long, healthy life and have an improved healthy living expectancy.

Following the confirmation that our IMTP for 2025 was approved by Welsh Government we were de-escalated from Targeted Intervention to Enhanced Monitoring for Finance and Planning.

Asesiad / Assessment

1. Approach & Timeline

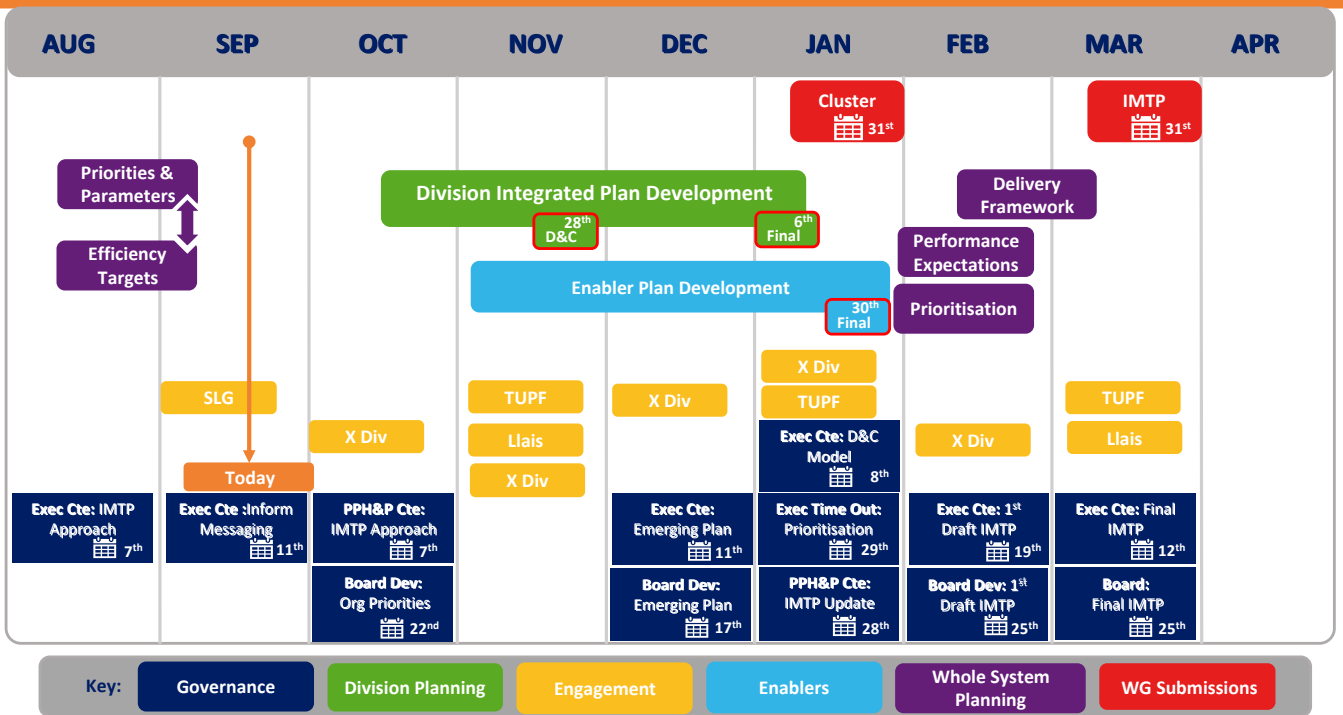
The proposed approach for the development of the IMTP building on our learning from the previous cycle is summarised below:



In addition to the diagram above it's important to note that this will be the first three years of delivery for the new strategy and this IMTP needs to demonstrate a step change in our approach to embed the three aims of Better Health, Better Care and Better Lives. The approach continues to be aligned with Maturity Matrix Assessment and supports achieving further de-escalation from enhanced monitoring for planning and finance.

An overarching diagram of the proposed planning cycle is included below that includes an assumption the final plan submission date to Welsh Government will be 31st March 26.

IMTP 26 Timeline



The above diagram includes these key milestones:

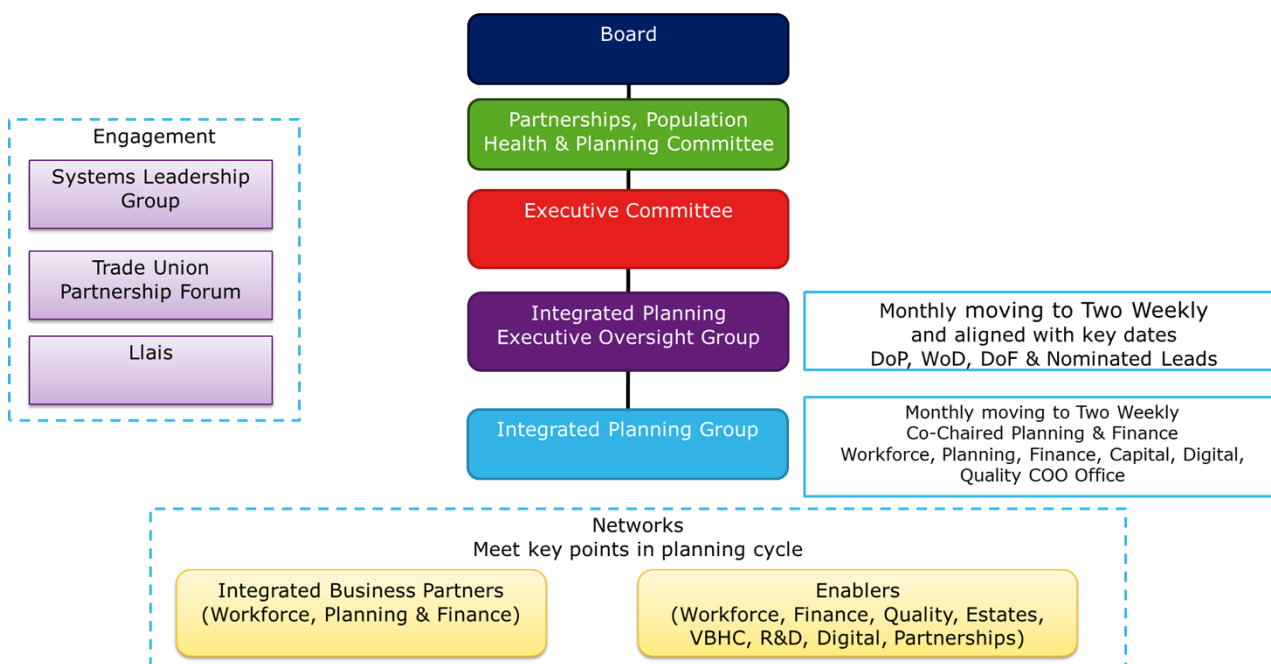
- Issuing Integrated Planning Frameworks to budget holders in October,
- Undertaking demand and capacity within Divisions by then end of November resulting in Executive review of the organisation demand and capacity model at the beginning of January, this will include an assessment against impact on key ministerial targets,
- A dedicated prioritisation session by Executive Team at the end of January to inform the financial plan this will include a discussion on the wider performance expectation underpinning the plan.

The proposed key ministerial targets where we will assess impact in the first instance are summarised in the table below:

Planned Care	Stage 1 Outpatients 36/52 weeks All Stages 104 week waits
Diagnostics	8 weeks
Therapies	14 weeks
Cancer	Single Cancer Pathway Compliance
Urgent Care	Pathway of Care Delays 15-minute ambulance handovers with no patient waits longer than 45 minutes Wait to be seen 12-hour ED/MIU
Primary and Community	Building community capacity
Mental Health	Part 1a and 1b for under 18s and over 18s

2. Governance and Key Dates

Building on the arrangements in place for last year's planning process the following governance is proposed:



The formal governance will be supplemented by two networks who meet at key points in the planning cycle to bring together the interdependencies, shape their contributions to the plan and ensure aligned divisional support to plan development.

Through the above governance the following engagement and key decisions will be required from September until March.

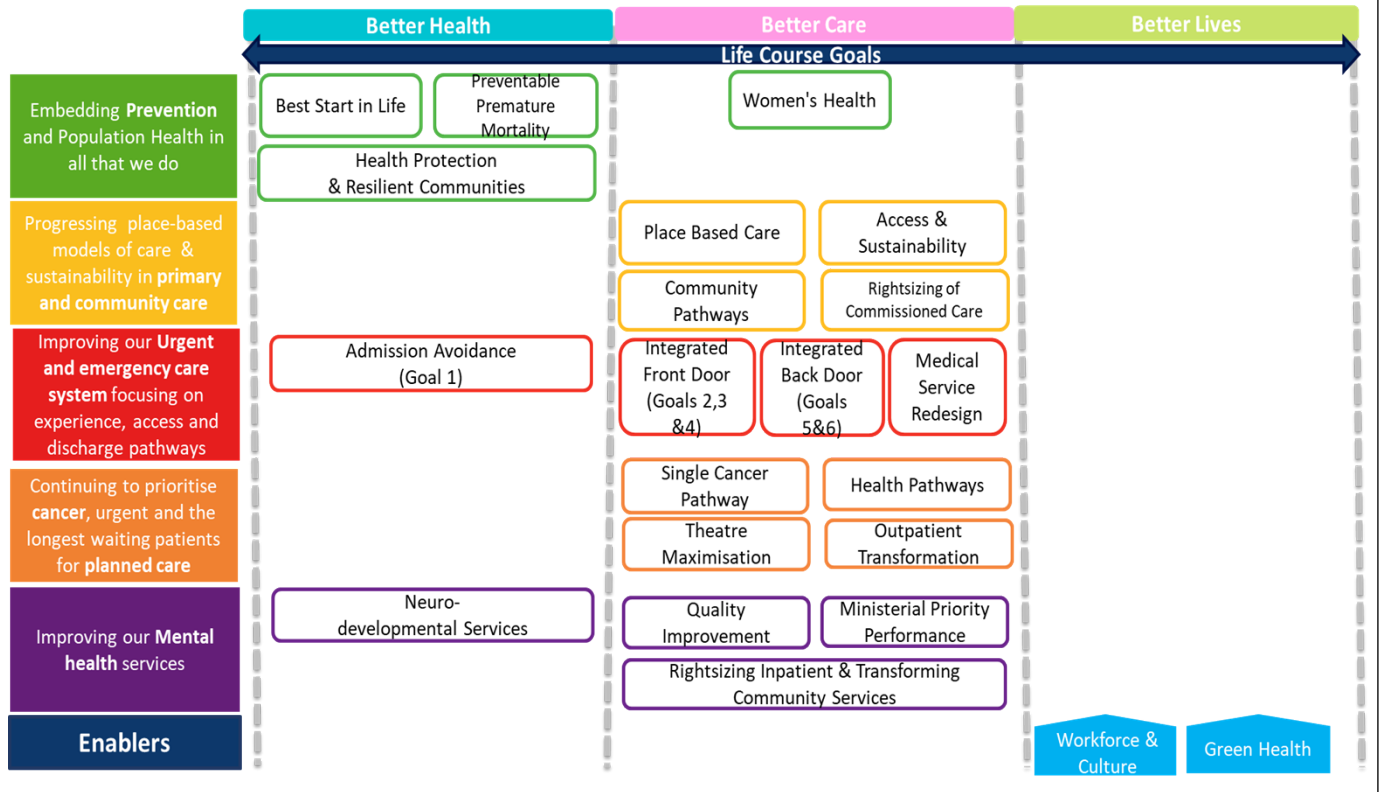
Key Dates			
Topic	Meeting	Date	Outcomes
IMTP Approach 26/27	Exec Cte	7 th Aug	Agree overarching approach, governance & timeline
Shape Organisational Must Dos, Priorities & Parameters	Exec Cte	10 th Sept	Share the 1 st draft of Must Dos, Priorities & Parameters for engagement with Cross Divisional
Engagement on IMTP Process, Priorities and Parameters	SLG	19 th Sept	Share the proposed IMTP Approach, timeline and priorities & parameters
Engagement and Launch IMTP Process, Priorities and Parameters	Cross-Divisional	3 rd Oct	Share the proposed IMTP Approach, timeline and priorities & parameters and gain feedback. Consistent message is delivered across the org on the expectations of plan submissions with opportunity to clarify
IMTP Approach 26/27	PPH&P Cte	7 th Oct	Receive update on overarching approach, governance & timeline

Organisational Priorities and Parameters	Board Dev	22 nd Oct	Board has the opportunity to shape the Priorities & Parameters prior to sharing with Divisions
Emerging Plan	Exec Cte	11 th Dec	Review the emerging plan by System Change theme
Emerging Plan	Board Dev	17 th Dec	Review the emerging plan by System Change theme
Org Demand and Capacity Model	Exec Cte	8 th Jan	Review the consolidated demand and capacity model following division submissions Review the capacity to meet key ministerial targets Opportunity for scrutiny and to reflect on challenges to be communicated back to Divisions
Prioritisation of Division Integrated Plans & Performance Expectations	Exec Time Out (Half Day)	29 th Jan	Prioritise investment choices/business cases for financial year ahead Prevent abortive work throughout the year by reviewing areas of service change and agreeing their positive impact Agree financial risks to be carried Triangulate the financial plan and the performance expectations
Update on IMTP including NCN Plans	PPH&P Cte	28 th Jan	Receive update on IMTP progress Endorse NCN plans before WG submission on 31 st Jan
Financial Plan & Performance Expectations	F&P Cte	2 nd Feb	Receive emerging Financial Plan and Performance expectations for scrutiny ahead of Board
IMTP Delivery Framework	Exec Cte	5 th Feb	Discuss cross cutting priorities and how the plan will be delivered
IMTP Delivery Framework	Cross Divisional	6 th Feb	Discuss cross cutting priorities and how the plan will be delivered
First Draft IMTP	Exec Cte	12 th Feb	Scrutinise first draft of IMTP ahead of sending to Board
First Draft IMTP	Board Dev	26 th Feb	Scrutinise first draft of IMTP so changed can be reflected in the final draft
Final IMTP	Exec Cte	13 th Mar	Scrutinise final draft of IMTP ahead of sending to Board
Final IMTP	Board	25 th Mar	Approve IMTP prior to Welsh Government submission

In addition, sessions will be scheduled with Trade Union Partnership Forum and Laais as part of our engagement approach.

3. Priorities

The IMTP planning processes are embedded throughout the organisation from Board to front line teams. By ensuring strategy delivery is rooted within the IMTP we are building the principles into the business architecture of the organisation. We have undertaken an assessment of the how the current IMTP reflects the actions and commitments within our Strategy. The diagram overleaf demonstrates how the milestones within the IMTP map across the three aims:



To embed the three strategic aims and ensure our IMTP is an effective delivery plan for the new strategy we propose that the priorities are commissioned as below,



4.Parameters

It is imperative that we develop an IMTP that has quality as a golden thread, is within core capacity and builds on the savings plans already achieved, whilst improving performance. There are a range of performance documents with expectations that have been issued from Welsh Government and its essential there is clarity over delivery accountability. To ensure clarity the below organisational messaging and organisation planning parameters under four domains are proposed with specific delivery expectations allocated to divisions/programmes/enablers.

Each division/budget holder is required to submit a plan on 6th January which achieves financial balance

Plans must demonstrate:

1. Prioritisation of Patient Safety, service changes that could affect patient care will need a QIA screening Tool
2. A balanced budget based on 25/26 recurrent funding
3. Prioritisation of capacity on treatment of Cancer
4. Quantify and demonstrate the opportunities of efficiency within core capacity
5. Progress against 12 performance improvement targets within core capacity, confirming what it would take to fully deliver

Organisational Parameters

- 13 Performance
- 18 Finance
- 7 Quality
- 9 Workforce

Ministerial Delivery
Expectations 2025

Improving
Performance Together

Ministerial Advisory
Group

Enabling Actions



Allocated delivery actions to Divisions/Programmes/Enablers where accountability sits with them and highlighting cross divisional impact

Overarching Organisational Parameters (1)

Finance & Efficiency

Focus on efficient and effective care through;

- Rightsize capacity across all elements and components of the system
- Effective deployment of workforce aligned with clear objective setting
- Use of health pathways to improve demand management
- Reduction in INNUs
- Bed LOS and deconditioning reductions
- Theatre operating efficiencies (agreed KPIs)
- Outpatient efficiencies (DNAs, Clinical utilisation, SOS, virtual)
- Diagnostic planning, scheduling and practice
- Clinical variation in community service teams
- Single Integrated discharge pathway, working with partners

Focus on reducing spend through;

- Revisit previous financial savings ideas not progressed
- Review investment decisions & evaluate benefit & impact
- Increased rigour and governance on new spend
- Constant critical review of core spend
- Continued focus on reducing variable pay through effective workforce planning including roster efficiency, recruitment and retention
- Ensure use of bio-similar medicines & reduce medicines waste
- Rightsize packages of care & regularly review package provision
- Consolidate Health Board estate and maximise agile working

Performance Improvement & Efficiency

Progress against 12 performance improvement targets within core capacity, confirming what it would take to fully deliver;

1. Achieve 80% for Single Cancer Pathway
2. Patients waiting more than 52 weeks for a new outpatient appointment
3. Patients waiting more than 104 weeks for referral to treatment
4. Patients waiting more than 8 weeks for diagnostics
5. Sustain 80% in 1a and 1b performance in Mental Health in Adult and CAMHS
6. Deliver 15 minute ambulance handovers with no patient waits longer than 45 minutes for ambulance handover at GUH ED
7. Patient waits longer than 12 hours in our ED & MIUs
8. Reduce pathway of care delays by 25%
9. Improve the % of pre midday hospital discharges
10. Ensure consistent delivery across all health boards of the eight NICE recommended care processes for diabetes
11. Demonstrate plan to shift more services from hospitals to community-based
12. Work with GP practices on proactive management of the high-risk population
13. **Vaccinations - To be added**

Overarching Organisational Parameters (2)

Quality & Efficiency Commitments

1. Continue to develop meaningful ways of engaging and involving members of the public in improvements including establishing a Community of Practice for People's Experience, people participation panels and people with lived experience experts by experience. Continue to develop collaborative arrangements with staff, patients, carers, triangulating feedback and the mechanisms for patient, carers and families to tell their story.
2. Reduce harm and reoccurrence of incidents through greater intelligence and insight into harm and Human Factors and improve compliance with Datix requirements including timely closure.
3. Continue to develop mechanisms to embed learning and Quality Improvement as the 'ABUHB Way'. Continue to roll out ward Accreditation as a vehicle to link learning through Audit with Quality Improvement activity as part of a systemwide Quality Management System
4. Enhance and improve the management of PTR complaints to meet the compliance target of closing 75% within 30 days of receipt, ensure early resolution at the earliest opportunity, and strengthen the quality and timeliness of communication and responses provided to patients, families and their carers.
5. Continue to deliver the Health & Safety Improvement Plan, developing and embedding a Health & Safety Management System from 'Ward to Board' ensuring continuous improvement in the management and reporting of Health and Safety.
6. Address Healthcare Acquired Infection Reduction Targets through Developing a robust cleaning program to reduce healthcare-associated infections, ensuring ongoing support for improvement in infection prevention 'basics' and continuing to address anti-microbial prescribing practices.
7. Continue to create safe systems for the identification, reporting and management of the most vulnerable through improved awareness of and training in Sexual Safety, Domestic Abuse, improve uptake of Safeguarding training for children and adults particularly level 3 and access to supervision.

Workforce & Efficiency commitments

1. Plans will prioritise the wellbeing of our staff with consideration for staff experience and retention
2. Plans will aim to reduce vacancies and reliance on variable pay through effective recruitment strategies and organisation of staff through rostering, job planning and PADR compliance
3. Plans will ensure workforce models are the right-size, agile and optimise the use of available skills, expertise and technology
4. Service models will consider the availability of workforce with an assessment of relevant training, recruitment pipelines, multi-disciplinary approaches and improve retention to support sustainable workforce models
5. Plans will consider equality and inclusivity for our staff and population
6. Sustained reduction in agency expenditure, with a target **30%** reduction in 2026/27 from 2025/26 outturn, and ensuring no off-contract expenditure.
7. No agency spend on HCSW, A&C, and E&A
8. 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
9. Reduction in sickness absence in 2026/27 to overall 5%

***Vaccinations are highlighted and will be added with input from the Public Health Team**

***30% is highlighted as we are unsure the target will remain at this level**

5. Risks

At this point the following risks have been identified as impacting the next planning cycle:

- Organisational capacity to plan during the winter period, including some key decision points and protected meeting time being required in January,

- Ensuring new Board members are content to build on last year’s planning approach and incorporating the new organisational strategy when they were not involved in its development,
- The political landscape in an election year may pose challenges in having clarity of expectations,
- As evidenced in previous years there may be a change in performance expectations mid planning cycles or receipt of the planning framework towards the end of 2025 that require an agile response to be reflected in our plan,
- Our continued ability to develop a robust savings pipeline after making record savings as an organisation over the last two years.

6. Next Steps

The following key next steps will be taken forward ahead of issuing integrated planning frameworks, priorities and parameters in October:

- Development of the Integrated Planning Framework, taking on lessons learnt from last year through the Integrated Planning Group,
- Engaging on the first draft of the Organisational Must Dos, Priorities & Parameters through Executive Committee and Cross Divisional Leadership Group
- Agreeing our one methodology for demand and capacity modelling recognising the need to align with NHS Performance and Improvement approach who are providing targeted support,

These next steps will culminate in the Executive Committee and subsequently the Board agreeing the IMTP Process, Priorities and Parameters in October.

Argymhelliad / Recommendation

The Planning, Population Health and Partnerships Committee to **discuss** and **note** the IMTP approach for the next planning cycle.

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	Not Applicable 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. Choose an item.
---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
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)	
Resource Assessment:	
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available 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.

St Woolos Hospital Rationalisation

PPPH Committee on 7th October 2025

Jamie Marchant

SWH Statistics

- Gross Internal Area (GIA) of approx. 27,000m² (which is equivalent to 10 times the size of the HQ building). Site area is 3.841 hectares
 - Overall occupancy of 59%
 - Casnewydd (approx 11,000m²) is 83% occupied
 - Old SWH site (approx 15,000m²) is 37.5% occupied (approx. 10,000m² unoccupied)
- The age and condition vary but the oldest parts being the Doctors residence and Chest Clinic at the front of the site which date back to 1889.
- B Block is dated 1900 and the remaining blocks on this portion of the site were developed between 1900 and 1950. Casnewydd is a 1970s building with significant enhancement in part for the Orthopaedic Surgical Unit in around 2004.



Strategic Direction

- Discussions around future role and model of St Woolos Hospital have been long standing
- Some assumptions have been total disposal but in reality focus has been historically on maintaining Casnewydd and closing rest of site.
 - Casnewydd is 'only' 50 years old and provides a range of services and accommodation including Orthopaedic Unit (built in 2005) and a mental health ward
- The boiler house has always been a 'sticking point' as well as the fact that Casnewydd housed 5 wards
- The move of 3 community wards from SWH to RGH in January 2024 opened up the possibility to move forward on the need to rationalise the site.

Services/Departments in St Woolos

- Orthopaedic Surgical Unit - to remain in situ
- Sycamore - mental health ward to remain in situ currently
- Radiology - to remain in situ
- Dermatology - to remain in situ
- Patient catering - opening of new kitchen in Casnewydd planned for November 2025
- Therapies (SLT, Physio, Podiatry)
- Occupational Health
- Outpatients (adults and children)
- Chest Clinic
- Neurophysiology
- Lymphoedema
- Cardiac Rehab
- District Nursing, CRT and COTE and OPAL teams
- Various medical secretarial and consultant offices as well as storage of records and equipment
- EBME, Minor Works, Energy centre (boiler) and waste station

Facet Surveys, Backlog Costs and Running Costs

- 6 facet survey done approx. 7 to 8 years ago where site overall was defined as Condition C albeit some areas were significantly lower.
- Costs at the time to attain Condition B (referred to as Backlog Costs) were approximately £15million
- Running costs for SWH are £3.32m for 24/25

TABLE 3.1: RANKINGS FOR PHYSICAL CONDITION

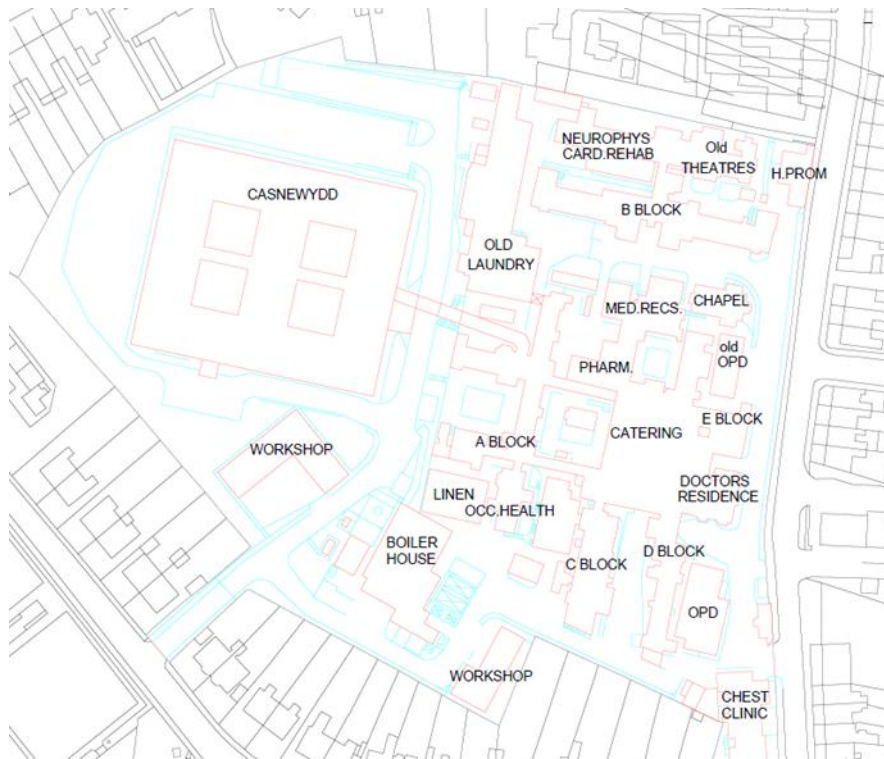
The physical condition of each sub-element should be categorised as follows:	
A	as new and can be expected to perform adequately to its full normal life
B	sound, operationally safe and exhibits only minor deterioration
B(C)†	currently as B but will fall below B within five years
C	operational but major 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.

		Total Condition (incl. M&E)				Total Condition (incl. M&E)	Total - Inc All Facets- Backlog and Year 1-10
		Overall Condition Grade	Low Risk Items	Moderate Risk Items	Significant and High Risk Items		
A Block SWH		C	£376,323	£191,239	£28,799	£596,361	601311
B Block SWH		C	£492,452	£919,488	£89,204	£1,501,144	£1,526,595
Boilerhouse SWH		B	£240,849	£386,812	£83,784	£711,445	£743,745
C Block SWH		B	£486,735	£217,994	£40,661	£745,390	£757,090
Cardiac Rehab SWH		B	£56,760	£5,015	£5,334	£67,109	£72,059
Casnewydd (SWH)		B	£2,742,016	£2,540,992	£1,587,191	£6,870,199	£6,879,649
Old Day Care SWH		DX	£0	£334,875	£0	£334,875	£334,875
Catering SWH		B	£1,564,571	£261,572	£85,975	£1,912,118	£1,924,919
Chapel SWH		B(C)	£26,324	£57,788	£0	£84,112	£87,262
Chest Clinic SWH		B	£79,444	£179,780	£22,407	£281,631	£294,881
D Block SWH		D	£303,644	£92,614	£51,704	£447,962	£512,412
Doctors Residence SWH		B	£109,883	£124,443	£6,684	£241,010	£288,310
E Block SWH		D	£545,753	£62,026	£254,737	£862,516	£911,665
Medical Records Main Building SW		C	£13,315	£88,209	£0	£101,524	£107,724
Medical Records Store SWH			£0	£0	£0	£0	
Minor Works Workshop SWH		B	£124,701	£46,300	£2,342	£173,343	£193,994
Old Day Care SWH		DX	£0	£334,875	£0	£334,875	£334,875
Old ECG Hut SWH		DX	£0	£195,225	£0	£195,225	£195,225
Old Laundry SWH		DX	£0	£1,775,550	£0	£1,775,550	£1,775,550
Old Mother & Baby SWH		B	£0	£663,139	£26,732	£689,871	£696,171
Old Occ Health SWH		B	£0	£92,318	£0	£92,318	£92,318
Old Pharmacy SWH		B	£29,061	£183,326	£0	£212,387	£215,537
Old Soap Store SWH		DX	£0	£44,175	£0	£44,175	£44,175
Old Theatres SWH		C	£121,777	£42,850	£56,706	£221,333	£225,482
OPD SWH		C	£60,964	£93,916	£1,380	£156,260	£159,910
Sum Totals/ Condition		C	£5,778,213	£7,218,988	£2,101,192	£15,098,393	£15,346,993



Occupied areas in the old site include (using the descriptors in adjacent drawing);

- Chest Clinic
- OPD
- Doctors residence (including upstairs portion of D Block)
- Catering
- A Block
- B Block

The boiler house and both buildings defined as 'workshop' are also occupied and the Chapel is in use for specific, but infrequent religious and memorial services.

Key areas of unoccupied buildings include

- Old Laundry
- E Block
- C Block
- Occupational Health
- Linen
- Pharm
- Med Recs
- Old theatres and H Prom
- Old OPD (is on the drawing but has been demolished)

Condition Summary

- From estate perspective there are 4 factors which impact on the ability to occupy a building or department
 - Building Fabric - namely roof, walls and windows
 - Gas – for heating the environment and hot water (including cooking)
 - Electricity – for lighting and IT etc
 - Water – for toilets and hand washing

The following slides show the impact of backlog maintenance and estate condition. The following photos are in unoccupied areas unless otherwise stated.

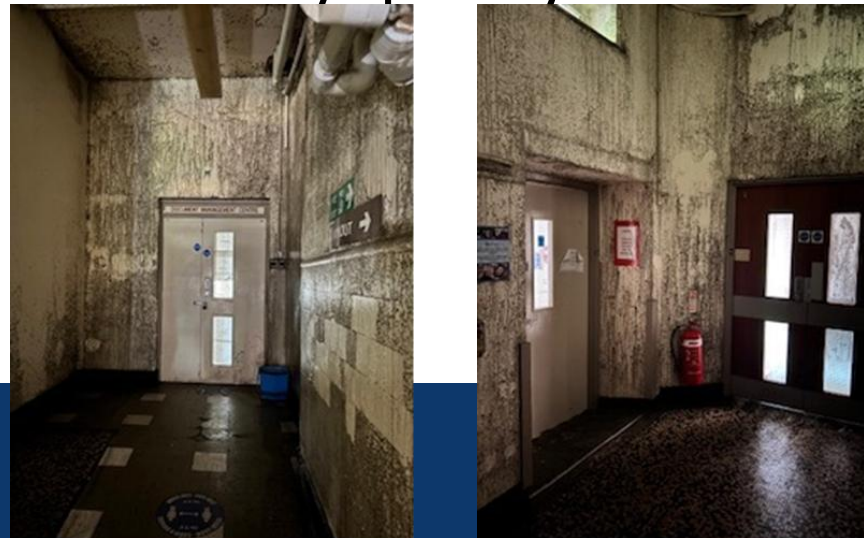
Building Fabric – a poor roof and/or windows will lead to water ingress and structural damage/decay. Decaying and damaged windows can also lead to pest infestation (pigeons)



- Gas/Heating - SWH is heated from the gas boiler plant on the site and that heat travels through a series of antiquated and complicated pipes and ductwork which are often as old as the buildings. These pipes are located in 'confined spaces' as well as predominantly surrounded by asbestos. These bring challenges to access and repair.



- A lack of heating can lead very quickly to fabric decay



The previous photos are examples of conditions across the 'old' site (i.e. not Casnewydd) but recent issues with heating supply to specific areas has led to a need to bring forward any relocation of specific areas.

In the last year a few department have already been moved to Casnewydd (into temporary locations) namely Neurophysiology and Cardiac Rehab as well as Clinical Psychology.

The condition and risks of heating/fabric relating to Doctors residence and the remaining occupied areas of D block have led to escalation of action to urgently relocate the following services to Casnewydd into temporary locations;

- Community Resource Team (31 desks)
- Referral and Booking Centre (30 desks)
- Orthopaedic Booking and Scheduling (27 desks)

- In addition to the departments listed there will be a need to close off the front entrance as well as the Canteen.



- The Kitchen was already being moved to a regeneration model and a new location in Casnewydd. This was in support of the direction to vacate the old site.

Rationalisation Phase 1 (urgent actions)

- Utilisation reports of SWH site have been concluded (not clinical space)
- Visual maps of these outputs being developed supported by a '[virtual scan](#)'
Entrance routes away from old main entrance being scoped to include signs and markings
- Temporary locations in Casnewydd been confirmed for affected departments
- Staff well being location (in lieu of any canteen) being provided in Casnewydd with additional vending for public
- Timeline to complete moves will be November (key issue is IT enabling)
- Funding from Targeted Estate Fund (TEF) from WG

Wider Rationalisation (ie vacate old site fully)

- Project structure in place with Jamie Marchant as SRO
- Project Initiation Document in place.
 - **Phase 1:** Refurbishment of the Casnewydd building and other identified estate to support the transfer of services from the old part of the St Woolos estate, taking advantage of opportunities to reconfigure services as they arise.
 - **Phase 2:** The replacement of the boiler house which serves both the St Woolos and Royal Gwent site. This will see a change from the use of ageing steam systems with modern, energy efficient solutions will enhance operational reliability and align with national decarbonisation goals.
 - **Phase 3:** Following the transfer of services including those provided from the boiler house, demolition of the old part of the estate will take place, with plans for the future of the site still to be determined.
- Engagement of external planning support for SOC development (timeline 6 months)
 - 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.

Potential Risks and Issues

- ‘fitting it all in’ – there are 5000m² of departments which need to be located in Casnewydd or RGH with less than 2000m² currently unoccupied in Casnewydd.
- energy solution – the boiler house at SWH feeds (via an antiquated [duct](#)) energy to RGH. There are many reasons why this model of energy provision needs to be altered (including viability of the duct as well as necessary carbon reduction). Step one will be to provide an energy centre for Casnewydd and step two to develop energy solution for RGH.
- Declaring estate surplus – the old part of SWH estate has no VFM potential for redevelopment but the loss of the space (including car parking) will be an estate challenge.

ANY QUESTIONS?



DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 October 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Development of Nevill Hall Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Partnerships and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Deputy Director of Strategy, Partnerships and Planning David Hanks, Head of Service Planning

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 purpose of this paper is to provide the Committee with a report on the outcomes of the public engagement on future plans for Nevill Hall Hospital and other local general hospitals.

This engagement report provides:

- An outline of the background and context of plans for future service provision across our local general hospitals, with particular focus on Nevil Hall Hospital.
- An overview of the engagement plan and process / actions undertaken with stakeholders as a result
- An analysis of the engagement responses received
- Conclusions and recommendations drawn from the engagement process

Cefndir / Background

Since the opening of the Grange University Hospital (GUH) in autumn 2020, the Health Board now has considerable post-COVID operational experience of the new hospital, and this experience has enabled the Health Board to consider the latest stage of the clinical plan to optimise the whole hospital and wider healthcare system, with particular emphasis on the enhanced local general hospitals (eLGHs) that support GUH as the specialist / critical care centre.

It is recognised that significant system challenges exist, including :-

- Severe operational pressure on many services as currently configured.
- Despite improved workforce consolidation since the opening of GUH, some specialities are still spread too thinly across sites, bringing difficulties in ensuring reliable staffing rotas.
- Additional beds still in our system that were opened during COVID (above what was originally planned under the Clinical Futures strategy).
- Difficulties in maintaining and delivering effective modern healthcare in some of the older estate (now compounded by the presence of reinforced autoclaved aeriated concrete (RAAC) in Nevill Hall Hospital, requiring major remedial attention).
- Increasingly working with the other Health Boards in South East Wales to plan and deliver services on a regional basis.
- Increasing financial challenges, affecting our ability to invest in priority service areas and requiring us to look at the best value from investment

In order to address the challenges, a series of principles have been developed that would inform decisions on key services and how they should be arranged in the future:-

1. Meeting patients' needs as close to home as possible, with any centralisation of services driven by fundamental issues of sustainability, quality and safety
2. Whilst specialist acute inpatient care is likely to be best delivered at the GUH, there may also be areas where other care is most effectively delivered from one of our eLGH sites, rather than all of them.
3. Specialist / critical inpatient care provided at GUH for those who need this.
4. Aim to minimise any potential travel implications, whilst accepting the need to travel to one site within the Health Board for more involved and complex attention.

Following internal agreement on the above principles, detailed discussions took pace with Llais to determine an appropriate programme of public engagement, to test the thinking and inform subsequent arrangements for more significant service-specific proposals.

Assessment

Engagement Plan

Following detailed discussion with Llais, the following arrangements were agreed:-

- An initial eight-week period of public engagement to seek feedback on the principles that should inform future service configuration and delivery – depending on the outcome, this would in itself enable minor service adjustments
- Subsequent periods of service specific engagement for proposals of a significant nature, with the first of these likely to involve stroke rehabilitation (which is currently centralised at Ysbyty Ystrad Fawr as a result of an urgent service change actioned in 2024)

Although the principles apply to all our eLGHs, the first priority is to address service provision at Nevill Hall Hospital (NHH) in Abergavenny. A substantial strategic outline case for capital investment in the site is being prepared for submission to Welsh Government, in order to address the issues of RAAC and enhance a number of areas to support future service delivery plans. In addition, the desirability of demonstrating long-term commitment to the NHH site is recognised, and staff newsletters are being circulated in parallel to ensure good communication and understanding of health board plans.

An engagement plan was developed in response to the above, to cover the eight-week period from Monday 23rd June – Friday 15th August. Details on the process of engagement are contained in the report.

OUTCOMES AND RESPONSES

Responses received via the above engagements were as follows:

- A total of 437 responses were received from the on-line survey
- The web page covering the engagement information received a total of 3354 views over the eight weeks, representing 3167 unique users. The top three sources of traffic were Facebook (1464), AB Pulse (557), ABUHB Website (284).
- In person attendance at the nine public events was variable, with the greatest interest unsurprisingly at events within the Nevill Hall Hospital catchment area. A total of 91 people attended the public engagement events.
- During the eight-week period, a total of 32 community engagement sessions took place and conversations held with 406 people
- Eleven posts were shared on Facebook which had a total reach of just over 300,000. A total of 436 comments were received and there were 305 shares
- Three updates were shared on the Health Board's WhatsApp channel which has 427 followers.
- Three bespoke responses from wider stakeholders e.g. via e-mail and phone were received

A number of common themes emerged from the feedback received in response to the engagement questions and in other formats, including comments made at the public and stakeholder events. Where narrative feedback was received, these are set out below, together with the health board response and any specific actions undertaken or proposed in respect of the theme.

The following general themes were identified:

Generally supportive / accepting of principles and proposals

The most common general response at public events, broadly accepting the principles and the need to ensure safe and sustainable services, although many respondents in this category expressed the wish to understand more about the detail of specific service proposals in due course.

Desire for return of some services since transferred to the Grange University Hospital

A number of respondents referred to decisions taken a few years' previously to move certain key services from Nevill Hall Hospital to the Grange University Hospital (GUH), and expressed a desire to see some of these returned, particularly a full emergency department (this was particularly common amongst comments made on social media). Some of the comments also referred to poor experiences at GUH as part of the rationale for the request.

Service response

The centralisation of key services at GUH was undertaken in response to significant risks of fragility, staffing etc, and it would not be possible or realistic to attempt to reverse these changes now. The services taken to GUH (such as emergency department, obstetrics and inpatient paediatrics) are now far more resilient and are achieving good results when comparing similar units across the UK (using the standard national risk adjusted mortality index as a comparison)

Desire for more information regarding services available and how to access them

A general desire to see more information about the many services provided by the health board and more guidance on the most appropriate ones to access in different circumstances.

Service response

Whilst considerable efforts are made to ensure good communications e.g. through public meetings, leaflets, web site features and social media, it is recognised that there is always more that can be achieved. This will be considered as a priority for future pro-active and service-specific engagement initiatives.

Desire for straightforward contacts e.g. outpatient appointments to be available closer to home

Whilst accepting of the need to centralise complex / specialist services, many respondents commented that more could be done to ensure that straightforward contacts e.g. outpatient appointments were available locally. A number of examples were shared, where patients had to travel across the county for short consultations or other brief contacts.

Service response

The health board fully recognises that the example scenarios shared were not ideal, and will undertake to review the current arrangements, particularly the wider geographical availability of outpatient appointments across key clinical specialties. The opportunity will also be taken to consider where technology could reduce travelling burdens e.g. virtual appointments and information sharing.

Importance of public and other transport links between hospitals

A very common issue raised related to the relatively poor public transport links between hospitals, with several respondents emphasising the difficulty and time taken to reach GUH without a car. Options of additional transport support were requested to reduce the impact of any future service centralisation.

Service response

The health board fully recognises the challenges when needing to rely on public transport to access treatment. Initiatives are currently underway where additional NHS transport has been made available e.g. for cataract surgery patients, and it is anticipated that more such initiatives will take place in future. Regular discussions with public transport providers are also arranged, to review current arrangements and to see where these can be improved. It is also hope that new technology-based access options will assist in reducing public transport dependency.

In general, the majority of responses appeared accepting of the proposals in principle (particularly regarding the development plans for Nevill Hall Hospital), whilst wishing to see more details of specific service proposals in due course. Of those expressing concerns, the main drivers related to travelling time / accessibility and the perceived problems when needing treatment at the Grange University Hospital. No major unexpected issues were raised, and no specific changes to the engagement plans were considered necessary at the mid-point review.

In addition, several respondents raised issues not specifically related to the specific scope of the engagement e.g. relating to other aspects of care. Where appropriate and requested, these are being addressed through existing arrangements and communication channels within the service.

Based on the experience of the engagement period, the following conclusions have been reached:

- The engagement exercise is considered to have been successful, with good overall numbers of participants / responses (particularly via on-line methods)
- A number of key issues and themes have been identified, which have been useful in informing future plans and actions
- A majority of responses have been broadly accepting of the proposals (particularly the plans for Nevill Hall Hospital), whilst wishing to see service specific proposals and the practical impact of these
- The key concerns expressed related to the difficulties associated with service centralisation and consequent travel. This is fully recognised and will remain a central factor when considering the most appropriate longer term service options
- Overall, on the basis of the feedback received, the health board considers that the proposed principles to adopt regarding future local general hospital service provision constitute the best balance between local accessibility and service safety / sustainability, maintaining as many services as possible locally and making all reasonable efforts to minimise travel and access difficulties.

- The health board would therefore now wish to put the proposed principles into practice for service specific reviews, beginning with the future long-term arrangements for stroke rehabilitation services.

Argymhelliad / Recommendation

The Committee is asked to:

- **Note** the engagement report

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Strategic Risk Register
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 4.1 Dignified Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	As within the paper
Rhestr Termau: Glossary of Terms:	eLGH Enhanced local general hospital NHH Nevill Hall Hospital RAAC Reinforced autoclaved aeriated concrete

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes Attached An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

Appendix 1 - The Development of Nevill Hall Hospital and out other Hospitals - Posters in Community Venues

Area	Posters	Areas
Blaenau Gwent	84	Aberbeeg, Abertillery, Blaina, Brynmawr, Nantyglo, Ebbw Vale, Cwm, Rassau, Tredegar, Llanhilleth Ysbyty Aneurin Bevan (4) Ysbyty Tri Cwm (2)
Caerphilly	136	Machen, Trethomas, Aberbargoed, New Tredegar, Bargoed, ystrad Mynach, Caerphilly, Bedwas, Senghenydd, Abertridwr, Rhymney, Newbridge, Crumlin, Oakdale, Blackwood, Pontllanfraith, Abercarn, Cwmcarn, Risca, Crosskeys Ysbyty Ystrad Fawr (15)
Monmouthshire	182	Abergavenny, Llanellen, Llanfoist, Govilon, Gilwern, Monmouth, Usk, Raglan, Chepstow, Caldicot, Portskewett, Magor, Undy Nevill Hall Hospital (13) Chepstow Community Hospital (3) Monnow Vale (5)
Newport	91	Rhiwderin, Rogerstone, Duffryn, Marshfield, Somerton, Alway, Maindee, Pill, Maesglas, Gaer, Christchurch, Caerleon, St Julians, Langstone, Spytty, Beechwood, Bettws, Malpas, City Centre St Woolos (3) Royal Gwent Hospital (5)
Torfaen	85	Penygarn, Treveithin, Pontypool, Griffithstown, Blaenavon, Cwmavon, Abersychan, Ponthir, New Inn, Cwmbran, Llanrafon, Old Cwmbran, Thornhill County Hospital (3) Grange Univeristy Hospital (15)
TOTAL	578	

Rhanbarth Llais Gwent
Ty Raglan
Parc Busnes Llantarnam
Cwmbran
NP44 3AB

Llais Gwent Region
Raglan House
Llantarnam Business Park
Cwmbran
NP44 3AB



Eich llais mewn iechyd | Your voice in health
a gofal cymdeithasol | and social care

Mr David Hanks,
Head of Service Planning

Letter sent by email only

15th September 2025

Dear David,

FUTURE PLANS FOR NEVILL HALL AND OTHER LOCAL GENERAL HOSPITALS - REPORT ON PUBLIC ENGAGEMENT

Thank you for sharing the final Public Engagement Report focused on the future plans for Nevill Hall Hospital and wider Aneurin Bevan University Health Board Local General Hospitals.

Llais have appreciated the Health Boards openness and transparency to meaningful 8-week engagement with individuals and communities sharing challenges, lessons for planning future services and focus on easier access to care to provide the best support to patients.

The diversity of mixed engagement techniques and flexibility to engage and hear voices to shape future plans has provided easy communication pathways and good response across direct communities impacted and wider communities.

Cadeirydd | Chair: **Athro / Professor Medwin Hughes, DL**
Prif Weithredwr | Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol | Regional Director: **Lisa Charles**
E-bost | E-mail: **gwentenquiries@llaiscymru.org**
Ffôn | Tel: **01633 838516**

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

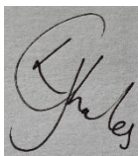
The report mirrors what Llais have heard in Gwent and similarly reflects what Llais have heard in Crickhowell, but, with the addition

- that the timings of appointments will be key e.g. having to be in RGH for 8am during rush hour from Brecon - it was agreed there needed to be more focus regarding booking appointments e.g. having all Crickhowell appts on a particular morning so that community transport was fully utilised, looking carefully at postcodes etc and
- Returning home for out-patients has timely person-centred care packages with meaningful links with social care.

The Health Board's responses and proposed mitigations appear fair and thoughtfully developed, and the conclusions reached demonstrate integrity.

Llais recognises the general support for the proposed principles and the direction of travel, as reflected in the feedback from the eight-week engagement. However, we note the need for further, more detailed engagement exercises—potentially lasting up to 12 weeks—for larger-scale changes, such as the long-term configuration of stroke rehabilitation services.

We look forward to continued community engagement from ABUHB to ensure that individual and community voices remain central to the implementation of these principles and the development of future service changes at Nevill Hall and other local general hospitals.



Lisa Charles
Regional Director Gwent



Katie Blackburn
Regional Director Powys

Cadeirydd | Chair: **Professor Medwin Hughes, DL**
Prif Weithredwr | Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol | Regional Director: **Lisa Charles**
E-bost | E-mail: **gwentadvocacy@llaiscymru.org**
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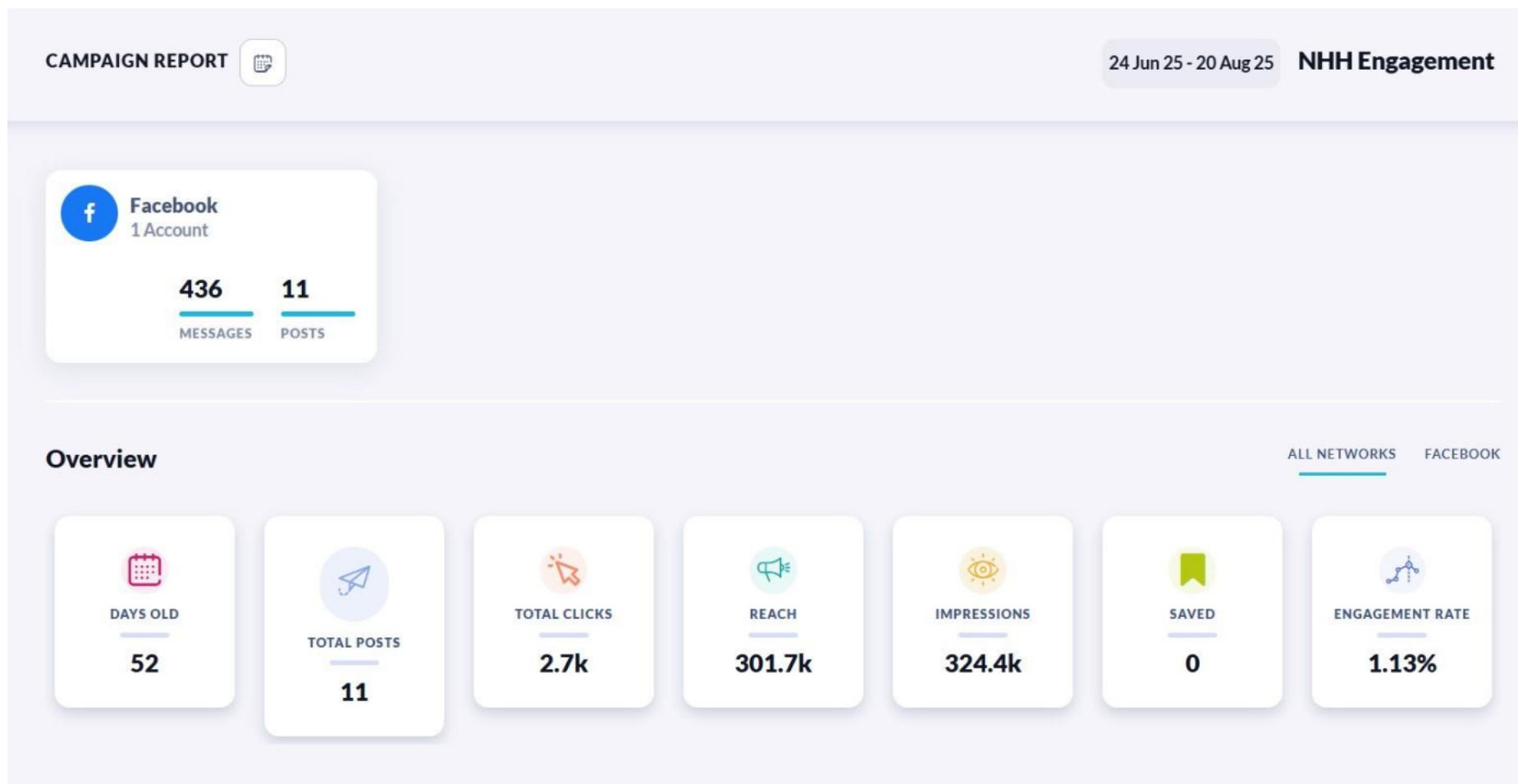
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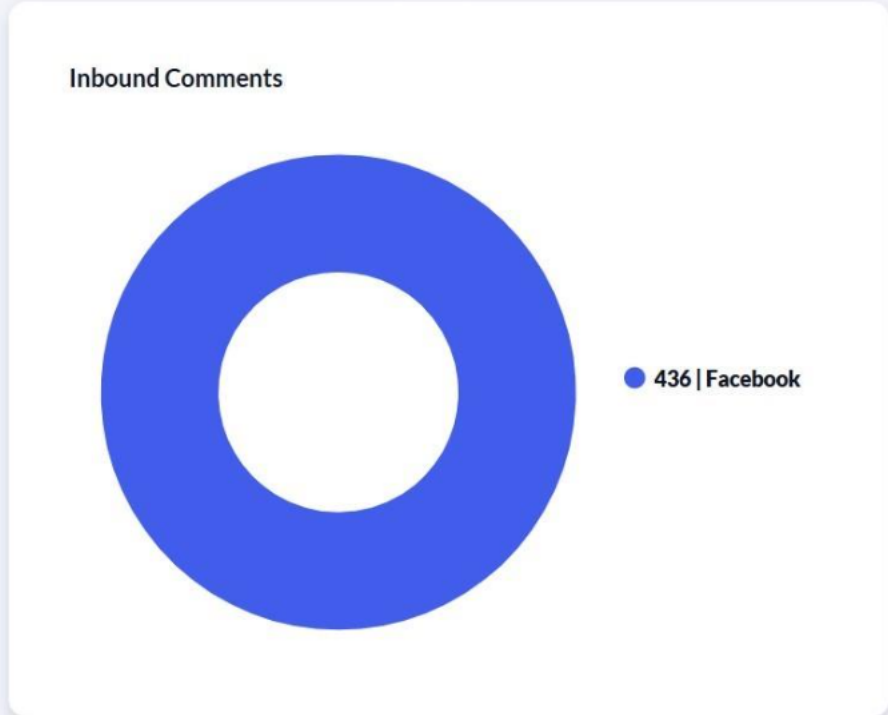
Appendix 3 - The Development of Nevill Hall Hospital and out other Hospitals - Community Engagement

Date	Venue	Attendance	Comments
Wednesday 25 th June	Talk to Panteg Ladies Probus	41	
Thursday 26 th June	Blackwood Stroke Support Group	27	
	Bargoed Walk n talk Men's Group	13	
Tuesday 1 st July	Talk to Maggies Cancer Charity Group, Abergavenny	12	All those present shared a consensus that it was great to see Nevill Hall Hospital being looked at with the hope that it would be given a bigger role within the hospital system with one lady saying it was <i>"too vital to be closed"</i>
Wednesday 2 nd July	Talk to Raglan Afternoon Teas	31	The only concern was that Nevill Hall Hospital would close. One lady said that she had recently returned from a trip to Australia to visit a family member who had been through breast cancer treatment. The hospital in Sydney had a wing which was entirely dedicated to Women's Services with female consultants. As an 81-year-old lady, it is her belief that not all women are comfortable with male doctors for sensitive issues so wished to convey her view that a women only service/ dedicated Unit would be a wonderful initiative.
Tuesday 8 th July	Cwmbran Library	20	Each of the conversations centred around the NHH & Enhanced LGHs public engagement. We provided a copy of the poster, so they were aware of the public events and encouraged them to visit the website for further detailed information and to complete the survey. Those we spoke with raised some of the below frequently asked questions:

			<ul style="list-style-type: none">• Why are we looking to propose changes? – we touched on the pressures on GUH/ financial pressures and staffing pressures and sited that we are focussing on NHH initially due to the presence of RAAC in some areas.• What could it mean for patients? – we reassured people that they would still receive the appropriate care and treatment, but it may affect where that care and treatment will take place• Could it mean further travel for treatment? – one of the Torfaen community connectors was in the library for a meeting so came along to see us and on the subject of the NHH engagement raised the issue that several local residents have advised him that they currently feel NHH is too far for them to travel to appointments. He believes that the Health Board needs to work in collaboration with bus companies to ensure that the cost of travel to hospitals is made affordable to the local population. His colleague is taking a lead in sharing the NHH engagement with her links in the community and as a Team they will be sharing feedback via the dedicated email address. We reminded him of the correct address to use.
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Appendix 5 - The Development of Nevill Hall Hospital and out other Hospitals - Social Media Analytics








TOTAL CLICKS
2.7k

Make sure it all clicks into place!

Shorten URLs and get the most accurate reporting by using orlo.uk tracking links in your posts! Remember, for Instagram and Youtube, no data will be available as posts on these channels can't contain links





Posts breakdown

Posts by Network

Facebook 11



Facebook
TOTAL REACH

301.7k



By Impressions

View post

AneurinBevanHealthBoard 30 Jun 2025 | 16:01

We want your views on the Development of Nevill Hall Hospital and our other Enhanced Local General Hospitals. Join us for our first public engagement session, where you can listen to a presentation, find out more about the proposal and as [read more...](#)



LIKES **44**
 COMMENTS **85**
 REACH **49.3K**
 ENG. RATE 0.81%

SHARES **35**
 CLICKS **253**
 IMPRESSIONS **51.8K**
 REACTIONS **47**
 SAVES **NA**

1
51.8K
 IMPRESSIONS

View post

AneurinBevanHealthBoard 20 Jul 2025 | 09:00

Halfway There - But We Still Need Your Views! We're reviewing how services at Nevill Hall, Royal Gwent, and Ysbyty Ystrad Fawr support care across our region. The decisions we make now will shape local healthcare for years to come. W [read more...](#)



LIKES **39**
 COMMENTS **70**
 REACH **49.1K**
 ENG. RATE 1.26%

SHARES **42**
 CLICKS **501**
 IMPRESSIONS **51.7K**
 REACTIONS **40**
 SAVES **NA**

2
51.7K
 IMPRESSIONS

View post

AneurinBevanHealthBoard 14 Jul 2025 | 11:50

We want your views on the Development of Nevill Hall Hospital and our other Enhanced Local General Hospitals. Join us for our first public engagement session, where you can listen to a presentation, find out more about the proposal and a [read more...](#)



LIKES **44**
 COMMENTS **96**
 REACH **38K**
 ENG. RATE 0.92%

SHARES **38**
 CLICKS **197**
 IMPRESSIONS **40.8K**
 REACTIONS **45**
 SAVES **NA**

3
40.8K
 IMPRESSIONS

The Development of Nevill Hall Hospital and our other hospitals
Formal Engagement Final Report - Communications and Engagement


Posters in Community Venues

Area	Posters	Areas
Blaenau Gwent	84	Aberbeeg, Abertillery, Blaina, Brynmawr, Nantyglo, Ebbw Vale, Cwm, Rassau, Tredegar, Llanhilleth YAB (4) YTC (2)
Caerphilly	136	Machen, Trethomas, Aberbargoed, New Tredegar, Bargoed, ystrad Mynach, Caerphilly, Bedwas, Senghenydd, Abertridwr, Rhymney, Newbridge, Crumlin, Oakdale, Blackwood, Pontllanfraith, Abercarn, Cwmcarn, Risca, Crosskeys YYF (15)
Monmouthshire	182	Abergavenny, Llanellen, Llanfoist, Govilon, Gilwern, Monmouth, Usk, Raglan, Chepstow, Caldicot, Portskewett, Magor, Undy NHH (13) CCH (3) Monnow Vale (5)
Newport	91	Rhiwderin, Rogerstone, Duffryn, Marshfield, Somerton, Alway, Maindee, Pill, Maesglas, Gaer, Christchurch, Caerleon, St Julians, Langstone, Spytty, Beechwood, Bettws, Malpas, City Centre St Woolos (3) RGH (5)
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TOTAL	578	

Social Media Analytics

Social media posts have been posted on:

Date	Post
Tuesday 24 th June	Launch of engagement
Monday 30 th June	Promotion of first meeting on 3 rd July
Monday 7 th July	We're two weeks into our 8-week engagement.... Promotion of meeting on 9 th July
Monday 14 th July	Promotion of meetings on Tuesday 15 th July
20 th July	Half way reminder
21 st July	Promotion of meeting on Wednesday 23 rd July
28 th July	Promotion of meeting on Wednesday 30 th July
4 th August	Promotion of meetings on Wednesday 6 th August and Thursday 7 th August
8 th August	Promotion of meetings on Tuesday 12 th August
11 th August	Final email reminding of engagement ending on Friday 15 th August








 **Facebook**
1 Account

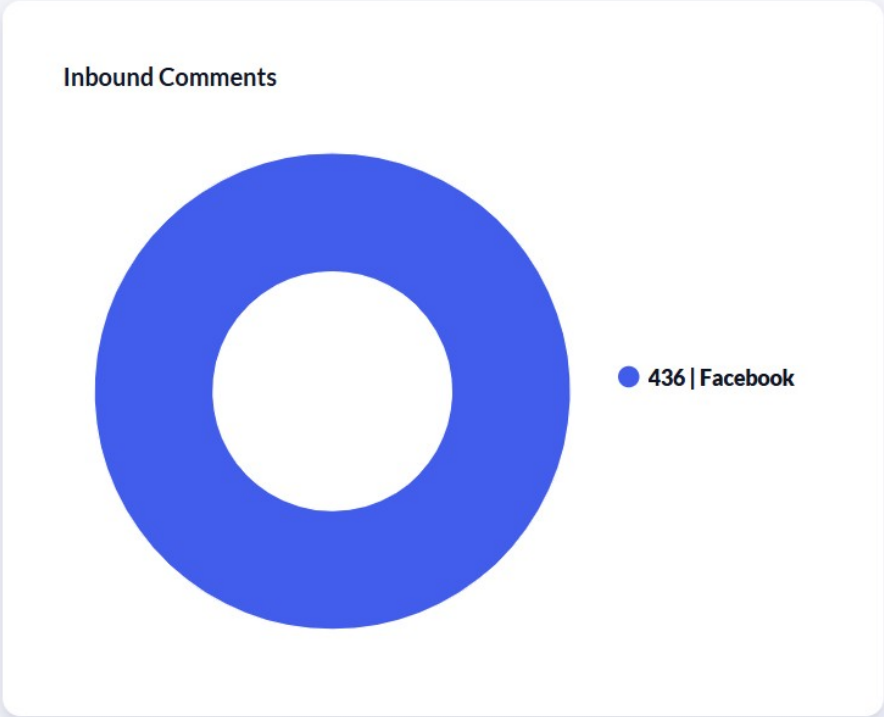
436
MESSAGES

11
POSTS

Overview

ALL NETWORKS FACEBOOK

 DAYS OLD 52	 TOTAL POSTS 11	 TOTAL CLICKS 2.7k	 REACH 301.7k	 IMPRESSIONS 324.4k	 SAVED 0	 ENGAGEMENT RATE 1.13%
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TOTAL CLICKS

2.7k

Make sure it all clicks into place!

Shorten URLs and get the most accurate reporting by using orlo.uk tracking links in your posts! Remember, for Instagram and Youtube, no data will be available as posts on these channels can't contain links





Posts breakdown

Posts by Network

Facebook 11



Facebook
TOTAL REACH

301.7k



By Impressions

View post	Engagement Metrics	Ranking																		
<p>AneurinBevanHealthBoard 30 Jun 2025 16:01</p> <p>We want your views on the Development of Nevill Hall Hospital and our other Enhanced Local General Hospitals. Join us for our first public engagement session, where you can listen to a presentation, find out more about the proposal and as read more...</p>	<table border="1"> <tr><td>LIKES</td><td>44</td></tr> <tr><td>COMMENTS</td><td>85</td></tr> <tr><td>REACH</td><td>49.3K</td></tr> <tr><td>ENG. RATE</td><td>0.81%</td></tr> </table>	LIKES	44	COMMENTS	85	REACH	49.3K	ENG. RATE	0.81%	<table border="1"> <tr><td>SHARES</td><td>35</td></tr> <tr><td>CLICKS</td><td>253</td></tr> <tr><td>IMPRESSIONS</td><td>51.8K</td></tr> <tr><td>REACTIONS</td><td>47</td></tr> <tr><td>SAVES</td><td>NA</td></tr> </table> <p>1 51.8K IMPRESSIONS</p>	SHARES	35	CLICKS	253	IMPRESSIONS	51.8K	REACTIONS	47	SAVES	NA
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REACTIONS	45																			
SAVES	NA																			

Website page analytics

24/6/25 – 15/8/2025

Total Views	3354
Total Users	3167
Top 3 Sources	Facebook (1464), AB Pulse (557), ABUHB Website (284)
Devices	Mobile (56%), PC (34%), Tablet (10%)

Survey Responses

There have been **437** responses to the survey

Public Meetings

Date	Time	Area	Registered	Attended
Thursday 3 rd July	5.30pm - 7.30pm	Nevill Hall Hospital, Abergavenny	n/a	20
Wednesday 9 th July	2pm – 3.30pm	Online	3	2
Tuesday 15 th July	4pm – 6pm	Stocktonville Centre, Tredegar	n/a	8
Wednesday 23 rd July	5.30pm - 7.30pm	Pontypool Active Living Centre	n/a	3
Wednesday 30 th July	3.30pm - 5.30pm	Stow Park Community Centre, Newport	n/a	3
Wednesday 6 th August	4pm – 6pm	Ysbyty Ystrad Fawr	n/a	5
Thursday 7 th August	5.30pm - 7pm	Online	12	6
Tuesday 12 th August	1pm – 3pm	Clarence Hall, Crickhowell	n/a	32
Tuesday 12 th August	5.30pm - 7.30pm	The Bridges Centre, Monmouth	n/a	12
		TOTAL	15	91

Emails Received

The ABB.PlanningDepartment@wales.nhs.uk email address has been used for people to contact us about the engagement and to register for any of the public meetings. To date there has been 18 emails received. 15 from people registering a place at one of the online meetings and three providing comments.

Emails Sent

Five emails were sent to 2000+ stakeholders on:

- Tuesday 24th June, Launching the engagement programme
- Monday 30th June, promoting the whole engagement period
- Thursday 10th July, - promoting sessions on 15th July in Tredegar and 23rd July in Pontypool
- Tuesday 22nd July, - promoting sessions on 30th July in Newport, 6th August in Ystrad Mynach and 7th August online

- Tuesday 5th August - promoting sessions on 12th August at Crickhowell and Monmouth

WhatsApp

Three updates were shared on the Health Boards WhatsApp Channel which has 427 followers on:

26th June, 10th July, 22nd July

Pulse Articles

Articles were published for staff on the intranet pages Pulse:

Following feedback from a staff member that attended the public engagement meeting in Nevill Hall Hospital, articles were published on Pulse before every meeting took place

Date	Topic	Views
24/6/25	Launch of engagement period	1263
14/7/25	Promotion of meetings on 15 th and 23 rd July	407
19/7/25	Promotion of further meetings updated weekly with relevant dates	1325
	TOTAL	2995

Community Engagement

Date	Venue	Attendance	Comments
Wednesday 25 June	Talk to Panteg Ladies Probus	41	
Thursday 26 th June	Blackwood Stroke Support Group	27	
	Bargoed Walk n talk Men's Group	13	
Tuesday 1 st July	Talk to Maggies Cancer Charity Group, Abergavenny	12	All those present shared a consensus that it was great to see Nevill Hall Hospital being looked at with the hope that it would be given a bigger role within the hospital system with one lady saying it was <i>"too vital to be closed"</i>
Wednesday 2 nd July	Talk to Raglan Afternoon Teas	31	The only concern was that Nevill Hall Hospital would close. One lady said that she had recently returned from a trip to Australia to visit a family member who had been through breast cancer treatment. The hospital in Sydney had a wing which was entirely dedicated to Women's Services with female consultants. As an 81-

			<p>year-old lady, it is her belief that not all women are comfortable with male doctors for sensitive issues so wished to convey her view that a women only service/ dedicated Unit would be a wonderful initiative.</p>
Tuesday 8 th July	Cwmbran Library	20	<p>Each of the conversations centred around the NHH & Enhanced LGHs public engagement. We provided a copy of the poster, so they were aware of the public events and encouraged them to visit the website for further detailed information and to complete the survey. Those we spoke with raised some of the below frequently asked questions:</p> <ul style="list-style-type: none"> • Why are we looking to propose changes? – we touched on the pressures on GUH/ financial pressures and staffing pressures and sited that we are focussing on NHH initially due to the presence of RAAC in some areas. • What could it mean for patients? – we reassured people that they would still receive the appropriate care and treatment, but it may affect where that care and treatment will take place • Could it mean further travel for treatment? – one of the Torfaen community connectors was in the library for a meeting so came along to see us and on the subject of the NHH engagement raised the issue that several local residents have advised him that they currently feel NHH is too far for them to travel to appointments. He believes that the Health Board needs to work in collaboration with bus companies to ensure

			that the cost of travel to hospitals is made affordable to the local population. His colleague Alison Noyes is taking a lead in sharing the NHH engagement with her links in the community and as a Team they will be sharing feedback via the dedicated email address. We reminded him of the correct address to use.
Wednesday 9 th July	Bethel Baptist Church, Tredegar	4	
Thursday 10 th July	Nye's Community Champions		One Champion thought that it was great that the hospitals are being looked at to support The Grange University Hospital and in effect hopefully relieve pressure on the hospital systems if other hospitals are being used more.
Thursday 10 th July	Ebenezer Baptist Church, Abertillery	5	
Tuesday 15 th July	Crafting for Cancer Group, Abergavenny	12	
Wednesday 16 th July	Knit & Natter Group, Trinant	9	
	Afternoon Tea Group, Newbridge	9	
Thursday 17 th July	Employer Engagement: Tesoc Spytty, Newport	11	
	Coffee & Laughs Group, Newport	13	
Tuesday 22 nd July	Tasty not Wasty, Llanyrafon, Cwmbran	8	
Wednesday 23 rd July	Wellbeing Event, Blackwood	5	
Thursday 24 th July	Warm & Cosy Group, Chepstow	15	

Thursday 24 th July	Lads Lunch, Bulwark	7	
Tuesday 29 th July	Ystrad Mynach Library	3	
Wednesday 30 th July	Talk to Coffee morning group, Ebenezer Centre, Pontnewynydd	17	The vast majority of those present thought this engagement would mean that NHH would close and that was the purpose of the review of it. We were able to share that this was not the case and the reason for the review taking place to ensure that the ELGH's support The Grange University Hospital more.
	Womens, Hub, Cwmbran	4	
Thursday 31 st July	Newport Wetlands	13	
	Tesco Spytty, Newport	10	
Monday 4 th August	White Rose Resource Centre, New Tredegar	8	
Tuesday 5 th August	The Eden Centre, Llanhilleth	12	
	Asda Brynmawr	10	
Wednesday 6 th August	Monmouthshire Livestock Centre	7	
	Raglan Farm Park	18	
	Talk to DWP Disability Employability Advisors	15	All thought that the proposals were positive
Wednesday 13 th August	Talk to Men's Group, The Power Station, Cwmbran	13	
Friday 15 th August	Hedyn Family Fun Day, Rodney Parade	34	
TOTAL REACH		406	

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 October 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans – Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Christopher Dawson-Morris – Deputy Director of Strategy, Planning and Partnerships Amy Dolben – Assistant Director of Partnership and Integration

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

1. Sefyllfa / Situation

The Social Services and Wellbeing Act 2014 sets out the requirement for Local Authorities and Local Health Boards to establish Regional Partnership Boards (RPB), to manage and develop services to secure strategic planning and partnership working. RPBs need to work with wider partners such as the third sector and providers to ensure care and support services are in place to meet the needs of their respective populations.

This report provides an update on the activities of the Gwent RPB.

2. Cefndir / Background

This report is provided to the Board for information in order to ensure consistent messaging and updates between the RPB and the Health Board.

3. Aseiad / Assessment

3.1. Welsh Government updates

3.1.1. Integrated Community Care System

In December 2024, Welsh Government issued a position statement for the Regional Integration Fund (RIF), the Housing with Care Fund (HCF) and the



Integration and Rebalancing Care Fund (IRCF) and proposed Integrated Community Care System (ICCS). Welsh Government's vision for an ICCS is to build a healthier Wales through: integrating health and social care systems; and building capacity for people to receive the care and support they need at or closer to home.

Proposals around the ICCS have progressed at pace in 2025. Welsh Government has created an ICCS 'blueprint' and has developed a new governance framework for RPBs around the ICCS – this new governance framework will become operational in September 2025. The Blueprint is included in Appendix 1.

3.2. Gwent RPB Development Session

The RPB held a Development Session on 5 August 2025. This session focussed on three key areas:

- i. Reviewing the RPB's priorities
- ii. Exploring mechanisms to deliver these priorities
- iii. Considering future decision-making and ways to support mature and transparent conversation across organisational boundaries.

Following this Development Session, the RPB will refine its priorities. An update will be provided to the Committee following confirmation of the RPB's renewed priorities – the RPB is aiming to develop measurable and outcome specific priorities for its population groups.

3.3. Revenue Portfolio

3.3.1. Neurodivergence Improvement Programme

On 23 June 2025, Welsh Government issued an award letter for the 2025/26 Neurodivergence Improvement Programme (NDIP). The late notification impacted service continuation and created uncertainty for services in receipt of the fund.

The award outlined in the letter was significantly less than previously (i.e. £352,961 compared with £945,726 in 2024/25) with a prescribed focus on maintaining under 52-week waiting times for children's diagnostic assessments only. As a result of the reduction in funding and the prescribed area of focus, the NDIP cannot be used to support adult provision, nor third sector support for children or adults.

The RPB has agreed to: (i) award the full amount to the Health Board's children's ND service; (ii) write to Welsh Government to highlight the significant risk to adult service provision.

3.3.2. Impact Assessments

The RPB has previously undertaken impact assessments across its revenue portfolio to inform decision-making around resource allocation. All RIF projects were subject to an impact assessment in 2024. 18 were identified as 'Red' or 'Amber' under a RAG-rating and were subject to a deeper-dive evaluation to inform decision-making on future funding. As per previous reports, four Health Board projects related to discharge were awarded funding for Quarters 1 and 2 2025/26, pending a review of the discharge portfolio. Whilst this review is ongoing,



RPB is considering continuing funding for the remainder of the financial year – this will be subject to final decision-making at the meeting of the RPB in September 2025.

Following the completion of the initial tranche of impact assessments, the projects funded as part of the System Resilience Plan were also impact assessed as the Plan drew to a close in Quarter 1. Decisions were made on whether to continue funding these schemes in Quarter 2 and beyond. All Health Board projects have been awarded funding for the full financial year.

The impact assessment process for this financial year commenced in September 2025 – this process will inform funding decisions for 2026/27, which is the final year of the Regional Integration Fund (RIF). The impact assessment process for this financial year is notably different than in previous years, with a focus on: (i) strategic alignment with key RPB priorities; and (ii) impact achieved for the population of Gwent. By contrast the previous process focussed on quality of reporting. The following table outlines the intended timeline for this year’s impact assessment process.

September 2025	Commence impact assessment for all projects within revenue portfolio.
December 2025	Review of all impact assessments at extraordinary Strategic Partnership meetings to validate assessments and make recommendations for funding in 2026/27.
January / February 2026	Review of SP recommendations at Regional Leadership Group (RLG) / RPB to make final decisions on funding for 2026/27. Issue financial award letters at earliest opportunity.
February / March 2026	Collate project impact assessments and undertake impact assessment at programme-level to inform post-RIF plans.

3.3.3. 2025/26 Non-Recurrent Investment Plan

At the end of Month 1, there was £993,000 in declared in-year slippage and underutilised funds from 2024/25. Additionally, £83,000 was made available from the stepping-down of two local authority-led System Resilience Plan projects at the end of Quarter 1. Therefore, a non-recurrent investment plan was required to ensure appropriate utilisation of the £1.076 million RIF monies.

Strategic Partnerships were asked to identify priority areas for investment and which were considered by RLG in August 2025. On this basis, RLG developed an Investment Plan which was approved by RPB in September 2025.

The following table outlines the investment plan.

Scheme	Delivery Partner	2025/26 Funding
Discharge to Assess Enhanced Care (1-1 Care Homes) Delivering enhanced care element for up to six weeks to support the effective and timely discharge of patients with complex healthcare triggers via the D2RA pathway.	Aneurin Bevan University Health Board	£291,000
GWICES Providing specialist equipment in order to facilitate a quicker hospital discharge or	All statutory partners	£216,885



to support people to remain in the community with equipment to support their independence.		
Balanced Lives Delivering a 16-week intervention focused on falls prevention and physical resilience among older adults aged 60 and over who are: at increased risk of falls or physical decline; living with or recovering from long-term conditions; or experiencing isolation, reduced confidence, or early-stage frailty.	Action for Elders	£30,000
The Value of the Third Sector Commissioning an independent consultant to explore and evidence the value of the third sector, particularly its role in early intervention and prevention, and how this contributes to cost avoidance for public services.	Gwent Association of Voluntary Organisations (GAVO) / TVA (Torfaen Voluntary Alliance)	£32,350
Third Sector Small Grants Scheme Support Top-up funding for the Small Grants Scheme to support viable bids which were either: (i) rejected; or (ii) offered a reduced grant due to lack of funding.	GAVO / TVA	£150,000
Adults ND Services Mitigating the risk around lack of Neurodivergence Improvement Programme funding until Quarter 4 through supporting the attention deficit hyperactivity disorder (ADHD) service and also growth to the IAS service.	Aneurin Bevan University Health Board	£287,822
TOTAL		£1,008,056

3.4. Capital Portfolio

3.4.1. Annual Portfolio Funding

The following table outlines the funding streams available to support capital developments in 2025/26.

Funding Stream	Funding Allocation
IRCF	£70 million across Wales, on a first-come-first served basis
HCF	£11.609 million for Gwent (Objective 3 Minors: £1.161m, Objective 3 DFG: £0.581m)

As of Month 4, the HCF programme is £6.16 million under-programmed across Objectives 1 and 2, and £0.56 million under-programmed for Objective 3. The RPB is proactively considering ways to address the current challenges in utilising the full allocation, including expediting approval processes via virtual approvals.

3.4.2. Strategic Capital Plan

The RPB is required to submit a Strategic Capital Plan (SCP) to Welsh Government on an annual basis. The most recent SCP identified a significant gap in provision for mental health and learning disabilities, and older people:

- There remains a challenge in delivering the required number of LD and ND placements, but there are plans to reduce the gap in LD and ND supported housing in 2025/26



- There are significant challenges in delivering the requirements for older people, with only 9 additional deliverable residential units in 2025/26.

In order to address these gaps in provision, the RPB is hosting a series of workshops focussed on specific population groups. The first workshop focussed on dementia, and was held on 7 July 2025 at Severn View Care Home.

4. Argymhelliad / Recommendation

The Board is asked to note the updates included in this report.

Appendices

Appendix 1: ICCS Blueprint

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):

Blaenoriaethau CTCI
IMTP Priorities

[Link to IMTP](#)

Galluogwyr allweddol o fewn y CTCI
Key Enablers within the IMTP

Amcanion cydraddoldeb strategol
Strategic Equality Objectives

[Strategic Equality Objectives 2020-24](#)

All Health & Care Standards Apply
Choose an item.
Choose an item.
Choose an item.

Every Child has the best start in life
Getting it right for children and young adults
Adults in Gwent live healthily and age well
Older adults are supported to live well and independently
Dying Well as part of life

Partnership First

Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers
Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services
Choose an item.
Choose an item.

Gwybodaeth Ychwanegol: Further Information:



Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	GAVO Gwent Association of Voluntary Organisations HCF Housing with Care Fund IRCF Integration and Rebalancing Care Fund RPB Regional Partnership Board RIF Regional Integration Fund RLG Regional Leadership Group TVA Torfaen Voluntary Alliance
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 Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves



Trefniadau newydd ar gyfer 2025/26

**Model llywodraethu ddrafft y System
Gofal Cymunedol Integredig (ICCS)**

New arrangements for 2025/26

**Draft Integrated Community Care
System (ICCS) governance model**



**Llywodraeth Cymru
Welsh Government**

Esblygiad tuag at System Gofal Cymunedol Integredig i Gymru Evolution towards an ICCS for Wales

RIF

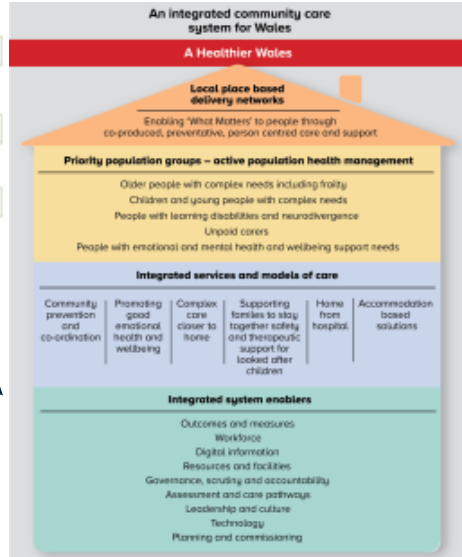
Fig. 1 – National models of care for the RIF



2022



ICCS Blueprint v1



2023



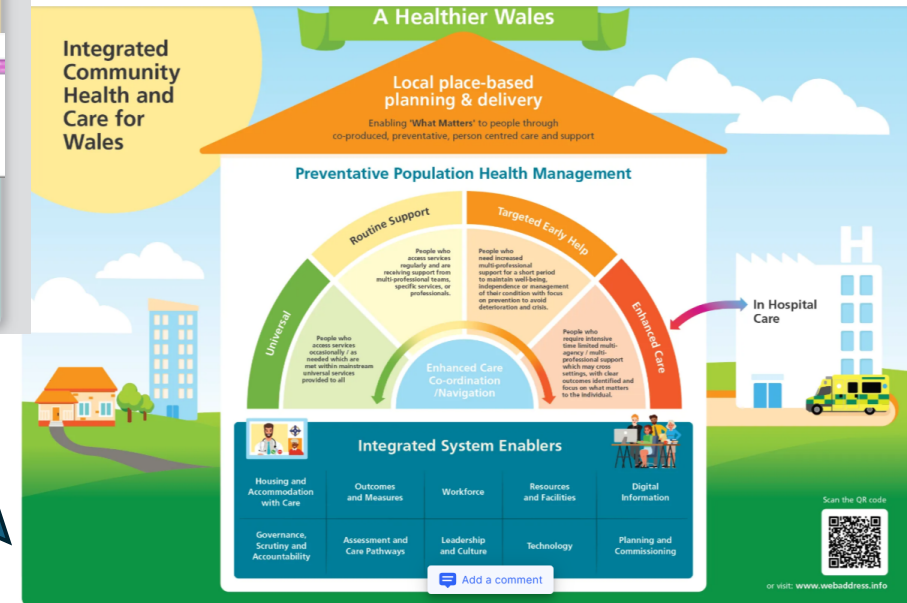
ICCS Blueprint v2
Alignment with 6 Goals and SPPC Programmes



2024



2025
ICCS Blueprint V3



A Healthier Wales

Integrated Community Health and Care for Wales

Local place-based planning & delivery

Enabling 'What Matters' to people through co-produced, preventative, person centred care and support

Preventative Population Health Management



Integrated System Enablers

 Housing and Accommodation with Care	Outcomes and Measures	Workforce	Resources and Facilities	Digital Information
Governance, Scrutiny and Accountability	Assessment and Care Pathways	Leadership and Culture	Technology	Planning and Commissioning

 Add a comment

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DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 October 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Planning Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Roxanne Green, Head of Service Planning

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides an update of progress in respect of a number of ongoing regional and south Wales service planning programmes.

Cefndir / Background

Health Boards in south east Wales continue with active collaboration where this delivers added value to clinical service delivery, access and sustainability. The Cabinet Secretary's expectation of regional planning and delivery remains at a high level, reinforced by letters recently received from his office and that of the NHS Wales Chief Executive. Health Board planning teams (joined by clinical, operational and other colleagues where beneficial) meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

Regional planning and partnerships take the form of the formal South East Wales planning collaborative as well as issue or service specific programmes that are not all within scope of the former portfolio. All significant work and recent developments are summarised in this paper.



Asesiad / Assessment

An overview of current programmes is set out below:

Regional Joint Committee

A letter from the Cabinet Secretary was received by Health Board Chairs in April, indicating a wish to see accelerated progress in the planning and delivery of healthcare services on a regional level to maintain safety, quality, and sustainability.

Chairs were directed to establish a South East Wales Regional Joint Committee with the aim of offering stronger strategic leadership, foster collaboration, and to provide a robust governance framework to accelerate and enhance the planning and delivery of services. The Committee is to be formally established in quarter 3 of 2025/26.

Terms of reference were agreed at all September meetings of the three Health Boards and arrangements are being made for the inaugural meeting in October 2025. In addition, a Regional Director has been appointed for the South East Wales Regional Collaborative to strengthen arrangements between organisations.

The Board paper and terms of reference are attached to this paper for information.

Llantrisant Health Park (LHP)

Since confirmation of funding in February 2023 and subsequent purchase of the LHP site by CTMUHB, focus has been on the development of the site for additional local and regional service capacity, for which a series of Outline Business Cases (OBC) are being prepared:

- OBC1- Regional Diagnostic Centre including Endoscopy
- OBC2- Regional Orthopaedic Capacity
- OBC3- CTM Short Stay Facility

The local ABUHB position remains that the LHP development does offer opportunities to further strengthen planned care capacity and offer in this context. The health board has maintained full engagement and participation in a wide range of collaborative regional planning programmes but has maintained the position that it is essential that any opportunities identified through this work reflect value for money when considered against other options. For ABUHB, the commissioning of capacity at LHP would be dependent on the identification of future revenue funding streams.

The latest ABUHB positions in respect of the specific asks within the letter and of the associated regional projects are as follows:

LHP outline strategy

An overall LHP high level outline strategy and vision document was prepared and subsequently approved at the March Board meetings.

Endoscopy



The ABUHB team have continued to engage with finalisation of the required regional plan setting out the current demand and capacity requirements and residual deficit across the region, whilst consistently following the original position statement setting out the approach to endoscopy regional planning. The key elements of this were:

- Confirmation that the first local priority option for additional capacity (subject to funding) was to move to full seven-day utilisation of the new four theatre endoscopy suite at the Royal Gwent Hospital.
- Full support in principle for the proposal to establish a regional screening & surveillance centre in LHP (closely adjacent to Bowel Screening Wales).
- Full support in principle for the proposal to establish a new endoscopy training academy in LHP, subject to a full business case being prepared by Health Education and Improvement Wales (HEIW).

These elements are represented within OBC1 and was considered in the Board meeting in September when this position was endorsed by the Board.

Radiology / Community diagnostic hubs

The ABUHB team are working with colleagues to develop the required cross-health board demand and capacity mapping exercise, together with a detailed delivery plan for meeting radiology demand across the region.

The ABUHB team continue to engage on the basis of the original position statement, with the second MRI scanner now running in the Grange University Hospital. This provides the required additional local service capacity, resolves the clinical risk associated with a previous 'single point of failure' and enables the freeing up of capacity to establish a community diagnostic hub model on the Ysbyty Ystrad Fawr site. Whilst this has meant that there is no envisaged formal requirement to commission ABUHB activity from a future LHP facility, this option will be kept live through the new management group discussions, depending on future demand and service trends.

Orthopaedics

A Regional Orthopaedic Plan has been developed and was presented to Board in September. The Plan predominantly focusses on a demand and capacity assessment across the region. It highlights significant gaps in outpatient and treatment capacity, particularly in lower limb arthroplasty, hands, foot & ankle, and paediatrics. A number of scenarios have been modelled including a best case in optimisation of services to meet GIRFT standards and an assumption of additional government-commissioned activities, maximum waiting times are projected to remain above targets, and demand growth is expected to widen these gaps by 2029. ABUHB operational teams have been fully engaged in the development of the plan which included local workforce and activity plans.

Across the region;



A successful clinical workshop took place on 16th May, with the aims of reviewing progress achieved to date, agreeing new priorities for the year ahead, considering revised governance arrangements and agreeing a comprehensive workforce strategy. Key actions arising from the discussion included: -

- Set out a new 'Lead Commissioner' model for future activity and the associated specifications, planning assumptions and delivery milestones
- Bring the deployment of the 'Open Eyes' digital ophthalmology system closer to the centre of the programme focus
- Scope the requirements for completing the cataracts phase of the programme and develop a plan to achieve this
- Set up a regional clinical forum across the whole multi-disciplinary team
- Develop a strategic workforce transformation approach

Progress continues to be overseen by a programme board and supporting delivery & development group.

Pathology

This project is overseeing the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient-focussed service. Prioritising cellular pathology, the steering group has set out a series of phases over a three year period. ABUHB position remains that the case for a move towards integration needs to be made and supported by Boards before focus moves to identification of site.

It has been acknowledged from the outset that a comprehensive digital cellular system is a pre-requisite for meaningful regional service integration and optimal future recruitment and training. The national business case for this was approved at the March Board meeting and is progressing at the national level.

Aneurin Bevan UHB representatives remain fully engaged with the project (currently through the standardisation working group), ensuring that subsequent decisions are informed by robust data and detailed option appraisal.

Cancer Services

Following the revised governance approach to cancer planning in the south east, this programme is hosted by Aneurin Bevan UHB, with the Chief Executive chairing the new Regional Cancer Board.

Progress to date includes:

- Reviewed all regional cancer strategies – summarising key areas, common themes and mapping to national priorities in the Cancer Quality Statement and Wales Cancer Improvement Plan in order to inform further regional strategic planning.



- Baseline review of regional cross-organisational work relating to cancer services – to inform the regional work programme where collective leadership can add value to addressing any cross-organisation issues.
- Agreed Regional Cancer Programme priorities – agree initial priorities across a range of the following categories: enablers, immediate priority actions, and horizon scanning

The priorities for the region were agreed based on where there is mutual gain of joint working, these are set out below with next steps;

1. Regional Patient Treatment List – demonstration of the regional data solution developed to Regional Programme Board
2. Regional Multi-Disciplinary Team Support & Governance – review outputs of MDT baseline survey undertaken by Clinical Fellow and identify specific areas for improvement in region (potentially MDT training material development and pilot of an AI solution)
3. Regional Workforce Development – establish a Regional Oncology Workforce Task & Finish Group linking with HEIW and Velindre Oncology Academy
4. Prehab to Rehab – finalise Project Brief, to include gathering baseline of prehab provision across region and gaps analysis to achieve equitable access
5. Haemato-oncology – agree Project Brief with regional engagement

Hepatobiliary and Pancreatic Surgery

This project has been managed jointly between Cardiff & Vale / Swansea Bay University Health Boards. Whilst it is accepted practice in much of the UK for liver and pancreatic surgery to be based together as part of a comprehensive hepatobiliary and pancreatic (HPB) service, in south Wales these services are currently split, with liver surgery undertaken at the University Hospital of Wales and pancreatic surgery undertaken at Morriston Hospital.

Following an extended hiatus period, the Project Board earlier this year reconvened to progress the previously agreed three-phase plan for HPB services, based on: -

1. Establishment of an operational delivery network and regional multi-disciplinary team working
2. A single management structure covering the two sites as a 'single service' philosophy
3. An eventual move to a single HPB centre

The ambition for the project was for commissioning responsibility for the service to transfer to the all-Wales Joint Commissioning Committee (JCC), but the JCC did not prioritise this for 2025/26. In order to progress the first phase of the project, participating health boards were asked by the HPB Project Board to consider direct funding of a delivery network team and supporting regional multi-disciplinary team arrangements from the middle of 2025/26 (the full year cost of this for ABUHB was £67,000). However, all of the health boards involved (including ABUHB) have declined to do this outside of the JCC process. As a result of this, the Cardiff & Vale / Swansea Bay University Health Board Chief Executives have written formally to all of the participating health boards, asking that they make arrangements to



commission any required tertiary HPB services from an alternative provider. A considered response to this is currently in discussion.

Stroke Services

Work continues across health boards in Wales to re-design stroke services into a regional hyper-acute stroke model, although it remains the case that progress will require clear funding options, programme infrastructure support and robust public engagement. Whilst the longer-term configuration of acute services within ABUHB is already established through the unit at the Grange University Hospital, health board planning and service representatives are maintaining close liaison with regional colleagues and ensuring clear line of sight to any changes to neighbouring services (particularly in CTMUHB) that may have cross-border patient flow implications.

The latter action is particularly relevant since the urgent temporary service change in neighbouring CTMUHB to centralise all their acute stroke services at the Royal Glamorgan Hospital. C&VUHB and CTMUHB are liaising closely to consider collaborative future arrangements, but have yet to agree a formal joint stroke network, through which the longer-term configuration of stroke services across the two health boards would be agreed. The current recommendations to the Regional Portfolio Oversight Group are to:-

- Establish an Operational Delivery Group to manage immediate priorities.
- Endorse a two-phase approach incorporating
 - Stabilise current services and address known issues.
 - In future, develop a strategic model and structure for stroke services in the South-Central region.
- Include all relevant partners (e.g., Powys, ABUHB, WAST) in planning and decision-making.

There is currently no confirmed timetable linked to the above and the ABUHB service continues to monitor the operational impact of the CTMUHB service centralisation in conjunction with CTMUHB, WAST and Powys colleagues. ABUHB continue to monitor impact of the change on patient flows towards the Grange University Hospital although accurate data is proving challenging.

Argymhelliad / Recommendation

The Partnerships, Population Health and Planning Committee is asked to:

- **Note** the update report for information.

Further updates will be provided to future meetings

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



Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access 7.1 Workforce Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
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:	
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 Choose an item.
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/>

Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives
Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs



DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 October 2025
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Future Generations Report - 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Tracy Daszkiewicz - Executive Director for Public Health & Strategic Partnerships.
SWYDDOG ADRODD: REPORTING OFFICER:	Bevleigh Evans - Associate Director of Population Health and Business Change.

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The *Future Generations Report 2025* marks the 10-year anniversary of the Well-being of Future Generations (Wales) Act. It outlines key findings, calls to action, and recommendations for Welsh Government, public bodies, and Health Boards. The report emphasises that implementation of the Act remains inconsistent, prevention is underfunded, and systemic change is needed across health, climate, culture, economy, and food systems. Health Boards are specifically challenged to go beyond clinical services and take a leadership role in prevention, sustainability, cultural well-being, and fair work.

The No Time to Lose report from the Auditor General highlights that public bodies, including Health Boards, are not yet delivering the system-wide change intended, particularly in prevention, long-term planning, and integration with workforce, estates, and financial strategies.

Gwent's status as Wales first Marmot region strengthens the Health Board's duty under the Future Generations Act to embed long-term, preventative, and collaborative approaches into planning. Through Fairer Gwent, supported by the Gwent JSA and aligned to the IMTP, we can target inequalities and wider determinants to deliver sustainable improvements in health outcomes and equity across Gwent.

The Health Board is currently conducting an internal review to assess the progress of the recommendations, which will be reported to the Future Generations Office in October 2025.

Cefndir / Background

The Act requires Health Boards to adopt the five ways of working and contribute to the seven national well-being goals. The Health Board has statutory duties under the WFG Act to:

- Set strong well-being objectives that are long-term, preventative, and maximise contribution to the seven goals.
- Embed objectives into corporate priorities, financial strategies, and IMTP delivery.
- Apply the five ways of working – long-term, prevention, integration, collaboration, and involvement.

The 2025 report was formally launched in April at the National Museum, Cardiff, during the Future Generations Action Summit. It is statutory, produced every five years, and based on extensive evidence, research, and engagement across Wales.

The report is structured around missions: Implementation and Impact, Climate and Nature, Health and Well-being, Culture and Welsh Language, Well-being Economy. The report has a 'Food Focus' section and key themes on Budget and The Future is Now. Each of the missions have key findings and recommendations.

Asesiad / Assessment

The Health Board has aligned and strengthen its delivery of the Future Generations Act by ensuring the well-being objectives are the corporate priorities and directly aligned with the IMTP. The Health Boards wellbeing objectives are embedded in Gwent 2035.

- **Better Health** – supporting people to be healthy, active, and happy.
- **Better Care** – delivering what matters, supporting staff, and ensuring sustainable, quality care.
- **Better Lives** – creating strong, safe, and connected communities.

The IMTP 2025–28 delivers across five themes, including embedding prevention, place-based models, urgent and planned care, cancer care and mental health.

The *No Time to Lose* report stresses that objectives are often too broad, short-term, or disconnected from delivery and finance. For ABUHB, this means:

- **Duty and obligations:** ensure our objectives are strategic, measurable, and fully integrated into IMTP and budget-setting.
- **Improving outcomes:** upstream investment in prevention (obesity, mental health, food resilience, green infrastructure) can reduce avoidable illness and narrow inequalities.
- **Tackling inequalities:** as Wales' first Marmot region, Gwent's Fairer Gwent strategy integrates Marmot principles into population planning. This,

alongside the Gwent JSA, provides the evidence base for aligning IMTP delivery with the WFG Act.

- **Seven Wellbeing Goals:** by embedding long-term planning, prevention, integration across systems, collaboration with partners, and involvement of citizens – particularly under-represented groups – the Health Board can achieve maximum contribution to all well-being goals.

Gwent's position as Wales first Marmot region reinforces the need to address health inequalities and wider determinants of health through whole system planning. This approach is fully aligned with the Well-being of Future Generations Act, requiring public bodies to act long-term, preventatively, and collaboratively.

Through Fairer Gwent, Marmot principles are embedded into local priorities, underpinned by evidence from the Gwent Joint Strategic Assessment (JSA) to ensure the greatest population needs are targeted. This provides a clear read-across to the Health Board's Integrated Medium-Term Plan (IMTP), where prevention, equity, and place-based models of care are central.

Gwent 2035, co-designed with partners and communities, strengthens this long-term planning approach. Targeted interventions across housing, education, employment, and the environment connect directly to the national well-being goals—particularly *A Healthier Wales*, *A More Equal Wales*, and *Cohesive Communities*.

Best practice, such as Torfaen County Council's reallocation of resources in line with Marmot principles, demonstrates how Fairer Gwent can drive system-wide change and ensure population health needs are met sustainably and equitably.

This creates a golden thread: **Future Generations Act** → **Fairer Gwent** → **Marmot** → **Gwent JSA** → **Gwent 2035 Better Health, Better Care, Better Lives** → **ABUHB IMTP**

The Future Generations Report 2025 sets out a series of recommendations for Health Boards to accelerate delivery of the Well-being of Future Generations Act and strengthen their contribution to the seven national well-being goals. These actions are designed to embed prevention, sustainability, and equity at the heart of services while building long-term resilience. Key recommendations include:

1. Ringfence and increase prevention budgets each year.
2. Develop climate-resilient and low-carbon estates, with green infrastructure.
3. Strengthen food resilience and nutrition policies in clinical and community settings.
4. Deepen community engagement to rebuild trust and co-produce services.
5. Support Welsh language and culture as part of care, workforce and social prescribing.
6. Partner on finance innovation (e.g. blended finance for health-nature projects).

Argymhelliad / Recommendation

In light of the findings from the Future Generations Report 2025 and the Auditor General's No Time to Lose review, the Health Board must demonstrate how it is fulfilling its statutory duties under the Well-being of Future Generations Act. Strengthening our approach to prevention, long-term planning, and reducing inequalities will ensure that our well-being objectives are embedded across strategy, finance, and delivery. The following recommendations are proposed to support the Committee in guiding this work.

1. Note the Health Board's duty under the WFG Act to make well-being objectives central to strategy, **finance**, and IMTP delivery.
2. Acknowledge the Auditor General's findings that progress to date is insufficient and endorse a shift to prevention and long-term planning.
3. Support deeper integration of Fairer Gwent, the Marmot principles, and the Gwent JSA into Health Board planning, ensuring our IMTP actively reduces inequalities.

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 1.1 Health Promotion, Protection and Improvement Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
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:	
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 Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Not applicable to this report

By email

29th of April 2025

Dear Colleague,

Re: Future Generations Report 2025

I am pleased to share with you the [Future Generations Report 2025](#), an essential milestone in advancing our collective ambition for a sustainable Wales, and key to delivering against my priorities in [Cymru Can](#). This report provides my assessment of the progress made in delivering the Well-being of Future Generations (Wales) Act over the last ten years and sets out my recommendations to public bodies about the priorities for action to deliver on our national well-being goals for the next five years.

The 10th anniversary of the legislation marks an important moment for Wales. Alongside the Future Generations Report, the Auditor General for Wales has also published a [report](#). Together, these reports provide a route map for implementation of the legislation for the years ahead.

Thank you to the organisations who have already committed to my recommendations and for your engagement with my office.

Report Findings

My findings show that people in Cymru, and public body leaders, are proud that we have a shared vision for the Wales we want for future generations.

Since committing to this journey 10 years ago, Cymru has made progress—from free school meals for primary pupils to being the second-best country in the world for recycling.

But much more needs to be done. We are in a climate and nature emergency. Poverty levels remain unacceptably high.

Whilst the challenges we face are significant, they are not insurmountable. The solutions exist, we need to do more to implement them. Delaying action makes change more expensive and difficult, so we must act now.

Amongst my recommendations, I am calling for:

- Targets to save nature
- Stronger powers for nature guardians.
- Increased capacity to attract private finance for net zero projects.
- Action to build trust with communities.
- Ringfencing of prevention funding
- Healthy, local food in our schools.
- A national food resilience plan
- More community-owned energy.
- A real living wage commitment.
- A commitment to make culture a statutory requirement.
- The simplification of partnership structures.
- And a review and strengthening of the Future Generations Act.

Communications and Resources

You can find the full report, executive summary and other resources [here](#).

Going forward, much of the work of my office will be focused on working with public bodies to implement the report's recommendations.

I am launching the report at a Future Generations Action Summit on 29th April 2025. Over the coming months there will be:

- A dedicated **communications toolkit** to support your teams in sharing the report within your organisations and wider networks.
- Targeted **media and digital campaigns** to increase awareness and drive action across sectors.
- **Frequently Asked Questions (FAQs)** – Resources and further guidance on my recommendations.
- Other **speaking and engagement** commitments.

Over the next five years, for the remainder of my term as Commissioner, I will offer:

Advice and assistance

- **Practical support** for public bodies, Public Services Boards and Corporate Joint Committees around the recommendations, with an increased focus on the corporate areas for change and long-term thinking.
- To **convene** national supporting organisations, business and voluntary sectors to collaborate on the changes needed.
- **Learning and development sessions.** My team provide tailored or bespoke training to suit your organisation's (or sector's) needs. You can find more information [here](#). I will continue to deliver leadership opportunities via the Future Generations Leadership Academy.
- **Implementation exchanges** – sharing best practice on specific recommendations, including international examples.
- **Meet the Commissioner** stakeholder sessions.
- **An online event** on the 26th of November to maintain momentum and share progress on the recommendations of the Future Generations Report – available to public bodies and other stakeholders across Wales. You can register [here](#).

Monitoring and Assessing

- Analysis of public bodies' **well-being objectives and steps**, and the extent to which these inform policy and investment decision-making.
- Section 20 review/s undertaken before 2030 which relate to the recommendations.
- Spotlighting of the Well-being of Wales report and progress against the national indicators and engaging the Future Generations Leadership Academy in a scrutiny function.
- Tracking of performance against the recommendations, including an annual meeting with public body chief executives and senior leaders.

Please read the Report, consider its findings in your strategic planning, and put in place plans to deliver the recommendations.

I invite public bodies to submit their response to the recommendations in this report by **31 October 2025**. Please complete [this form](#) and, should you wish to provide further information, please email contactus@futuregenerations.wales. Attached is also a Word version of the recommendations, for your internal use.

Post-legislative scrutiny of the Act

My Report calls for a review and strengthening of the Act. The [Senedd Equality and Social Justice Committee](#) have just agreed to undertake an inquiry on this topic. I would encourage you to consider submitting a response to their call for evidence by the 11 June 2025.

I look forward to continuing to work with you to deliver meaningful and lasting change for people living in Wales today and for generations to come.

Yours sincerely,



Derek Walker
Future Generations Commissioner for Wales

Adroddiad Cenedlaethau'r Dyfodol 2025: Argymhellion

Future Generations Report 2025: Recommendations

Pob ymholiad / All enquiries: contactus@futuregenerations.wales

Argymhellion: Dyma'r rhestr lawn o argymhellion ar draws pob adran o'r adroddiad ac i bwy y maent yn berthnasol.

Recommendations: This is the full list of recommendations across all sections of the report and who they apply to.

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
Gweithredu ac Effaith Implementation and Impact			
<p>1. Dylai Llywodraeth Cymru ymrwymo i adolygiad ôl-ddeddfwriaethol o Ddeddf Llesiant Cenedlaethau'r Dyfodol i gryfhau ei heffaith ac i baratoi ar gyfer diweddariadau i Nodau Datblygu Cynaliadwy'r Cenhedloedd Unedig yn 2030. Dylai'r adolygiad hwn gynnwys deialog cyhoeddus i ymgysylltu â phobl ledled Cymru wrth lunio dyfodol polisi llesiant.</p> <p>1. Welsh Government should commit to a post-legislative review of the Well-being of Future Generations Act to strengthen its impact and to prepare for updates to the United Nations Sustainable Development Goals in 2030. This review should include a public dialogue to engage people across Cymru in shaping the future of well-being policy.</p>	*		
<p>2. Rhaid i Lywodraeth Cymru asesu a symleiddio strwythurau partneriaeth er mwyn lleihau cymhlethdod a gwella cydgysylltu ledled Cymru.</p> <p>2. Welsh Government must assess and streamline partnership structures to reduce complexity and improve coordination across Wales.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>3. Dylai Llywodraeth Cymru sicrhau mai'r Prif Weinidog sy'n parhau i fod yn gyfrifol am weithredu Deddf Llesiant Cenedlaethau'r Dyfodol.</p> <p>3. Welsh Government should ensure the responsibility of implementing the Well-being of Future Generations Act remains with the Prif Weinidog / First Minister.</p>	*		
<p>4. Rhaid i gyrff cyhoeddus sicrhau bod staff sy'n gyfrifol am feysydd newid corfforaethol yn deall Deddf Llesiant Cenedlaethau'r Dyfodol mewn ffordd sy'n gwella ansawdd a chysondeb gweithredu drwy hyfforddiant gorfodol a datblygu gallu.</p> <p>4. Public bodies must ensure that staff responsible for corporate areas of change understand the WFG Act in a way that improves the quality and consistency of implementation through mandatory training and capacity development.</p>	*	*	

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>5. Rhaid i gyrff cyhoeddus ymgysylltu'n fwy â'r cyhoedd er mwyn meithrin ymddiriedaeth, cryfhau consensws, a phontio'r bwlch rhwng llunio polisiau a dinasyddion.</p> <p>5. Public bodies must increase engagement with the public to build trust, strengthen consensus, and bridge the gap between policymaking and citizens.</p>	*	*	
Hinsawdd a Natur Climate and Nature			
<p>6. Dylai Llywodraeth Cymru gyflwyno prif darged statudol ar gyfer adferiad byd natur erbyn 2050 mewn deddfwriaeth sylfaenol erbyn 2026, gyda thargedau pellach yn adlewyrchu'r Fframwaith Bioamrywiaeth Byd-eang mewn is-ddeddfwriaeth, cynllun gweithredu clir a threfniadau ariannu hirdymor.</p> <p>6. Welsh Government should introduce a headline statutory target for nature's recovery by 2050 in primary legislation by 2026, with further targets reflecting the Global Biodiversity Framework in secondary legislation, a clear plan of action and long-term funding arrangements.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>7. Mae defnyddio ein tir yn ddoeth yn bwysicach nag erioed. Yn dilyn ei hadolygiad 5 mlynedd nesaf o Cymru'r Dyfodol, dylai Llywodraeth Cymru ddatblygu fframwaith defnydd tir a morol integredig sy'n cydbwysu ymrwymadau i adfer natur, cefnogi cynhyrchu bwyd, gwella gwytnwch hinsawdd a darparu tai a seilwaith newydd. Dylid cyflwyno canllawiau a phecynnau cymorth i gefnogi penderfyniadau lleol i gyd-fynd â'r fframwaith.</p> <p>7. Using our land wisely matters more than ever. Following its next 5-year review of A Future Wales, Welsh Government should develop an integrated land and marine use framework that balances commitments to restore nature, support food production, improve climate resilience and deliver new housing and infrastructure. The framework should be accompanied by guidance and toolkits to support local decision-making.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>8. Gan adeiladu ar y buddsoddiad mewn byrddau rheoli maetholion a fforymau arfordirol ac afonydd presennol, dylai Llywodraeth Cymru ehangu'r dalgylch fel penderfynwyr y gellir ymddiried ynddynt wrth adfer afonydd. Dylai'r partneriaethau hyn ddod ag ystod amrywiol o randdeiliaid ynghyd i gyd-greu cynlluniau gweithredu ar y cyd, tra'n galluogi rheoleiddwyr fel Cyfoeth Naturiol Cymru i weithio'n fwy cydweithredol a sbarduno newid cadarnhaol, hirdymor.</p> <p>8. Building on the investment in nutrient management boards and existing coastal and river forums, Welsh Government should expand their catchment remit as trusted decision-makers in river restoration. These partnerships should bring together a diverse range of stakeholders to co-create shared action plans, while enabling regulators such as NRW to work more collaboratively and drive positive, long-term change.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>9. O fewn tymor nesaf y Llywodraeth, mae angen deddfwriaeth i roi'r un pwerau rheoleiddio i Cyfoeth Naturiol Cymru â'i gyfar yn Lloegr, gan gynnwys yr awdurdod i roi sancsiynau sifil, megis gorchmynion atal a dirwyon am weithgareddau llygru.</p> <p>9. Within the next Government term, legislation is needed to give Natural Resources Wales the same regulatory powers as its English counterpart, including the authority to issue civil sanctions, such as stop orders and fines for polluting activities.</p>	*		
<p>10. Dylai Llywodraeth Cymru sefydlu tîm arbenigol a thraws-sector, i gefnogi cyrff cyhoeddus i baratoi cynigion sy'n barod ar gyfer buddsoddi a all ddenu cyllid o'r sector preifat ar gyfer adfer byd natur a sero net, gan sicrhau aliniad ag egwyddorion buddsoddi cynaliadwy.</p> <p>10. Welsh Government should establish an expert and cross-sector team, to support public bodies in preparing investment-ready proposals that can attract private sector finance for nature recovery and net zero, ensuring alignment with sustainable investment principles.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>11. Dylai Awdurdod Cyllid Cymru gael y dasg o glustnodi dirwyon a thaliadau amgylcheddol i ariannu gweithredu hinsawdd a natur yn uniongyrchol.</p> <p>11. Welsh Revenue Authority should be tasked with ringfencing environmental fines and charges to directly fund climate and nature action.</p>	*		
<p>12. O 2025 ymlaen, rhaid i gyrff cyhoeddus roi blaenoriaeth i wydnwch yn yr hinsawdd, budd net ifioamrywiaeth, a lleihau plaladdwyr yn y modd y maent yn rheoli eu hystadau, gan gynnwys eu hadeiladau, ffermydd tenantiaid, parciau, ymylon ffyrdd ac asedau tir eraill.</p> <p>12. From 2025, public bodies must prioritise climate resilience, net benefit for biodiversity, and pesticide reduction in how they manage their estates, including their buildings, tenant farms, parks, roadside verges and other land assets.</p>	*	*	

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>13. Mae gan ynni adnewyddadwy lleol, gan gynnwys ynni cymunedol ac ynni cyhoeddus, ran ganolog i'w chwarae wrth gyflawni sero net. Mae angen mwy o adnoddau a chymorth yn genedlaethol. Dylai sefydliadau'r sector cyhoeddus gynyddu eu cydweithrediad â phrosiectau ynni lleol drwy ryddhau tir ar gyfer mentrau ar y cyd ac ymrwymo i brynu'r trydan.</p> <p>13. Local renewable energy, including community and publicly owned energy has a pivotal role to play in achieving net zero. There is a need for more resourcing and support nationally. Public sector organisations should increase their collaboration with local energy projects by releasing land for joint ventures and committing to purchasing the electricity.</p>	*	*	

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>14. Rhaid i wydnwch ac ymaddasu yn yr hinsawdd ddod yn flaenoriaeth graidd i wasanaethau cyhoeddus. Erbyn diwedd 2027, dylai Byrddau Gwasanaethau Cyhoeddus asesu risgiau hinsawdd ar gyfer eu cymunedau, gan ddiweddarau eu canfyddiadau bob pum mlynedd fel rhan o'u hasesiadau llesiant. Rhaid i gyrff cyhoeddus integreiddio'r canfyddiadau hyn i'w cynllunio corfforaethol a strategol.</p> <p>14. Climate resilience and adaptation must become a core public service priority. By the end of 2027, Public Services Boards should assess climate risks for their communities, updating their findings every five years as part of their well-being assessments. Public bodies must integrate these findings into their corporate and strategic planning.</p>	*	*	

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>15. Rhaid i'r sector cyhoeddus ddod yn rhydd o ddatgoedwigo erbyn 2028, gan sicrhau nad yw cadwyni cyflenwi yn cyfrannu at ddatgoedwigo byd-eang, colli cynefinoedd neu dorri hawliau dynol, gan gynnwys llafur plant a cham-drin hawliau Pobl Gynhenid.</p> <p>15. The public sector must become deforestation-free by 2028, ensuring supply chains do not contribute to global deforestation, habitat loss or human rights violations, including child labour and the abuse of Indigenous Peoples' rights.</p>	*	*	
Iechyd a Llesiant Health and Well-being			
<p>16. Dylai Llywodraeth Cymru ymrwymo Cymru i ddod yn genedl Marmot, gan addasu model Marmot ag egwyddorion wedi'u teilwra sy'n cyd-fynd â Deddf Llesiant Cenedlaethau'r Dyfodol, er mwyn helpu i leihau anghydraddoldebau a gwella llesiant ein poblogaeth.</p> <p>16. Welsh Government should commit Wales to becoming a Marmot nation, adapting the Marmot model with tailored principles aligned with the Well-being of Future Generations Act, to help reduce inequalities and improve the well-being of our population.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>17. Dylai Llywodraeth Cymru a Gweithrediaeth y GIG sicrhau bod atal yn cael ei wreiddio ar ddechrau pob llwybr clinigol, gyda mesurau perfformiad yn cael eu haddasu i adlewyrchu'r newid hwn.</p> <p>17. Welsh Government and the NHS Executive should ensure prevention is embedded at the start of all clinical pathways start, with performance measures adjusted to reflect this shift.</p>	*		
<p>18. Dylai Llywodraeth Cymru ddatblygu cynllun i atal y cynnydd mewn gordewdra o fewn pum mlynedd, ei wrthdroi o fewn deg a chreu Cymru sy'n cefnogi pwysau iach yn ddiodyn erbyn 2035, gan leihau anghydraddoldebau.</p> <p>18. Welsh Government should develop a plan to halt the rise in obesity within five years, reverse it within ten and create a Wales that supports healthy weight by default by 2035, reducing inequalities.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>19. Dylai cyrff cyhoeddus a Byrddau Gwasanaethau Cyhoeddus gydweithio, ynghyd â'r sectorau preifat a gwirfoddol, i roi'r model cymdeithasol o iechyd, creu lleoedd a/neu egwyddorion Marmot ar waith i wella'r camau gweithredu ar y penderfynyddion ehangach a lleihau anghydraddoldebau yn eu hardaloedd.</p> <p>19. Public Bodies and Public Services Boards should work together, along with the private and voluntary sectors, to implement the social model of health, placemaking and/or the Marmot principles to improve action on the wider determinants and reduce inequalities in their areas.</p>		*	
<p>20. Dylai cyrff cyhoeddus gynnwys atal fel amcan strategol craidd mewn strategaethau a chynlluniau corfforaethol.</p> <p>20. Public bodies should include prevention as a core strategic objective in corporate strategies and planning.</p>	*	*	

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>21. Dylai cyrff cyhoeddus a Byrddau Gwasanaethau Cyhoeddus ddefnyddio asesiadau llesiant y BGC ac asesiad anghenion poblogaeth y Bwrdd Partneriaeth Rhanbarthol i nodi'r anghydraddoldebau mwyaf arwyddocaol yn eu poblogaethau a datblygu cynlluniau wedi'u targedu i gau'r bwlch tegwch mewn canlyniadau iechyd.</p> <p>21. Public bodies and Public Services Boards (PSB) should use the PSB well-being assessments and Regional Partnership Board population needs assessment to identify the most significant inequalities in their populations and develop targeted plans to close the equity gap in health outcomes.</p>		*	
Diwylliant a'r Iaith Gymraeg Culture and Welsh Language			

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>22. Dylai Llywodraeth Cymru gyflwyno Bil Diwylliant i Seithfed Tymor y Senedd (2026 - 2030), i wneud diwylliant yn ofyniad statudol ar gyff cyhoeddus. Bydd hyn yn cryfhau rôl diwylliant mewn llesiant cenedlaethol ac yn sicrhau bod diwylliant yn cael y gydnabyddiaeth a'r buddsoddiad y mae'n ei haeddu.</p> <p>22. Welsh Government should introduce a Culture Bill to the Seventh Senedd Term (2026 - 2030), to make culture a statutory requirement for public bodies. This will strengthen the role of culture in national well-being and ensure culture receives the recognition and investment it deserves.</p>	*		
<p>23. Dylai Llywodraeth Cymru ymrwymo i Ddeddf Hawl Cymunedol i Brynu i rymuso cymunedau i gymryd perchnogaeth o adeiladau lleol gwerthfawr, tir, ac asedau cymunedol, gan sicrhau eu bod yn parhau i fod wrth galon cymunedau ffyniannus.</p> <p>23. Welsh Government should commit to a Community Right to Buy Act to empower communities to take ownership of valued local buildings, land, and community assets, ensuring they remain at the heart of thriving communities.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>24. Dylai Llywodraeth nesaf Cymru benodi Ysgrifennydd y Cabinet dros Ddiwylliant, y Celfyddydau a Chwaraeon.</p> <p>24. The next Welsh Government should appoint a Cabinet Secretary for Culture, Arts and Sport.</p>	*		
<p>25. Dylai pob corff cyhoeddus yng Nghymru ddatblygu cynllun clir i gynyddu'r defnydd mewnol o'r Gymraeg o fewn cyrff cyhoeddus. Bydd hyn yn galluogi staff i fyw eu bywydau gwaith yn gynyddol drwy gyfrwng y Gymraeg, gan feithrin diwylliant dwyieithog cryfach yn y gweithle.</p> <p>25. All public bodies in Wales should develop a clear plan to increase the internal use of Welsh within public bodies. This will allow staff to live their working lives increasingly through the medium of Welsh, fostering a stronger bilingual culture in the workplace.</p>	*	*	
<p>26. Dylai pob corff cyhoeddus a Bwrdd Gwasanaethau Cyhoeddus lofnodi Siarter Creu Lleodd Cymru ac integreiddio ei hegwyddorion yn eu gwaith.</p> <p>26. All public bodies and Public Services Boards should sign up to Placemaking Wales Charter and integrate its principles into their work.</p>		*	

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>27. Dylai pob corff cyhoeddus gynhyrchu strategaeth wirfoddoli sefydliadol mewn partneriaeth â gweithwyr a'r sector gwirfoddol i hybu gwirfoddoli ledled y wlad.</p> <p>27. All public bodies should produce an organisational volunteering strategy in partnership with employees and the voluntary sector to boost volunteering across the country.</p>	*	*	
Economi Llesiant Well-being Economy			
<p>28. Dylai Llywodraeth Cymru nodi sectorau allweddol lle mae'r sector preifat yn methu â gweithredu'r Cyflog Byw gwirioneddol – a datblygu cynlluniau i roi'r Cyflog Byw gwirioneddol ar waith gyda busnesau yn y sectorau hyn.</p> <p>28. Welsh Government should identify key sectors where the private sector falls short in implementing the real Living Wage – and develop plans to implement the real Living Wage with businesses in these sectors.</p>	*		

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<p>29. Dylai Llywodraeth Cymru sicrhau bod pob busnes sy'n cael cymorth gan Lywodraeth Cymru yn bodloni set safonol o ymrwymadau sy'n cydfynd â Deddf Llesiant Cenedlaethau'r Dyfodol. Dylai hyn gynnwys achrediad Cyflog Byw gwirioneddol fel gofyniad sylfaenol.</p> <p>29. The Welsh Government should ensure all businesses receiving Welsh Government support meet a standard set of commitments aligned to the Well-being of Future Generations Act. This should include real Living Wage accreditation as a baseline requirement.</p>	*		
<p>30. Dylai Llywodraeth Cymru osod targed i ddyblu maint y sector busnes cymdeithasol yng Nghymru erbyn 2035 a pharhau i gefnogi Busnes Cymdeithasol Cymru a Buddsoddiad Cymdeithasol Cymru i gyflawni hyn.</p> <p>30. Welsh Government should set a target to double the size of the social business sector in Wales by 2035 and continue support to Social Business Wales and Social Investment Cymru to achieve this.</p>	*		

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<p>31. Dylai Llywodraeth Cymru weithio gyda'r sector cyhoeddus ehangach i lansio Canolfan Datblygu Cydweithredol a chefnogi mentrau cymdeithasol i ehangu i gadwyni cyflenwi yn y sector cyhoeddus a phreifat.</p> <p>31. Welsh Government should work with the wider public sector to launch a Co-operative Development Hub and support social enterprises in expanding into public and private sector supply chains.</p>	*		
<p>32. Dylai Llywodraeth Cymru ddatblygu cynllun gweithredu ar fyrder erbyn 2027 i sicrhau bod gan Gymru'r sgiliau i gyflawni trawsnewidiad cyfiawn i economi llesiant carbon isel, ac ar yr un pryd gwella canlyniadau addysgol ôl-16 a lleihau anghydraddoldebau.</p> <p>32. Welsh Government should urgently develop an action plan by 2027 to ensure Wales has the skills to achieve a just transition to a low carbon well-being economy, and at the same time improves post-16 educational outcomes and reduces inequalities.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>33. Dylai Llywodraeth Cymru sefydlu comisiwn i archwilio effaith deallusrwydd artifisial ar draws gwasanaethau cyhoeddus, cynllunio'r gweithlu, a seilwaith digidol, a nodi cyfeiriadcenedlaethol clir ar gyfer defnyddio deallusrwydd artifisial moesegol a chyfrifol.</p> <p>33. Welsh Government should establish a commission to examine AI's impact across public services, workforce planning, and digital infrastructure, and set out a clear national direction for ethical and responsible AI deployment.</p>	*		
<p>34. Rhaid i genhadaeth economaidd Llywodraeth Cymru a phedair strategaeth economaidd ranbarthol y Cydbwyllgorau Corfforaethol ymgorffori Deddf Llesiant Cenedlaethau'r Dyfodol yn llawn fel y fframwaith ar gyfer cynllunio strategaethau datblygu economaidd ac wrth weithredu a mesur cynnydd.</p> <p>34. Welsh Government's economic mission and all four regional economic strategies of Corporate Joint Committees must fully embed the Well-being of Future Generations Act as the framework for designing economic development strategies and in implementing and measuring progress.</p>	*	*	

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>35. Erbyn 2027 rhaid i bob sefydliad yn y sector cyhoeddus ymrwymo i gynllun ar sut y byddant yn cyflawni achrediad Cyflog Byw go iawn.</p> <p>35. By 2027 all public sector organisations must commit to a plan on how they will achieve real Living Wage accreditation.</p>		*	
<p>36. Dylai Llywodraeth Cymru a chyrrff cyhoeddus sicrhau bod gan bob cymuned yng Nghymru fynediad at ganolbwynt atgyweirio ac aildefnyddio lleol erbyn 2035.</p> <p>36. Welsh Government and public bodies should ensure every community in Wales has access to a local repair and re-use hub by 2035.</p>	*	*	
Bwyd Food			

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>37. Dylai Llywodraeth nesaf Cymru ddatblygu cynllun gwydnwch bwyd cenedlaethol i sicrhau mynediad cyfartal at ddiet lleol, fforddiadwy, iach a chynaliadwy. Dylid integreiddio bwyd a diet i ddyletswyddau, nodau a dangosyddion Deddf Llesiant Cenedlaethau'r Dyfodol.</p> <p>37. The next Welsh Government should develop a national food resilience plan to ensure equal access to local, affordable, healthy, and sustainable diets. Food and diets should be integrated into the duties, goals, and indicators of the Well-being of Future Generations Act.</p>	*		
<p>38. Dylai Llywodraeth Cymru ehangu Prydau Ysgol am Ddim i bob plentyn hyd at 16 oed, gan sicrhau bod pob plentyn yng Nghymru, gan gynnwys plant o aelwydydd nad oes ganddynt hawl i arian cyhoeddus, yn gallu cael gafael ar fwyd iach a chynaliadwy yn yr ysgol.</p> <p>38. Welsh Government should expand Free School Meals to all children up to age 16, ensuring every child in Wales, including children from households with no recourse to public funds, have access to healthy and sustainable food at school.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>39. Dylai Llywodraeth Cymru ehangu'r rhaglen Sgiliau Maeth am Oes ar draws holl ysgolion Cymru, gan sicrhau bod pob plentyn yn gadael yr ysgol yn llythrennog mewn bwyd ysgol, gyda'r sgiliau a'r wybodaeth i gynnal diet iach a chynaliadwy.</p> <p>39. Welsh Government should scale up the Nutrition Skills for Life programme across all schools in Wales, ensuring that every child leaves school food literate, with the skills and knowledge to maintain a healthy and sustainable diet.</p>	*		
<p>40. Dylai pob Awdurdod Lleol ddatblygu cynllun gwydnwch bwyd lleol mewn cydweithrediad â Phartneriaethau Bwyd Lleol a Byrddau Gwasanaethau Cyhoeddus. Dylai Llywodraeth Cymru sicrhau bod y Strategaeth Bwyd Cymunedol arfaethedig yn darparu cymorth hirdymor i ddatblygu'r cynlluniau hyn.</p> <p>40. Each Local Authority should develop a local food resilience plan in collaboration with Local Food Partnerships and Public Service Boards. Welsh Government should ensure that the proposed Community Food Strategy provides long-term support to develop these plans.</p>	*	*	

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<p>41. Dylai Llywodraeth Cymru ac awdurdodau lleol sicrhau bod pob pryd ysgol am ddim yn cynnwys o leiaf ddau ddogyn o lysiau tymhorol a gynhyrchwyd yn lleol ac yn gynaliadwy. Dylai awdurdodau lleol ymuno â rhaglen Llysiâu Cymru mewn Ysgolion i adeiladu cadwyni cyflenwi garddwriaeth lleol gwydn.</p> <p>41. Welsh Government and Local Authorities should ensure all free school meals contain at least two portions of locally and sustainably produced seasonal vegetables. Local Authorities should join the Welsh Veg in Schools programme to build resilient local horticulture supply chains.</p>	*	*	

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>42. Dylai pob corff cyhoeddus leihau neu ddileu'r ddarpariaeth o grwpiau bwyd y gellir eu categorio fel 1) Bwydydd wedi'u Prosesu'n Iawn (UPF) a hefyd 2) sy'n uchel mewn braster, halen a siwgr (HFSS) o'u safleoedd, megis ysgolion, ysbytai, canolfannau hamdden a chartrefi gofal. Dylai cyrff cyhoeddus wahardd hysbysebu a hyrwyddo'r grwpiau bwyd hyn o bob man hysbysebu a marchnata cyhoeddus.</p> <p>42. All public bodies should reduce or eliminate the provision of food groups which can be categorised as both 1) Ultra-Processed Foods (UPF) and also 2) high in fat, salt and sugar (HFSS) from their premises, such as schools, hospitals, leisure centres and care homes. Public bodies should ban the advertising and promotion of these food groups from all publicly owned advertising and marketing spaces.</p>	*	*	

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<p>43. Dylai Llywodraeth Cymru, awdurdodau lleol a byrddau iechyd gydweithio i gyflwyno cynllun talebau ffrwythau a llysiau ffres Cymreig ar gyfer aelwydydd incwm isel, gan helpu teuluoedd i fforddio bwyd maethlon tra'n cefnogi tyfwyr bwyd lleol.</p> <p>43. Welsh Government, Local Authorities and Health Boards should collaborate to introduce a Welsh fresh fruit and vegetable voucher scheme for low-income households, helping families afford nutritious food while supporting local food growers.</p>	*	*	
Cyllid Budget			
<p>44. Dylai Llywodraeth Cymru glustnodi cyllid ar gyfer atal sy'n cynyddu dros amser.</p> <p>44. Welsh Government should ring-fence funding for prevention which increases over time.</p>	*		
<p>45. Dylai Llywodraeth Cymru ddwyn y broses o bennu'r gyllideb ymlaen a chynhyrchu setliadau ariannu aml-flwyddyn.</p> <p>45. Welsh Government should bring forward the budget setting process and produce multi-year funding settlement.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>46. Rhaid i gyrff cyhoeddus osod eu cyllidebau blynyddol yn erbyn dangosyddion llesiant cenedlaethol Cymru (gan ddilyn modelau tebyg yng Ngweriniaeth Iwerddon a Dinas Strasbwrg).</p> <p>46. Public bodies must set their annual budgets against the national well-being indicators of Cymru (following similar models in the Republic of Ireland and the City of Strasbourg).</p>	*	*	
<p>47. Dylai cyrff cyhoeddus ddefnyddio'r diffiniad o atal y cytunwyd arni rhwng Llywodraeth Cymru a fy swyddfa I fapio eu gwariant ataliol a buddsoddi'n gynyddol tuag at atal sylfaenol.</p> <p>47. Public bodies should use the agreed definition of prevention between Welsh Government and my office to map their preventative spend and invest progressively more upstream towards primary prevention.</p>	*	*	
Mae'r Dyfodol Nawr The Future is Now			
<p>48. Dylai Llywodraeth Cymru ddatblygu gweledigaeth a chynllun ar gyfer gweithlu sector cyhoeddus Cymru yn y dyfodol, gan nodi'r sgiliau sydd eu hangen i ddarparu gwasanaethau'n effeithiol mewn byd sy'n newid.</p> <p>48. Welsh Government should develop a vision and plan for the Welsh public sector workforce of the future, identifying the skills needed to deliver services effectively in a changing world.</p>	*		

Argymhellion Recommendation	<i>Llywodraeth Cymru</i> <i>Welsh Government</i>	<i>Cyrff Cyhoeddus (gan gynnwys Llywodraeth Cymru) a BGCau</i> <i>Public Bodies (including Welsh Government) and PSBs</i>	Nodiadau Notes
<p>49. Dylai pob corff cyhoeddus greu gweledigaeth a chynllun hirdymor ar gyfer dyfodol pob sefydliad, wedi'u cynllunio ar y cyd â phartneriaid a chymunedau.</p> <p>49. Every public body should create a long-term vision and plan for the future of each organisation, co-designed with partners and communities.</p>	*	*	
<p>50. Dylai pob corff cyhoeddus benodi Hyrwyddwr Dyfodol i ymgysylltu â Hwb Dyfodol, gan wreiddio meddylfryd y dyfodol ar draws eu sefydliad.</p> <p>50. Each public body should appoint a Futures Champion in every public body to engage with the Hwb Dyfodol, embedding futures thinking across their organisation.</p>	*	*	



Trwy e-bost

29ain o Ebrill 2025

Annwyl Gyfaill,

Parthed: Adroddiad Cenedlaethau'r Dyfodol 2025

Mae'n bleser gennyf rannu [Adroddiad Cenedlaethau'r Dyfodol 2025](#) gyda chi — carreg filltir allweddol wrth fwrw ymlaen â'n huchelgais a rennir ar gyfer Cymru gynaliadwy, ac sy'n ganolog i gyflawni'r blaenoriaethau a nodir yn [Cymru Can](#). Mae'r adroddiad hwn yn rhoi fy asesiad o sut mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) wedi'i rhoi ar waith dros y degawd diwethaf, ac mae'n cynnwys argymhellion clir i gyrff cyhoeddus ar y camau sydd eu hangen i gyflawni ein nodau llesiant cenedlaethol dros y pum mlynedd nesaf.

Mae eleni'n nodi 10 mlynedd ers sefydlu'r Ddeddf — sy'n foment bwysig i Gymru. Ochr yn ochr â'm hadroddiad Cenedlaethau'r Dyfodol, mae Archwilydd Cyffredinol Cymru hefyd wedi cyhoeddi [adroddiad](#). Gyda'i gilydd, mae'r dogfennau hyn yn darparu map ffordd clir ar gyfer sut yr ydym yn ymgorffori'r ddeddfwriaeth yn ymarferol ar gyfer y blynyddoedd i ddod.

Hoffwn ddiolch i bob sefydliad sydd eisoes wedi ymrwymo i'r argymhellion hyn, ac i'r rhai sy'n parhau i ymgysylltu â fy swyddfa.

Beth mae'r Adroddiad yn ei Ddangos

Mae fy nghanfyddiadau'n dangos bod pobl yng Nghymru — ac arweinwyr o fewn cyrff cyhoeddus — yn falch o'r weledigaeth a rennir rydym wedi'i hadeiladu ar gyfer dyfodol gwell. Dros y deng mlynedd diwethaf, rydym wedi gwneud cynnydd gwirioneddol: o gyflwyno cinio ysgol am ddim mewn ysgolion cynradd i ddod yr ail wlad orau yn y byd am ailgylchu.

Ond rydym yn wynebu heriau brys. Rydym mewn argyfwng hinsawdd a natur. Mae tlodi yn parhau i fod wedi gwreiddio'n ddwfn.

Mae maint yr her yn sylweddol — ond nid yn amhosibl. Mae'r atebion eisoes ar gael. Yr hyn sydd ei angen yn awr yw cyflawni. Mae oedi ond yn cynyddu costau ac yn gwneud newid yn anos. Rhaid inni weithredu — nawr.



Mae fy argymhellion yn cynnwys galwadau am:

- Dargedau adfer natur sy'n gyfreithiol rwymol
- Mwy o bwerau i warcheidwaid amgylcheddol
- Mwy o gapasiti i ddenu cyllid preifat ar gyfer mentrau sero net
- Gweithredu i ailadeiladu ymddiriedaeth gyda chymunedau
- Cyllid wedi'i ddiogelu ar gyfer dulliau ataliol
- Bwyd maethlon, lleol mewn ysgolion
- Strategaeth genedlaethol ar wydnwch bwyd
- Mwy o brosiectau ynni sy'n eiddo i'r gymuned
- Ymrwymiad cyflog byw go iawn
- Gwneud diwylliant yn ofyniad statudol
- Strwythurau partneriaeth symlach
- Adolygiad llawn a chryfhau Deddf Cenedlaethau'r Dyfodol

Cyfathrebu ac Adnoddau

Gallwch weld yr adroddiad llawn, crynodeb gweithredol, a deunyddiau ategol [yma](#).

Bydd fy nhîm a minnau yn awr yn canolbwyntio ar helpu cyrff cyhoeddus i weithredu ar yr argymhellion hyn. Fel rhan o hyn, rydym yn lansio'r adroddiad yn Uwchgynhadledd Weithredu Cenedlaethau'r Dyfodol ar 29 Ebrill 2025.

Yn y misoedd nesaf, gallwch ddisgwyl:

- **Pecyn cymorth cyfathrebu** i helpu i rannu'r adroddiad ar draws eich timau a'ch rhwydweithiau
- **Ymgyrchoedd cyfryngau a digidol** wedi'u targedu i godi ymwybyddiaeth ac ysbrydoli gweithredu
- **Cwestiynau Cyffredin** a chanllawiau i gefnogi gweithredu
- Digwyddiadau pellach ac **ymgysylltiadau siarad**



Cefnogaeth gan fy swyddfa

Am weddill fy nghyfnod, byddaf yn darparu:

- **Cyngor ymarferol** i gyrff cyhoeddus, Byrddau Gwasanaethau Cyhoeddus a Chydbwyllgorau Corfforaethol gyda ffocws ar newid systemau a meddwl hirdymor
- Cymorth i ddod â sefydliadau cenedlaethol, busnesau a'r trydydd sector **ynghyd** i ysgogi cynnydd ar y cyd
- **Sesiynau dysgu a datblygu** pwrpasol wedi'u teilwra i'ch anghenion. Gallwch ddod o hyd i ragor o wybodaeth [yma](#). Byddaf yn parhau i ddarparu cyfleoedd arweinyddiaeth drwy Academi Arweinyddiaeth Cenedlaethau'r Dyfodol.
- **Cyfnewid gweithredu**, gan rannu arfer da — yn lleol ac yn fyd-eang
- **Sesiynau rhanddeiliaid** gyda fi a fy nhîm
- **Digwyddiad ar-lein** ar 26 Tachwedd i gynnal momentwm a rhannu cynnydd ar argymhellion Adroddiad Cenedlaethau'r Dyfodol – sydd ar gael i gyrff cyhoeddus a rhanddeiliaid eraill ledled Cymru. Gallwch gofrestru [yma](#).

Monitro Cynnydd

Byddwn yn parhau i:

- Aseu **amcanion llesiant cyrff cyhoeddus** ac i ba raddau y maent yn llywio penderfyniadau a buddsoddiad
- Cynnal adolygiadau Adran 20 cyn 2030 yn unol â'r argymhellion
- Tynnu sylw at gynnydd drwy adroddiad Llesiant Cymru a gweithio gyda'r Academi Arweinyddiaeth i gefnogi craffu
- Orlhain gweithredu, gan gynnwys cyfarfodydd blynyddol ag arweinwyr y sector cyhoeddus

Darllenwch yr adroddiad, myfyriwch ar y canfyddiadau, ac ymgorfforwch yr argymhellion yn eich cynllunio strategol. Rwy'n eich gwahodd i gyflwyno ymateb eich sefydliad erbyn **31 Hydref 2025**, gan ddefnyddio'r [ffurflen hon](#). Os oes gennych ragor o wybodaeth i'w rhannu, e-bostiwch ni ar cysylltwchani@cenedlaethaurdyfodol.cymru. Ynghlwm hefyd mae fersiwn Word o'r argymhellion, at eich defnydd mewnol.

Craffu ôl-ddeddfwriaethol ar y Ddeddf

Rwy'n galw am adolygu a chryfhau'r Ddeddf. Mae [Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol y Senedd](#) wedi cytuno i gynnal ymchwiliad, ac rwy'n eich annog i ymateb i'w cais am dystiolaeth erbyn 11 Mehefin 2025. Ynglwm hefyd mae fersiwn Word o'r argymhellion, at eich defnydd mewnol.

Diolch i chi am eich ymrwymiad parhaus. Edrychaf ymlaen at barhau â'r daith hon gyda chi — i sicrhau Cymru well, ar gyfer heddiw ac am genedlaethau eto.

Yr eiddoch yn gywir,



Derek Walker

Comisiynydd Cenedlaethau'r Dyfodol Cymru