

Partnerships, Population Health and Planning Committee

Monday 12 October 2026, 10:30 - 13:30

MS Teams

Agenda

10:30 - 10:40 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 30th June 2026

Chair

 PPHPC 20261012 1.4 20260630 Minutes.pdf (9 pages)

1.5. Committee Action Log

Chair

 PPHPC 20261012 1.5 Action Log.pdf (2 pages)

10:40 - 10:40 2. Items for APPROVAL/RATIFICATION/DECISION
0 min

There are no items for inclusion in this section

10:40 - 13:15 3. ITEMS FOR DISCUSSION
155 min

3.1. Gender Based Violence Needs Assessment

 PPHPC 20261012 3.1 Gender Based Violence Needs Assessment.pdf (6 pages)

 PPHPC 20261012 3.1 Gender Based Violence Needs Assessment Appendix A.pdf (15 pages)

3.2. Women's Health Discovery Report

Director of Public Health

 PPHPC 20261012 3.2 Women's Health Discovery Report.pdf (8 pages)

3.3. Intentions for the Winter Vaccination Plan 2026/27

Director of Public Health

 PPHPC 20261012 3.3 Intentions for the Winter Vaccination Plan.pdf (11 pages)

3.4. Public Services Board Update

Director of Public Health

 PPHPC 20261012 3.4 Public Services Board Update.pdf (5 pages)

3.5. Annual Review of progress of the Long-Term Strategy

Director of Strategy, Planning and Partnerships

 PPHPC 20261012 3.5 Review of Long Term Strategy.pdf (9 pages)

 PPHPC 20261012 3.5 Review of Long Term Strategy Appendix A.pdf (20 pages)

3.6. Update on the development of the Integrated Medium-Term Plan 2027/28 (following board development on 08/10)

Director of Strategy, Planning and Partnerships

 PPHPC 20261012 3.6 IMTP Approach.pdf (10 pages)

3.7. Capital and Estates Update

Director of Strategy, Planning and Partnerships

 PPHPC 20261012 3.7 Capital and Estates Update.pdf (14 pages)

3.8. Regional Planning Update

Director of Strategy, Planning and Partnerships

 PPHPC 20261012 3.8 Regional Planning Update.pdf (5 pages)

3.9. Winter Plan Update

Director of Strategy, Planning and Partnerships

 PPHPC 20261012 3.9 Winter Plan Update.pdf (6 pages)

 PPHPC 20261012 3.9 Winter Plan Update Appendix A.pdf (9 pages)

 PPHPC 20261012 3.9 Winter Plan Update Appendix B.pdf (86 pages)

13:15 - 13:25

10 min

4. Items for INFORMATION

4.1. Review of Committee Programme of Business 2026/27

Director of Corporate Governance

 PPHPC 20261012 4.1 Committee Programme of Business.pdf (3 pages)

 PPHPC 20261012 4.1 Committee Programme of Business Appendix A.pdf (7 pages)

4.2. Committee Risk Report

Director of Corporate Governance

 PPHPC 20261012 4.2 Risk Report.pdf (4 pages)

 PPHPC 20261012 4.2 Risk Report Appendix A.pdf (11 pages)

13:25 - 13:30

5 min

5. OTHER MATTERS

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: 09th February 2027

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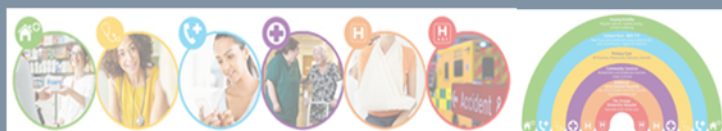
**BWRDD IECHYD PRIFYSGOLN ANEURIN
BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH
BOARD**

**MINUTES OF THE PARTNERSHIPS, POPULATION
HEALTH AND PLANNING COMMITTEE**

DATE OF MEETING	Tuesday 30 th June 2026, 09:30AM – 11:30AM
VENUE	Microsoft Teams

PRESENT	Phill Robson, Chair
	Dafydd Vaughan, Vice Chair
	Akmal Hanuk, Independent Member
	Helen Cunningham, Independent Member
IN ATTENDANCE	Hannah Evans, Director of Planning, Strategy and Partnerships
	Prof. Tracy Daszkiewicz, Director of Public Health
	Rani Dash, Director of Corporate Governance
	Naomi Murtagh, Board Business Manager
	Megan Detheridge, Governance Support Officer
	Lloyd Hambridge, Divisional Director of Primary Care (Item 3.2 & 3.3)
	Mikaela Swindon, Equality, Diversity and Inclusion Manager (Item 3.1)
APOLOGIES	Joanne Gubbings, Assistant Director of Workforce & OD (Item 3.1)
	Neil Patrick, Independent Member (Item 3.1)
	William Smart, Chair
	Paul Solloway, Director of Digital

PPHPC/3006/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PPHPC/3006/02	Apologies for Absence The Chair noted the apologise for absence.



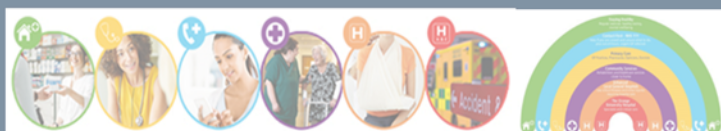
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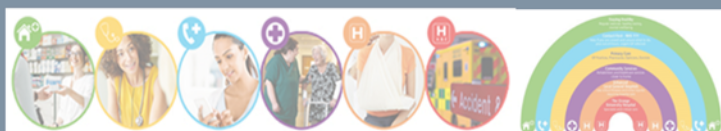


PPHPC/3006/03	Declarations of Interest There were no declarations of interest raised relating to items on the agenda.
PPHPC/3006/04	Draft Minutes of the last Meeting The minutes of the Partnerships, Population Health and Planning Committee held on the 27th January 2026 were agreed as a true and accurate record of the meeting.
PPHPC/3006/05	Committee Action Log The Committee received the action log and was content with progress made on the completed actions. The Committee NOTED the report for information
PPHPC/3006/06	Update on Armed Forces matters The Committee received a presentation from Joanne Gubbings (JG), Assistant Director of Workforce and Organisational Development, and Mikaela Swindon (MS), Armed Forces Covenant and Equality, Diversity and Inclusion Manager, on progress made in delivering the Health Board's Armed Forces Covenant commitments. The Committee heard that the Health Board had maintained its Armed Forces Covenant commitments and continued to hold recognised accreditation standards, reflecting its commitment to ensuring that no member of the Armed Forces community experienced disadvantage when accessing healthcare services or employment opportunities. MS advised that improving identification remained a key priority, as better data would enable services to





	understand and respond more effectively to the needs of the Armed Forces community. MS confirmed that the Covenant related specifically to British Armed Forces personnel but advised that support was available through a range of military and charitable organisations for individuals from other military backgrounds. The Committee noted that obtaining accurate data remained challenging due to limitations within existing systems and the difficulty in identifying Armed Forces personnel and veterans. MS advised that improvements to workforce data collection were being considered as part of the move to a new UK-wide workforce system and that enhanced data would support better understanding of service access and outcomes. The Committee noted that the main restriction with wider implementation was a lack of awareness and understanding of the Covenant and Armed Forces-related needs across the organisation. MS highlighted the need to increase staff knowledge, particularly regarding mental health, musculoskeletal conditions and the specific experiences of veterans. Neil Patrick (NP), Independent Member, informed the Committee that the Gwent Armed Forces Forum had adopted revised Terms of Reference which reflected Armed Forces Covenant obligations across partner organisations. NP advised that work was underway to develop key performance indicators across partner agencies to strengthen governance arrangements and improve performance monitoring. The Committee SUPPORTED and ENDORSED the report.
PPHPC/3006/07	Primary Care Sustainability Report Lloyd Hambridge (LH), Director of Primary Care and Community Services, advised that primary care services





continued to operate within a challenging environment characterised by rising demand, an ageing population, increasing prevalence of long-term conditions, workforce pressures and financial constraints.

LH informed the Committee that a number of actions had been taken to improve sustainability across primary care. These included continued workforce development, support for independent contractors, and work to maintain service provision across primary care, pharmacy, dental and optometry services.

The Committee sought clarification on developments relating to the Welsh Government review of the General Medical Services funding formula and asked whether Health Boards would have the opportunity to contribute to its development. LH confirmed that Health Boards would be actively involved in the review through national working groups and contract negotiation arrangements.

The Committee sought assurance regarding opportunities to explore innovative and transformational models of service delivery for practices experiencing ongoing sustainability challenges. LH reported that collaborative approaches were already being developed through neighbourhood care networks and cluster arrangements, including the use of shared workforce models. LH advised that there was appetite amongst providers to consider new ways of working, although practices operating in areas experiencing high levels of deprivation often had less capacity to engage in transformational activity due to day-to-day service pressures.

The Committee sought assurance that efficiency savings achieved by the Division had not adversely affected patient access to services. LH confirmed that a key principle underpinning the savings programme had been the protection of patient-facing services. LH explained that a significant proportion of savings had been achieved through medicines optimisation, procurement efficiencies,





estate management and contractual arrangements rather than reductions in clinical services. LH reported that quality impact assessment processes had been used throughout to ensure patient care was not adversely impacted.

Dafydd Vaughan (DV), Independent Member, queried whether alternative organisational models used elsewhere within the UK had been considered to support the delivery of managed GP services. LH confirmed that the specific approach described by DV had not been explored in detail and welcomed further discussion outside of the meeting.

The Chair expressed concern that the overall strategic direction and interdependencies between Primary Care reporting programmes were not always clear and suggested that stronger organisational visibility and Board-level focus may be required to support delivery.

Hannah Evans (HE), Director of of Planning, Strategy and Partnerships, acknowledged the observations made and agreed that further work was required to present these programmes in a more cohesive way.

LH agreed that significant progress had been made over recent years in increasing the visibility of primary care issues across the organisation but acknowledged that greater pace, resource and organisational focus would be required to support future transformation. LH advised that proposals within the report would integrate sustainability arrangements more closely with divisional planning and the Integrated Medium-Term Plan, helping to strengthen oversight and alignment with wider strategic priorities.

The Committee **NOTED** the report.

PPHPC/3006/08

Update and implications of new WG national GDS contract





Lloyd Hambridge (LH), Director of Primary Care and Community Services, advised that the new General Dental Services (GDS) contract aimed to improve access, target provision towards those with the greatest oral health need and provide greater flexibility in the delivery of services.

The Committee noted that the implementation of the new arrangements had resulted in significant operational challenges. 16 NHS dental contracts had been returned since the introduction of the new contract, potentially affecting approximately 65,000 patients across the Health Board area.

Dafydd Vaughan (DV), Independent Member, raised concerns regarding proposals to reduce contractual expectations for practices experiencing difficulties transitioning to new practice management software and that offering contractual flexibility could create an undesirable precedent for future digital transitions.

LH advised that, whilst some practices could potentially have transitioned earlier, details of the final contractual requirements and system expectations had not been available until relatively recently.

The Committee questioned whether lessons learned would be captured nationally to inform future contractual reforms. LH advised that concerns had been raised with Welsh Government and professional representatives.

The Chair sought assurance that the long-term benefits of the reforms remained achievable. LH confirmed that the overall direction of the reforms was widely supported. The Committee supported the ongoing recommissioning programme and the continued monitoring of the impact of the contractual changes.

The Committee **ACKNOWLEDGED** the report.





PPHPC/3006/09

Regional Planning

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the key developments outlined within the report and highlighted the extensive engagement that had taken place across partner organisations, regional programmes and national planning arrangements. HE advised that a number of interrelated workstreams were progressing concurrently in support of wider service planning and transformation objectives.

The Committee highlighted the emerging National Clinical Services Plan and sought assurance regarding how this work aligned with existing regional planning arrangements. The Committee requested a future update that demonstrated the relationship between national planning developments and the Health Board's regional and local planning programmes. **Action: Director of Strategy, Planning and Partnerships.**

Members also discussed developments relating to surgical hubs and noted recent national policy announcements which were likely to influence both regional and national planning arrangements. The Committee noted the importance of understanding the future implications for hospitals within the Health Board area and requested further consideration of these developments at a future meeting once additional information became available. **Action: Director of Strategy, Planning and Partnerships.**

The Committee received an update on regional work relating to orthopaedics and noted that further engagement activity was being planned to support understanding of the emerging proposals. An informal briefing session was being held outside of the meeting on regional orthopaedics.





	The Committee NOTED the report.
PPHPC/3006/10	Public Health Update Report Tracy Daszkiewicz (TD), Director of Public Health, presented the Public Health Update Report and provided an overview of the key issues highlighted within the report. Dafydd Vaughan (DV), Independent Member, sought an update on the development of Population Health Management arrangements and noted concerns that progress had been delayed. It was queried whether further escalation at Executive level would be beneficial. TD advised that the matter had already been escalated through existing channels, including Community by Design governance arrangements. TD noted that there was potential for Population Health Management to become a national programme and, whilst this presented opportunities, there was also a risk that local progress could be slowed by national timescales. The Committee expressed concern regarding the timescales involved and commented that the current position did not provide sufficient assurance. It was suggested that the Health Board should explore opportunities to become a pilot site in order to maintain momentum and avoid delays whilst national arrangements were being developed. The Committee discussed vaccination and health protection matters. TD advised that whilst vaccination performance remained above the Welsh average in several areas, uptake remained below the level required to achieve herd immunity, particularly in relation to MMR vaccination. The Committee noted the associated public health risks and the continued work being undertaken to improve vaccine uptake through targeted programmes and partnership working.



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	During discussion, the Committee reiterated its support for Population Health Management and recognised the importance of resolving information-sharing barriers to enable the effective use of population data. Members emphasised the need to maintain local momentum and sought assurance that opportunities to influence national developments would continue to be actively pursued. The Committee NOTED the report.
PPHPC/3006/11	Review of Committee Programme of Business 2026/27 This item was received for information.
PPHPC/3006/12	Regional Integration Fund Audit report This item was received for information.
PPHPC/3006/13	Committee Risk Report This item was received for information.
PPHPC/3006/14	Items to be Brought to the Attention of the Board and Other Committees Public Health Update Report Director of Public Health to bring a proposal to the Board in regards to the pilot sight for the Public Health Report Update.
PPHPC/3006/15	Any Other Urgent Business No other business raised.
PPHPC/3006/16	Date of the Next Meeting: 13th October 2026



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

Outstanding	Overdue: In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/Completed
June 2026	PPHPC/3006/09	Regional Planning Future update requested to demonstrate the relationship between national planning developments and the Health Board's regional and local planning programmes.	Director of Strategy, Planning and Partnerships	October 2026	Complete Update on October's Agenda

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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/Completed
June 2026	PPHPC/3006/09	Regional Planning Further report on the development of surgical hubs and the implication for hospitals.	Director of Strategy, Planning and Partnerships	October 2026	Complete Update On October's Agenda

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gender Based Violence: Gwent Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV) Joint Strategic Needs Assessment
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships

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

VAWDASV incorporates violence against women and girls, domestic abuse, rape and sexual violence, sexual harassment, female genital mutilation (FGM), honour-based violence, forced marriage, stalking, trafficking and other forms of violence. While this needs assessment, along with national and regional strategies, legislation and policy, refers to violence against women and girls, it also recognises violence and abuse experienced by men, boys and people of other genders.

Using a public health approach to violence prevention, this Joint Strategic Needs Assessment (JSNA) outlines population need and the response to VAWDASV across Gwent, drawing on professional and lived experience to identify strengths and opportunities for improvement. It provides the most comprehensive picture to date of the impact of VAWDASV in our communities and the steps we can take collectively to prevent harm and ensure everyone in Gwent is able to live free from the fear of violence.

Cefndir / Background

Aneurin Bevan University Health Board is a relevant authority under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and has a statutory role in preventing and responding to VAWDASV.

Gwent VAWDASV Board

The Health Board is a core member of the Gwent VAWDASV Board, which was established under the Act. The Board brings together partners with a shared ambition to support those affected by VAWDASV and strengthen prevention efforts.

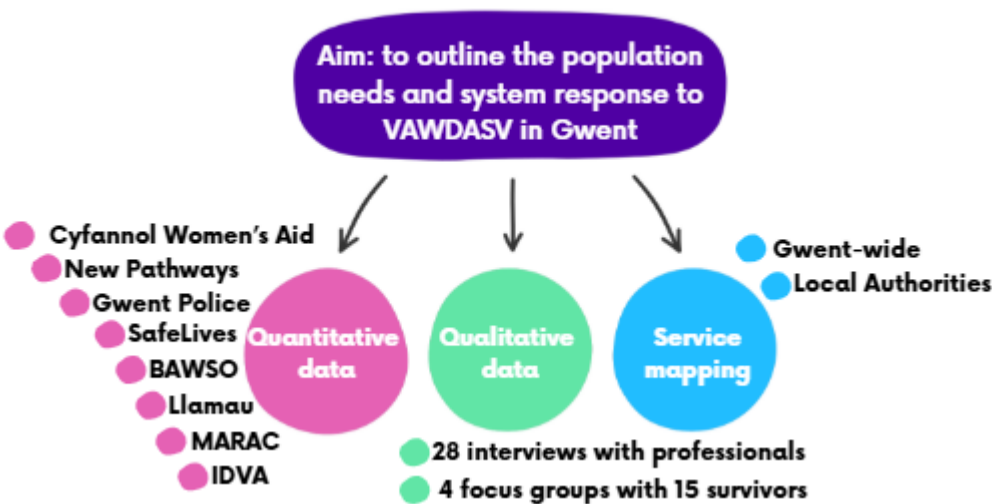
In line with Section 5 of the Act, the VAWDASV Board published a five-year strategy (2023–2027), which recommended regular needs assessments. This JSNA has been completed in response to that recommendation and will inform the 2027 strategy refresh.

VAWDASV is a complex public health issue rooted in inequality and harmful social norms. Although prevalent, it does not affect all people equally. Its impact is wide-ranging, affecting children, young people, women, men, families and communities. Health and wellbeing consequences include depression, anxiety, PTSD, injury, reproductive health issues, homicide and suicide. The socio-economic impact is also substantial, estimated at £89.3 billion for domestic abuse, £6.6 billion for rape and £10.2 billion for other sexual offences across England and Wales in 2025/26.

National evidence highlights high levels of domestic abuse, sexual assault, sexual harassment, stalking, FGM and forced marriage. Experiences of abuse, and access to support, are influenced by individual circumstances and characteristics. Some groups face greater risk and/or additional barriers to support, including older people, children and young people, men, LGBTQI+ communities, ethnic minority communities, disabled people and students.

Asesiad / Assessment

To understand VAWDASV in Gwent the JSNA has triangulated data and insights from quantitative data, qualitative insights and service specific sources as illustrated below:



Prevalence of VAWDASV in Gwent

One of the most significant challenges encountered when compiling this JSNA was a lack of visibility as to the true prevalence of VAWDASV experienced by people in Gwent. Currently, the prevalence of VAWDASV in the region is primarily

understood through a criminal justice lens. Police data show domestic abuse remains significant in Gwent, with 33.27 incidents and 16.94 crimes recorded per 1,000 population in 2024/25. However, many incidents go unreported and are unseen to services.

SafeLives¹ estimates that 37,500 people in Gwent experienced domestic abuse in the previous 12 months, including around 26,000 victims who remain unseen by services. This equates to 72% of domestic abuse victims and survivors in Gwent not being known to services. Health services are uniquely placed to reach these currently unseen populations, as many will have contact with healthcare professionals. This creates an opportunity for earlier identification, improved support and recovery, and a reduction in the impact of VAWDASV across our communities.

As part of this JSNA, VAWDASV services in Gwent were mapped, identifying a wide range of specialist services that operate across the region, including MARAC, IDVA, Cyfannol Women's Aid, Llamau, New Pathways and BAWSO. Service users generally report positive experiences and praise the professionalism, compassion and quality of support available. Strong multi-agency partnership working is also viewed positively. However, long waiting lists, funding pressures, limited capacity and a shortage of safe accommodation continue to affect access to safety and timely support.

Those most commonly known to services are women aged 25–45, with increasing representation from ethnic minority communities and high levels of disability. Around one-third have children living in the household. Groups less visible to services include younger people, older people, men, LGBTQI+ communities, minority ethnic communities and some religious communities.

Many victims and survivors also experience co-occurring mental health and substance use needs, increasing case complexity and demand for support. Children and young people are particularly affected by VAWDASV, both as direct victims and through exposure to abuse within the home.

Vision for the future

Stakeholders identified three key ambitions for the future VAWDASV system in Gwent

- **Improving visibility of distinct needs.** Services should be trauma-informed, culturally sensitive and responsive to the needs of all victims and survivors, including underserved groups.
- **Developing a shared approach to data.** Data sharing should support safeguarding, prevention of harm and improve understanding of need.
- **Creating a culture that prioritises prevention, early intervention and person-centred support.** Systems should provide timely access to support, protection and accommodation while promoting long-term recovery and prevention

Our promise to Gwent

The Gwent Public Health Team has delivered two workshops with members of the Gwent VAWDASV Partnership Board and chairs of its subgroups. These workshops explored the findings of the JSNA and identified priorities for future action. The outcomes will help inform the VAWDASV Board's strategy refresh in 2027.

The following commitments have been made to communities across Gwent to support the vision of everyone living free from the fear of violence. The three commitments highlighted in bold were identified during the workshops as priority areas for focus.

1. We promise that the Gwent VAWDASV Board will ensure decisions are victim and survivor centred, better recognising and responding to the needs and experiences of under served communities and survivors of sexual violence.
2. **We promise that prevention and early intervention will be at the heart of our approach to VAWDASV and will be driven by the belief that our communities have the right to live free from fear.**
3. We promise that the VAWDASV Board will fully recognise and give parity to the prevention of sexual violence within its work to protect communities in Gwent from the impacts of VAWDASV.
4. **We promise that the VAWDASV Board will fully understand the needs of the Gwent population across the life-course and the impact of our collective action. We will use data, intelligence and lived experience insights to inform effective commissioning, evaluation and quality improvement.**
5. **We promise that there will be a clear, consistent and sustainable VAWDASV pathway in place for all Gwent communities to ensure they are effectively protected from VAWDASV when it occurs. Their immediate and longer term support needs will be addressed to enable healing.**
6. We promise that Gwent VAWDASV care pathways will be put in place for low and medium risk victim and survivors and their families to ensure proportionate, high quality, effective and holistic support is available to meet current and longer terms support needs and enable healing.
7. We promise that babies, children and young people who have experienced VAWDASV within their family or their own personal relationships will have access to appropriate support that meets their specific needs, including support for healing.
8. We promise that the health and social care workforce in Gwent will understand the impact of VAWDASV on victim and survivors and their families and will be compassionate and considerate of their needs and preferences. All services will be designed and delivered as trauma informed interventions that understand intersectionality and the need for repeat disclosures will be minimised.
9. We promise that victims and survivors in Gwent will have timely access to appropriate housing ensuring they can safely leave abusive situations and have ongoing access to safe places to heal.
10. We promise that there will be a culture in Gwent that enables investment in population-based prevention and early intervention activities at the scale and scope required to positively influence societal norms and beliefs about VAWDASV.

Argymhelliad / Recommendation

The Committee is asked to:

- **Consider** the information presented and provide feedback and reflections
- **Support** the implementation of the promises made in the Gwent VAWDASV Joint Strategic Needs Assessment that are applicable to the committee.
- **Note** the particular role health services have in helping to identify victims and survivors of VAWDASV, creating opportunities for earlier identification, improved support and recovery, and a reduction in the impact of VAWDASV across our communities.
- **Note** the Health Boards role as a core member of the VAWDASV Board in supporting the review of the Gwent VAWDASV Strategy for 2027

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 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	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Gwent well-being plan https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/ Gwent Joint Strategic Assessment https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/
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:	ABUHB Executive Committee VAWDASV Board
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper 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/	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

A copy of the VAWDASV JSNA Summary and Technical reports are available here:

[The Gwent Violence Against Women, Domestic Abuse and Sexual Violence Joint Strategic Needs Assessment - Aneurin Bevan University Health Board](#)

[Asesiad Strategol Anghenion Ar y Cyd ar gyfer Trais yn Erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol Gwent - Bwrdd Iechyd Prifysgol Aneurin Bevan](#)

The **Gwent** **Violence Against Women, Domestic Abuse and Sexual Violence** **(VAWDASV)**

Joint Strategic Needs Assessment
Summary Report
September 2026



“Let's do something differently?
-Let's be brave”



Foreword

Violence against women, domestic abuse and sexual violence touch every part of our communities. They affect people of all ages, backgrounds and circumstances, leaving lasting impacts on physical health, mental wellbeing, relationships and opportunities throughout life. As a public health professional, but first and foremost as a member of this community, I find the lived experiences informing this work both deeply moving and impossible to ignore. The voices of survivors remind us this is not about statistics but the human impact, a family and a future that has been changed by experiences of violence and abuse.

I would like to begin by thanking everyone who contributed to this work, particularly the survivors who so generously shared their experiences. Speaking about trauma is never easy, and your courage has helped us better understand not only the challenges people face, but also what good support looks and feels like. You have helped shine a light on what needs to change and provided clear instruction on what we must do.

While Gwent has much to be proud of from the dedication of staff, volunteers and partners supporting those affected by abuse, we know too many people still remain unseen, face barriers to seeking help, or wait too long for support. That must change. Violence and abuse are preventable.

I hope this report inspires action as well as informs it. Whether by recognising the signs of abuse, challenging harmful behaviours or supporting someone in need, we all have a part to play. Together, we can create communities where everyone can live free from violence, with safety, dignity and hope.

The vision in this assessment is ambitious but achievable: a future where prevention comes first, where support is available when it is needed, where people are treated with compassion and dignity, and where **every child, young person and adult can live free from fear**. That future is only possible if we work together.

So, my call to action is simple. **Read this report. Talk about it. Share its messages.** Consider what role you, your organisation or your community can play. Whether that is supporting a neighbour, creating safer workplaces, educating young people, volunteering, advocating for change or simply starting a conversation, every action matters. Together, we can build a Gwent where violence against women, domestic abuse and sexual violence are not accepted as part of life, but challenged, prevented and ultimately consigned to the past.

Because **everyone deserves to feel safe**. Everyone deserves to be heard. And everyone has a part to play in making that happen.

Prof Tracy Daszkiewicz
Director of Public Health for Gwent



Creating this report

This joint strategic needs assessment has been undertaken by the Gwent Public Health Team on behalf of the Gwent VAWDASV Board.

Thank you

To the victims and survivors

We want to thank the victims and survivors who shared their experiences with us as part of this needs assessment. Your insights are invaluable and greatly appreciated.

Gwent partners and colleagues

We also wish to extend our thanks to colleagues across Gwent who participated in professional interviews and shared their experiences from working within services, and to those who supported the development of this joint strategic needs assessment by contributing evidence, data, and intelligence.

Our delivery team

A big thank you to our Gwent Public Health Team, who have been involved in bringing this report to life:

Rhiannon Griffiths - Shannon Cuthbertson - Anna Pennington - Jess Ryan - Amy McNaughton - Alex Walker - Natalie Hazard

Storytelling and Design- Scott Wilson-Evans

Want to know more?

Please note, this is the summary report for the joint strategic needs assessment. The information within this report has been informed by a full technical needs assessment report that is also available on our website.

If you would like to contact us, please email Admin_ABGPHT@wales.nhs.uk

Help if you need it

If you are affected by any of the issues discussed in this report, support is available locally and nationally:

Cyfannol Women's Aid

03300 564456

Home - Abuse and sexual violence support

Live Fear Free

0808 80 10 800

Live Fear Free helpline | GOV.WALES



Introduction

About this report

This Summary Report highlights the key findings of the Gwent Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Joint Strategic Needs Assessment: Technical Report and sets out the case for evidence based, collaborative action. It underscores the importance of early intervention, prevention, and a whole-system approach to addressing VAWDASV because everyone deserves to live free from the fear of violence.



A note on terminology

It is important to note that whilst this needs assessment, as well as national and regional strategies, legislations and policies, refer to violence against women and girls, it does not negate violence and abuse directed towards men, boys and other genders, or violence and abuse perpetrated by women and girls. It does recognise that women and girls disproportionately experience gender-based violence and abuse, and that violence can affect anyone, regardless of sex, gender identity, age, ethnicity, sexuality, disability, religious belief, income, geography, or lifestyle.

Throughout this document, language varies between sex (male and female) and gender identity (men, women and non-binary). We have chosen to mirror the language used by the data provider as this more accurately reflects what the data is showing.

“Let's do something differently
-Let's be brave”

Glossary

Coercive control is a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence.

Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer. Domestic abuse can include, but is not limited to, the following: coercive control, psychological and/ or emotional abuse, physical or sexual abuse, financial or economic abuse, harassment and stalking, online or digital abuse.

Female genital mutilation describes any procedure which involves the partial or complete removal of the external female genitalia or other injury to the female genital organs for non medical reasons.

Forced marriage is one conducted without the free and full consent of one or both people.

Harassment covers a wide range of behaviours of offensive nature. It is commonly understood as behaviour that scares, threatens, demeans, humiliates or embarrasses a person.

Honor-based abuse has no universally agreed upon definition of 'honour'-based violence. It is generally used to refer to crimes that have been committed by perpetrators who perceive they are protecting or defending the 'honour' of a family or community. These crimes often include forms of domestic abuse and sexual violence. Such 'honour' may be used to justify a range of abusive behaviours, typically against women and girls; however, these are human rights violations and must not be excused for any reason.

Sexual violence and abuse is any behaviour thought to be of a sexual nature that is unwanted and takes place without consent. Sexual violence and abuse can be physical, psychological, verbal or online.

Stalking involves a person becoming fixated or obsessed with another. Stalking is a pattern of persistent and unwanted attention that makes you feel pestered, scared, anxious or harassed.

Violence against women, domestic abuse and sexual violence (VAWDASV) incorporates Violence Against Women (and Girls), Domestic Abuse, Rape and Sexual Violence, Sexual Harassment, Female Genital Mutilation, Honour based violence, Forced Marriage, Stalking, Trafficking and other forms of violence.

Understanding VAWDASV

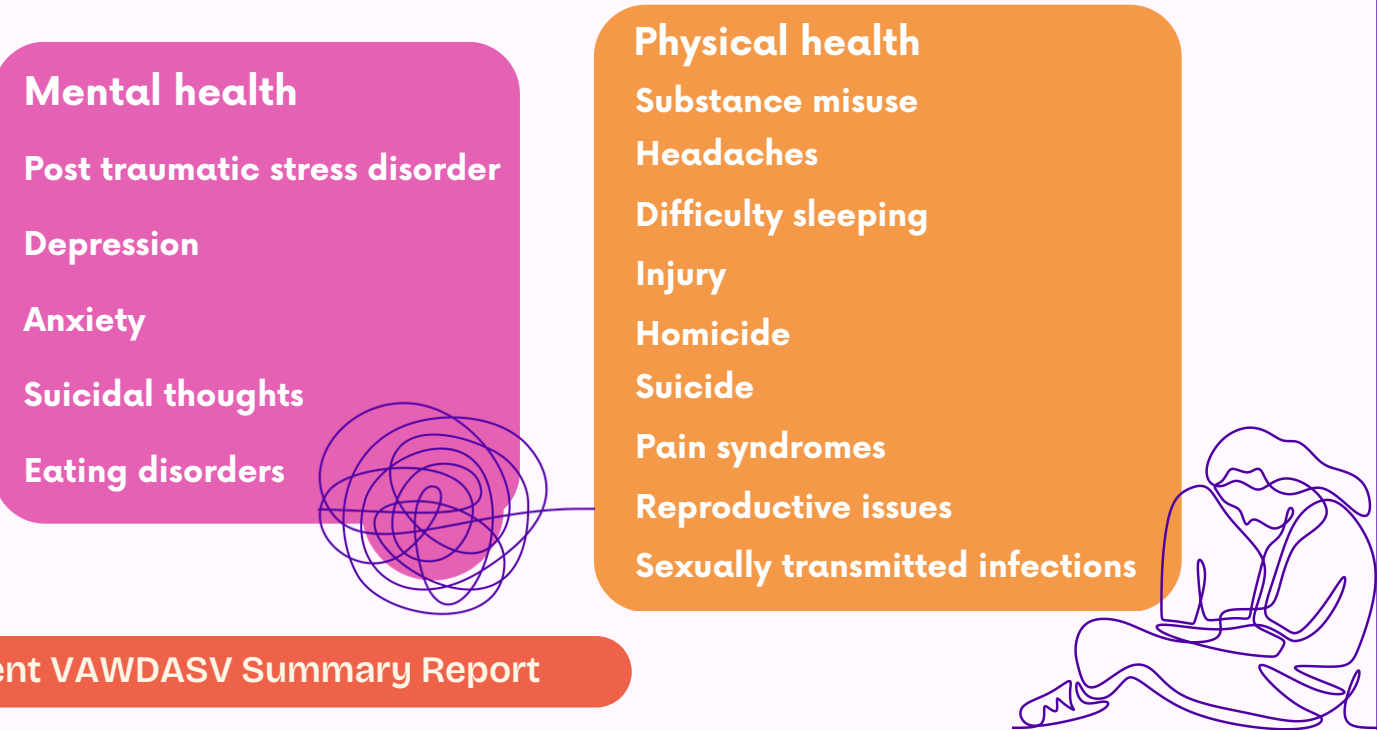
What are VAWDASV behaviours?

Violence against women, domestic abuse and sexual violence (VAWDASV) is an umbrella term for many different types of behaviours. These include:



Impact on health and wellbeing

The personal impact of VAWDASV can show up in many different ways such as:



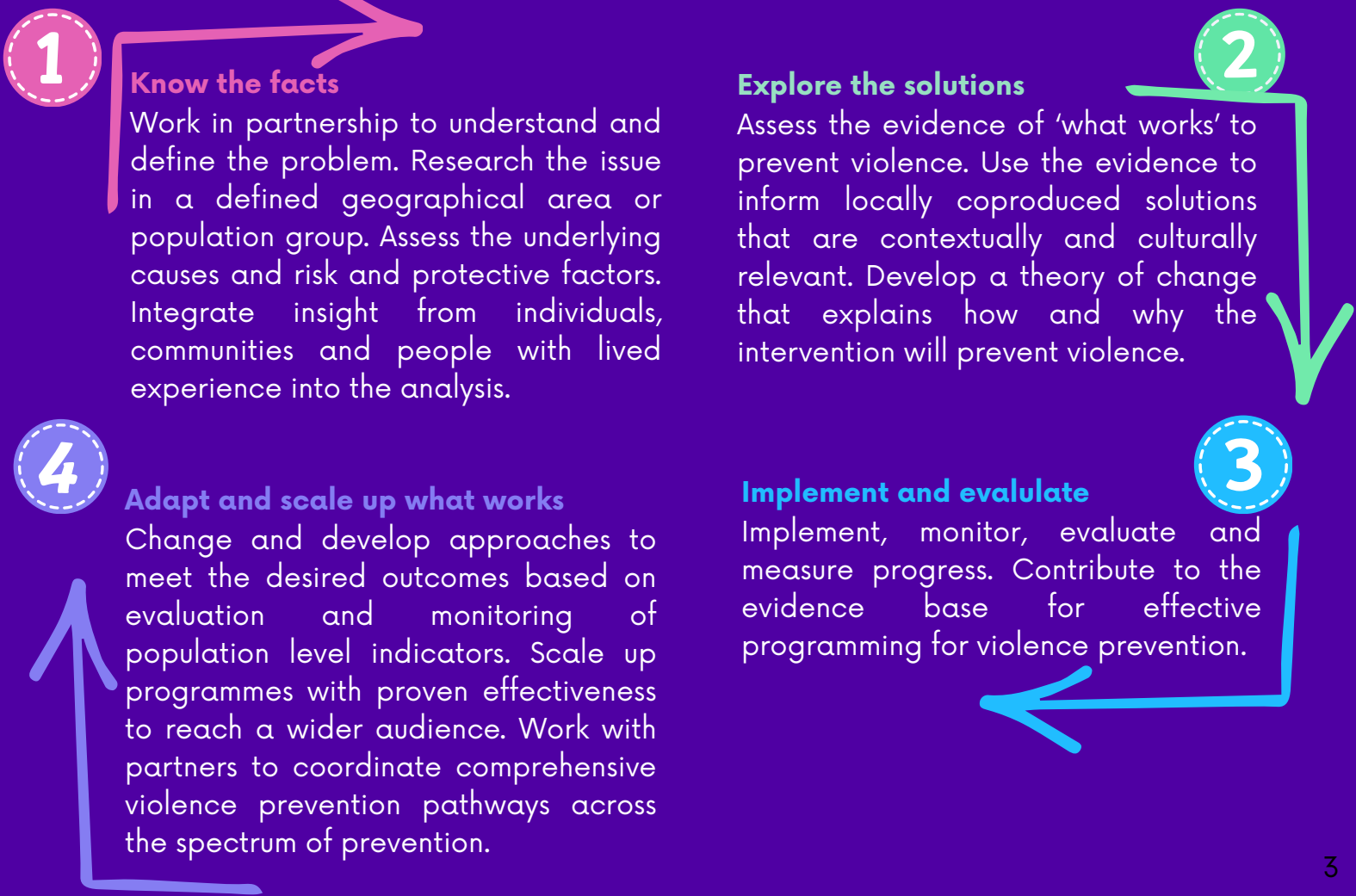
Background

Violence against women, domestic abuse and sexual violence (VAWDASV) is a violation of human rights; depriving people of safety, liberty, and the right to live without harm. Cited as both a cause of, and a consequence of, gender inequality, VAWDASV is a complex public health and criminal justice issue rooted in inequality and harmful social norms. The impact of VAWDASV is devastating and extensive; affecting the health and wellbeing of children, young people, women, men, families, and wider communities.



A public health approach

A public health approach to violence prevention is imperative. Below is our approach:



The Gwent VAWDASV Board

The Gwent VAWDASV Board formed in line with the requirements of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, brings together a diverse group of partners with a shared ambition to support those affected by VAWDASV and to pursue a programme of VAWDASV prevention.

In accordance with section 5 of the VAWDASV Act, the Gwent VAWDASV Board published a four-year VAWDASV strategy (2023 – 2027) which recommended regular needs assessments to monitor the prevalence and the scale of VAWDASV across Gwent. This joint strategic needs assessment has been conducted in-line with this recommendation and will inform an update of the VAWDASV Strategy in 2027.



The impact of VAWDASV on the economy

£89.3 Billion
for domestic abuse

£10.2 Billion
for other sexual offences

The total cost of VAWDASV in England and Wales will be even greater than these figures.

These figures do not include the economic costs for other forms of VAWDASV beyond domestic abuse and sexual violence. Crucially, these figures also fail to account for the personal, social and emotional costs endured by victims and their families, due to abuse.

VISION and the Women's Budget Group have created a calculator that estimates the lifetime costs of sexual violence in Wales to be over **£22 billion**.

£6.6 Billion
for rape



£267,371

Lifetime cost per adult victim



£507,149

Lifetime cost per child victim

Source: [Vision](#)
Source: [Home Office](#)

*These costs are only estimated for adults.

A National picture of **VAWDASV**

The national prevalence of VAWDASV is vast and covers a number of different areas showed below:

Sexual violence

898,000 people aged 16 years and over experienced sexual assault

1 in 4 Women in the UK have been raped or sexually assaulted since the age of 16.
1 in 18 Men

2 in 5 rapes against women are carried out by their partner or ex-partner, further four in five rapes against women are carried out by someone they know.

Domestic abuse

1 in 4

have experienced domestic abuse since the age of 16,

in England and Wales equating to 12.5 million people, up to March 2025.

7.3 million were women.

5.2 million were men.

Sexual harassment

From a recent Welsh Women's Aid survey:

92% of women reported experiencing sexual harassment in public spaces.

1 in 10 women have experienced cyber-harassment since the age of 15.

The risk is highest among young women aged 18-29 years.

81% of females reported experiencing workplace sexual harassment on at least one occasion.

BAME women experience workplace sexual harassment that is explicitly linked to ethnicity, culture and religion.

Honour-based violence (HBV)

2,949

HBA-related offences recorded by the police in England and Wales.

In 2024/25, Karma Nirvana Helpline responded to over 10,000 contacts, and supported 3,079 cases which represents a 35% increase in case volume since 2021/22.

Forced marriage

40%

were under 18 years old.

In 2025, the UK Government's Forced Marriage Unit supported 406 cases related to forced marriage and/or FGM in the UK.

Female genital mutilation (FGM)

114

Women in Wales

FGM victims and survivors tend to live in inner-city area.

Stalking

1 in 5 Women aged 16+ in England and Wales have been victims of stalking.
1 in 11 Men

12.7% of people aged 16 - 24 years have experienced stalking.

At-risk groups including LGBTQ+ young people, those exposed to parental inter-personal violence, and neurodivergent young people.

Domestic homicide

Between 1 April 2024 and 31 March 2025

347 people died in relation to, or as a consequence of, domestic abuse.

150 were suspected by police to be the suicide of a victim of domestic abuse.

78% of the victims in these deaths were women.

Impact of VAWDASV on different populations

Experience of abuse and barriers to accessing support are strongly influenced by the identity and characteristics of those affected. The groups of people highlighted below can be at greater risk of experiencing VAWDASV and/or facing barriers to accessing support. A thorough understanding of the needs of under-served communities is essential in ensuring services and support are safe and effective for all our communities.



700,000 individuals aged 60+ in the UK will have experienced at least one form of abuse



41% of domestic abuse victims and survivors are male



13.4% of people aged 16 years and over with a disability were victims of domestic abuse in the last year



Women who are students are most likely to experience sexual assault compared to any other employment status



1 in 5 bisexual people have experienced domestic abuse



11.5% of black women and 8.6% of women of mixed ethnic background have experienced domestic abuse



1 in 5 children in the UK have been exposed to domestic abuse

Aims, objectives and methodology

The aim of this work is to outline the population needs and system response to VAWDASV in Gwent, including the experiences of those who work within the system, and those who have received help from services, to identify areas of good practice and opportunities for improvement.

The key objectives are:

- To consolidate the national and broader context of VAWDASV, including policy, legislation, prevalence, and the unique experiences of different populations;
- To outline our current position, and associated challenges, to how we understand the prevalence of VAWDASV in Gwent;
- To present an aligned summary of our findings, including the current provision of VAWDASV services in Gwent, the demographics and needs of those in Gwent, and our vision for VAWDASV services;
- To share the voices of those impacted by VAWDASV and their experiences of navigating services across Gwent;
- To harness the voices of professionals to identify good practice and highlight opportunities for improvement in how we support those affected;
- To co-produce recommendations with partners to strengthen our joint, strategic response to VAWDASV in Gwent;
- To provide insights to inform the VAWDASV Board strategy update in 2027.

Aim: to outline the population needs and system response to VAWDASV in Gwent

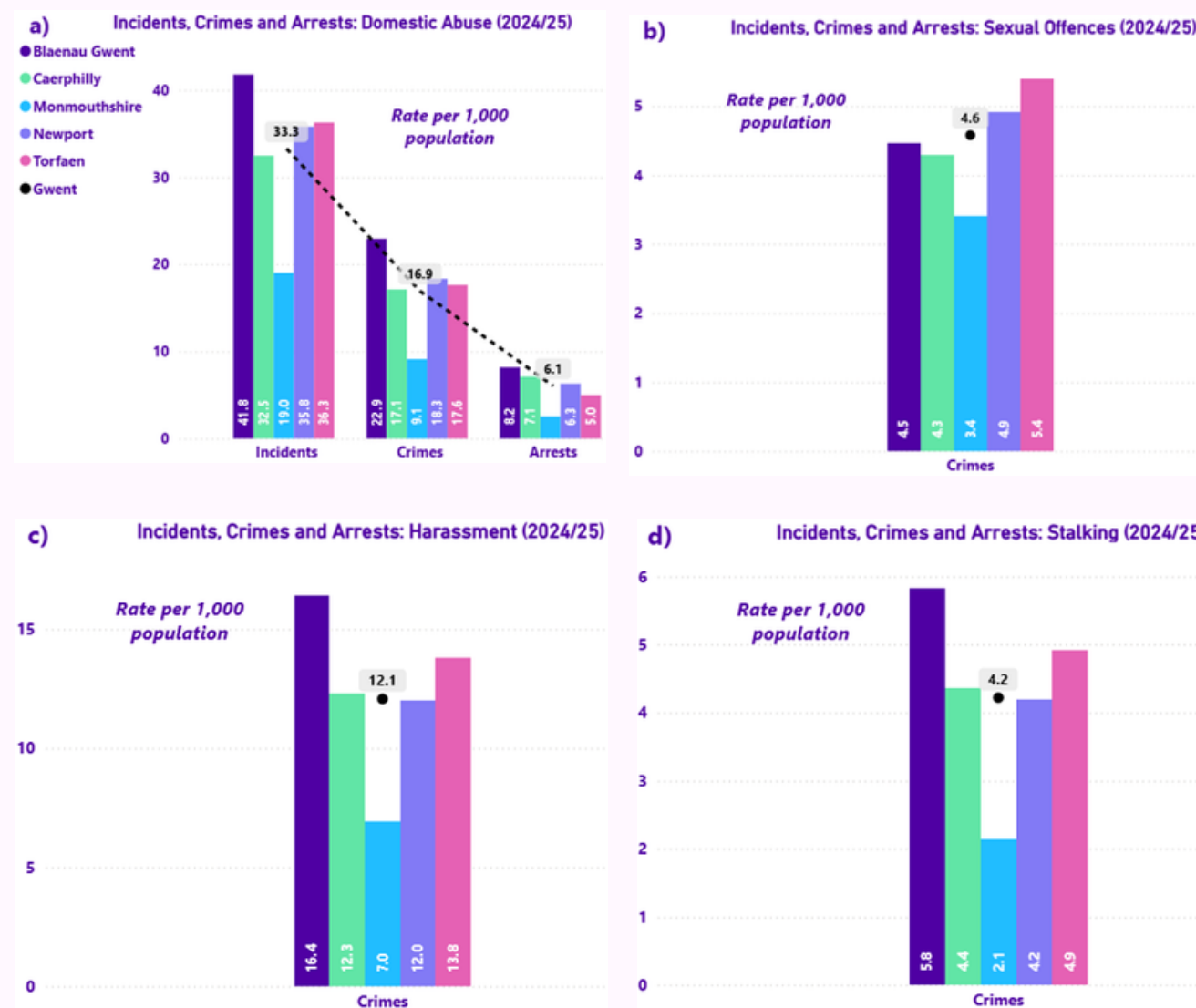


A Gwent picture of VAWDASV

One of the most significant challenges is the lack of understanding as to the true prevalence of VAWDASV across Gwent.

“There's a lot more that we're not seeing...the ones that don't report; were too frightened to report.” (P30)

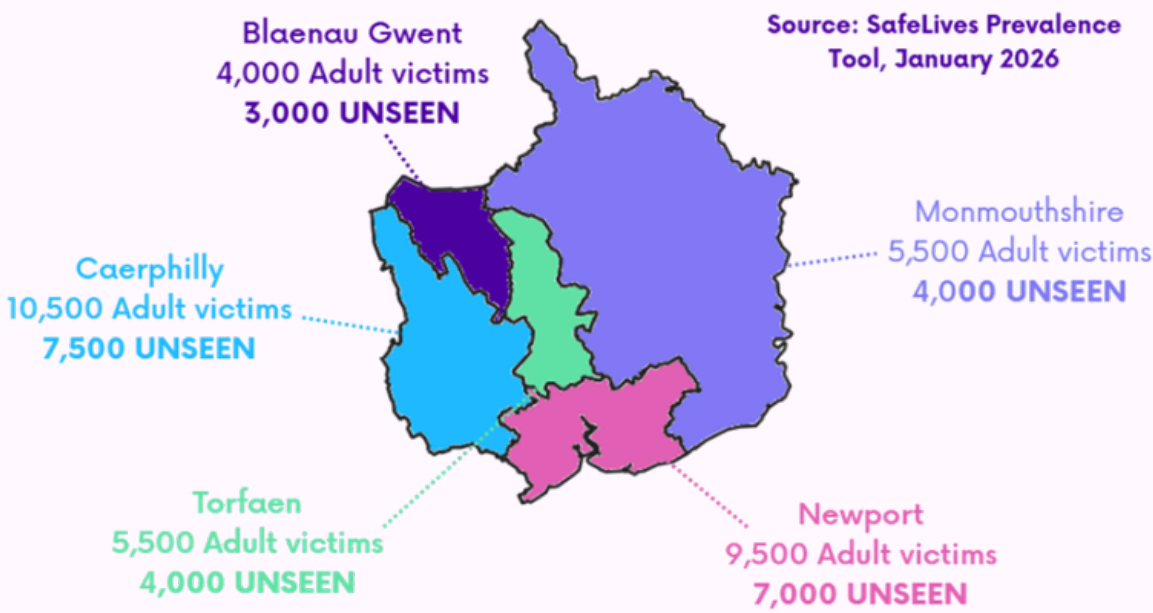
For this needs assessment, Gwent Police shared incident, crime and arrest data for 2024/25 by Local Authority.



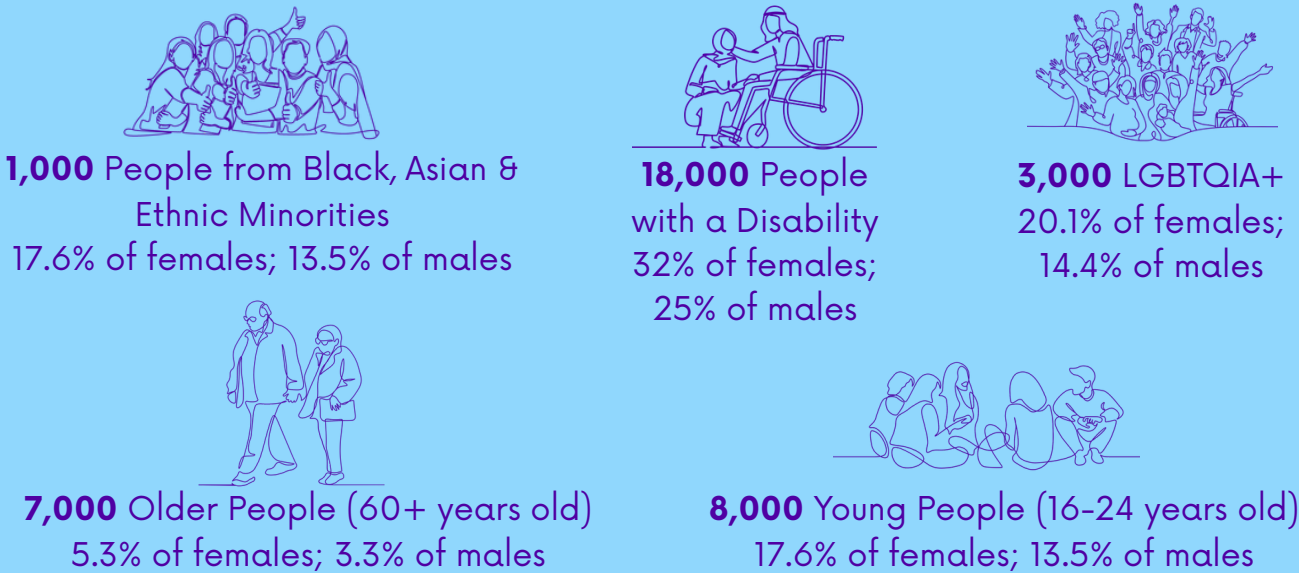
The rate of domestic abuse incidents recorded by the police in 2024/25 is substantial (33.27 incidents per 1,000 population), compared to the rate of crimes (16.94 crimes per 1,000 population). Importantly, not all incidents recorded by the police will meet thresholds for a crime or for further action such as an arrest. However, these incidents may serve as early warning signals for escalating behaviour, or as opportunities for early intervention.

Developed to improve our ability to quantify domestic abuse prevalence, a tool produced by SafeLives estimates that 37,500 people living in Gwent have experienced domestic abuse in the last 12 months. Of these, 26,000 people are not visible to services and are ‘unseen’ victims (SafeLives, 2026).

Estimated prevalence of Domestic Abuse in the last year



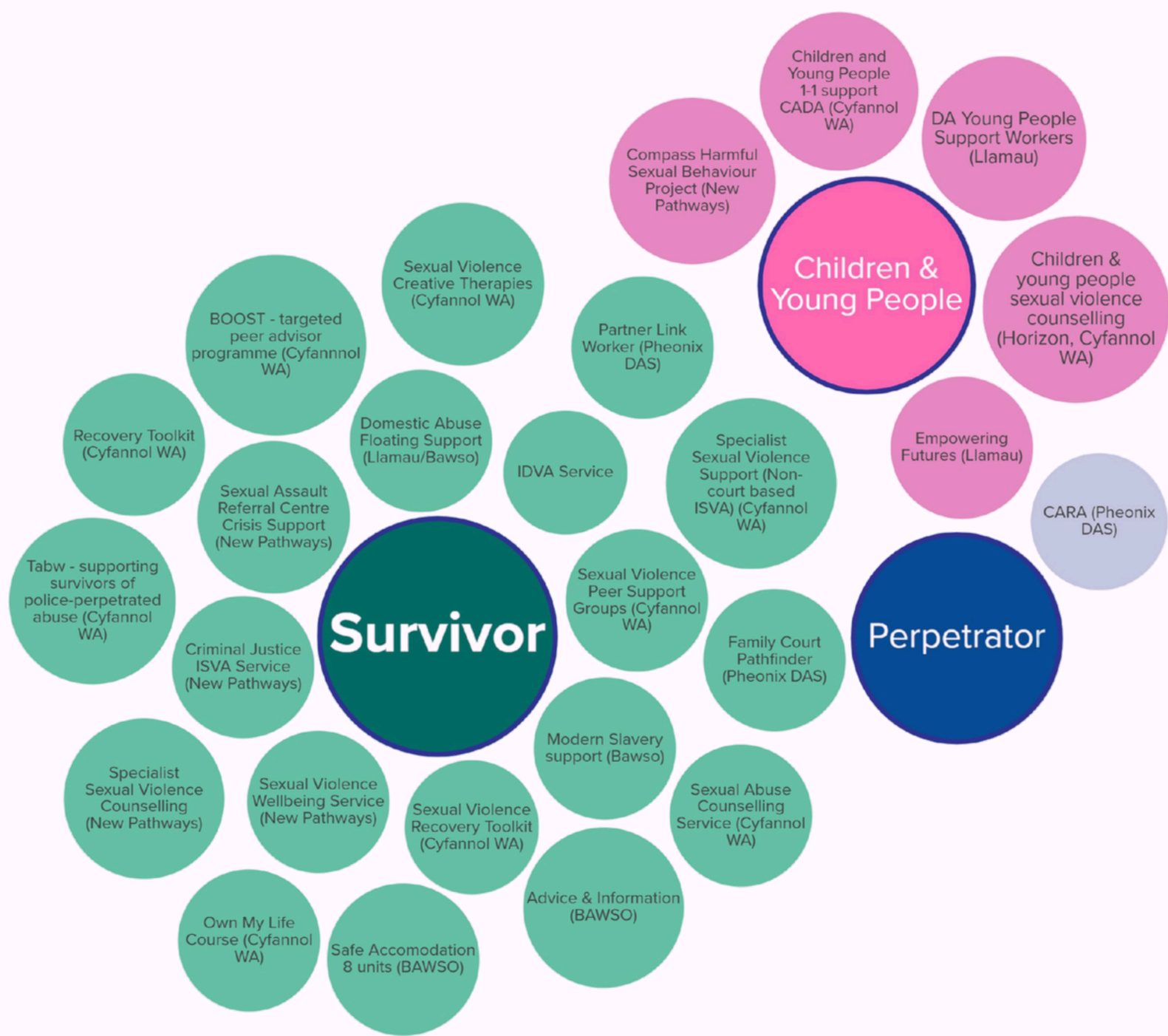
Estimated Prevalence of victims (16+) in Gwent: domestic abuse



Source: SafeLives Prevalence Tool, January 2026

“Even though we use police data and we rely on police data, there's a whole cohort of victims that will not go to police, will not report to police or disclose to the police, so that number is always going to be much greater than what we're seeing on paper.” (P29)

The current Gwent provision of VAWDASV



The map above presents specialist VAWDASV sector service provision which is available across all areas of Gwent.

Effective VAWDASV services are typically described as trauma-informed, survivor-centred, needs-led, strengths-based, holistic and intersectional. They recognise the impact of trauma, prioritise safety and empowerment, respond to the diverse needs and identities of victims and survivors, and provide coordinated support across agencies to address the wide-ranging impacts of abuse.

Multi-Agency Risk Assessment Conference (MARAC)

In 2024/25, MARACs across Gwent discussed 1,545 high risk cases - 56% more cases than the SafeLives benchmark of 990 cases for Gwent's population size.

Independent Domestic Abuse Advisor (IDVA) Service

In 2025/26, Gwent's IDVA service received 1,639 referrals, 61% of which were made by police.

Cyfannol Women's Aid			Beneficiaries of Services (2024/25)			
Accommodation Services: 227 Adults, Children & Young people			Children & Young Person Support: 122 Children & Young people			
Horizon (supporting sexual violence victims and survivors): 504 Adults, Children & Young people (113 people on waiting list)			Group Work: 277 Adults	Community Services: 1,379 Adults		
Llanaau Homelessness Service: Domestic Abuse and Gender Specific Services 2024/25						
Refuge			Outreach floating support services			
Entries:	Exits:	Children:	1:1 support sessions:	Exits:	Entries:	Children:
57	53	33	5,306	217	286	417

New Pathways (ISVA & SARC*) service

In 2025/26, New Pathways received 546 adult referrals and 114 referrals for children and young people to its counselling service, while its SARC/ISVA service supported 530 adults and 164 children and young people through referrals.

*Independent Sexual Violence Advisor (ISVA) and Sexual Assault Referral Centre (SARC)

BAWSO

In 2024/25, BAWSO supported 116 clients, 34% of which were deemed high risk.

The voices from across Gwent

During this work, we heard the voices of survivors and partners working in the VAWDASV space across Gwent. Over the next few pages, we anonymously share some of the feedback that we heard. Alongside each quote, you will be able to see where it represents the perspectives of professionals (quotes denoted by a P), or the experiences of victims and survivors (quotes denoted by a LE).

Compassionate support

There are many support services across Gwent who offer support to victims and survivors of VAWDASV. Victims and survivors who have accessed services across Gwent generally report positive experiences, highlighting the professionalism, compassion and quality of support provided by staff.

“He didn't have to sit and do that for two hours. But he did it because he wanted to help. That meant the world to me, that someone was willing to go out their way to help me in that way, he was fab.” (LE2)

“If it wasn't for New Pathways, I wouldn't be here I don't think.” (LE4)

“It was one of the hardest days of my life. The nurse and the team were incredibly professional and compassionate...treated me with dignity and care at a time when I felt completely stripped of it...They didn't just see me as evidence, they saw me as a person.” (LE5)

Working together

Across the region, the multi-agency collaborations were viewed positively by professionals, reflecting strong partnership arrangements that help coordinate responses to VAWDASV across Gwent.

“There is a real commitment to everybody working together that I feel in Gwent works really well.” (P1)

“You know you've got support from everybody else around the table.” (P11)

“We want to protect victims and families, we want to safeguard and we do that as a collective. But what I think what works really well is we have a shared vision, a shared goal”. (P36)

System capacity

Victims, survivors and professionals struggle with long waiting lists and ongoing funding challenges. These issues continue to limit the availability and timeliness of support highlighting a need for greater service capacity and sustainable investment.

“There's been long waiting lists for victim support programmes and that's caused significant issues for us in terms of getting victims and children the support that they require. Victim support services are facing massive waiting lists.” (P18)

“Limited capacity in terms of staffing. We need more. We need more people working in this sector generally” (P17)

“It could be years before I see somebody.” (LE3)

A place of safety

Alongside refuge provision, housing and homelessness services play a vital role in the coordinated response to VAWDASV, helping victims leave abusive situations safely. However, access to safe and suitable housing remains a significant challenge in Gwent, with a shortage of spaces often leaving victims and survivors with limited options for accommodation.

“Some accommodation and housing that people are put into isn't suitable or safe. I've worked with survivors that often will choose to live on the streets than rather be placed in the accommodation” (P40)

“I was told I could be placed in mixed temporary accommodation for up to 18 months, alongside people coming out of prison or with drug issues. That wasn't safety, that was another risk” (LE5)

Our current demographic

Below is a breakdown of the key demographic features of people who are known to services in Gwent.

Age

Services across Gwent are generally supporting victims and survivors aged between 25 and 45.



Ethnicity

The number of victims and survivors being supported by Gwent BAWSO teams has doubled in recent years.



Family circumstances

A third of victims and survivors supported by Cyfannol Women's Aid have children in the household.



Sex

The majority of victims and survivors known to services in Gwent are female.



Disability status

Half of victims and survivors accessing New Pathways in Gwent have a disability.



VAWDASV victims and survivors accessing services in Gwent are predominantly women aged 26–45, but some groups may be underrepresented.

"We've had quite a few recently - older people...all of that it is very much hidden." (P17)

"What can sometimes be missing is familial domestic abuse." (P28)

Current services do not always meet the needs of all victim groups, particularly men, LGBTQI+ communities and minority ethnic or religious communities.

"We are moving to a 24 hour complex needs refuge where we can accept, not men, but pretty much everyone else." (P17)

"Newport is a Home Office base for asylum seekers with that comes cultural and religious differences that impact people's ability to speak." (P15)

Having a disability and/or having children in the household are important factors shaping vulnerability and support needs.

"People lose children only because the support is not there. If they have the right support and the right intervention, then they could hold it all together." (LE2)

Multiple and co-occurring needs

Those who have been impacted by VAWDASV can often have specific needs that need to be considered as part of their support. The two main additional needs identified through this JSNA were alcohol and substance use and mental health.



Alcohol and substance use

Substance use can be both a vulnerability factor and a coping mechanism for VAWDASV. Across Gwent, the increasing use of alcohol and substances amongst victims and survivors is making cases much more complex and there is often a gap in service provision to support victim and survivors' needs.

"If you've got a woman who is experiencing domestic violence, who needs to be somewhere safe, there will be options for her to go to. If she also uses substances, those options are very limited." (P45&P46)

Babies, children and young people

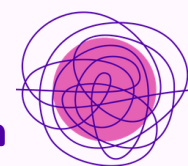
Babies, children and young people could be directly or indirectly impacted by violence and abuse and their support needs are likely to differ from one child to another. For some, they may need to access support throughout their lives.

"It's a fact that it has a very detrimental effect on the rest of their lives...what they experience as a child...changes the direction of the whole entire life." (LE3)

"We see a lot higher rates of mental health, well-being issues and trauma, with children less willing to go to school and be engaged with school." (P5)

"Her children are showing signs of hyper vigilance and increased anxiety...it's scary for the kids to be dealing with." (P42)

Mental health



VAWDASV services in Gwent consistently report that victims and survivors need mental health support. This support could take the form of medication, but for the most part, it is acknowledged that speaking to a professional and being heard is the most effective. While demand for mental health services has increased, service provision has not. Resulting in long waiting lists.

"I would say every single person that comes out of an abusive relationship needs some sort of mental health support." (LE3)

Of particular concern, was parents and professionals noting how some of the children and young people were mirroring the behaviours they had witnessed.

"My son, he becomes quite violent...I find that very triggering...when this mist comes down on him, his features are exactly like his dad." (LE2)

"I've worked with parents and caregivers and then maybe a few years later, I'm starting to see the children in their adolescence or their later years coming through in similar patterns and cycles." (P40)



Our vision for the future

Professionals, victims and survivors identified several areas that could support the ongoing development of the VAWDASV system in Gwent. These suggested areas have been framed as part of an ambitious vision for the future, describing what the VAWDASV system in Gwent could look and feel like for our communities.

Visibility of distinct needs

In the future, **lived experience is embedded** into the understanding of VAWDASV in Gwent allowing professionals to **better recognise and respond** to the needs and experiences of victims and survivors and underserved communities who may have distinct needs. When identifying and supporting victims and survivors, services and staff are **trauma-informed, culturally sensitive and needs-led**.

All victims and survivors are identified, recognised and supported by appropriate services, including babies, children and young people, older people, male victims and survivors, LGBTQI+ people, ethnic minority communities and people with disabilities.

“Better professional curiosity, less victim blaming, challenge around unconscious bias. Because it makes people slip through the net ... you've missed that golden opportunity” (P28)

“I feel like the children have been forgotten...there's no services for counselling for the children...Nothing...children who go into refuges, they've been taken away from their home. They belong in their bed...with their duvet...and their toys...Nobody cares” (LE2)

A shared approach to data

In the future, Gwent has an established shared purpose and **best practice protocol** for using data as information sharing serves as a **vital safeguarding tool**. A system has been developed to **empower secure data sharing** across all organisations to ensure the best possible chance of protecting those affected by VAWDASV.

Effective data sharing between organisations and agencies has helped establish a holistic view of VAWDASV in Gwent and helped address existing knowledge gaps concerning distinct needs and VAWDASV prevalence. The voices of those with lived experience of VAWDASV is entwined through the numerical data to add context and deepen understandings.

“How we use that data to drive forward our priorities, our direction and where we need to go. Because without doing that, we're not going to improve in making Wales the safest place for women” (P29)

“Each individual report was looked at in isolation. It didn't build up the picture... then it's too late” (P28)

Culture for change

Holistic, long term care

In the future, Gwent's VAWDASV system places victims, survivors and their families at the centre of support, delivering **compassionate, trauma-informed and person-centred care** that recognises individual needs, **minimises re-traumatisation** and **promotes long-term recovery**.

Integrated care pathways ensure all victims and survivors can access **timely, high-quality support, protection and safe accommodation**, while being **kept informed and involved in decisions** affecting their care and wellbeing.

“Waiting to find out what is happening...It's like I don't even feel like I have been taken serious” (LE1)

“Victims need safety, consistency, and humanity, not more hoops to jump through” (LE5)

Be proactive, not reactive

In the future, **Prevention and early intervention** are central to Gwent's approach to VAWDASV, with investment in **population-level initiatives** aimed at changing societal attitudes and **ensuring communities can live free from fear**. Education and awareness raising, particularly through schools, play a key role in **embedding preventative messages** and supporting early intervention.

“What I would do is make women in general more aware because a lot of women don't even realise, myself included, that what they're experiencing is actually abuse” (LE2)

“We're talking about prevention, it can't just be about the...perpetrator” (P44)

OUR PROMISE TO GWENT

WE PROMISE THAT...

1.

Prevention and early intervention will be at the heart of our approach to VAWDASV and will be driven by the belief that our communities have the right to live free from fear.

2.

Babies, children and young people who have experienced VAWDASV within their family or their own personal relationships will have access to appropriate support that meets their specific needs, including support for healing.

3.

The VAWDASV workforce in Gwent will understand the impact of abuse on victims, survivors and their families and will be compassionate and considerate of their needs and preferences. All services will be trauma informed, understand intersectionality and the need for repeat disclosures will be minimised.

4.

There will be a clear, consistent and sustainable VAWDASV pathway in place for all Gwent communities to ensure they are effectively protected from VAWDASV when it occurs. Their immediate and longer term support needs will be addressed to enable healing.

5.

Victims and survivors in Gwent will have timely access to appropriate housing ensuring they can safely leave abusive situations and have ongoing access to safe places to heal.

6.

Gwent VAWDASV care pathways will be put in place for low and medium risk victim and survivors and their families to ensure proportionate, high quality, effective and holistic support is available to meet current and longer terms support needs and enable healing.

7.

The Gwent VAWDASV Board will ensure decisions are victim and survivor centred, better recognising and responding to the needs and experiences of under served communities and survivors of sexual violence.

8.

There will be a culture in Gwent that enables investment in population-based prevention and early intervention activities at the scale and scope required to positively influence societal norms and beliefs about VAWDASV.

9.

The VAWDASV Board will fully understand the needs of the Gwent population across the life-course and the impact of our collective action. We will use data, intelligence and lived experience insights to inform effective commissioning, evaluation and quality improvement.

10.

The VAWDASV Board will fully recognise and give parity to the prevention of sexual violence within its work to protect communities in Gwent from the impacts of VAWDASV.



Thank you

To the victims and survivors

We want to thank the victims and survivors who shared their experiences with us as part of this needs assessment. Your insights are invaluable and greatly appreciated.

Gwent partners and colleagues

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The Gwent Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Joint Strategic Needs Assessment

Summary Report September 2026

Thank You For Reading



DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Women's Health Discovery Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Emily Clark, Consultant in Public Health Medicine

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 paper provides the Committee with a summary of the findings and recommended actions from the Women's Health Discovery Report.

The Women's Health Discovery Report was developed by the Public Health Team to articulate the local picture for each of the three Welsh Government priority areas: menstrual health, contraception and menopause. It also includes violence against women and girls, domestic abuse and sexual violence (VAWDASV). The Discovery Report aims to better understand women's health needs in Gwent, and to support the ongoing development of services and support, particularly the development of women's health hubs.

Cefndir / Background

Strategic Context

Women and girls make up 51% of Gwent's population, yet too many continue to face avoidable and entrenched inequalities in life expectancy, mental well-being, and access to the care they need. These disparities are not inevitable; they are shaped by the social conditions in which women live, learn, and work, conditions



defined by poverty, educational opportunity, and employment. Although women in Wales live longer than men, they spend more years in poor health. There are disparities in healthy life years between women living in Gwent: women living in the most deprived areas of Torfaen and Newport can expect over 25 fewer healthy life years compared to women living in the most affluent areas of the same local authorities.ⁱ

Following the Welsh Government's Quality Statementⁱⁱ and Discovery Reportⁱⁱⁱ in 2022, the [2024 NHS Wales Women's Health Plan](#)^{iv} sets out a long-term vision with eight priority areas and actions to tackle inequalities and close the gender health gap. The plan commits to addressing disparities in health outcomes and creating fairer opportunities for all women to live healthy, fulfilling lives.

As part of this national commitment Health Boards were required to establish a pathfinder Women's Health Hub, with plans for broader implementation of hubs within future planning cycles. The early focus of these hubs includes contraception, menopause, and menstrual health. The long-term ambition for women's health is a holistic approach that addresses the wider inequalities women face.

Women's Health Discovery Report Methodology

The Discovery Report used a mixed methods approach, capturing both the data-led evidence of health disparities, and the lived experiences of people across Gwent:

- Quantitative data was retrieved from publicly available sources including the Office for National Statistics, the General Practice Prescribing Data Extract^v, and published research.
- Qualitative data collection included:
 - In-person engagement at seven public events across each local authority in Gwent. Specific events were selected to ensure diversity and inclusivity, capturing voices from different areas.
 - An online survey distributed via social media and the Newport Integrated Wellbeing Network Service Lead.

Findings from other assessments conducted by the Gwent Public Health Team were also included within the Discovery Report:

- The Contraception Health Needs Assessment
- The [VAWDASV Joint Strategic Needs Assessment](#) on behalf of the Gwent VAWDASV Partnership Board.^{vi}

Asesiad / Assessment

Women's voices

Engagement findings identified ten cross-cutting themes, including:

1. **Sociocultural barriers:** there is profound stigma surrounding women's health, with symptoms frequently dismissed or minimised: *"My symptoms were put down to just being a woman. I shouldn't have to put up a battle to be heard."*
2. **Inequities to access healthcare:** services should be closer to home. Challenges to access included language and cultural barriers, costs to accessing care and engaging with health activities, and services not being designed for disabled or neurodivergent women.



3. **Services, resources & signposting:** more innovative services are needed, such as affordable child support options, to support women balancing caregiving with other responsibilities.
4. **Competence in women's health among health professionals:** the lack of knowledge about what constitutes 'normal' women's health can lead to delayed diagnosis of serious conditions such as endometriosis, polycystic ovary syndrome, premenstrual dysphoric disorder, or gynaecological cancers.
5. **Balancing role:** the impact of women's health conditions on employment, education, and daily functioning requires a whole-system response. The strain of "juggling roles" negatively affects women's mental health.

Menstrual Health

Key themes pertaining to menstrual health included access barriers to timely healthcare; healthcare professional competence; a lack of specialised services including pain management, and gaps in accessible information that is in one place, easy to access, accurate and up to date, with signposting and services. Recommended actions include:

- The implementation of Women's Health Hubs aligns directly with what women have requested through engagement, particularly:
 - Timely self-referral to dedicated women's health facilities with direct access to specialist expertise across the life course
 - Comprehensive support including assessment, diagnosis, and ongoing management of menstrual conditions
- Mandatory girls & women's health education in schools, colleges and universities for all students to normalise discussions and improve health literacy
- Training programmes for healthcare professional focused on menstrual health conditions and patient-centred communication
- Implementation of community health pathways to standardise menstrual health management within primary care, ensuring consistent assessment and support prior to referral to secondary care.

Menopause

Key findings:

- Women of menopausal age (45-55 years) make up 14% of the female population of Gwent, approximately 42,000 women^{vii}.
- Due to reduced oestrogen levels, women are more vulnerable to health conditions including cardiovascular disease and osteoporosis.^{viii}
- Provision of Hormonal Replacement Therapy (HRT) has tripled between 2019 (over 36,000 items) and 2024 (over 108,000 items) in Primary Care^{ix}
- Ethnicity and sociodemographic status are key factors in variation in HRT prescribing^x. Rates of HRT prescribing ranges from 24.2% in the most affluent communities, to 10.9% in the most deprived areas^{xi}.

Actions identified in the report include:

- Women's Health Hub implementation as above; whilst addressing health inequalities through targeted intervention to close service gaps such as access to HRT
- Enhance public health campaigns to help normalise conversations about menopause and menstrual health conditions, reduce stigma, and increase awareness of available support.



- **Make Every Contact Count:** Clinicians should take the opportunity to ask women about menstrual health and menopause as part of existing touchpoints such as cervical screening or health checks, and ask within other, non-gynaecology related health appointments when it is appropriate to do so
- Support employers through policies such as the 'All Wales Policy on Menopause'^{xii}, in their duty to create safe supportive environments for women during the menopause
- Develop peer support groups and community networks to reduce isolation and provide practical advice from women who have navigated menopause

Contraception, post-natal contraception, and abortion care

Key findings:

- **Contraception:** All areas in Gwent have experienced a decline in the rate of contraception prescribing in Primary Care: from 10% reduction in Caerphilly, to 23% reduction in Newport between 2019/20 and 2023/24. Reduced provision, challenges in accessing primary care appointments, increased use of alternative sources of provision, and less demand for hormone-based contraception due to factors such as increased hormone hesitancy may each partly explain the downward trend.
- **Postnatal contraception:** almost all women had a contraception discussion at transfer to Health Visitor (96%) and Community (92%) Services, however over 50% of women were undecided as to their contraceptive intentions^{xiii}. Subsequent postpartum contraceptive choice is unknown.
- **Abortion Care:** since 2020, Wales has seen a higher percentage of conceptions leading to abortion compared with England. Notably, an increase can be seen across each Local Authority within Gwent. Surgical abortion is not available in Wales for pregnancies beyond 16 weeks; locally, there is no abortion care available for pregnancies beyond 18 weeks.

Actions:

- Evaluate the C-Card scheme to understand awareness of the scheme, engagement, and any gaps in provision.
- The Contraception Health Needs Assessment identified ten recommendations, which included Long-Acting Reversible Contraception provision, tackling geographical inequalities, advertising of services, improved data gathering, and service-user focused information resources.

VAWDASV

Key findings:

- 1 in 3 women and 1 in 5 men in the UK have experienced domestic abuse in their lifetime (aged 16+)^{xiv}
- 92% of Welsh female respondents to a recent survey reported experiencing sexual harassment in public spaces, including unwanted comments, gestures, and physical contact.
- ABUHB has adopted a 'Speaking up Safely' process which supports staff to raise concerns in a compassionate and confidential way.
- Health settings are in a unique position to identify and support people affected by VAWDASV. The UK's Domestic Abuse Commissioner found that victims and survivors were most likely to tell a health professional about their abuse, before any other professional^{xv}.



Risks and Limitations

Key risks and limitations identified in this Discovery Report include:

- The lack of Gwent-level official quantitative data, including limited local data available as to the prevalence of menstrual health and menopause related conditions in Gwent. Where GP practice system data may exist, it cannot be readily accessed. The data limitations are noted throughout the report and represent a critical gap in our understanding of women’s health needs across Gwent.
- Women experience unique processes, states, and conditions, such as menstruation, menopause, pregnancy, and gynaecological disorders. Yet women are consistently under-represented in medical research and clinical trials.
- Research gaps include pain management, polycystic ovary syndrome (PCOS), menstrual health, menopause, access to minor gynaecological procedures, and endometriosis^{xvi}.

Implications for quality and safety

The report identifies examples of suboptimal patient care in Wales and Gwent, such as:

- For women in Wales, it takes an average of 9 years and 26 visits to their GP to reach a diagnosis of endometriosis^{xvii}
- In Gwent, over 8,850 women were on a waiting list for gynaecological services as of July 2025. The median waiting time for Gynaecology service referral to treatment in Gwent was 19.6 weeks with 10% of patients waiting more than 43.3 weeks^{xviii}.

Workforce

Workplace absenteeism in the UK due to menstrual symptoms, endometriosis, fibroids, and ovarian cysts has an estimated cost of £11 billion per year. The economic impact of unemployment in women (approximately 60,000 women) due to menopause symptoms alone has been estimated at £1.5 billion each year in the UK^{xix}. In 2024, women in Wales had the highest sickness-related absence from work in the UK with 3.1% of working hours lost due to sickness^{xx}.

Argymhelliad / Recommendation

The partnerships, Population health and Planning Committee is asked to:

- **NOTE** the findings of the Women’s Health Discovery Report
- **PROMOTE** the distribution of the Women’s Health Discovery Report
- **SUPPORT** the implementation of the recommended actions

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

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



**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
Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

ⁱ Healthy life expectancy in England and Wales: between 2011 to 2013 and 2021 to 2023, (Office for National Statistics, Census 2021), retrieved from: [Healthy life expectancy in England and Wales - Office for National Statistics](#)

ⁱⁱ Quality Statement for women and girls' health (Welsh Government, 2022), retrieved from: [Quality statement for women and girls' health \[HTML\] | GOV.WALES](#)

ⁱⁱⁱ Women's Health in Wales – A Discovery Report (NHS Wales Performance and Improvement, 2022), retrieved from: [Women's Health in Wales - A Discovery Report - NHS Wales Performance and Improvement](#)

^{iv} The Women's Health Plan for Wales, NHS Wales Performance and Improvement (2024), retrieved from: [The Women's Health Plan for Wales - NHS Wales Performance and Improvement](#)

^v General Practice Prescribing Data Extract (NHS Wales Shared Services Partnership, 2025), retrieved from: [General Practice Prescribing Data Extract - NHS Wales Shared Services Partnership](#)

^{vi} [The Gwent Violence Against Women, Domestic Abuse and Sexual Violence Joint Strategic Needs Assessme...](#)

^{vii} Analysis of population estimates tool for UK. Office for National Statistics (2025), retrieved from: [Analysis of population estimates tool for UK - Office for National Statistics](#)

^{viii} After the Menopause (NHS Inform, 2025), retrieved from: [After the menopause | NHS inform](#)

^{ix} Gender Health Gap Report, Benenden Health (2024), retrieved from: [Gender Health Gap Report 2024 | Benenden Health](#)

^x Inequalities in hormone replacement therapy prescribing in UK primary care: population based cohort study (Hirst, Mtika, Coupland, Dixon, Hippisley-Cox & Hillman, 2025), retrieved from: [Inequalities in hormone replacement therapy prescribing in UK primary care: population based cohort study | BMJ Medicine](#)

^{xi} Inequalities in hormone replacement therapy prescribing in UK primary care: population based cohort study (Hirst, Mtika, Coupland, Dixon, Hippisley-Cox, and Hillman, 2025), retrieved from: [Inequalities in hormone replacement therapy prescribing in UK primary care: population based cohort study - PMC](#)

^{xii} All Wales Policy on Menopause phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/human-resources-policies/menopause-policy/

^{xiii} BadgerNet data report: "Contraception Discussions" (Aneurin Bevan University Health Board Maternity Department internal data, 2024)

^{xiv} Domestic abuse victim characteristics, England and Wales: year ending March 2025. Office for National Statistics (2025), retrieved from: [Domestic abuse victim characteristics, England and Wales - Office for National Statistics](#)



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- ^{xv} Domestic Abuse Commissioner (2021), retrieved from: [DAC Mapping-Abuse-Suivivors Summary-Report Nov-2022 FA.pdf](#)
- ^{xvi} A rapid evidence map of women's health. (Edwards, Csontos, Gillen, Lewis, Cooper, and Edwards, 2022), retrieved from: [A rapid evidence map of womens health | medRxiv](#)
- ^{xvii} Endometriosis in the UK: time for change. (All Party Parliamentary Group on Endometriosis, 2020), retrieved from: [Endometriosis APPG Report Oct 2020.pdf](#)
- ^{xviii} Referral to Treatment key measures, Stats Wales (2025), retrieved from: [Referral To Treatment key measures: median and 90th percentile waiting times, totals waiting and pathways waiting 26 and 36 weeks, January 2018 onwards, by local health board](#)
- ^{xix} Women's health economics: investing in the 51 per cent. NHS Confederation (2024), retrieved from: [Women's health economics: investing in the 51 per cent | NHS Confederation](#)
- ^{xx} Sickness absence in the UK labour market, Office for National Statistics (2025), retrieved from: [Sickness absence in the UK labour market - Office for National Statistics](#)

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

DYDDIAD Y CYFARFOD:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships, Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Intentions for the Winter Vaccination Plan 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Tracy Daszkiewicz, Executive Director for Public Health and Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Will Beer, Consultant in Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report details the planned activities for vaccinations across Gwent during the Autumn/Winter period.

The annual increase in demand during the colder months often places significant pressure on the health and care system. This is due to a number of factors, including seasonal and respiratory illness, exacerbation of chronic conditions and capacity within social care and the urgent and emergency care system. This winter we anticipate an increase in seasonal illnesses and exacerbations of existing health conditions associated with colder weather, leading to higher rates of hospital admission, delayed discharges, and increased attendance at emergency departments. In addition, staff illness and absence during this period can further intensify pressure across the system.

By implementing robust winter planning arrangements and delivering effective preventative campaigns and vaccination programmes, we aim to help reduce the impact of seasonal illnesses on our services. Maintaining sustainable vaccination

programmes is also essential to ensure that all eligible individuals remain up to date with their vaccinations, helping to protect both individuals and communities while reducing avoidable demand on healthcare services.

Cefndir / Background

The National Immunisation Framework sets out the expectation for vaccination transformation in Wales, enabling exemplar delivery of vaccination and immunisation programmes with uptake and equity at the core.

Throughout the life course, individuals are eligible for the routine childhood immunisation schedule, seasonal vaccinations (e.g. influenza and COVID-19), and selective programmes (e.g. BCG, mpox).

Within Gwent, vaccinations are delivered through different providers with GP practices, community pharmacies, School Nursing Service, Occupational Health and the Vaccination Service all having a role in delivery.

There has been a steady decline in vaccination uptake in Gwent and across Wales since the COVID-19 pandemic. Research shows that this is due to a combination of factors including barriers to access, lack of flexibility and convenience, misinformation, as well as trust and confidence in vaccines. This is contributing to sub-optimal uptake across the life course.

In terms of vaccination equity, there is a correlation between uptake and areas of deprivation. The proportion of children up to date with their immunisations is lowest in the most deprived fifth of the population and the inequality gap increases as children increase in age.

Asesiad / Assessment

Winter respiratory vaccination programme

The winter respiratory vaccination programme involves all providers across General Practice, Community Pharmacy, School Nursing, Occupational Health and the Health Board's Vaccination Service. During the 2025/26 season, the ABUHB uptake of COVID-19, respiratory syncytial virus (RSV) and influenza vaccinations were either in line with, or slightly higher than, the all-Wales average for each eligible cohort.

Key elements of the Winter respiratory programme plan for 2026/27 are as follows:

- **Primary and secondary schools** have scheduled influenza vaccination visits through the School Nursing Service, although this year's programme has been significantly compromised due to changes in the Human Medicines Regulations (see 'Operational Challenges' section).
- **Care home residents** in Blaenau Gwent, Caerphilly South, Newport and Monmouthshire have been commissioned to deliver an NCN model for influenza and COVID-19 vaccinations. Care home residents in Caerphilly East and North will receive their offer through the the Vaccination Service and in Torfaen, vaccinations will be delivered through the CATCH team.

- Specific arrangements are in place to ensure vaccinations are offered to **housebound patients** early in the season.
- RPB partners are working collaboratively with the Health Board to improve influenza vaccination uptake, particularly for the **2- and 3-year-olds** and **social care workforce**.
- In relation to the **COVID-19 vaccinations** this autumn, 42 GP practices have been commissioned to deliver the programme. Patients registered with the remaining 25 practices will be receiving their COVID-19 vaccinations through the Health Board's Vaccination Service.
- **Staff influenza vaccinations** will be delivered through flu champions, walk-the-wards and Occupational Health drop-in clinics. Recruitment of flu champions has been challenging this season and changes to the Human Medicines Regulations (see 'Operational Challenges' section) are limiting the walk-the-wards model.

Recent catch up, selective or time limited programmes

From 1st April 2026, eligibility for **RSV programme** has been **extended to all those aged 80 years and over** (with no upper age limit) and all residents in care homes for older adults. A Welsh Health Circular was issued on 30 June 2026 ([WHC/2026/020](#)), highlighting the expansion of RSV vaccine eligibility to **now include people between 65 to 74 years in certain clinical risk groups**. This campaign commenced on 1st September 2026 and will conclude by 30 September 2026. This is to allow vaccination of the maximum number of eligible individuals ahead of the RSV season and avoiding significant operational overlap with the Autumn influenza and COVID-19 programmes. All eligible individuals have been invited to attend a vaccination appointment, and this is being delivered through both a GP practice and Vaccination Service delivery model.

Pneumococcal vaccination eligibility has been extended to people experiencing homelessness ([WHC/2026/023](#)). From 1st October 2026, anyone who is sleeping rough, in emergency accommodation or is recently homeless in supported accommodation, will be offered the pneumococcal vaccination. The Joint Committee on Vaccination and Immunisation (JCVI) agreed this advice based on evidence demonstrating that the risk of community acquired pneumonia in young individuals experiencing homelessness exceeded the risk for adults aged 65 to 74 years old (the group routinely eligible for pneumococcal vaccination). The evidence also demonstrated that influenza and pneumonia was the second most common cause of unplanned hospital admissions in men experiencing homelessness.

The Welsh Government accepted the advice from JCVI and from the 1st October 2026, the pneumococcal vaccination programme will be expanded to include people experiencing homelessness. Planning is underway to maximise uptake in the cohort and ensure equity, including co-administration to maximise protection, reduce missed opportunities for vaccination and recognise the challenges that this population may face in attending repeat appointments.

The Health Board is implementing a new neonatal pathway for the small number of babies born to **Hepatitis B infected mothers** who require vaccination as post-exposure prophylaxis. While the initial vaccine dose is given through the paediatric

department at birth, the 4-week vaccination follow-up sits outside of the routine child immunisation schedule, and a follow-up hepatitis B surface antigen test (dry blood spot test) is also required at 12-18 months. Going forward, the Primary Care Health Protection Clinical Response Team (PC HeaRT) will arrange the 4-week vaccination and facilitate the dry blood spot test after 12 months.

Until June 2026, the **targeted BCG vaccination** programme was delivered by the School Nursing Service. However, this model of delivery is no longer sustainable, particularly in light of change to the Human Medicines Regulations and challenges on delivery of the influenza vaccination programme in schools. Following an appraisal of alternative service delivery options, and a transition period during Q1 2026/27, it was agreed that the Vaccination Service was the most appropriate and sustainable service to continue delivery of the programme. As part of the plan to eliminate TB as a public health threat in Gwent over the next five years, the Vaccination Service will provide a universal offer of the BCG vaccine to children aged 0-12 months of age in areas where the incident rate is 40/100,000 or more. This is a key component of the emerging TB elimination strategy and delivery plan being led by the Public Health Team and TB Service.

Uptake of the **HPV vaccination** by 15 years of age remains a challenge, with all NCN areas failing to achieve the national ambition of 90% uptake. Only five NCN areas exceed 70% uptake, with highest uptake in Monmouthshire North NCN area at 76.7%. A number of catch-up clinics were arranged where HPV vaccinations were available, as well as the Nye BeVAN being used to support three sessions around World HPV Awareness Day at Coleg Gwent Newport Campus, Blaenau Gwent Learning Zone and Crosskeys Campus, where staff spoke to hundreds of students about the importance of HPV vaccination.

Time Limited Men B Programme

Following the unprecedented outbreak of Meningococcal Group B (MenB) in Kent in March 2026, and more recent smaller outbreaks in Weymouth and Reading, Welsh Government issued [WHC \(2026\) 26](#) which outlined an urgent time-limited MenB vaccination response as a precautionary measure to help protect the young people at highest immediate risk this year.

Eligible cohorts include:

- **Cohort 1:** all individuals born between 01/09/2007 and 31/08/2008 (17 to 18 years old) This cohort comprises approximately 7,765 individuals in Gwent.
- **Cohort 2:** individuals born on or after 21/07/2001 (turning 25 on or after 21/07/2026) and are due to start undergraduate higher education OR residential further education, for the first time in autumn 2026, including international students and those from the UK Devolved Administrations and Crown Dependencies.

The programme commenced on 20 July 2026, with the intention to complete most of the vaccination activity by September 2026, to ensure completion of the 2-dose course prior to the start of the 2026 to 2027 academic year.

As at 15th Sept 2026 the MenB vaccination uptake for ABUHB was as follows:

- **Cohort 1** was 50.4% for dose 1 and 37.7% for dose 2. Uptake varies by local authority, with the highest uptake in Monmouthshire, where uptake was 58.7% for dose 1 and 44.4% for dose 2. The lowest uptake is recorded in Newport, at 45.9% for dose 1 and 33.0% for dose 2.
- **Cohort 2** was 242 for dose 1, and 106 for dose 2.

All eligible 17 and 18-year-olds in Cohort 1 were invited by letter to attend a community vaccination clinic. Text message reminders were also sent before scheduled appointments and following any missed appointments. ABUHB reports the highest MenB vaccination uptake among health boards in Wales and, so far, has exceeded the all-Wales average for both doses.

First doses continue to be available until 31 December 2026 and second doses available until 31 March 2027. This will enable late attendees or international students who arrive in the UK after the summer months, to accept the offer of two doses. First and second doses will be offered again for students in University or Further Education who return home for the Christmas holidays.

In line with WHC/2026/026, the MenB vaccination clinics have aimed to optimise every contact with eligible individuals receiving a review of their vaccination history at the time of their appointment. Any outstanding vaccinations are then administered during the same appointment where clinically appropriate and consent is obtained.

This offer includes MenACWY, Td/IPV, HPV and MMR vaccines, all of which have been recorded in the relevant national and local vaccination systems. According to data captured locally, over 350 catch-up vaccinations have been opportunistically administered during the Men B campaign.

Staff Vaccination – Influenza and MMR

Gwent Public Health Team continues to lead the planning and implementation of the staff flu vaccination programme. The Public Health Team has been working in partnership with Occupational Health, Vaccination Service and Divisional flu leads to support recruitment of flu champions (peer vaccinators), walk-the-wards and Occupational Health drop-in sessions. Last season, the Health Board achieved a 9-percentage point increase in uptake. It reported the highest uptake since 2022/2023 with 46.45%, which was the highest uptake amongst Health Boards in Wales.

The Staff Flu Vaccination Programme launched on 2nd September 2026, with some changes in the planning and delivery from previous seasons. This includes further development of an innovative incentive scheme which was introduced last season, in line with the recommendations from the evaluation of the 2025-26 campaign. This has been introduced as part of the campaign launch in a hope to increase early

uptake in line with the main activity period outlined in the Welsh Health Circular ([WHC/2026/010](#)).

The flu champion model has also changed this year both in terms of the responsibilities of immunisers as outlined in the Welsh Health Circular, and a change in the way the training is delivered through the Vaccination Service. As at 15th September 2026, staff flu vaccination uptake is 3.69%, which is lower than the uptake during the same period last season which was 9.6%.

On 10th September 2026, the Health Board received correspondence from the Chief Medical Officer, Chief Nursing Officer, Deputy Chief Medical Officer and the Chief Allied Health Professions Officer on Winter workforce resilience. Effective staff vaccination was highlighted as a key priority, with an ambition to achieve at least a two percentage point improvement in uptake in all health and social care staff compared to the previous season. Work is underway to towards achieving this improvement through ensuring accessibility and convenience for staff to have their vaccination irrespective of site or working pattern.

The Public Health Team and Occupational Health have also undertaken an ABUHB staff MMR campaign to ensure staff are protected and MMR status is recorded in their occupational health record. This has been an important and ongoing area of focus since the publication of the Welsh Health Circular in January 2024 ([WHC/2023 043](#)) and a briefing issued by Public Health Wales in July 2025 along with modelling from PHW on the potential for measles outbreaks across Wales. This modelling identified a specific area in Gwent with a combined population size of 43,400, where there are 4,220 susceptible individuals, an imported case into that area could result in an outbreak of up to 2,220 cases, without appropriate control.

The plan to increase vaccination of healthcare staff to protect against measles has been developed and is overseen by the Staff MMR Vaccination Working Group. This is especially important in the context of business continuity, because healthcare staff who are exposed to a confirmed or suspected measles case who lack documented immunity or two doses of the measles containing vaccine (or evidence of immunity), must be excluded from work from the 5th day after their first exposure until the 21st day after their final exposure.

A recent review of occupational health records has shown that 44.77% of Health Board staff have MMR status recorded. In relation to high-risk clinical areas, this was 90.24% in the Paediatrics Admissions Unit, 68.09% in Paediatric wards (including neonatal), 62.69% in ED and 60.99% in Acute Medical Assessment units. Work is ongoing to ensure improved uptake in other areas, both high risk (61.84%) and non-high risk areas (42.36%) as well as GP Out of Hours (30.96%).

Vaccine equity

The Health Board's Vaccine Equity Strategic Framework outlines how ABUHB plans to build on the established work to address barriers amongst population groups with sub-optimal vaccination uptake, taking into consideration national and international

evidence and alignment to the requirements of the National Immunisation Framework.

Key enablers for reducing vaccine inequity have been:

- Vaccination Centre, Cwmbran
- Nye BeVAN mobile outreach van
- The Big Gwent Vaccination Conversation
- Vaccination Brief Advice

The Vaccination Centre opened in April 2025 and provides access to the people of Gwent to receive life-saving vaccinations. The centre is open six days a week and experienced immunisers can administer a wide range of vaccinations for all age groups including COVID-19 boosters, influenza vaccines, human papillomavirus (HPV) and many others. They can also answer any questions or concerns about vaccination and residents are able to check their vaccine status and get help with eligibility guidance. A total of 13,201 vaccines have been administered through the Vaccination Service since opening. Of these, 9,052 are related to seasonal influenza and COVID-19 vaccines and 4,149 vaccines include RSV, BCG, MenB and other vaccines across the routine immunisation schedule.

The Nye BeVAN commenced operation in September 2025. With the intention of taking services to our population, the unit has facilitated delivery of staff flu and MMR vaccinations; flu vaccinations for school-aged children; HPV vaccinations for students in areas of lower coverage and provided engagement and advocacy.

Recent use of the Nye BeVAN with the gypsy, Roma and traveller community, included the offer of vaccinations, along with Health Visiting and wider public health advice. Continued engagement is expected to improve uptake over time as part of a long-term approach in building trust and strengthening relationship with our communities, as confidence in the service grows and barriers to access are reduced.

Launched in October 2025, the 'Big Gwent Vaccination Conversation' brought together community voices, grassroots leaders, Gwent partners and those with influence in their communities, so we can start to understand how we can change the conversation around vaccinations in Gwent and help protect our communities. In addition to this event, focus groups and a public survey were undertaken to develop and inform the health board's vaccination equity delivery plan and vaccination campaign strategy.

The Vaccination Brief Advice (VBA) training sessions commenced in May 2026. The sessions are intended for those who want to increase their confidence in having vaccination conversations and addressing vaccine hesitancy. Participants are also provided with access to a Padlet containing resources that can be used in the community during vaccination conversations. The sessions are evidence-based, drawing on behaviour change frameworks such as the COM-B Model and brief intervention approach.

To date, 11 VBA sessions have been delivered (five online and six in person), with a total of 168 attendees. Participants have included Health Visitors from all five

Gwent boroughs, members of the Engagement Team, and staff working in Early Years settings across Gwent. Evaluation data indicates that more than half of participants (52%, 43/83) reported feeling 'very confident' in having vaccination conversations, while 99% (82/83) stated that they felt better equipped to respond to vaccination questions or concerns following the session.

Vaccination uptake is not equitable across the population. Children living in areas of greater deprivation are less likely to be fully vaccinated, with only 77% of 4-year-olds living in the most deprived communities in Gwent having received all recommended childhood vaccinations. This leaves some communities disproportionately vulnerable to vaccine-preventable disease and highlights the need for targeted approaches to improve access, uptake, and protection, specifically within underserved and vulnerable populations by removing barriers to vaccine access and availability; providing transparent information and working closely with communities to ensure everyone has the opportunity to receive the vaccinations available to them.

In the most recent annual report of vaccination uptake in Wales, the proportion of 5-year-olds who are up-to-date with MMR is less than 85% in Newport and Torfaen North areas. A targeted pilot programme is commencing to improve MMRV uptake. Key activities will include: Validation of practice-level data, review of existing call/recall systems, communications, appointment availability, staffing capacity and domiciliary vaccinations. The pilot will develop and implement tailored improvement measures based on individual practice need. Vaccination uptake and equity measures will be monitored throughout implementation and a mid-point and end-of-pilot evaluation to assess impact and inform future roll-out.

Operational challenges

The Human Medicines Regulations 2012 underpin how vaccines are prepared, supplied and administered in the UK. During the COVID-19 pandemic, National Protocols (Regulations 247A) were introduced as temporary legal mechanisms to support rapid and safe vaccine deployment, allowing different trained staff to undertake different stages of vaccination. This lapsed on 1st April 2026 and was replaced by a new permanent legal mechanism (Regulation 235A) which allows authorised healthcare providers to supply and administer vaccines and establishes the legal basis for the use of Vaccine Group Directions (VGDs).

VGDs permit some tasks within them, such as preparation and administration or record keeping, to be delegated to suitably trained and competent non-registered healthcare workers, but clinical assessment and obtaining informed consent cannot be delegated and must be carried out by the registered healthcare professionals authorised under the VGD.

In addition, Regulation 19 has allowed COVID-19 and influenza vaccines to be moved between different NHS service providers at the end of the supply chain by providers operating under NHS arrangements without the need for a wholesale dealer's licence. This has reduced vaccine wastage and enabled more timely access to vaccinations

These changes to the regulations have had a significant impact on operational delivery. Non-registered healthcare workers are no longer able to clinically assess and obtain informed consent from patients under new Regulation 235A and there are now limitations on the movement of vaccinations between providers under Regulation 19. Operational adjustments are ongoing but the impact to the workforce specifically under 235A are currently under review.

Argymhelliad / Recommendation

The Committee are asked to:

1. **Provide assurance** on Winter respiratory vaccination programme plan, particularly in relation to vulnerable groups.
2. **Note** the breadth of work being undertaken across the Health Board vaccination system since the last Committee report.
3. **Note** the commitment in improving vaccination equity starting with the MMRV pilot in Newport and Torfaen.
4. **Note** the operational risks to delivery arising from changes to the Human Medicines Regulations in April 2026.

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 board's assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement 5. Timely Care 5.1 Timely Access
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
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.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Health protection team: Strategic team within Gwent Public Health Team, with oversight for health protection incidents and leading key areas of work, notably the elimination targets. PC HeaRT: Acute health protection response team, consisting of clinical staff and who administer five broad functions: Sampling and testing; post-exposure prophylaxis/treatment; COVID-19 antiviral treatment; enhanced case management of hepatitis and TB patients and pathway integration with urgent primary care to increase business continuity and resilience. Vaccination Service: A core immunisation resource within ABUHB and offers offer a variety of vaccines and support the planning and delivery of vaccination programmes.
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:	
• 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/	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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gwent Public Services Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships

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

This paper provides an update to Committee members on key developments and discussions from the Gwent Public Services Board (PSB) meeting which took place on 21st September 2026.

Cefndir / Background

Gwent PSB brings public bodies across Gwent together to deliver against its Well-being Plan in line the requirements of the Wellbeing of Future Generations (Wales) Act.

The PSB has developed four Areas of Focus:

1. That every child has the best start in life;
2. That everyone lives in a place they feel safe;
3. That everyone has the same economic chances;
4. That everyone lives in a climate-ready community where their environment is valued and protected.

A copy of the Gwent well-being plan is available at:

<https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/>

The September meeting included:

- Presentation of the Gwent Well-being Plan Annual Report 2025/26 for approval
- Update on the production of the Gwent Well-being Assessment 2027
- Update on the Best Start in Life Area of Focus
- Proposal for taking forwards work to develop a Third Sector Partnership Agreement

The Meeting was followed by a workshop to further develop the Leading Gwent through our Climate and Nature Emergency Area of Focus, which will report back to the next PSB meeting in January 2027.

Asesiad / Assessment

Gwent Well-being Plan Annual Report 2025-2026

The third annual Well-being Plan Report was approved for publication by the PSB. The report provides an update on progress made against the PSB's four Areas of Focus and notes the particular emphasis the PSB has placed on addressing the wider determinants of health, reducing inequalities, strengthening community resilience and ensuring public services work more collaboratively.

The report also highlights case studies of projects that have had a meaningful impact on communities in Gwent including:

Fast Track Gwent – a regional partnership approach to creating the conditions needed to achieve the ambition of ending new HIV transmissions, HIV-related stigma and preventable HIV-related deaths across Gwent by 2030.

Ready to Learn Ready to Grow – A five-month project funded through the Welsh Government Child Poverty Innovation and Supporting Communities Grant that provided direct support for families living in poverty combined with wider engagement with parents, carers and practitioners to improve understanding of child development and school readiness

To and Fro – A three-year pilot to help build confidence, create communication-rich home environments and strengthen connections to local sources of support for families of babies aged 6-15 months in Gwent who may be at increased risk of poorer developmental outcomes.

Next Steps:

- PSB members noted continued challenges in understanding the impact of our collective action on outcomes and the need to work together to improve the availability and accessibility of data and intelligence across partners.
- In line with statutory reporting requirements the report will be shared with Welsh Ministers, the Future Generations Commissioner and the Auditor General for Wales.

Gwent Well-being Assessment 2027

Development of the Gwent Well-being Assessment is underway and will be published early in 2027 as part of the Gwent Joint Strategic Assessment offer. The publication will create a single version of the truth underpinning the development and delivery of evidence-based priorities across PSB partners. The Assessment will contain key health and well-being outcomes for each local authority in Gwent structured around the seven wellbeing objectives and present the priorities for action required to continue our collective progress towards building a healthier, fairer, safer and stronger Gwent for all.

Best Start in Life Area of Focus

The PSB received an update on progress of the Best Start in Life Area of Focus.

Progress:

- Improved coordination of governance arrangements across Gwent's Best Start in Life system
- Improved representation within the Area of Focus from across the third sector, enabled by support from Gwent Association of Voluntary Organisations (GAVO) and Torfaen Voluntary Alliance (TVA)
- Delivery Plan priorities have been agreed and leads identified for five of the six priorities.
- Increased investment in BSiL interventions in Gwent has been secured through successful bids for external grant funding

Impact:

- Increased support for families in Gwent to enable more babies and children to get the best start in life through the To and Fro and Ready to Learn Ready to Grow programmes.
- Greater coordination across the system to deliver and monitor progress against the Best Start in Life Area of Focus priority areas.
- Increasing system capacity and capability through development and delivery of the Best Start in Life Community of Practice.

Next Steps:

- Secure leadership for Priority 5 – Helping my family to maximise their income to meet my needs and complete associated action planning.

PSB members agreed to support the identification of a lead for this priority area, noting the need to consider action that enables families to access the support they are entitled to as well as promoting fair work as a route that can support improved family finances.

PSB members noted the challenges reported in evidencing outcomes and understanding the impact of action to support every baby and child in Gwent to have the best start in life.

Third Sector Partnership Agreement

Gwent Association of Voluntary Organisations (GAVO) presented a proposal to develop and agree a Third Sector Partnership Agreement setting out shared principles and ways of working between PSB member organisations and the voluntary sector in Gwent.

PSB members approved plans to progress development of a partnership agreement, noting a collective ambition to approve the agreement in advance of GAVO's centenary celebrations in 2027.

Future Meetings

The next PSB meeting is scheduled for January 2026 (Date TBC)

Argymhelliad / Recommendation

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

- **Note** plans for the publication of the Gwent Well-being Plan Annual Report 2025-26
- **Note** progress on the development of the Well-being Assessment 2027
- **Note** progress of the Best Start in Life Area of Focus
- **Support** the development of the Third Sector Partnership Agreement
- **Note** continued challenges in evidencing and understanding the impact of PSB activity on outcomes in our communities and **consider** how the committee may be able to facilitate improved data collection, collation and sharing across partners.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 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	Partnership First

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Gwent well-being plan https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/ Gwent Joint Strategic Assessment https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/
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:	None

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/	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

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gwent 35: One Year On
CYFARWYDDWR ARWEINIOL:	Hannah Evans, Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Claire Nelson, Deputy Director of Strategy, Planning & Partnerships 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

To provide the Committee with a summary of progress during the first year of delivery of the Health Board's 10-year strategy, Gwent 35: Better Health, Better Care, Better Lives, and to highlight key achievements, emerging impacts and priorities for the year ahead.

The Committee is asked to discuss the annual review ahead of its consideration in the November Public Board meeting.

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Gwent 35 was launched as the Health Board's 10-year strategy to improve healthy life expectancy, reduce health inequalities and create healthier communities across Gwent by 2035. During its first year, significant progress has been made in embedding the strategy within organisational planning, governance, service transformation and partnership working. Six transformation programmes have been established to deliver the strategic aims of Better Health, Better Care and Better Lives, supported by enabling programmes focusing on workforce, digital transformation, estates, finance and decarbonisation.

The Committee is asked to:

- **Note** the progress made during the first year of Gwent 35 implementation.
- **Discuss** the achievements, challenges and opportunities emerging from delivery.
- **Discuss** the priority actions identified for 2026/27.
- **Endorse** the annual review for Board approval in November.

Cefndir / Background

The strategy was developed following extensive engagement with communities across Gwent and is underpinned by strategic aims that also form the organisations wellbeing objectives;

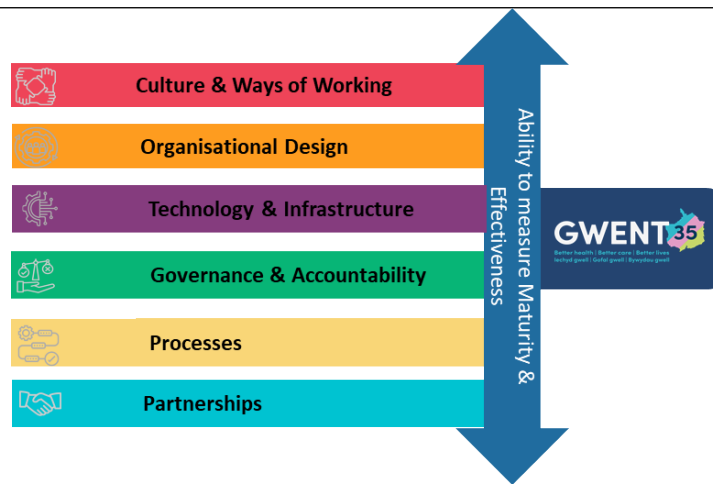
1. Better Health: Together we will support people to be healthy, active, & happy
2. Better Care: Together we will deliver what matters to people – supporting our staff to thrive & achieving quality, kind, & sustainable care
3. Better Lives: Together we will create strong, safe, & connected communities

Following publication of the strategy, the Health Board developed its deployment and delivery plan 'Making it Happen', setting out how strategic intentions would be embedded through changes to organisational culture, governance, partnerships, technology, processes and ways of working.

Asesiad / Assessment

1. Strategy Deployment

Significant organisational changes have been undertaken to support Gwent 35 ensuring the strategy is deployed across the organisation through a new operating model based on these domains;

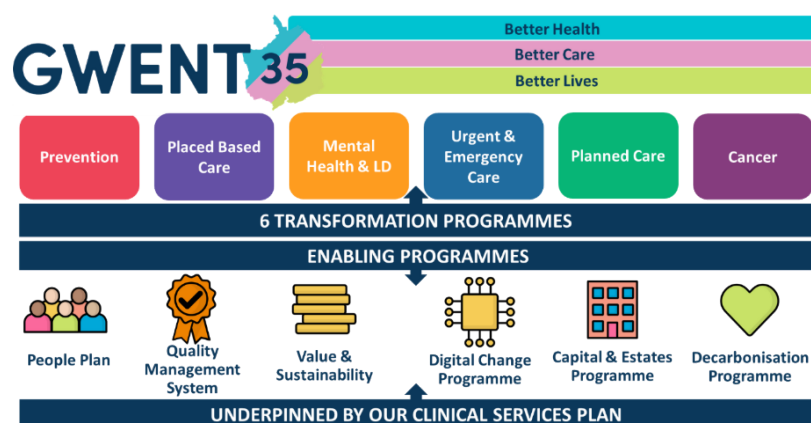


Key achievements include;

- Board Development with Good Governance Institute
- Review of Executive Team portfolios aligned with strategy deployment & delivery
- Commenced realignment of management structures
- Taking the organisational lead on reviewing Regional Partnership Board & Public Service Board structures
- Strengthened oversight and delivered performance improvement in escalation areas
- Approved Digital Transformation Plan and commenced delivery of key objectives
- Worked in partnership to embed Regional Joint Committee
- Delivery of key commitments within our people plan
- Establishment of the Quality Management Group and refresh of the Quality Outcomes Framework

2. Strategy Delivery

To translate our planning into action we have agreed six transformation programmes which deliver the commitments set out in our strategy. These are supported by our enabling programmes that ensure our actions deliver our financial road map to sustainability, digital change programme, estates programme and our decarbonisation programme.



Outcomes Framework

Specific measures under each strategic aim have been developed and these measures are quantifiable and trackable over time. Monitoring and evaluating progress is carried out annually, however many of these measures have not been updated since strategy publication where data is received through the Office of National Statistics, we need to consider timing of future annual reviews to ensure alignment with National data releases. This data will be used to assess the effectiveness of the interventions and adjust as needed over the 10 years.

Following the establishment of the Gwent Indicators Framework many of the strategy outcomes are reported within this tool. This will support us increasing transparency of strategy outcomes reporting and a future development will be the ability to view the pertinent Gwent 35 outcome measures using the Gwent Indicator Framework.

3. Better Health

The Prevention and Place Based Care programmes have delivered a range of interventions focused on tackling health inequalities and improving population health.

Achievements include:

- Community vaccination outreach programmes targeting underserved populations.
- Rollout of Vaccination Brief Advice training.
- Expansion of cancer prevention and screening initiatives.
- Development of the Early Years MECC model and Best Start in Life Community of Practice.
- Establishment of the Healthy Weight Alliance and expansion of weight management programmes.
- Development of population health management initiatives and enhanced use of population data.
- Launched the CVD risk factor programme in April 26 to reduce premature mortality

A notable example of innovation has been the Skin Cancer Awareness Programme, which has trained more than 400 hair and beauty professionals to recognise signs of skin cancer, extending prevention messages to an estimated population reach of over 30,000 people.

4. Better Care

Progress has been made across urgent care, planned care, cancer and mental health models of care including:

- Commenced development of the Clinical Services Plan.
- Expansion of community-based care models, including Breathlessness Hubs and enhanced community nursing.
- Introduction of mental health self-referral pathways and Open Access support.

- Improvement in ambulance handover performance and emergency flow.
- Reduction in patients waiting over 104 weeks compared to previous years.
- Improvements in cancer diagnostics and treatment pathways.
- Expansion of patient experience programmes and volunteer companion services.

Women's Health has been a significant area of focus, with investment in community-based services, workforce development, improved access to contraception, pelvic health services and development of plans for future Women's Health Hubs.

5. Better Lives

Partnership working remains central to delivery of Better Lives. Key achievements include:

- Regional Partnership Board investment supporting nearly 300,000 individuals.
- Further development of Integrated Wellbeing Networks and community asset mapping.
- Expansion of cancer cafés, stroke support groups and wellbeing initiatives.
- Delivery of Warm and Well programmes and Nature Prescription projects.
- Increased support for neurodiverse children and young people through regional programmes.
- Launch of a partnership programme supporting young unpaid carers into education, training and employment opportunities.

These initiatives demonstrate increasing alignment between health services, local authorities, the third sector and communities to address wider determinants of health and wellbeing.

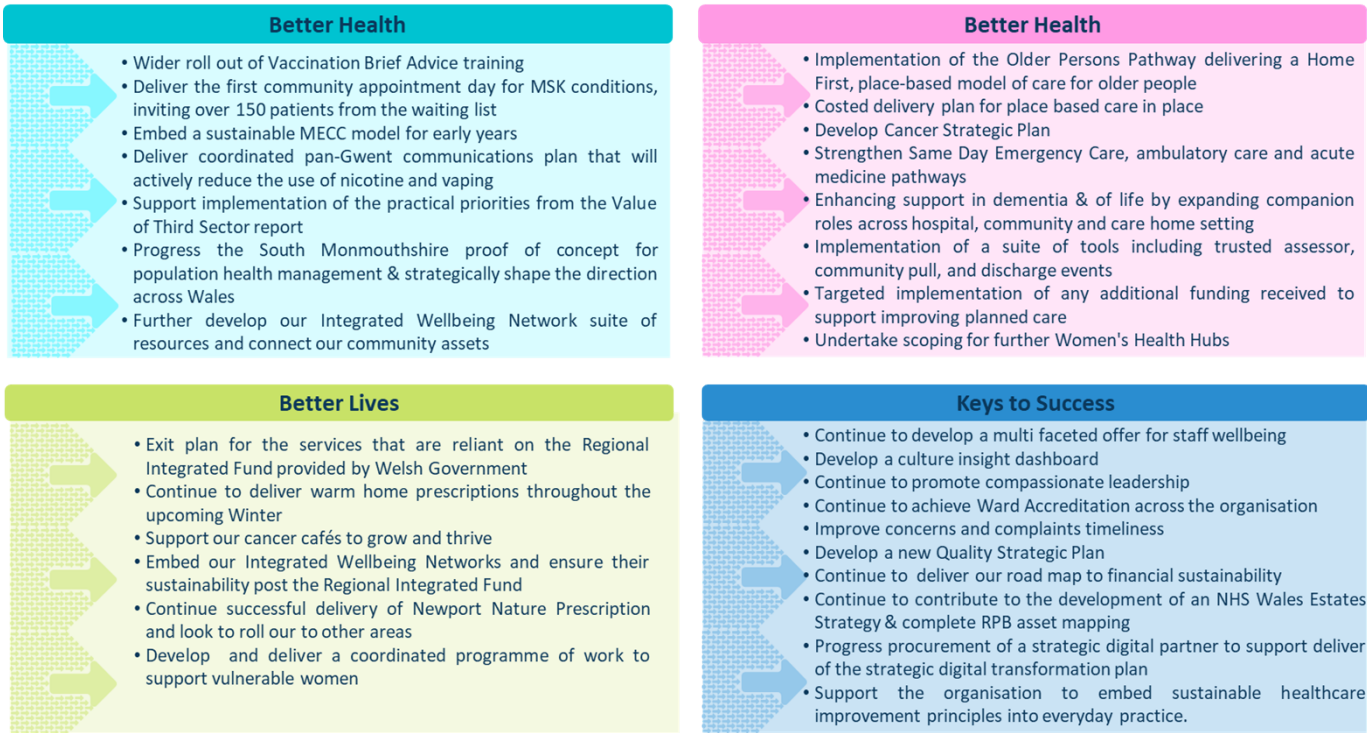
6. Keys to Success

Across the six identified keys to success (quality, people, finance, digital innovation & technology, estates & green health) key achievements include:

- Implementation of the People Plan 2025-2030.
- Strengthening quality governance and improvement capability.
- Development of a three-year Financial Recovery Plan.
- Opening of the Bevan Health and Wellbeing Centre and 19 Hills Health and Wellbeing Centre.
- Approval of the Strategic Digital Transformation Plan.
- Expansion of NHS Wales App usage to over 150,000 residents.
- Delivery of major decarbonisation and green health initiatives across the estate.

7. Priorities going forward

The below diagram summarises the key commitments throughout the annual review that form our priorities going forward:



Argymhelliad / Recommendation

The Committee is asked to:

- **Note** the progress made during the first year of Gwent 35 implementation.
- **Discuss** the achievements, challenges and opportunities emerging from delivery.
- **Discuss** the priority actions identified for 2026/27.
- **Endorse** the annual review for Board approval in November.

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):

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

	Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	• Every Child has the best start in life • Getting it right for children and young adults • Adults in Gwent live healthily and age well • Older adults are supported to live well and independently
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 the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	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/	1. Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 2. 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 3. 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 4. 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

	5. Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives
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GIG
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WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



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

Gwent 35: One year on





Following extensive engagement with communities and staff in Gwent and learning from best practice from elsewhere, the Gwent 35 strategy was founded on three aims targeted at everyone in Gwent communities to have the best healthcare, environment, & lifestyle to be healthy. We want everyone to have:

- 1. Better Health: Together we will support people to be healthy, active, & happy
- 2. Better Care: Together we will deliver what matters to people – supporting our staff to thrive & achieving quality, kind, & sustainable care
- 3. Better Lives: Together we will create strong, safe, & connected communities

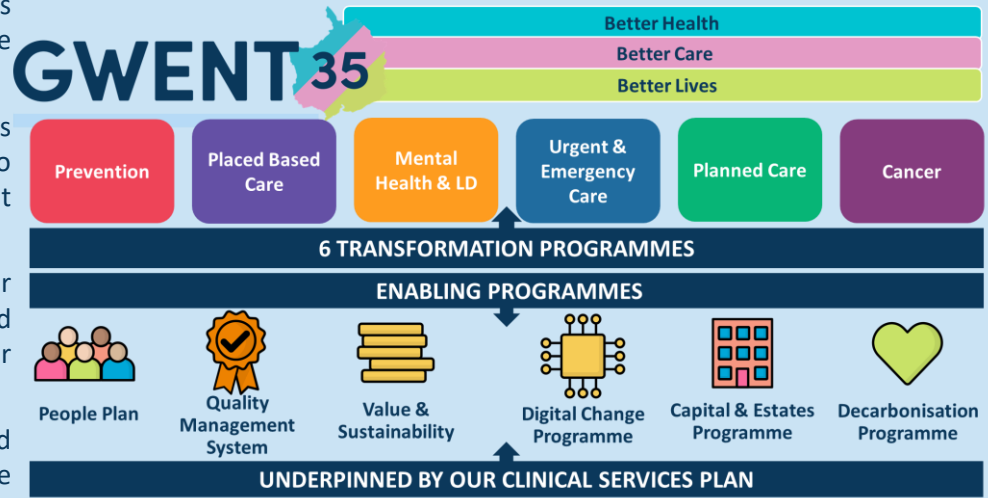
These three strategic which also act as the organisation’s wellbeing objectives under the Wellbeing of Future Generations Act. Following the publication of the Gwent 35 strategy. A deployment and delivery plan; Making it Happen (hyperlink) was developed. This document set out our intentions over the next three years to embed the strategy into our ways of working and deliver the strategic objectives it outlined.

Strategy Delivery: To translate our planning into action six transformation programmes were established to support delivery of the commitments set out in our strategy. These are supported by 6 enabling programmes

Better Health – delivered predominantly through our Prevention Programme which is taking action to ensure our communities can access the services and support needed to keep them healthy. Place Based care will drive sustained system transformation that improves health and wellbeing outcomes for communities across Gwent.

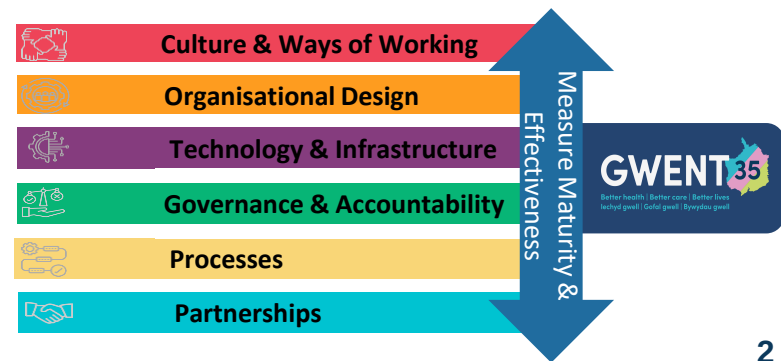
Better Care: To cover the breadth of this strategic aim there are elements within four transformation programmes to deliver the necessary service transformation and performance improvements required; Urgent Care Transformation, Planned Care, Cancer and Mental Health.

Better Lives: Delivered with our partners to ensure peoples’ quality of life is improved and delivered in our “place” work with the Regional Partnership and Public Service Boards.



Strategy deployment: We have taken steps to reorientate our organisation and “how” we do business to ensure the intent, ambitions & goals of the strategy run through everything we do. Work has commenced to review, test and strengthen the Health Board's Operating Model taking account of Culture & Ways of Working, Organisational Design, Technology & Infrastructure, Governance & Accountability. Nest steps to strengthen strategy deployment include;

- Establishing an organisation Strategic Decision Making Framework
- Commissioning and delivery models in South East Wales regional structures
- Further strengthen management structures & alignment of our Board and Committee structures to deliver whole system change
- Work in partnership to put in place outcomes of the review of Regional Partnership Board & Public Service Board structures





Outcomes Framework

Specific measures each strategic aim have been developed and these measures are quantifiable and trackable over time. The measures draw from the known social determinants of health from a range of sources which have been established, validated and are used extensively by the Health Board, Public Health and nationally. Importantly they can predominantly be broken down by Local Authority area so that we can track the impact of delivery across communities and ensure localised decision making as we know not every community is the same.

Monitoring and evaluating progress is carried out annually, however many of these measures have not been updated since strategy publication where data is received through the Office of National Statistics, we need to consider timing of future annual reviews to ensure alignment with National data releases . This data will be used to assess the effectiveness of the interventions and adjust as needed over the 10 years.



Following the establishment of the Gwent Indicators Framework many of the strategy outcomes are reported within this tool. This will support us increasing transparency of strategy outcomes reporting and a future development will be the ability to view the pertinent Gwent 35 outcome measures using the Gwent Indicator Framework.

Year One Achievements

Strategy Deployment

- Launch of the Health Board's Values & Behaviours Framework in February 2026
- Taking the organisational lead on reviewing Regional Partnership Board & Public Service Board structures
- Strengthened Board and Committee oversight or required improvements in escalation
- Developed a Digital Transformation Plan and commenced delivery of key objectives
- Worked in partnership to embed Regional Joint Committee
- Embedded our Quality Management System to strengthen quality assurance
- Development of a three year financial recovery framework underpinned by a significant financial opportunities pipeline – whilst also focusing on identification of > £40m savings in year
- Review of Executive Team portfolios aligned with Gwent 35
- Supported the partnerships (RPB and PSB) in the framing of priorities, work programmes and structural review and alignment

Strategy Delivery

- Identified our 26 places through place based care programme and worked in partnership to set delivery objectives
- Opened two new Health & Wellbeing Centres (19 Hills & Bevan) embedding integrated care into local communities
- Introduced Mental Health Open access with self-referral pathways and walk-in support pilots
- Developed our Older Persons' Pathway for implementation throughout Winter as part of our Urgent Care programme
- New £38 million Radiotherapy unit at Nevill Hall Hospital offering additional cancer treatment facility in South East Wales
- Led delivery of the regional cataract programme, establishing 2 regional hubs and additional outsourcing capacity delivering > 25,000 cataracts, more than tripling activity from previous year.
- Established our prevention programme to deliver commitments across the Better Health & Better Lives strategic aim



Better Health



There will be positive change in the factors that contribute to poor health (Alcohol, Smoking & Physical Activity)



There will be more people who are a Healthy Weight



There will be a reduction in preventable diseases (Bowel Cancer, Breast Cancer, Cervical Cancer, Vaccinations)

Next areas of focus include:

- Deliver health screenings and vaccinations in more of our identified “places” working with communities and other agencies and using health inequalities data to target
- Move from the South Monmouthshire Population Health Management proof of concept to wider implementation across Gwent
- Expand the cardiovascular prevention programme, ensuring detection and management of hypertension, diabetes, hypercholesterolaemia and atrial fibrillation are embedded systematically
- Work with leisure providers to help Gwent move more including scaling the healthy weight interventions established.
- Maintain a focus on tobacco control and smoke-free environments through the Gwent Nicotine Control Alliance and hospital implementation programme
- Create and spread widely a social prescribing framework so communities can access things locally to be healthy, active, and happy



Better Health Achievements



Health screenings & vaccinations

Vaccination and screening improvement work continues to progress across Gwent;

- Torfaen Vaccination Centre, has been operating six days a week since April 2025
- Targeted outreach through the Nye BeVAN has been developed to improve access for Gypsy and Traveller communities
- Vaccination Brief Advice training has been launched, with seven sessions delivered to date and a further nine planned
- Task and finish groups have been embedded in the organisation to support both prevention and early detection messaging in skin, bowel and cervical cancer
- Launched the CVD risk factor programme in April 26 to reduce premature mortality



Information, guidance & training

The Health Board has continued to develop its role as the voice of health information for our communities through these targeted actions;

- Implementation of the Early Years Making Every Contact Count hub and spoke model with 34 staff already trained and evidence of learning being embedded into routine practice
- Established a Best Start in Life Community of Practice with 90 members signed up so far
- The Gwent Attachment Service and Intensive Positive Behaviour Support Team supported 2,011 children and young people through their training programmes in 12 months
- Regular and informative social media campaigns to support the delivery of trusted cancer prevention & early detection information to our communities
- Cancer Services website was launched in 2025 to empowering our patients to use trusted information to be informed and active with their health outcomes

Helping people move more & feel healthy

We continue to take action that supports increasing daily activity and healthy behaviours;

- Transformed access to musculoskeletal therapy, through a website designed to support making positive healthy choices
- Established the Healthy Weight Alliance with work progressing on early years nutrition, green space use, play sufficiency and, weight stigma
- Adult weight management delivered 1,000 face to face interventions and a digital programme with 7,500 places, accessed by 4,500 people and exceeding the national guidance threshold for 5% weight loss
- The Gwent Nicotine Control Alliance developed a draft two-year action plan following Phase 1 and Phase 2 discovery reports, which captured the views of almost 2,000 Gwent residents aged eight and above



Use and share data with partners to support better health

Shared understanding of data is vital to transform the health outcomes of our communities, we have progressed this in the last year through the following actions;

- The Gwent Indicator Framework (GIF) and Joint Strategic Assessment (JSA) have increased visibility of metrics for system partners and the general public
- Data was successfully collated from a range of partners to publish a joint strategic needs assessment for Violence Against Women, Domestic Abuse and Sexual Violence
- We continue to develop evidence based patient identification method for 0.5% population at greatest risk of admission & those rapid risers i.e. proactive frailty
- Gwent Regional Innovation Coordination Hub launched a £70,000 Public Health Data-Enabled Rapid Innovation Initiative, focused on using data and digital insight to understand and improve the relationship between living conditions and population health

Social Prescribing

6,996 third sector organisations operate across Gwent, supporting communities through a wide range of activities including;

- Third Sector only: 67 projects, 26,036 people accessing across 87,866 contacts, 85% of people felt their need was prevented from escalating
- Health and Third Sector: 3 projects, 81,616 people accessing across 94,045 contacts, 92% of people felt their need was prevented from escalating
- Local Authority and Third Sector: 3 projects, 1,531 people accessing across 3,000 contacts, 100% of people felt their need was prevented from escalating
- Through Integrated Wellbeing Networks we have a suite of online maps and tools demonstrating the significant community assets across Gwent



Spotlight

Spotting the signs of Cancer



In 2024 there was a 79% increase in all skin cancer treatments since 2019. In 2023/2024 Skin Cancer (exc. Non-malignant melanoma) was the most common cancer in Gwent with 993 cases.

This acted as a catalyst to develop Spotting the Signs of Skin Cancer and Sun safety, that can be shared with hair and beauty professionals who work in a community setting with regular contact to client's skin and can be upskilled to spot the signs.

In house experts in Skin Cancer developed a free 4-part training session

The education session contained 4 modules:

1. Sun Safety and Protection
2. Spotting the signs of skin cancer
3. The psychology of how to speak to your client about the signs of skin cancer and encouraging them to see their GP
4. General cancer awareness and education of cancer screening and vaccination programmes

Social media was used to advertise the first event, resulting in 120 hair and beauty professionals signing up to attend. Utilising charitable funding we provided gift bags with free sun screen, skin cancer rulers and guidebooks, and information on cancer screening and vaccination programmes. The education programme was designed using a simple presentation format, with quizzes and videos to engage learners.

We have now run **8 sessions** and **trained over 400** hair and beauty professionals and students in Gwent.

1 patient has been treated whose skin mark was noticed by a trained hairdresser and, subsequently encouraged to attend their GP, saving a minimum of £10,000 in advanced diagnostics and treatment costs. The ripple effect population reach of this training was over 30,000 people who regularly attend a hair dresser, barber or beauty professional, and a reach of at least 10 close friends and family. Furthermore, we have established links to attend the local college annually to train hair and beauty students.



Gwent has a large farming industry and our work has led to further role out into the agricultural industry via our college connections.

Feedback from our attendees was the appreciation of a community focused event and the access to free education and upskilling. Our further work with the college has highlighted generational differences of sunbed usage. There is leverage for further roll out of this education to further targeted groups, such as builders and schools.

The Moondance Cancer Awards shine a light on the remarkable people delivering, leading and innovating cancer services across NHS Wales, they recognised this work in their awards this year.

Better Care



People with have more Healthy Days at Home



Our provided and commissioned services will meet the relevant quality and clinical standards



More people will be able to access health services in their local communities

Next areas of focus include:

- Finalise our Clinical Services plan in line with national and South East regional work to ensure services are sustainability and configured or commissioned to deliver best value
- In line with our Urgent and Emergency Care improvement plan, improve patient experience in Emergency department and front doors across Gwent
- Implement our Older Persons' Pathway model across Gwent
- Development of refreshed Health Board Cancer Strategic Plan
- Deliver sustainable, consistent, and equitable model for GP services.
- Further develop our models for surgical hubs, focusing on accreditation in YYF and developing the offer and model in NHH
- Complete work on Mental Health models of care in line with new national plan to confirm service and estate solutions
- Improve women's health focusing on their specific needs through our women's health plan



Better Care Achievements



Developing our clinical services plan

The refreshed Clinical Services Plan is being developed to bring together service redesign already in train, building on Clinical Futures, the Grange University Hospital model, the Enhanced Local General Hospital system and integrated health, social care and third sector models supported through Health and Wellbeing Hubs. It will seek to provide a roadmap for addressing service fragility, workforce sustainability quality and future population need for several services each year. In the last twelve months work has included embedding Place Based Care, reviewing the Older Person Pathway, appraising Mental Health Models of Care and setting out the long term vision for Nevill Hall Hospital as part of its estates modernisation.

Improving patient experience

We continue to take steps to improve patient experience across the whole system;

- First UK site to open the SANDBOX dementia study, which is testing blood biomarkers, genetic testing, digital cognitive assessments and artificial intelligence within routine diagnostic pathways
- The Endoscopy Unit at Ysbyty Ystrad Fawr has been awarded the Joint Advisory Group on GI Endoscopy (JAG) accreditation, a nationally recognised quality standard.
- Partnership with Prima Mente received the MediWales Innovation Award for Health and Social Care Research Partnership with Industry
- We have 40 dementia companions and 48 end of life companions through our volunteer programme supporting people through their journey
- Strengthened arrangements for recognising and responding to deterioration through the implementation of electronic early warning systems across adult, paediatric, maternity and neonatal services
- Implemented a single point of access for maternity triage, providing women with a simpler and more consistent route into services and advice
- Through CIVICA we have expanded patient feedback collection across inpatient wards and outpatient services and achieved over 650 staff trained. And
- Introduced Mental Health Open access with self-referral pathways and walk-in support pilots,

Expanding care in the community

As part of our Place Based Care and prevention transformation programmes we have implemented;

- A community-based Breathlessness Hub in Blaenau Gwent focused on early intervention for people with chronic respiratory symptoms
- strengthened weekend community nursing services, achieving 57.3% weekend working performance
- Our Common Ailment Scheme continues to help more people access care closer to home with exceeding over 4,000 contacts this financial year
- Smoking cessation support groups have been set up in each locality
- Established face-to-face clinics of the Help Me Quit service in areas of higher smoking prevalence, which are correlated with areas of higher deprivation.
- Worked with probation services, mental health services and drug and alcohol services, to offer cessation support for groups of the population who are underserved

Reducing waiting times & supporting those on our waiting lists

We continue to take targeted action to reduce the waiting times for our population including;

- Delivered the lowest number of 45 minute ambulance handover breaches since the opening of The Grange University Hospital, meeting the Targeted Intervention de escalation requirements
- 45 minute handover compliance at the Grange University Hospital Emergency Department has been 93.6% with several days achieving 100% compliance



- Reduced waits for colonoscopy from suspected cancer referral to an average of 8 days
- 62-day cancer backlog reduced to 274 patients.
- 104-day backlog reduced to 86 patients

Giving people the right support at the right time

We have made the following achievements in giving people the right support at the right time;

- Trusted Assessor arrangements have been piloted in Caerphilly and Monmouthshire to speed up discharge processes and reduce delays
- Implemented Navigation Hub and Single Point of Access reducing barriers for GPs
- Developed care home protocols for people who have experienced long periods on the floor or sustained head injuries
- Diabetes high value pathway achieved more than 21,000 patients screened, 2,218 reviews completed and 1,445 patients commenced on SGLT2 therapy avoiding 110 hospital admissions
- Bone Health pathway performance has significantly improved, with fracture identification rates increasing from 24% in 2020 to 77% in 2025
- Opened a new Sexual Health clinic in Ebbw Vale and a review of the first 100 women shows that around 80% of service users are from the Blaenau Gwent local authority improving access to an underserved borough
- SPACE wellbeing panels supported 7,702 children, young people and family members accessing timely intervention before needs escalate into crisis
- Family Intervention Team supported 1,182 children and young people and delivered 2,306 interventions
- Platform supported 921 children and young people and delivered 2,138 interventions



Spotlight

Women's Health

Since July 2025, The Health Board has worked collaboratively with partners to understand local need, develop a sustainable future service model and test innovative approaches to delivering women's healthcare.

Investment in training and workforce development across primary care and community services has enabled more women to access care closer to home, while reducing reliance on secondary care services. Sexual health and psychosexual services have also been expanded within community settings, improving access to specialist advice and contraception services while reducing barriers to care.

Key developments across secondary care have included;

- Consultant training to deliver termination services for pregnancies between 12 -18 weeks
- Expansion of pelvic health physiotherapy provision
- Increased access to vasectomy services through weekend clinics
- Introduced nurse-led colposcopy and hysteroscopy activity, investment in ultrasound & colposcopy training to support the development of ambulatory and one-stop models of care

A programme of communications, branding and public engagement activity has been delivered to raise awareness of women's health services and support self-management.

We will soon publish the Women's Health Discovery Report which focuses on menstrual health, contraception, and menopause. The Discovery Report aimed to better understand women's health needs in Gwent, and to support the ongoing development of services and support, particularly the development of women's health hubs. The report captures both data-led evidence of health disparities, and the lived experiences of people across Gwent.

Further work to tackle inequalities includes the development of a School Nurse-led Period Dignity Project. Supporting vulnerable, underserved groups and those experiencing socioeconomic disadvantage, through improved access to menstrual products, hygiene facilities and health education.

A dedicated ABUHB Women's Health website has been developed to provide evidence-based information, self-help resources and signposting to local services, helping women to access reliable information and appropriate support more easily.

[Women's Health Hub](#)



Better Lives



People will find it easier to connect with their communities, use local services, & feel respected



Our budget spent on services in the community will have increased across Gwent



More people will engage with their local community to reduce loneliness & support good health

Next areas of focus include:

- Closer working with schools – embedding health prevention in children's learning
- Use population segmentation and risk stratification to target those populations experiencing the greatest health inequalities
- With local partners develop volunteering opportunities supporting people into paid work
- Complete asset mapping across our 26 places and, working with RPB, enable Integrated Service Partnership Boards to better support places
- Continue to increase opportunities for our communities to share their lived experience on living with long term health conditions
- Launch our new Green Health/Decarbonisation Strategic Plan
- Further understand the needs of unpaid carers and support we can provide with partners
- Continue to strengthen our contribution to and voice in respect of Gwent Planning and licensing decision making



Better Lives Achievements



Widen and embed partnerships across Gwent

The Gwent Regional Partnership Board (RPB) continues to support integrated care, prevention and regional investment;

- In the last financial year it invested £27.3 million revenue funding across 166 projects, supporting 298,934 individuals through 486,356 contacts, with 83% reporting that their needs had been prevented from escalating
- The Neuro Developmental Children's Programme supported 3,866 children and young people and delivered 7,460 contacts and interventions
- Integrated Support for Children with Additional Needs (ISCAN) ISCAN supported 1,971 children and young people and delivered



9,381 contacts and interventions, alongside 934 assessments and 1,037 multi-agency planning activities

- Through the Gwent Regional Innovation Coordination Hub we supported Warm Wales and its public, private, academic, housing, health and technology partners to deliver the Gwent Indoor Environmental Quality Monitoring and Rapid Intervention Project, exploring the relationship between housing, indoor environmental quality, respiratory health and prevention

Support community groups & sharing lived experience

We continue to support community groups to thrive and enhance the sharing of lived experience;

- Established Cancer cafés in all five boroughs providing opportunity for those at any point in their cancer journey to seek guidance and supported from those with lived experience
- We continue to have the largest Stroke support group in the UK in Caerphilly directly influenced by our friends in volunteers who base themselves within stroke rehabilitation at Ysbyty Ystrad Fawr signposting to the Caerphilly group

Champion connected communities

We continue to create community connections and social support networks-
belonging, meaning, purpose, security;

- Embedding online guides and visual maps that demonstrate the wealth of community assets



- The Wellbeing Friends network continues to expand through targeted recruitment and engagement activities
- Established referral pathways supporting growth, including opportunities for individuals completing Wellbeing Coaching support in Blaenau Gwent to transition into Wellbeing Friend roles

Support green spaces

We prioritise developing communities to be healthy and supporting green spaces;

- Partnership work with Blaenau Gwent and Torfaen on the positive use of green spaces through the development of their local delivery plans
- The Newport Nature Prescription project has provided 1,645 booklets to partners. 151 individuals have received at 'Lunch and Learn' sessions exceeding the target across for the project across the UK

Give people the tools they need for caring relationships

We continue to work in partnership to give the people the tools they need for caring relationships;

- Developed a parenting charter with input from professionals and care experienced children and young people
- Supported Family Group Conferences that empower families to develop their own plans, helping children stay safely within family networks and reducing escalation into more intensive services
- Delivered Enhanced Edge of Care services providing intensive support to families at risk of breakdown, helping children remain safely at home and preventing entry into care
- Developed coordinated programme of work supporting vulnerable women with safeguarding colleagues and the Violence Against Women, Domestic Abuse and Sexual Violence group



Spotlight

Young Carers

A ground-breaking new partnership programme was launched during Carers' Week to support young unpaid carers across the Gwent region. Working in partnerships with The King's Trust and Barnardo's delivering the first programme of its kind for Health boards in Wales, tailored to uplift young unpaid carers not currently in education, employment or training. The programme will support young people aged 16–30 who are unemployed or under-employed, helping to break down barriers and open doors to future careers within the healthcare sector.

Young unpaid carers often take on significant emotional, physical and practical responsibilities at home, while also trying to balance their own wellbeing and future aspirations. These caring roles can create real barriers to accessing education, training and employment opportunities. The programme has been carefully designed to ensure young people feel supported throughout their journey. Support available includes:

- Placements located as close to home as possible
- Reimbursement of transport costs
- Ongoing encouragement and guidance throughout the programme
- Six-month post programme support

"As a young carer, opportunities like this can be quite hard to access due to barriers like time and qualifications etc. It's hard to know, without experience, what career and pathway to pursue. I chose ophthalmology and got to experience both the clinical and administration side of the department. I got to shadow nurses, speak to patients, sit with consultants. I found an interest in clinical photography, something I didn't know existed. Working with Mike, the senior photographer, to see the full process was really interesting. It's so much clearer now what I want to do. Everyone was so lovely and helpful. I hope I can continue working towards a career in the NHS."

For the initial intake 13 participants took part in placements across the Health Board, giving them the opportunity to take part in two weeks of engaging, hands-on activities designed to educate, inspire and empower



The programme will help participants build confidence and develop essential employability skills, while gaining valuable experience in a real workplace. It will also open doors to a wide range of careers, strengthen communication and teamwork, and support young people to take positive steps towards education, training and employment.



Our People Achievements



The Health Board’s People Plan 2025–2030 is fully operational, with quarterly progress reported to the People and Culture Committee. It is structured around three pillars: Better Health and Wellbeing, Better Future Workforce, and Better Working Lives. Over the past year we have;

- Launched the Health Board's Values & Behaviours Framework in February 2026, a significant milestone in delivering our commitment to help staff experience their work as meaningful and rewarding through a shared understanding of the culture we aspire to create
- More than 320 colleagues have participated in dedicated Living Our Values sessions.
- Values & Behaviours featured within 22 Organisational Development roadshows, reaching approximately 1,400 members of staff.
- The enhanced Values Hub has further strengthened accessibility to resources and support, attracting more than 2,000 visits.
- Continued to strengthen our position as an employer that champions fair work, equality of opportunity, and staff wellbeing evidenced by the successful attainment of SEQOHS accreditation for our Occupational Health service.
- Reviewed talent and succession processes, embedding inclusive recruitment principles, designing and delivering inclusive recruitment training and providing development opportunities that support colleagues from underrepresented groups to progress into leadership roles.
- Through our multiple leadership development programmes and coaching offers, we have continued to promote leadership behaviours that prioritise listening, inclusion, psychological safety, and wellbeing.
- We have worked to reduce barriers to employment and career progression by developing more inclusive recruitment and workforce development approaches. Through partnership working and targeted outreach, we have sought to increase access to careers for people living in our most deprived communities.

- The All Wales Staff Survey results for the Health Board increased significantly from 13% to 32%, showing that staff feel comfortable to provide their thoughts through this process.
- Through enhanced staff engagement activity, staff networks, partnership working, and the ongoing promotion of a Speaking Up Safely culture, we have created more opportunities for colleagues to influence decision-making and shape organisational priorities.
- Through the development of the Inclusive Leadership workshop we have increased awareness of the equality, diversity and inclusion.
- PADR compliance demonstrates a positive position, with 84.58% of staff having received a PADR review within the last 15 months.
- The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days and the Health Board continues to improve and exceed the target at 58.4 days.





Quality Achievements

The Health Board’s Quality Management System provides a structured view of quality across six pillars: patient and staff feedback, complaints, concerns and compliments; patient safety and incident reporting; clinical effectiveness; health, safety, security and compliance; infection prevention and control; and safeguarding.



Key achievements in the last year include;

- The Quality Management Group was established and the Quality Outcomes Framework refreshed, strengthening executive triangulation and visibility from frontline services to Board oversight.
- The Listening and Learning Framework, Learning and Improvement Forum, Learning Repository and divisional Learning from Events Reports created a more systematic route from insight to action.
- Patient feedback expanded to 636 service areas, with further development Of participation, Patient Advice and Liaison Service, bereavement support, volunteering and staff networks.
- Incident Oversight improved and the overdue investigation backlog reduced by more than 30%, although compliance with national timescales remained below expectation.



- Electronic early warning systems were introduced across adult, paediatric and neonatal services. Maternity implementation remained planned for 2026/27.
- Clinical Effectiveness became a distinct Pillar, with progress in clinical audit, accreditation, bereavement support, safeguarding partnerships and improvement capability
- Through the datix safeguarding module we have strengthened recording governance and monitoring of safeguarding activity
- Continued to strengthen how it learns from deaths through a more systematic ward-to-Board framework for mortality surveillance, clinical review and organisational learning.
- Candour embedded in incident management. Early resolution and learning routes strengthened.
- Improvement capability increased with 23 new improvement coaches over doubling the number and more than 360 staff completed foundational improvement training.





Finance Achievements

The following finance achievements have been made in year one;

- Development of a refreshed three-year Financial Recovery Plan, identifying significant pipeline of opportunities, setting out the route to recurrent financial balance over a three-year period.
- The Health Board received a positive Audit Wales opinion on financial governance.
- Further matured the Value & Sustainability programme approach with refreshed executive-led workstreams to support delivery of savings and longer-term sustainability.
- A special additional Finance and Performance Committee has also been established, with the Health Board Chair leading escalation on key issues.
- Achieved 97.3% on the Public Sector Payment Policy exceeding the 95% national target.
- Completed Financial Grip and Control self assessment with 87% full compliance and 11% partial compliance

Green Health Achievements

The first phase of our ReFit Energy Efficiency plan completed. Welsh Government funded £8.3m Invest-2-Save programme of energy efficiency & renewable energy projects for 2026. We partnered with Vital Energi Ltd to ensure hospitals benefitted from these energy efficiencies with total projected Co2 savings of 804 tonnes per year;

- Nevill Hall Hospital: LED lighting, ventilation upgrades, insulation, building management system improvements

- Royal Gwent & St Woolos: LED lighting, ventilation improvements, insulation, building management system improvements and rooftop solar PV
- Serennu Children's Centre: Rooftop solar PV
- Chepstow Hospital: Rooftop solar PV
- Grange University Hospital: Solar carport canopy

A workshop was held as part of the National Emergency Briefing on climate in September and was well attended by clinical and corporate teams. It gave the opportunity to jointly receive the briefing and share examples of good practice and identify additional opportunities. As part of the workshop some clinical teams showcased their projects:

- Following a pilot for laparoscopic cholecystectomy patients Pre-assessment clinics rolled out efficiency measures that delivered green healthcare. They introduced an electronic screening document with supporting information sent by email significantly reducing printing. If patients required a face to face appointment the subsequent investigations could be sent via post or through a drop in service. This has resulted in 12,361 patients screened since April 2025 and 5,700 patients (46%) managed entirely virtually.
- An area with high carbon usage is Endoscopy, clinicians have taken targeted actions to combat this, establishing a network of green champions across all four units. They have worked together to spread and scale sustainability interventions across the organisations, developing digital resources to enhance sustainable working. One example of this is stopping the use of patient property bags replacing them with reusable plastic baskets, this results in saving 120 bags each week which would be approximately 6,240 bags saved every year.

Endoscopy YYF GREEN INITIATIVE

WE STOPPED USING PATIENT PROPERTY BAGS AND NOW USE PLASTIC BASKETS

THIS SAVES MONEY AND WASTE

WE HAVE APPROX 20 PATIENTS A DAY OVER 6 DAYS

20 PATIENTS/DAY x 6 DAYS
= 120 BAGS SAVED EACH WEEK!

THAT'S APPROX 6,240 BAGS SAVED EVERY YEAR!
THANK YOU FOR SUPPORTING A GREENER FUTURE!



★ **Our Estate Achievements** ★

Over the last year we have made significant progress delivering estate priorities aligned to Gwent 35;

- The brand new, 19 Hills Health and Wellbeing Centre officially opened its doors to the public on Monday 13th January 2025– marking a major milestone for integrated care in Newport.
- The Bevan Health and Wellbeing Centre in Tredegar, opened its doors bringing a wide range of health and wellbeing services into the heart of the community. It was also recognised at the IHEEM Awards 2025, receiving a Highly Commended award for its impact and innovation in healthcare estate development.
- New £38 million Velindre Radiotherapy Unit at Nevil Hall Hospital working in partnership. The purpose-built unit offers additional cancer treatment facility in South East Wales, increasing the capacity to deliver radiotherapy services to patients across the region.
- This year we delivered 20 projects against the Targeted Estates Fund (TEF) from Welsh Government, providing a focused opportunity to address priority infrastructure needs across the estate. Notable schemes supported through this fund include:
 - Fire safety upgrades at key hospital sites
 - Backlog maintenance reduction across priority buildings
 - Improvements to ventilation and water systems
 - Lift Works
- Ty Gwent, Llantarnam Park, Cwmbran, opened in January 25, bringing together staff from Mamhilad House, Caerleon House, Cwmbran House and Llanfrechfa Grange into one modern space hosting over 20 teams.
- A major departmental refurbishment saw the replacement of 20-year-old robots with two new models and a full dispensary upgrade in Royal Gwent Hospital

We are refreshing the 2018–2028 Estates Strategy to align estate requirements with Gwent 35, Clinical Services Plan work, Place Based Care, Mental Health transformation, regional service reconfiguration, RPB asset mapping and the developing decarbonisation strategy and the need to reduce backlog maintenance through better utilisation and rationalisation. Work completed includes;

- Review of best practice in estates strategy development.
- Baseline assessment across acute, primary, community and mental health estate.
- Review of leased accommodation.
- Review of administrative accommodation.
- Establishment of an opportunities log.





Digital, Data & Technology Achievements

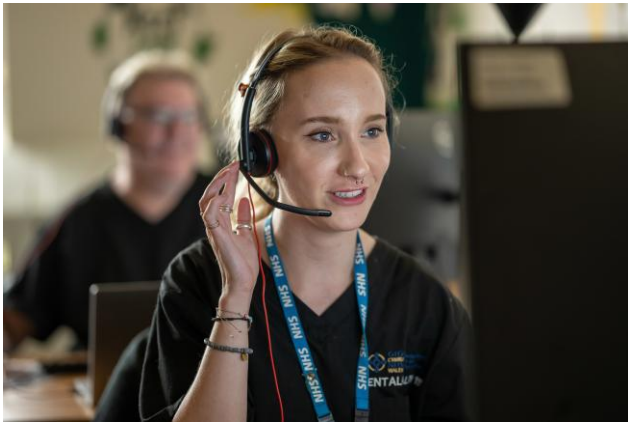
Approved in July 2026 the strategic digital transformation plan sets out a practical, disciplined approach to using digital, data and technology to deliver the Health Board’s strategic ambitions, ensuring services are safe, sustainable and fit for the future.



We have not waited for this plan to take action delivering the following achievements throughout 2026;

- Over 150,000 in our communities have registered with the NHS Wales App with 773,000 repeat prescriptions ordered & 79,000 appointments booked.
- Workforce productivity gains through releasing clinical and administrative time through automation, digital workflows & reduced duplication.
- Digital services supporting reduced time to triage – 16.7% reduction across all sites. Reduced reception bottlenecks; improved operational resilience..

- Improved patient experience and empowerment through prostate cancer app providing faster access to test results and access to trusted information.
- OpenEyes Electronic Patient Record replacing fragmented and paper-based Ophthalmology processes with a unified, digital clinical record designed specifically for Ophthalmic pathways is now live with further expansion planned
- Radiology Information System implementation progressing with planned reintegration into Clinical Work Station.
- Electronic Prescribing and Medicines Administration pilot continuing with lessons learned informing wider rollout.
- The implementation of the new blood transfusion system has realised a significant reduction in manual data entry by up to 60%; Improved regulatory compliance.
- Digital maternity services has delivered a 90% reduction in paper use and support those who are pregnant through use of a digital app.
- Data & Analytics has continued to support services through analytical insight, modelling and decision support.
- The Data & Analytics Academy has been established and s suite of data and analytics courses is now available.



Priorities going forward

The report highlights the progress made in 12 months since approving the Gwent 35 and key next steps are summarised below. In addition to this annual report, the Board also received detailed updates on key strategic work via the rolling schedule of deep dives into the Transformation Programmes.

Better Health

- Wider roll out of Vaccination Brief Advice training
- Deliver the first community appointment day for MSK conditions, inviting over 150 patients from the waiting list
- Embed a sustainable MECC model for early years
- Deliver coordinated pan-Gwent communications plan that will actively reduce the use of nicotine and vaping
- Support implementation of the practical priorities from the Value of Third Sector report
- Progress the South Monmouthshire proof of concept for population health management & strategically shape the direction across Wales
- Further develop our Integrated Wellbeing Network suite of resources and connect our community assets

Better Health

- Implementation of the Older Persons Pathway delivering a Home First, place-based model of care for older people
- Costed delivery plan for place based care in place
- Develop Cancer Strategic Plan
- Strengthen Same Day Emergency Care, ambulatory care and acute medicine pathways
- Enhancing support in dementia & of life by expanding companion roles across hospital, community and care home setting
- Implementation of a suite of tools including trusted assessor, community pull, and discharge events
- Targeted implementation of any additional funding received to support improving planned care
- Undertake scoping for further Women's Health Hubs

Better Lives

- Exit plan for the services that are reliant on the Regional Integrated Fund provided by Welsh Government
- Continue to deliver warm home prescriptions throughout the upcoming Winter
- Support our cancer cafés to grow and thrive
- Embed our Integrated Wellbeing Networks and ensure their sustainability post the Regional Integrated Fund
- Continue successful delivery of Newport Nature Prescription and look to roll out to other areas
- Develop and deliver a coordinated programme of work to support vulnerable women

Keys to Success

- Continue to develop a multi faceted offer for staff wellbeing
- Develop a culture insight dashboard
- Continue to promote compassionate leadership
- Continue to achieve Ward Accreditation across the organisation
- Improve concerns and complaints timeliness
- Develop a new Quality Strategic Plan
- Continue to deliver our road map to financial sustainability
- Continue to contribute to the development of an NHS Wales Estates Strategy & complete RPB asset mapping
- Progress procurement of a strategic digital partner to support delivery of the strategic digital transformation plan
- Support the organisation to embed sustainable healthcare improvement principles into everyday practice.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

GWENT 35

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



DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships, Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan 2027/28 and IMTP 2027-2030 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

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

The Health Board is commencing development of its Annual Plan 2027/2028. The Plan must respond to Welsh Government's Programme for Government 2026–2030, the anticipated NHS Wales Planning Framework and the Health Board's escalation requirements which include the need to deliver a credible route to financial sustainability. The Plan is also the principal delivery vehicle for the Health Board's Gwent 2035 Strategy which will be moving into its second year.

This paper sets out the proposed approach, priorities, governance and timetable, incorporating lessons from the 2026/27 cycle and the direction being discussed at Board Development on 8th October 2026.

Cefndir / Background

The NHS Finance (Wales) Act 2014 requires the Health Board to prepare an Integrated Medium-Term Plan covering a three-year period and to demonstrate financial balance over that period. Welsh Government's Annual NHS Wales Planning Framework sets the national policy, performance, quality, workforce and financial requirements, supported by a Minimum Data Set and quarterly delivery reporting. Due to the current escalation status, the Health Board is required to submit an Annual Plan with a 3-year intent to financially balance.

The 2026/27 planning cycle achieved stronger divisional and enabler engagement, more consistent submissions and improved integration. Learning from the cycle identified the need for clearer organisational priorities, earlier access to data, stronger triangulation,

increased time for challenge where submissions do not meet priorities, shorter and more focused divisional plans, with earlier decision points.

The Welsh Government Programme for Government 2026–2030 places prevention, care closer to home, reduced waiting times and stronger integration of health and social care at the centre of national policy. It also prioritises surgical hubs, a National Clinical Services Plan and cancer strategy, a long-term workforce strategy, a ten-year digital strategy using AI and better data, sustainable health and care facilities, and stronger outcomes-led accountability.

The Plan must translate this direction into deliverable local priorities and explicitly connect service redesign with workforce, digital, estates, capital and partnership dependencies. The priorities for 2027/2028 will demonstrate this by:

- 1. Maintaining patient safety and quality while making necessary service and workforce changes;
- 2. Sustaining improvement in urgent and emergency care and support de-escalation;
- 3. Delivering a credible step towards financial sustainability and the three-year recovery route map;
- 4. Accelerating delivery of Gwent 2035 through prevention, reduced inequalities, place-based care and greater community capacity;
- 5. Improving cancer performance and outcomes; and
- 6. Setting realistic expectations for other priorities, based on core capacity, productivity, efficiencies and available resources.

Gwent 2035 provides the strategic framework of Better Health, Better Care and Better Lives. The Plan must continue the measurable delivery, including the shift from hospital-led activity towards prevention, neighbourhood and community models, seamless pathways and more integrated working across health, social care and public services.

The starting point remains challenging. The Health Board continues to face high occupancy, delayed discharges, emergency demand and constrained diagnostic, theatre, primary care, community and workforce capacity. Performance is comparatively strong in a number of areas, but cancer, urgent care, long-wait pathways, vaccination, screening and neurodevelopment waits require sustained improvement. These pressures must be addressed alongside widening inequalities identified in the Joint Strategic Assessment.

The financial plan currently identifies a requirement for £107m of savings over three years to reach sustainability. This is dependent on material assumptions, including unconfirmed Welsh Government funding, cost and income pressures, the Welsh Risk Pool position and the timing of decisions, quality impact assessments and consultation. Although the £45m 2026/27 target may be achieved, reliance on non-recurrent savings masks underperformance elsewhere. The Plan must therefore begin with the recurrent budget position and set out deliverable, recurrent savings aligned to strategic and Value and Sustainability workstreams.

Asesiad / Assessment

1. Approach & Timeline

The proposed approach retains the strengths of the previous cycle but brings draft and final submissions forward to increase Divisional, Executive and Board scrutiny. Support for divisional and corporate planning will be strengthened and there will be greater emphasis on clear baselines, productivity, activity, affordability and delivery. Planning will be structured around four connected disciplines: a clear baseline and delivery position, underpinned by quality of delivery and full triangulation activity, workforce and finance; financial stabilisation; and clarity of expectations through tiered priorities.

Figure 1



This needs to take account of the second-year delivery plan for Gwent 2035. It will also align with the Maturity Matrix Assessment and action plan, support de-escalation criteria for planning and finance, and show how the Programme for Government is translated locally. Each priority must identify outcomes, accountable delivery arrangements, milestones, benefits, dependencies and the resources released or required.

2. Governance and Key Dates

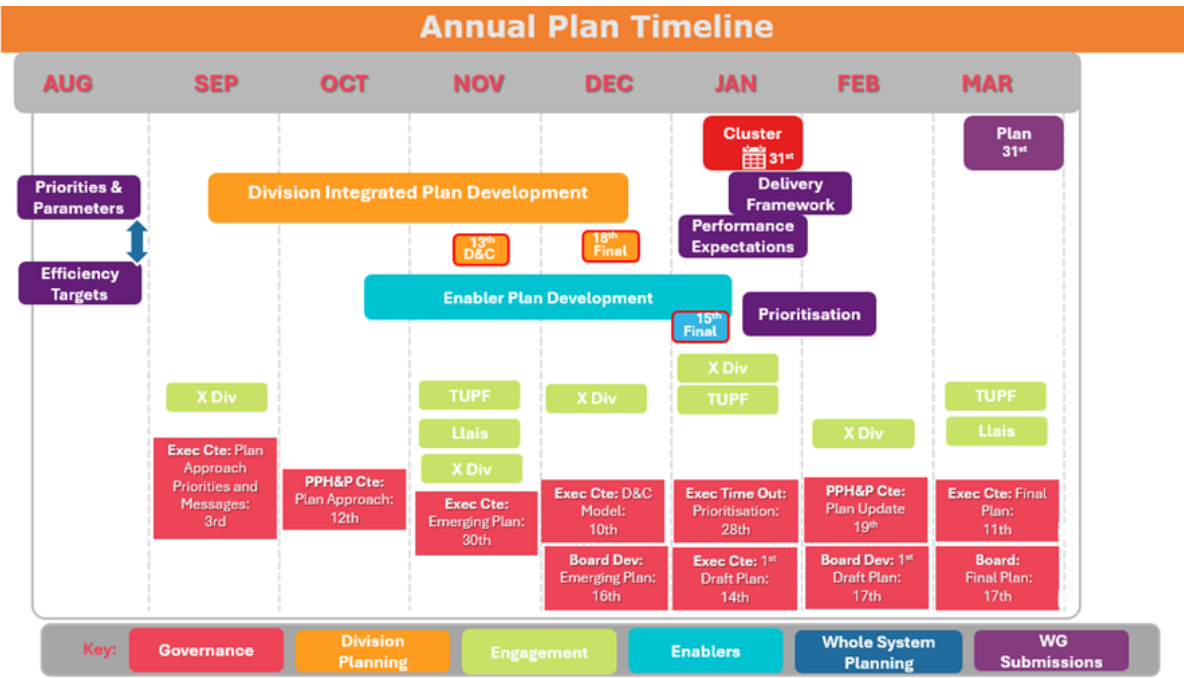
The planning cycle will operate from autumn 2026 to March 2027. Earlier submissions from divisions, programmes and enablers will provide sufficient time for comprehensive triangulation, scrutiny and refinement. Subject to confirmation through the NHS Wales Planning Framework, the Board is expected to approve the final plan for submission to Welsh Government by 31 March 2027.

The diagram below illustrates the planning cycle and the following key milestones:

- **Formal confirmation of organisational priorities**, planning parameters, efficiency targets and performance expectations before detailed planning commences;
- **Issuance of integrated planning requirements** to divisions, programmes and enablers, supported by finance, workforce, performance, quality, digital and estates partners;
- **Development of integrated delivery plans** informed by demand and capacity, activity, productivity, workforce and recurrent budget baselines;
- **Use of January as the principal decision-making period**, with protected time to agree priorities, accept risks and resolve performance and financial trade-offs;

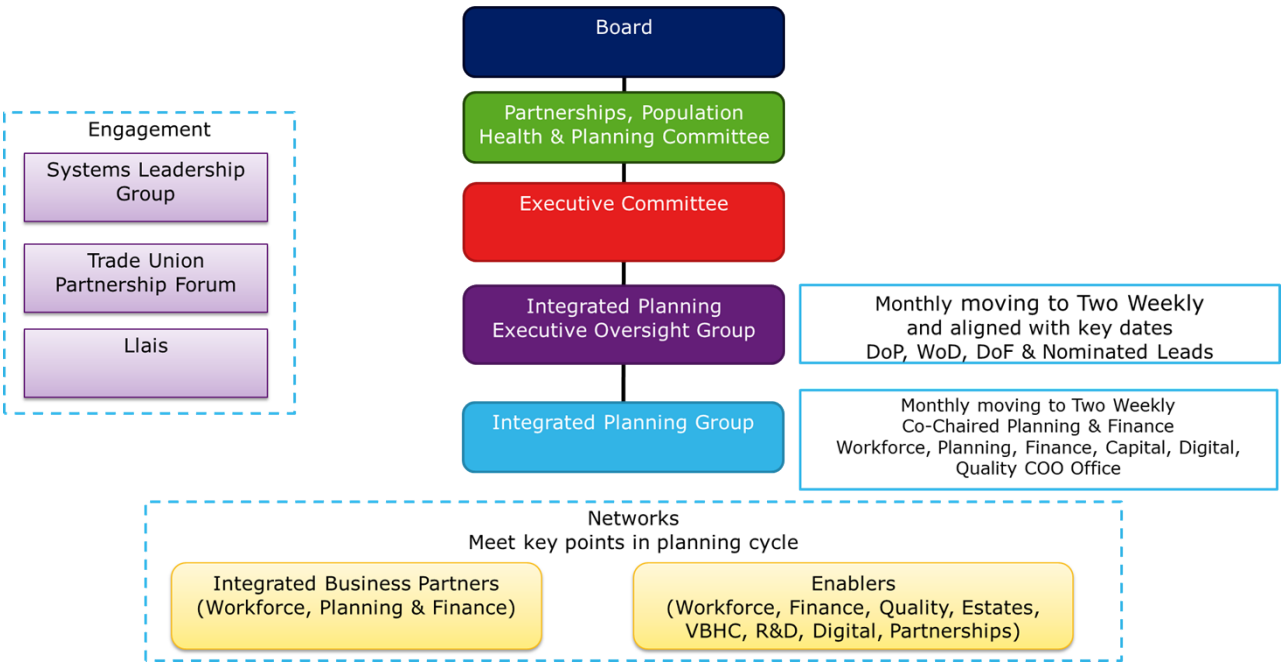
- **Provision for iterative scrutiny** by the Executive Committee, relevant committees and the Board at the emerging, first-draft and final stages before submission.

Figure 2



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

Figure 3



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 in place from September until March.

Table 1: Key Governance and Planning milestones 2026/27

Key governance and planning milestones 2026/27			
Topic	Meeting	Date	Outcome
Prioritisation	Executive Time Out	3rd September	Shape priorities, parameters and organisational messages.
Prioritisation	TUPF	22 nd September	Share priorities, parameters and organisational messages.
Prioritisation	Board Development	8 th October	Confirm priorities, parameters and organisational messages
Plan approach	PPH&P Committee	12 th October	Review the approach, governance and timetable.
Planning launch	Divisions and enablers	Oct	Issue priorities, parameters, efficiency targets, performance expectations and planning requirements.
Emerging plan	Executive Committee	30 November	Review emerging position and resolve gaps.
Emerging plan	Board Development	16 December	Test strategic alignment, choices and risk.
Priorities and parameters	Executive Committee	14th January	Confirm key decisions, efficiency targets and performance expectations.
First draft plan	Executive Committee	28 January	Scrutinise the first integrated draft.
First draft plan	Board Development	17 February	Review the first draft and direct final changes.
Final plan	Executive Committee	11 March	Recommend the final plan to Board.
Final plan	Board	17 March	Approve the Annual Plan before Welsh Government submission.

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

3. Priorities

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

Table 2: Key Ministerial Targets

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

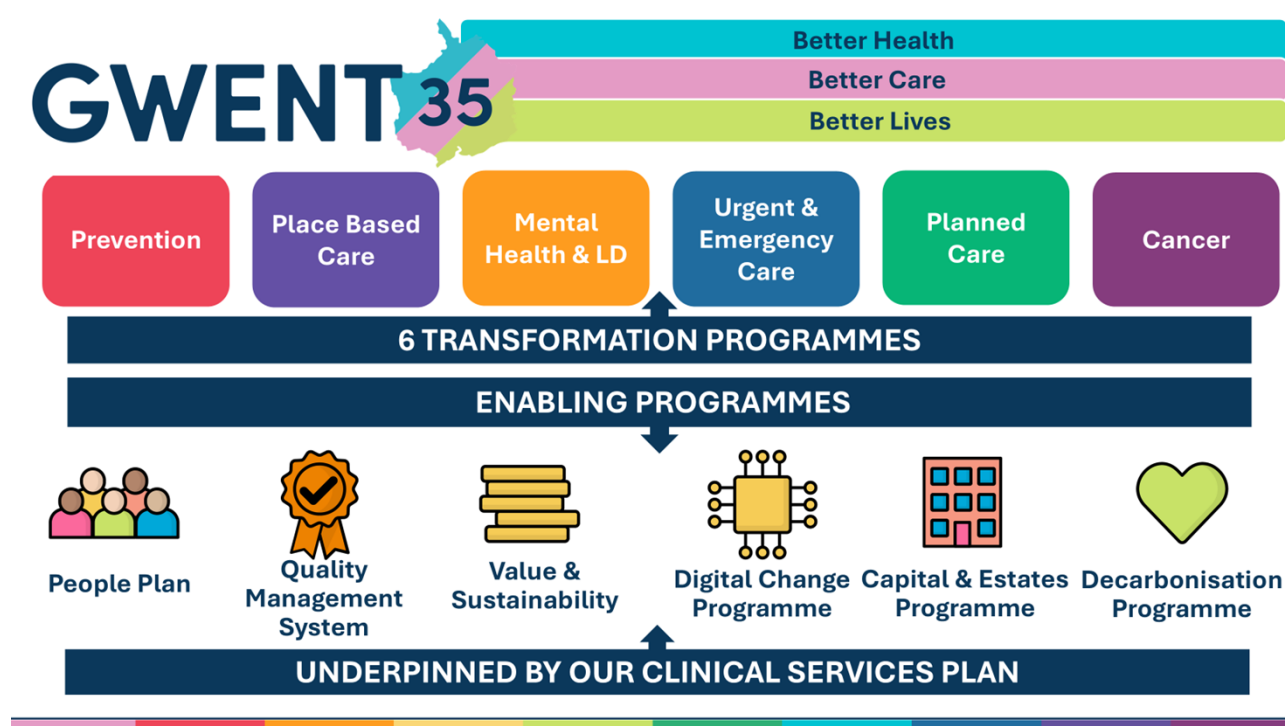
The priorities are proposed in two tiers. Tier 1 covers non-negotiable organisational outcomes: patient safety; sustainable urgent and emergency care; improved cancer outcomes; and a sustainable financial plan. Tier 2 covers improvement in planned care, mental health and prevention within core capacity, with transparent statements of what additional resource or redesign would be required to deliver fully.

Tables 3 and 4: Proposed Tier 1 and 2 priorities

Tier 1		
Objective	Output	Delivered through
Patient Safety	Delivery of the quality and safety expectations and standards, identifying the risks due to capacity gaps - service changes that could affect patient care will need a QIA Screening Tool	Divisional Quality Priorities Annual Plan
Sustainable UEC	Safe Urgent and Emergency Care pathways Meeting national targets De-escalation	UEC Programme Place Based Care
Improve Cancer Outcomes	Meet the national performance targets	Cancer Programme
Sustainable Financial Plan	De-escalation	Delivered through V and SB priorities

Tier 2		
Objective	Output	Delivered through
Performance improvement targets within core capacity, confirming what it would take to fully deliver Planned Care, Mental Health, Prevention	Progress against performance improvement targets within core capacity, confirming what it would take to fully deliver	Programmes: Mental Health Planned Care Prevention

Commissioning of plans will require every division, programme and enabler to show its contribution to achieving the priorities and alignment to the strategic direction set out through Better Health, Better Care and Better Lives and also to the national direction on prevention, care closer to home, integrated services, waiting-time recovery and stronger accountability. Cross-cutting enabling plans for workforce, digital and data, estates, capital and partnerships must be developed alongside service plans rather than added retrospectively.



4. Parameters

Quality and patient safety will remain the golden thread. Plans must start from the recurrent budget and a clear baseline of current workforce, activity, performance, demand and capacity. They must demonstrate how services will operate within available resources, the efficiencies and productivity improvements required, the safety and performance consequences where the baseline is insufficient, and the choices or service redesign needed. New initiatives should be considered only after core requirements, identified risks and affordability have been addressed. Each division/budget holder is required to submit a plan on 18th December which achieves financial balance.

Plans must demonstrate:

1. Patient safety and quality requirements, with Quality Impact Assessment screening for service or workforce changes that may affect care;

2. A recurrent financial baseline and a deliverable contribution to the £107m three-year sustainability requirement, distinguishing recurrent from non-recurrent savings;
3. Integrated quality, activity, performance, workforce and finance trajectories, underpinned by demand and capacity assumptions;
4. Productivity and efficiency opportunities, with named owners, milestones, benefits, dependencies and implementation risks;
5. Delivery of Tier 1 priorities and realistic trajectories for Tier 2 priorities within core capacity;
6. A measurable shift towards prevention, inequalities reduction, place-based and community care, including health and social care dependencies; and
7. Explicit digital, data, workforce, estates, capital, regional and partnership enablers.

5. Risks

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

- The ability to maintain safety, quality and core delivery within current funding and workforce constraints;
- Organisational capacity to plan during winter pressure, including the need to protect January decision-making time;
- Achieving Board alignment on the approach, strategic choices and risk appetite;
- Delay or change in the NHS Wales Planning Framework, budget allocation or national performance expectations following the new Programme for Government;
- The scale of the £107m three-year savings requirement, dependence on unconfirmed assumptions and the risk that non-recurrent action does not create a sustainable run rate;
- Implementation lead times arising from Board decisions, quality impact assessment, engagement and public consultation; and
- Divisional capacity, wellbeing and the risk that the plan becomes over-ambitious without firm prioritisation and stopping choices.

6. Next Steps

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

- Complete early assessment of the Programme for Government, Joint Strategic Assessment, regional plans and national clinical, workforce, digital and estates requirements;
- Confirm the tiered organisational priorities, planning parameters, efficiency expectations and decision rights;
- Finance to provide recurrent budget baselines and assumptions, including the required divisional contribution to the three-year recovery route map;
- Issue integrated planning requirements and a common dataset for quality, activity, performance, workforce, finance and demand and capacity;
- Mobilise continuous business-partner support and early challenge through the Integrated Planning and Enablers networks;
- Protect the January prioritisation and decision window in order for the choices to be agreed before the first full draft.

These actions will enable the Executive Committee and Board to agree a focused and affordable planning mandate, with sufficient time for robust triangulation, scrutiny and iteration before final approval in March 2027.

Argymhelliad / Recommendation

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

Note the changed national, strategic, performance and financial context;

Endorse the proposed approach, tiered priorities and planning parameters for the Annual Plan and 2027–30 IMTP; and

Support the governance and timetable, including protected decision-making time and early agreement.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.
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 Termiau: 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
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Workforce plans must demonstrate affordability, productivity, sustainability and staff experience, triangulated with demand, activity and cost.
• Service Activity & Performance	The approach requires realistic performance trajectories based on core capacity, with priority given to patient safety, urgent and emergency care, cancer, planned care, mental health and prevention.
• Financial	The IMTP must set out a credible contribution to the £107m three-year savings requirement, based on recurrent budgets, deliverable recurrent savings and explicit assumptions, dependencies and risks.
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.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Estates Strategy Development Approach 2026-2027
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Hannah Capel, Assistant Director of Capital Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

- The Committee is asked to consider and discuss the proposed approach, governance arrangements and timeline for the development of the Health Board's new Estates Strategy.

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The extant Estates Strategy (2018-2028), refreshed in 2021, has provided the framework for capital investment and estate transformation across Aneurin Bevan University Health Board. Significant progress has been made against the strategy's priorities, including delivery of the Grange University Hospital, Health and Wellbeing Centres, lease rationalisation and major site reconfiguration programmes.

In light of changes to clinical models, service demand, workforce, digital capability, partnership arrangements and the condition of the estate, a refreshed long-term Estates Strategy is required.

The Estates Strategy Development Programme is being undertaken at a time of significant organisational, regional and national change. The Health Board faces increasing challenges associated with ageing infrastructure, backlog maintenance liabilities, legislative compliance requirements, changing models of care, decarbonisation requirements, Reinforced Autoclaved Aerated Concrete (RAAC) risks, and opportunities arising from new ways of working and estate rationalisation. The estate remains a critical enabler of safe, effective and modern healthcare delivery.

The development of a refreshed Estates Strategy will also respond to emerging Welsh Government policy. In August 2026, Welsh Government commenced development of an NHS Wales Estates Strategy, identifying the reduction of backlog maintenance and under-utilised estate as national priorities. Health Boards have been asked to undertake comprehensive reviews of estate utilisation, condition and future service requirements to support a national approach.

Further to the presentation made to the Partnership, Population Health and Planning Committee October 2025, the following paper provides an update on progress made against the Estates Strategy including expected timescales for completion and also an update on key strategic schemes for the Health Board.

Cefndir / Background

The vision set out within the extant Estates Strategy is for a sustainable, future-focused and fit-for-purpose estate that supports service delivery, improves patient outcomes and experience, enables staff, supports partnership working and remains financially viable. The estate is recognised as a core enabler of service transformation and delivery.

Key Principles

Future focused	Fit for purpose for the next 5 to 10 years and flexible enough to accommodate future changes
Sustainable	Delivers on the principles of the WBFG Act 2015 and demonstrably makes the most effective use of all available resources
Fit for purpose	Supports the major service objectives by optimising the configuration and utilisation of space and reducing backlog maintenance
Motivating and Enabling Staff	Should have excellent facilities, positive environments, enough space, flexible arrangements and equipment to do their jobs
Support service delivery	Ensures the built environment and equipment are suitable to enable delivery of services in the right place to support the best outcomes and experience

Financially viable	Delivers demonstrable Value for Money for our community and optimises the resources available for direct patient care
Partners	Enables the Health Board to manage demand, improve services and provide better outcomes for patients through co-design and co-location where appropriate

The existing strategy has driven significant capital and estate developments, including:

- Delivery of the Grange University Hospital,
- Development of Health and Wellbeing Centres in Tredegar and Newport,
- Rationalisation of administrative accommodation and leased estate,
- Royal Gwent Hospital service developments,
- Progression of Nevill Hall Hospital reconfiguration plans,
- Rationalisation of services from St Woolos Hospital,
- Development of the new Breast Unit at Ysbyty Ystrad Fawr and;
- Successful management of the Chepstow PFI handback.

Recognising the changing landscape and strategic drivers since 2018 the Health Board has committed to undertake a refresh of its Estates Strategy.

Asesiad / Assessment

1. Approach for future estates strategy

The future Estates Strategy will be developed using a "3 Lens Approach", balancing:

- **Service Need** - assessing how the estate supports current and future service models, population health needs and partnership opportunities.
- **Condition** - considering building condition, statutory compliance, health and safety requirements and backlog maintenance.
- **Utilisation** - evaluating occupancy, efficiency, capacity and opportunities arising from agile working.

This approach is intended to provide an evidence-based framework for prioritising investment and estate rationalisation.

The key features of the refreshed estates strategy will be;

- All owned and leased estate within scope
- Support delivery of Gwent 35
- Underpinned by Clinical Services Plans including Place Based care models, Mental Health service transformation, regional service reconfiguration
- Align with the Gwent Regional Partnership Board (RPB)'s asset mapping and updated strategic capital plan
- Prioritisation of developments based on risk and opportunity, including opportunities to reduce revenue and backlog maintenance

- Key interface with Decarb strategy (in development)
- Maximise opportunities of Agile working and enabling technologies

The strategy will be developed through four phases:



Baseline: Understanding where we are now

Consolidate the work done to date to establish a comprehensive baseline of our estate. This will include commissioning a Condition Survey to assess condition, statutory compliance and utilisation/ occupancy.

Apply the 3 Lens Approach:

- Service Need – alignment to Gwent 35, partnership working and developing clinical services plan
- Condition – age, backlog, compliance risks.
- Utilisation – space occupancy, efficiency, agile working potential.

This evidence base will highlight immediate risks and opportunities and provide the foundation for the Strategy. Assumptions from the previous Estates Strategy will be revisited to ensure they remain valid and relevant in light of changing service, workforce, digital and financial contexts. Furthermore, there will be a review of best practice from other estate strategy development.

Review & refresh: testing the evidence

Analysis will be undertaken of the findings from the Condition Survey and 3 Lens review to identify key risks, gaps, and opportunities but fundamentally ensuring alignment to organisational strategy. Stakeholders will be engaged across clinical, operational, workforce, digital and partner organisations to test findings and gather input on emerging needs. Considering estate requirement alongside opportunities of partnership working and asset sharing will be a key principle. This stage ensures that the strategy reflects current realities, addresses high-priority risks, and aligns with wider organisational plans.

Develop: shaping the strategy

Strategic priorities for the estate will be developed, with a change roadmap outlining developments & disposals. Engagement will be undertaken across the organisation, our population and with partners, ensuring the estate supports future ways of working and service needs.

At each key stage, Board development sessions will be undertaken in order to shape, construct and agree the strategic priorities and change roadmap informed by the engagement outcomes. An Estates Strategy document will be produced, setting out short, medium, and long-term priorities and the investment required to deliver them.

Delivery: turning strategy into action

The final phase is about turning the 10-year strategy into an action plan. The plan will set out short, medium, and long-term actions, balancing urgent compliance needs with major redevelopment opportunities, taking into account capital availability. Progress will feed into the strategy annual review and IMTP planning cycle to track progress, refresh priorities, and keep the strategy live.

Progress is already underway in relation to Stages 1 & 2, with the following work being undertaken concurrently;

Stage	Work Completed
Baseline	• Review of best practice from other estate strategy development • Established a comprehensive baseline of our acute, primary and community and mental health estate • Undertaken review of all lease accommodation to understand current utilisation • Undertaken a review of admin accommodation to understand current utilisation and agile working potential
Review & Refresh	• Started to risk assess estates and developed four key priorities to be taken forward • Established opportunity log based on utilisation

The proposed strategy development approach aligns closely with emerging Welsh Government requirements to develop an NHS Wales Estates Strategy which identify:

- NHS backlog maintenance estimated at between £1.4bn and £2bn nationally.
- Up to 40% of NHS estate potentially being under-utilised.
- A requirement to reduce estate footprint where appropriate.

- Increased focus on disposal of surplus estate.
- Better utilisation of existing accommodation.
- Alignment of estate investment with modern service delivery models.

In addition to this work, the Welsh Government has also requested detail on Health Boards baseline data, so that can it inform an all Wales Estates Strategy, which ABUHB are actively supporting.

2. **2018-2028 Estates Strategy Priorities**

An updated assessment has been undertaken on the 21 priorities in the extant estate strategy to understand how these priorities will be considered in the estates strategy refresh.

High Priority:

SO.1	Reconfiguration & rationalisation of Royal Gwent Hospital to support the planned closure of SWH and other service developments.	Work in Progress
SO.3	Reconfiguration and rationalisation of Nevill Hall Hospital post to support the planned Satellite Radiotherapy Unit and other service developments.	Work in Progress
SO.3	Reconfiguration of the St Woolos Hospital site following relocation of services to RGH, potential disposal or demolition of the old estate.	Work in Progress
SO.5	Chepstow Hospital - Review and understand existing PFI	Complete
SO.7	Pursue the further development of a Mental Health Specialist Services Inpatient Unit (previously Low Secure Unit) following sign off of models of care.	On Hold
SO.9	Relocate in patient services from Ysbyty Tri Cwm to YAB and explore the potential for the hospital.	On Hold
SO.13	Adoption of Agile Working principles to assist in the reduction of the significant amount of office accommodation.	Work in Progress
SO.12	Continue to review and update the prioritised plan for the creation of "Hubs" and other service changes utilising the existing estate.	Work in Progress
SO.14	Backlog maintenance.	Work in Progress

Medium Priority:

SO.4	Further develop service strategy for County Hospital.	Work in Progress
SO.8	Explore the potential for disposal / demolition of the older St Cadoc's estate.	On Hold

SO. 11	Continue to develop Masterplan for the future use of the Llanfrechfa Grange site in conjunction with TCBC and adjacent landowners.	Work in Progress
SO.17	Lease rationalisation.	Work in Progress
SO. 15	Energy Strategy -to both reduce emissions and achieve the Welsh Government Energy performance target.	Work in Progress

Low Priority:

SO.6	Ensure existing services and facilities at Monnow Vale (service plan, PFI and VFM).	Work in Progress
SO.10	Explore the potential for disposal of the whole or vast majority of the Maindiff Court site.	On Hold

3. Emerging Strategic Priorities

Notwithstanding the work set out above, four key priorities have been identified that will be taken forward to ensure a sustainable estate footprint aligned to organisational strategy;

1.Nevill Hall Hospital

A strategic outline case (SOC) was submitted to Welsh Government in November 2025. The case set out the urgent driver for change being the presence of RAAC. A number of follow up discussion have taken place in order to test options and assumptions. The Health Board is keen to move to OBC stage in order to enable full testing of assumptions, space requirements, modern methods of construction and costings. During strategic outline case development the clinical models have been reviewed and considered for NHH from a whole system perspective, which has resulted in a requirement for a reduction in the overall footprint, by right-sizing of services to reflect population needs and increased efficiency.

The SOC proposes a to explore the options of -

- **Do Minimum** - RAAC Removal Only -Option 3 within SOC
- **Reconfiguration and RAAC removal Medium** - -Reconfigure NHH – RAAC removal + redesign (*excluding* ward refurb) - Option 4.4a within SOC
- **Reconfiguration, RAAC removal and wider estate improvement** – ‘preferred way forward’ - Option 4.4b within SOC

Current feedback from the WG indicates that advice has been presented the Cabinet Secretary for Health and Social Services, recommending that the Health Board is allowed to proceed forward to develop the options for an OBC, ensuring the following -

- The presence of RAAC is removed,

- The estate is rationalised by right sizing the building to meet the service need,
- Regional opportunities, including a Surgical Hub are explore and included where deemed appropriate.

2. St Woolos Hospital

It is an organisational objective to rationalise and decommission the majority of the St Woolos site, leaving only the Casnewydd facility on that site. Significant progress has already been made with services already relocated from large parts of the site. The project is currently looking to finalise reconfiguration and relocation options that exist in the Casnewydd building on St Woolos site and/or in the Royal Gwent hospital or elsewhere in Newport. Discussion have taken place with the WG's Capital and Estates Team in terms of the Boiler House Project and whether it should form part of the wider project or should be progressed independently alongside the wider reconfiguration work. It has been agreed that SOC will be developed, setting out all these options to be considered by WG. It was agreed however, that following the SOC, there would only be a requirement for a BJC due to the limited number of options available. It is anticipated that the SOC will be presented for Board approval in quarter 4 26/27.

In summary:

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.

3. Mental Health

It is widely recognised that the quality of the Mental Health and Learning Disability estate is not as it should be. Through a Mental Health Transformation Programme, work is progressing on new models of care that set out the service design plans and principles which will inform the estate requirements. It will support service transformation and community provision improving utilisation, reducing costs, providing fit for purpose estate for mental health patients. There are three main areas of focus that will impact on estate redesign over the next two years.

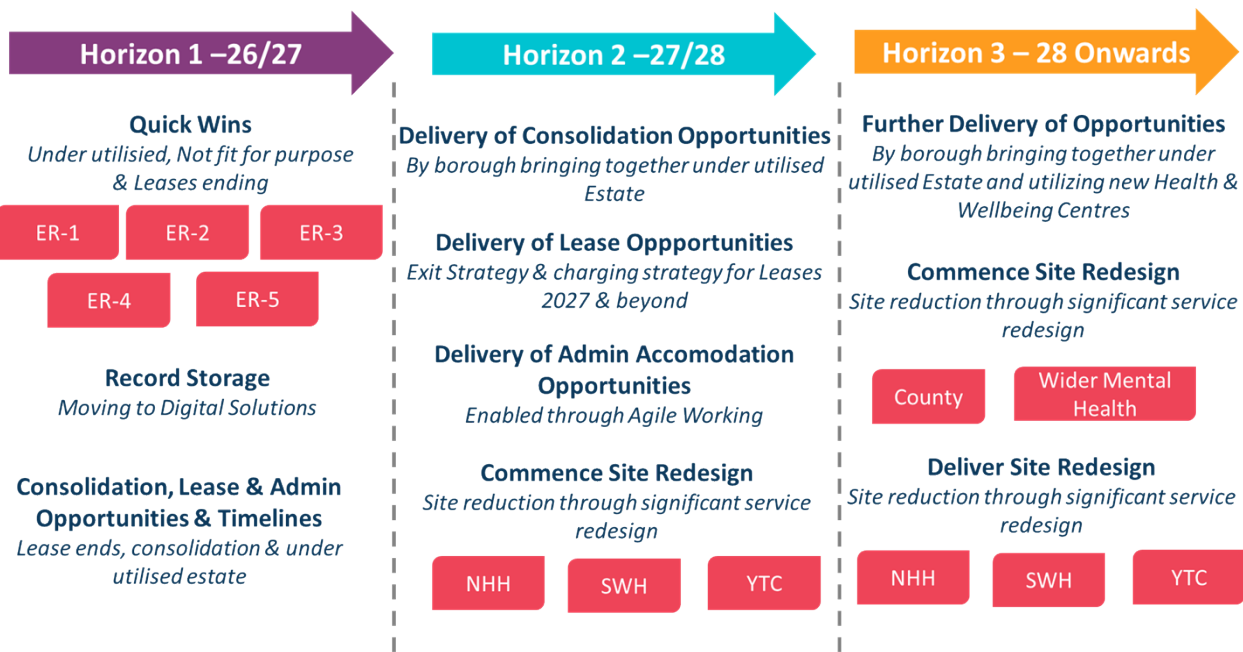
Firstly, looking to reduce the overall in-patient footprint for Learning Disabilities to deliver a community focused model of care. Secondly, consolidating Older Adult Mental Health services to achieve economies of scale which would provide further opportunities for community services. Finally, exploring the potential of the Maindiff Court Hospital site to ensure it's aligned with the strategic direction of the Health Board. These areas of focus will also result in a clear plan for the St Cadocs site.

4.County Hospital

County Hospital is no longer suitable for delivering modern, integrated healthcare services, with many buildings in poor condition and a maintenance backlog of approximately £10.2 million. A site development plan is going to be developed which will set out the phases over the next 2-3 years for reconfiguration and rationalisation. This work will be done so working alongside partner organisations including the Local Authority and Housing Association. A scoping meeting is set up for 13th October with the WG to discuss an appropriate way forward for this project.

4. Estates Rationalisation

In addition to the work set out above, an Estates Rationalisation project has been established under the Health Board’s Value and Sustainability Board with Executive Director oversight and a dedicated programme manager in place. The estates rationalisation programme is based on three horizons;



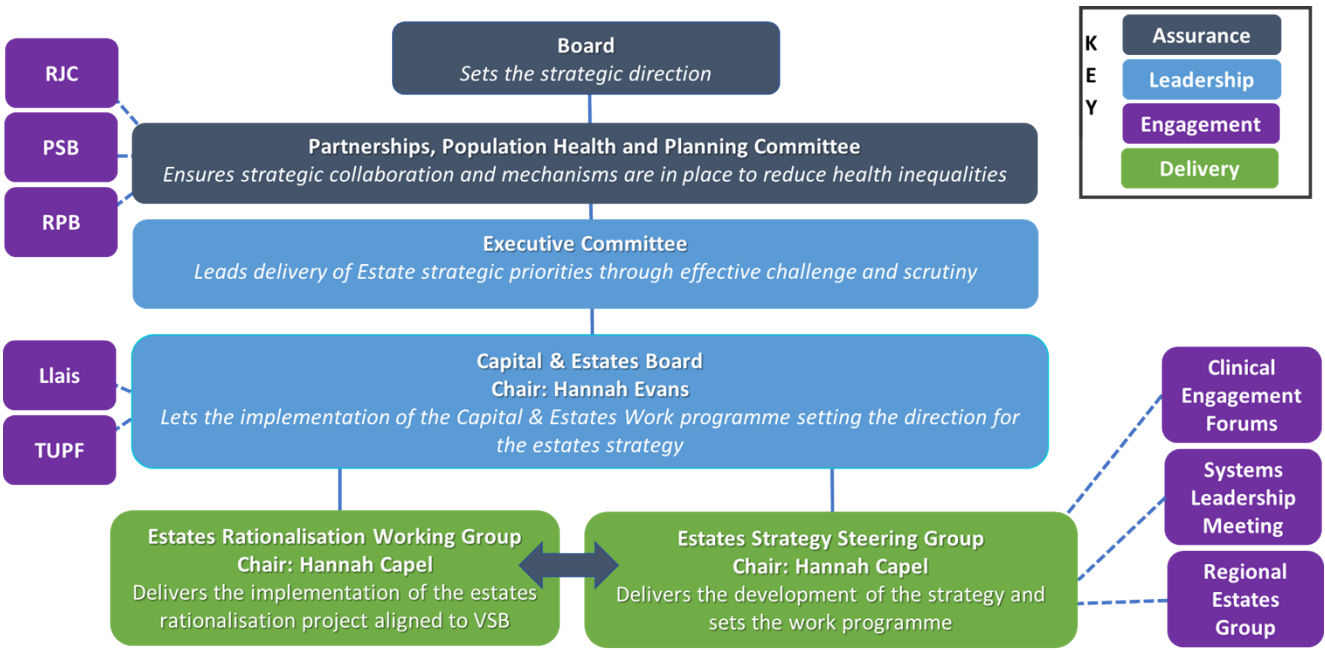
The programme builds on the three-lens approach in place for the Estates Strategy with a greater focus on utilisation, rationalisation and reduction of maintenance backlog.

Achievements to date;

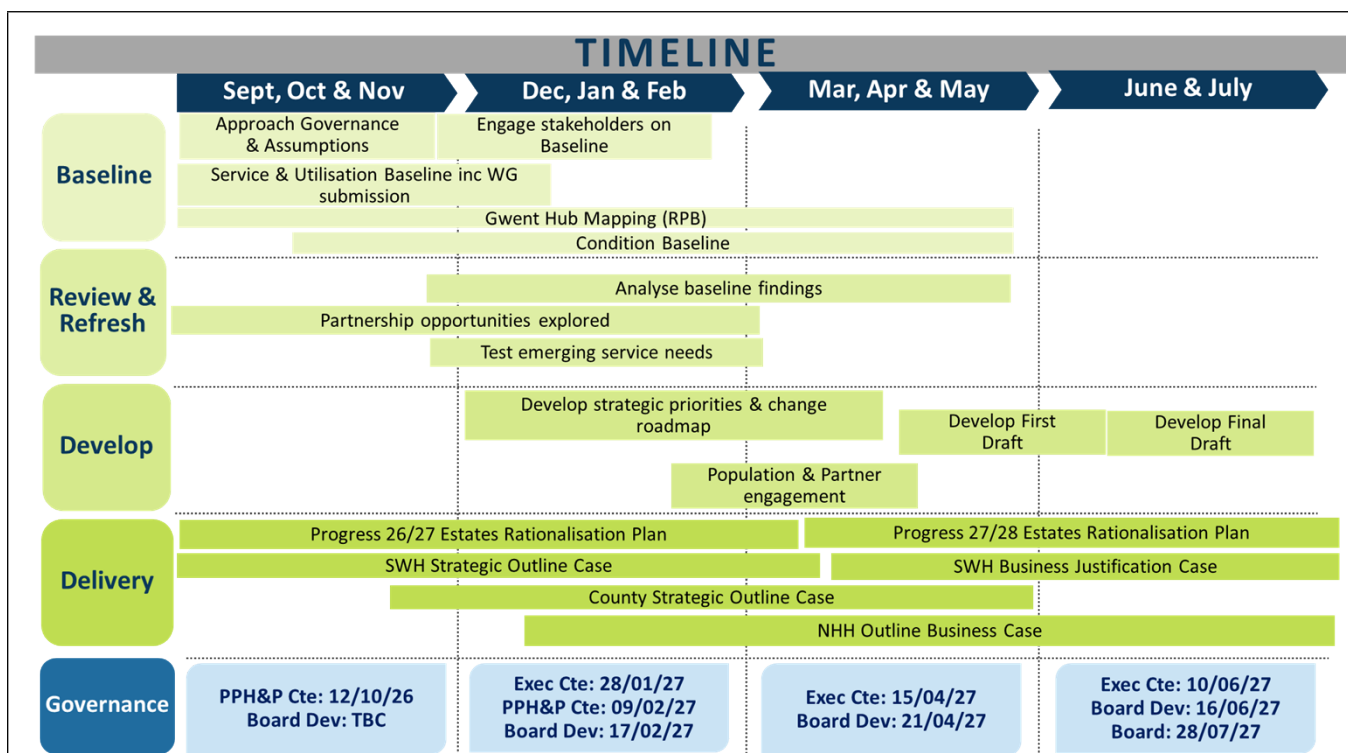
- Delivered £663k savings
- Established opportunity log with pipeline over the next three years
- Development of prioritised record digitalisation plan that supports estate rationalisation
- Delivered dispersal from one accommodation in Quarter 2
- Dispersal options in place for four remaining quick wins for 26/27
- Engagement session with Llais
- Reviewed agile working hub arrangements for equity across the Health Board
- Completed development of a proposal of lease exit plans over the next three years
- Established a register of all admin only accommodation
- Established Master list of record storage across the organisation

5. Strategy Refresh Governance & Timeline

The proposed programme will have the following governance arrangements:



The proposed programme will commence with baseline development during autumn 2026 and progress through stakeholder engagement, Board development sessions and strategy drafting activities, culminating in Board approval during July 2027.



6. Key Risks

The principal risks associated with the development and delivery of the strategy include:

- Estate condition deterioration and increasing backlog maintenance liabilities.
- Capacity constraints to deliver the number of projects set out within the estates plan.
- Affordability and capital availability.
- Delays to strategic business case and business case approvals.
- Failure to align estate plans with evolving clinical service models.
- Stakeholder and partner dependency risks.
- Delays in achieving rationalisation and disposal opportunities.
- Welsh Government approval alignment with critical path

7. Next Steps

Key actions over the next six months include:

- Commission a conditions survey to assess condition, statutory compliance and utilisation/ occupancy.
- Review and agree assumptions from the previous Estates Strategy to ensure they remain valid and relevant in light of changing service, workforce, digital and financial contexts
- Commence engagement with stakeholders across clinical, operational, workforce, digital and partner organisations to test findings and gather input on emerging needs

- Feed into the all Wales Estates Strategy development
- Complete the asset mapping across 5 borough areas to inform asset sharing opportunities through work within the Regional Partnership Board
- Set strategic priorities for the estate with our Board through a focused development session

Argymhelliad / Recommendation

The Committee is asked to:

- To reconfirm approval for the proposed approach to developing the Health Board's Estates Strategy 2028-2038.
- Take assurance that the proposed methodology aligns with emerging Welsh Government requirements for development of an NHS Wales Estates Strategy.
- Take assurance that stakeholder, public and partner engagement arrangements will inform development of the strategy.
- Note the work which is underway in relation to the Health Board strategic priorities including Mental Health, Nevill Hall Hospital, St Woolos Hospital, County Hospital and estate rationalisation.
- Support progression of the programme in accordance with the proposed governance arrangements and timetable leading to Board approval in July 2027

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a
Sgôr Cyfredol:

Datix Risk Register Reference
and Score:

To be completed

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

Choose an item.

[Link to IMTP](#)

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Current Estates Strategy (2018-2028). Estates Strategy Refresh (2021). Estates prioritisation exercise approved in 2024.
Rhestr Termau: Glossary of Terms:	IMTP: Integrated Medium Term Plan. RAAC: Reinforced Autoclaved Aerated Concrete. PFI: Private Finance Initiative. WG: Welsh Government. SOC: Strategic Outline Case
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee. Capital and Estates Board.

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
	Is EIA Required and included with this paper
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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
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 & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Roxanne Green, Head of Service Planning Claire Nelson, Deputy Director of Strategy, Planning & Partnerships

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides a progress update on several ongoing regional and South Wales service planning programmes.

The Partnerships Population Health and Planning Committee is asked to:

Note the Regional Planning update.

Cefndir / Background

The NHS in south-east Wales is working together to improve healthcare for local people. The three University Health Boards serving the region, Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg, provide care for around 1.5 million people across Cardiff, the Vale of Glamorgan, Newport, Blaenau Gwent, Caerphilly, Monmouthshire, Torfaen, Rhondda Cynon Taf, Merthyr Tydfil and Bridgend.

By planning and delivering some services together, the region can make more effective use of NHS resources, helping people access the right care, in the right place, at the right time. This approach does not replace local services but enables specialist expertise, equipment and capacity to be shared across the region where this delivers the greatest benefit to patients.

Regional working and increased collaboration across Health Boards can also create wider opportunities for staff, supporting recruitment and retention by providing access to broader career pathways, specialist practice opportunities, shared training and development, and greater professional networking across the region.

Asesiad / Assessment

An overview of current programmes is set out below:

3.1 Regional Ophthalmology

Following the success of the regional cataract project in 2025/26 which collectively delivered 25,608 cataract surgeries across core, regional hubs and outsourcing, against the plan of 25,045 (+563), work is now underway across three key areas:

- Progressing with Digital Healthcare Wales (DHCW) and the three Health Boards to design a shared waiting list and single point of referral to bring all cataracts patients onto a single list. This will enable greater treat in turn for patients and will streamline regional booking processes. The digital developments for cataracts will be the pathfinder for wider regional services across Wales.
- Agreeing the 2026/27 Regional Cataracts Provider Plan which allocates the funding for the two surgical hubs and regional team costs including the booking team for the three health boards. Finalisation of the remaining funding and governance arrangements will provide greater certainty for delivery of the regional service during the year.
- Developing a regional workforce plan at sub-speciality level, mapping out the high-level pathway, key skills and competencies, and optimum workforce configurations. Current workforce data has been collected across all three health board ophthalmology directorates with the next being to forecast future workforce demand.

3.2 Regional Orthopaedics

The early focus of the Regional Orthopaedics Programme identified primary arthroplasty as a shared operational pressure across all three organisations. With the support of all organisations, a Regional Orthopaedic Plan for primary arthroplasty and Full Business case (FBC) for Phase 2 of the Llantrisant Health Park (LHP) which seeks to establish a new primary arthroplasty hub for additional capacity was developed. In July 2026 the Plan and business cases were approved by the three Health Boards for submission to Welsh Government to request the associated capital and revenue. The business cases were approved by the Cabinet Secretary for Health and Care on 10th September.

Work is underway to identify the next opportunities that could be undertaken as a region, with elbows under consideration and confirming the regional approach to patient optimisation and pre-operative assessment.

3.3 Regional Pathology

The Regional Pathology Programme has been established to oversee the identification, development and implementation of regional pathology solutions and standardisation of practice across south-east Wales. While the programme spans all

pathology disciplines, the initial focus is on Cellular Pathology and exploring the potential for a centralised model of Cellular Pathology services to address regional shortfalls in workforce and estate. A dedicated working group has been established to develop the case for change, alongside an associated options appraisal of available NHS estate across the region.

To support this work, and to inform wider opportunities for standardisation in practice, a region-wide Cellular Pathology benchmarking exercise has been completed, establishing a 2024–25 baseline dataset across key domains which is currently undergoing validation. A further iteration is nearing completion to incorporate 2025–26 data, alongside refinements to data collection processes. In parallel, Digital Cellular Pathology (DCP) is progressing through formal procurement, with the tender published and a supplier award anticipated in autumn 2026. A dedicated programme board is being established to oversee implementation planning, rollout sequencing and clinical engagement, supporting the transition to digital reporting.

3.4 Regional Endoscopy

The contract for the Independent Sector Provider (ISP) who will deliver Endoscopy at LHP is being progressed with all inputs completed except for the lease arrangements which will follow. Whilst in September 2025 ABUHB Board endorsed the principle of commissioning endoscopy activity at LHP to the equivalent of five sessions based on future demand and capacity requirements, it emphasised the need for further consideration of business cases and revenue funding as the plans developed.

HEIW (Health Education and Improvement Wales) has submitted an updated business case for Phase 2 of their Endoscopy Plan (with Phase 1 funded from their existing allocation) to Welsh Government for funding of consisting of three elements:

- Establish a Training Academy Hub in LHP and regional training centres in SW Wales and North Wales
- Introduce accelerated training
- Appoint National Training Faculty to support delivery of both training centre and accelerated training

Due to uncertainty on the funding arrangements, Executive led discussions are ongoing with Welsh Government. The Health Board previously recognised the importance of maintaining oversight of workforce arrangements, particularly the development of the endoscopy training academy, to ensure a sustainable pipeline of skilled staff but noted that any agreement to invest in would be subject to the required additional resources being made available.

3.5 Regional Joint Committee

The Regional Joint Committee (RJC) workplan is currently focussed on the following areas:

- Elective Recovery response: Establishing a Regional Planned Care Board to oversee the implementation and support collective accountability
- Working up the potential for a commonality of approach to Clinical Services assessment and planning across the region and beyond.
- Developing a common Demand and Capacity approach to underpin the next IMTP Planning cycle 2027/28

3.6 Regional Communications and Engagement

A coordinated south-east Wales regional communications and engagement approach has been developed to support regional programmes, ensuring consistent and aligned engagement across the three Health Boards. This work is being progressed through the recently established SEW Regional Engagement Forum, bringing together communications, engagement and workforce leads to establish a shared approach.

The early focus has been on the development of a regional communication and engagement framework and plan, enabling early engagement with the public and workforce, and providing a consistent framework to support programme development while allowing for local adaptation. The framework and plan will remain live documents to best support ongoing development of regional programmes.

Argymhelliad / Recommendation

The Partnerships Population Health and Planning Committee is asked to:

Note the Regional Planning update

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR001F SRR007A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
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:	LHP: Llantrisant Health Park RJC: Regional Joint Committee SEW: South-East Wales
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Winter Plan 2025/26 Evaluation and Development of Winter Plan 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Claire Nelson, Deputy Director of Strategy, Planning & Partnerships Paul Steynor, Head of System Planning & Performance

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 Health Board and Region are currently preparing for Winter 2026/27. As part of the preparations, a review has been taken of the Winter Plan 2025/26 to evaluate its delivery and impact and consider whether the planned mitigations were implemented, how actual winter demand compared with the planning assumptions, and what can be learned for future winter resilience planning. This review is attached as Appendix 1. The Winter Preparedness readiness spreadsheet submitted to NHS Performance & Improvement is attached as Appendix 2. It sets out the current actions in place

or to be taken to improve whole system resilience in the run up and during Winter. It includes a RAG rating of our current position against these actions.

The Committee is asked to:

- **Note** the evaluation of the Winter Plan 2025/26 and the learning that can be applied in constructing the Winter Plan for 2026/27
- **Note** the current Winter Preparedness Plan for 2026/27 which is a dynamic document and will continue to be updated.

Cefndir / Background

A letter was received from the Managing Director of NHS Wales Performance and Improvement (NHS P&I) and the Chief Social Care Officer for Wales on 23rd July 2026 setting out the requirements for early planning, strong partnership working and proactive action to manage winter pressures.

A template for completing a regional self-assessment, regional assurance and a Health and Care Resilience Plan for the period 1 December 2026 to 31 January 2027 was included. The template is structured around the aim of delivering safer and more resilient urgent and emergency care through prevention, reduced escalation, elimination of corridor care, improved flow and a stronger integrated community response.

Three deadlines were outlined in the letter:

- By **31st July** identify and notify NHS and Social Care Leads of any significant risks, concerns or barriers to delivery by exception
- By **27th August** fully complete and submit the template to support a national readiness assessment
- By **25th September** test plans against a most likely demand scenario and extreme pressure scenario, update plans where appropriate and submit with Health Board and Director of Social Services assurance

After consultation with leads across the Health Board and the Regional Partnership Board (RPB), a response was submitted on 31st July to NHS P&I and Social Services by the designated Senior Responsible Officer (SRO) for Winter Planning within the Health Board: Director of Strategy, Planning and Partnerships. This return outlined the risks and concerns with delivering against Winter pressures which included:

- System capacity and flow
- Care Home and Community sector capacity and resilience
- Health inequalities and vulnerable populations
- Vaccination uptake
- Funding and resource constraints

- Demand management
- Independent Contractor negotiations
- Delays in national communications and modelling

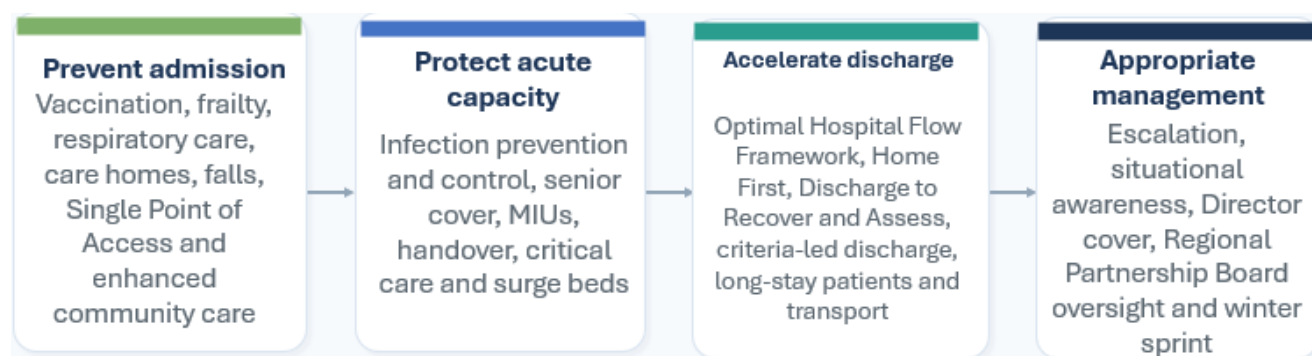
The self assessment templates were submitted by 27th August with Health Board and wider partner input with the majority of actions reported a partial compliance with further work to be undertaken. The template was updated further during September with improved compliance against the actions (Appendix 2) and after Board approval on 28th September was submitted to NHSP&I.

Asesiad / Assessment

Review of the Winter Plan 2025/26 highlighted key learning which has informed the development of the 2026/27 Winter Plan. Lessons include:

- The respiratory wave was not the main pressure
- Whole system demand and constrained flow exceeded forecast
- Additional capacity brought online and Single Point of Access pathways worked
- Implementation of schemes to support with flow and capacity did not realise their full potential due to timeliness of recruitment and sickness

The Winter Plan 2026/27 has been developed in line with previous Winter Plans and lessons learnt and the self-assessment templates provided by NHS Wales Performance Improvement (P&I)/Welsh Government. The four main aims of the whole system Winter Plan 2026/27 are to:



It is proposed that existing regional governance arrangements for Urgent and Emergency Care (UEC) notably the Integrated Discharge Board and the Urgent and Emergency Care Board are used to provide a clear route for assurance, escalation, support and challenge to the Winter Plan.

Individual workstreams i.e. Continuing Health care (CHC) and Vaccinations will continue to be monitored through existing arrangements and feed into the the Winter plan reporting as required. Informal meetings including Gwent Directors and Local Authorities and Health Board Chief Executive Officers are also in place.

Further work is required on the winter plan for 2026/27 so it remains a dynamic document. Work includes:

- Completion of the modelling in line with Public Health Wales intelligence once this is made available
- An assessment of resources for Winter plan in line with review of UEC funding
- Detailed day by day operational actions which are due in November in preparation for the scheduled Winter Sprint
- Confirming the effectiveness of the Winter Preparedness. There are notable metrics for vaccinations, sickness rates and bed occupancy which have been reported on for the last few years and would provide a good indication of where interventions have proved successful.

Argymhelliad / Recommendation

The Committee is asked to:

- **Note** the evaluation of the Winter Plan 2025/26 and the learning that can be applied in constructing the Winter Plan for 2026/27
- **Note** the current Winter Plan for 2026/27 which is a dynamic document and will continue to be updated

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR100F: 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. SRR007A: There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 1.1 Health Promotion, Protection and Improvement 2.3 Falls Prevention 2. Safe Care

Blaenoriaethau CTCl IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCl 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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Learning from winter 2025/26 and the national Winter Sprint approach.
Rhestr Termau: Glossary of Terms:	ARI: Acute Respiratory Infection GUH: Grange University Hospital SPOA: Single Point of Access
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

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



Review of 2025/26 Winter Plan

1. Situation

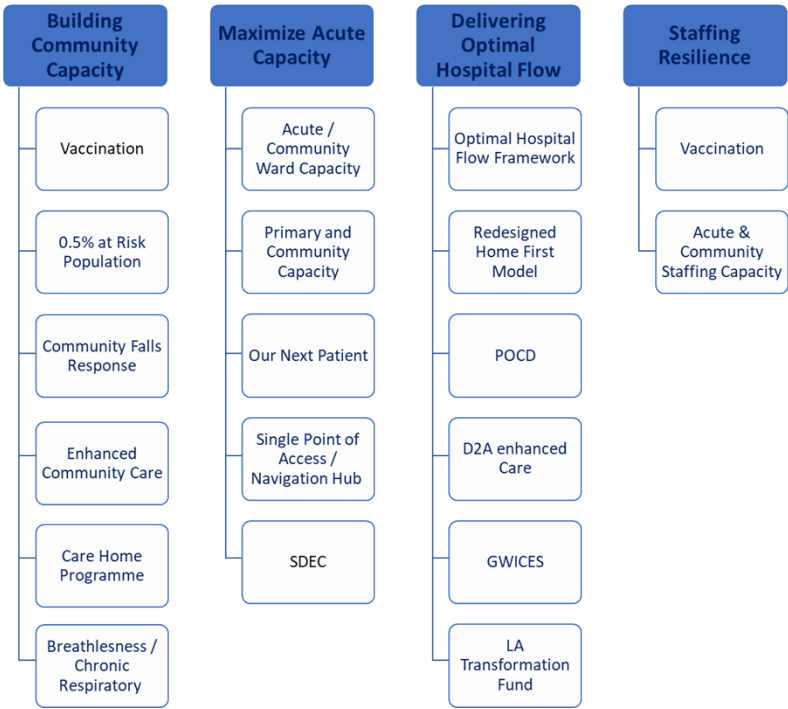
This report evaluates the delivery and impact of the Health Board’s Winter Plan 2025/26 considering whether the planned mitigations were implemented, how actual winter demand compared with the planning assumptions, and what can be learned for future winter resilience planning.

2. Background

The 2025/26 Winter Plan focussed on lessons from the Winter plans of the three preceding years which ranged from the 2022/23 high risk post pandemic capacity plan based around respiratory uncertainty and therefore a large bed requirement to the 2024/25 Plan which had clear and quantified plans in response to the National 50 day discharge challenge. Unlike the 2024/25 Winter Plan, no national funding was made available by Welsh Government to support Winter Plans in 2025/26.

A draft Winter Plan which preceded receipt of national modelling scenarios was presented to the Board in September 2025 and focused on four main themes with priority actions under each as outlined below:

Fig 1: Themes and Priorities of the Draft Winter Plan 2025/26



Following receipt in October 2025 of national modelling scenarios for Covid, Influenza and RSV, the Health Board combined the respiratory scenarios with local demand data to forecast the likely scenarios for system admissions and occupancy and the consequential timing requirements for additional capacity. These scenarios were presented to the Board in November 2025 alongside the other main components of the Winter Plan which included:

- Increasing Vaccination uptake
- Additional acute and community bed capacity
- Expansion of the Grange University Hospital Emergency Department waiting and assessment area
- Single Point of Access (SPoA), falls response, discharge-to-assess
- Wider partnership actions being taken through the Regional Partnership Board.

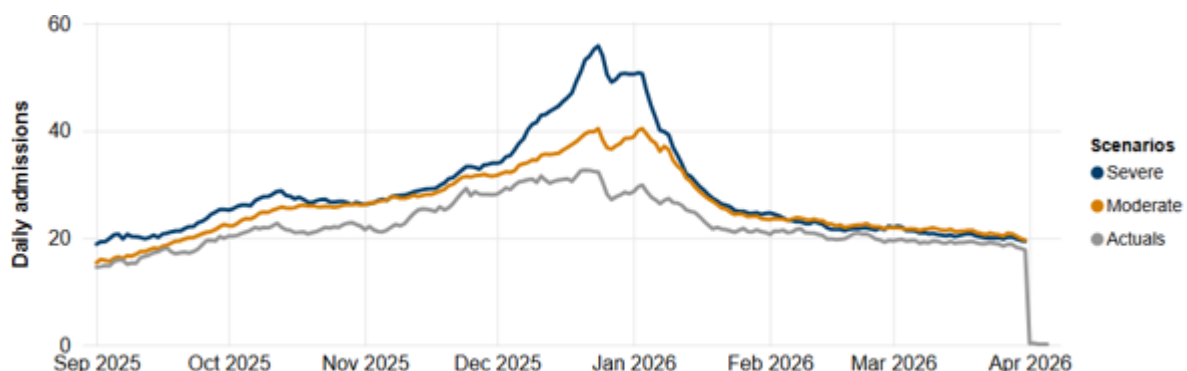
An interim review of progress of implementing the Health Board's and wider Healthcare system's Winter Plan 2025/26 was presented to the January 2026 Board meeting along with a status of the current health and care system position and an update on the Critical Incident called in January 2026.

3. Assessment

3.1 Actual Acute Respiratory Infection activity compared to modelling

Compared with both the national moderate and severe planning scenarios, actual Acute Respiratory Infection (ARI) activity during Winter 2025/26 was consistently lower in terms of both admissions and bed occupancy although the overall seasonal profile broadly mirrored the modelled trajectories.

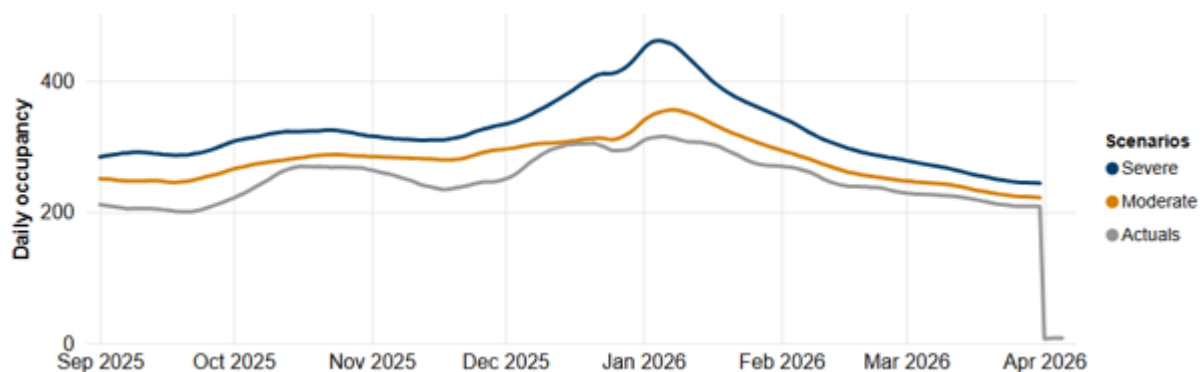
Fig. 2: Actual Acute Respiratory Daily Admissions against the modelled scenarios Sept 2025-Apr 2026



Admissions increased steadily from September, rising from around 15 admissions per day to a peak of approximately 30 to 32 admissions per day in late December, before declining rapidly through January and returning towards baseline levels by March. This compared favourably with the moderate scenario, which anticipated a peak of around 40 admissions per day, and remained significantly below the severe scenario peak of approximately 55 to 56 admissions per day.

The impact of this lower than expected admission activity is evident in the occupancy profile shown below in Fig.3. Actual respiratory occupancy peaked at approximately 310 to 320 beds during January, compared with around 350 to 360 beds in the moderate scenario and approximately 460 beds in the severe scenario. At peak, actual occupancy was around 40 beds lower than the moderate scenario and more than 140 beds lower than the severe scenario, representing a substantial variance against both modelled scenarios.

Fig. 3: Actual Acute Respiratory Infection Occupancy against the modelled scenarios Sept 2025-Apr 2026



While ARI demand increased through the winter period as expected, the scale of the surge was considerably more modest than planned for, particularly during December and early January when the gap between actual and modelled activity was greatest. This suggests that the system experienced a respiratory season that was materially less severe than the upper planning assumptions, with actual activity remaining approximately 20% below the moderate scenario at peak and more than 40% below the severe scenario.

This also indicates that the dominant pressure for the Health Board was broader acute demand and constrained patient flow rather than an unusually severe respiratory season.

3.2 Overall Occupancy

Despite national ARI modelling indicating that admissions and occupancy remained below both the moderate and severe planning scenarios throughout Winter 2025/26, overall occupancy across the Health Board system exceeded forecast levels from January onwards. While ARI demand followed a less severe trajectory than anticipated, other factors appear to have contributed significantly to sustained bed pressures, including increased non-respiratory emergency demand, rising patient acuity, longer lengths of stay, discharge constraints, and broader flow challenges across the health and social care system. The fact that total system occupancy remained above forecast despite lower than expected respiratory occupancy indicates that the principal drivers of pressure during the latter part of the winter period were

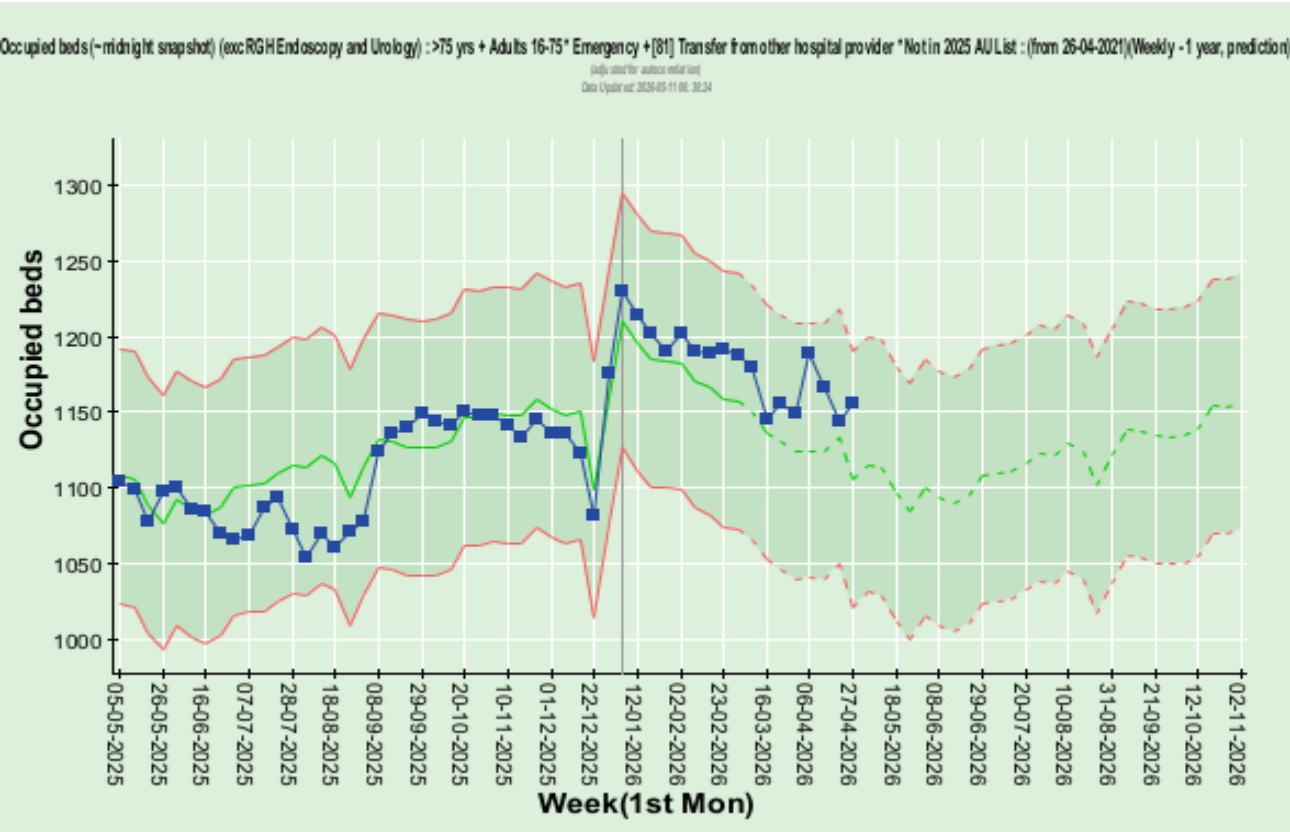
wider operational and demand related factors rather than excess respiratory infection activity alone.

The occupancy forecast for Winter 2025/26 was based on average weekly midnight occupancy for emergency admissions only and patients aged 16 years and over. During the pre-winter period, occupied bed utilisation remained relatively stable and closely aligned to forecast levels. Actual occupancy generally fluctuated between approximately 1,130 and 1,150 beds, broadly tracking the gradual increase in forecast occupancy as winter approached.

While there was some week-to-week variation, there was no sustained divergence between actual and expected activity, indicating that system pressures remained largely within anticipated levels. The peak winter period was characterised by a significant and rapid escalation in bed occupancy, with actual occupancy increasing to approximately 1,230 beds in January, representing the highest level observed during the period. Although occupancy reduced through February and March, the pace of improvement was slower than anticipated within the forecast trajectory.

Actual occupancy remained consistently above forecast for much of the period, suggesting that winter pressures had a more prolonged impact than expected. By the end of March, occupancy had reduced from its peak but had not returned to the levels predicted within the recovery trajectory, indicating continued underlying demand and constrained capacity across the system.

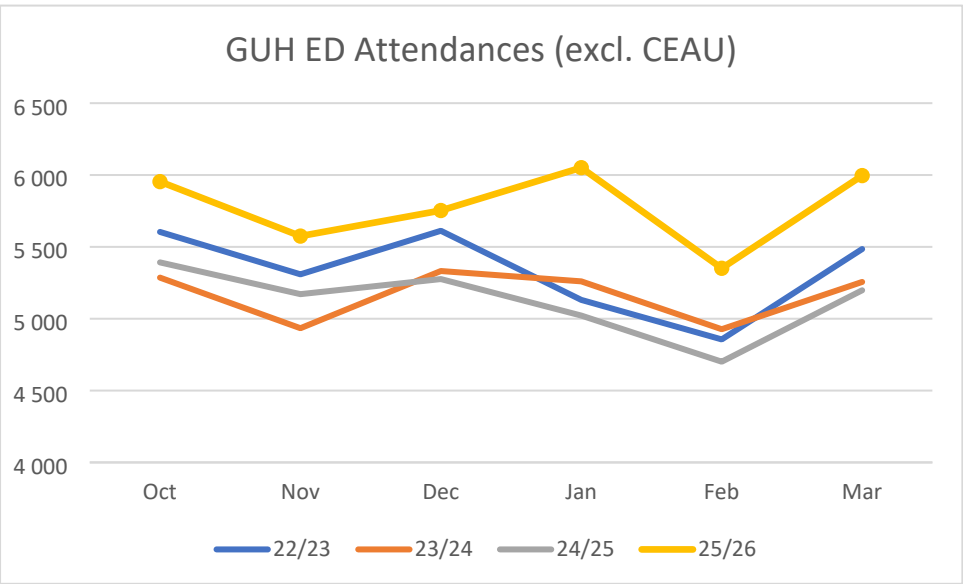
Fig. 4: Local Occupancy Modelling and Actual



3.3Emergency Department attendances

Adult attendances at the GUH Emergency Department (ED) were consistently higher during Winter 2025/26 than in the preceding three winters, with activity exceeding historical levels in every month shown. January 2026 stands out as the point at which demand diverged most markedly from previous years with attendances peaking at approximately 6,000 in January 2026, compared with around 5,100 in January 2024/25, representing an increase of almost 900 attendances (18%). Even during the seasonal decrease in February due to the shorter month, attendances remained substantially above previous years at approximately 5,350 compared with 4,700 in February 2024/25. Across the six month period, monthly attendances were typically between 400 and 900 higher than those seen during the previous winter. Attendances across the entirety of 2025/26 were 10.1% higher than 2024/25, while the October to March period recorded a 12.7% increase compared with the same period in the previous year, indicating a slight winter bias driven by the exceptionally high demand observed in January.

Fig. 5: Grange University Hospital Emergency Department Attendances between Oct-Mar over the last four years 2022/23-2025/26



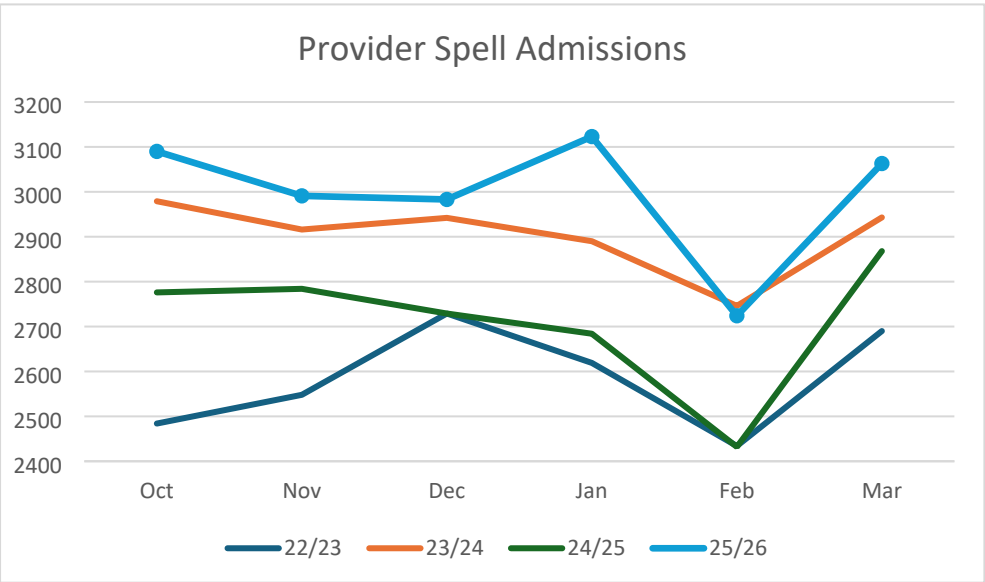
3.4Emergency Provider Spell Admissions

Emergency provider spell admissions provide perhaps the clearest evidence that the elevated occupancy experienced across the Health Board during Winter 2025/26 was associated with increased demand for hospital admission rather than respiratory pressures alone.

Provider spell admissions were consistently higher than in previous years, with the period from October 2025 to January 2026 showing the highest activity across the

four-year trend. Admissions peaked at approximately 3,120 in January 2026, compared with around 2,680 in January 2024/25, 2,890 in January 2023/24 and 2,620 in January 2022/23. This represents an increase of approximately 440 admissions (16%) compared with the previous winter and more than 500 admissions (19%) compared with 2022/23. The scale of this increase closely mirrors the rise seen in GUH ED attendances during the same month and suggests that the January surge translated directly into additional inpatient demand. The October to March winter period recorded a 10.5% increase in admissions compared with the previous year, against a whole-year increase of 5.8% between 2024/25 and 2025/26, further indicating that demand growth was concentrated within the winter period.

Fig. 6: Health Board Provider Spell Admissions between Oct-Mar over the last four years 2022/23-2025/26



3.5 Additional capacity and estate

The planned additional acute and community capacity was mobilised substantially as intended. Twenty-two rehabilitation beds opened on St Arvan’s Ward, Chepstow Community Hospital on 19th December and on 30th December ten medical beds opened on D7W, Royal Gwent Hospital and a further thirteen from 4th January. The intention was to gradually stand down capacity as pressures reduced but due to operational pressures both wards closed around the same time. The benefit in phasing was recognised as a key lesson for future planning.

Feedback from operational colleagues was that the D7W capacity was a success with appropriate staffing and patient cohort selection, reduced length of stay compared to previous winter wards and no significant quality or safety concerns. The pull model

used on the ward was viewed positively and has since influenced practice within core medical wards.

St Arvans ward in Chepstow was also reported to have been a success with initial recruitment concerns largely overcome and strong leadership contributing to a positive patient experience and provided valuable capacity. Some accommodation challenges remained due to services relocated to create the ward.

Additional capacity commissioned at Ty Glas y Dorlan, Torfaen which provides flats for respite and reablement saw occupancy at around 90% which was utilised consistently throughout the winter. Provided valuable support to patient flow and discharge but further opportunities exist to strengthen local authority engagement to improve patient flow into commissioned capacity.

The use of additional Hospital at Home capacity, increased domiciliary care provision and care home and community-based alternatives to admission were also reviewed and agreed to be valuable in reducing demand on hospital services but noted that further work is required to assess overall impact and value.

Phase 1 of the Grange University Hospital (GUH) Emergency Department extension to create a larger rapid assessment/waiting area, was completed on 17 December.

3.6 Admission avoidance and community response

Single Point of Access (SPoA) demonstrated measurable activity early in winter. By the January progress report it had undertaken 185 interventions over 38 days, with a reported 58% conveyance/admission avoidance rate and 109 patients using alternative pathways, excluding enhanced Local General Hospital pathways. The model continued to divert a proportion of patients away from hospital admission, further details of this are available in a SPoA evaluation reported completed in April 2026.

Other planned community interventions progressed with varying degrees of success. Additional Hospital to Home capacity was financially approved but could not fully be implemented because of recruitment difficulties and sickness.

Additional Level 1 falls response capacity received Regional Implementation Fund (RIF) approval but did not go live until February, meaning that it did not contribute during the January peak. Frailty/neighbourhood MDT arrangements were at different stages of maturity across boroughs, and the rapid frailty response was being tested at enhanced Local General Hospital sites.

3.7 Discharge, flow and Pathway of Care delays

Discharge and flow remained the main constraint during peak winter pressure. Pathway of Care delays increased from 165 in November to 223 in December, with the largest increase relating to patients awaiting social care assessment. During the January Critical Incident, patients waited in ED and the medical assessment unit for

admission, in some cases for up to five days, and medical patients were boarded across wards, assessment areas, therapy/day rooms and multiple sites.

The first Winter Sprint (8-22 December) supported stronger discharge performance and helped normalise pre-noon discharge practice, with examples of good practice including the Community Assessment Lounge, extended weekend pharmacy and therapy input. However, it did not achieve the anticipated impact on weekend discharge rates, ambulance handover delays or ED waits over 24 hours. The sprint also identified persistent cross-system issues including local authority referral processes, Trusted Assessor arrangements and reliance on paper-based ward-round processes.

3.8 Vaccination

Influenza vaccination uptake improved during 2025/26 with uptake for residents aged 65 years and over at 73.9%, compared with 72.9% in 2024/25 and 73.0% across Wales.

Fig 7 below shows that there was marked geographic variation, particularly for children aged 2-3, ranging from 38.2% in Torfaen and 41.5% in Newport to 67.6% in Monmouthshire.

Fig. 7: Summary of Influenza vaccination uptake as of 31st March 2026 by Local Authority for the three priority groups

Summary by Health Board and Local Authority of General Practice (31/03/2026)

		Children 2 to 3 years			16y to 64y in a clinical risk group			65y and older		
		Immunised	Denominator	Uptake (%)	Immunised	Denominator	Uptake (%)	Immunised	Denominator	Uptake (%)
Aneurin Bevan UHB	Blaenau Gw..	819	1,414	57.9%	5,613	13,091	42.9%	10,717	15,118	70.9%
	Caerphilly	1,895	3,418	55.4%	13,630	30,750	44.3%	28,539	38,978	73.2%
	Monmouths..	1,173	1,737	67.5%	7,712	15,565	49.5%	21,768	27,658	78.7%
	Newport	1,622	3,844	42.2%	10,723	26,105	41.1%	20,917	29,012	72.1%
	Torfaen	779	1,962	39.7%	7,280	17,070	42.6%	15,505	21,058	73.6%
	AB Total	6,288	12,375	50.8%	44,958	102,581	43.8%	97,446	131,824	73.9%
Wales	Wales	27,662	58,888	47.0%	215,163	503,916	42.7%	528,891	724,719	73.0%

Staff influenza vaccination uptake increased to 46.45%, compared with 37.31% in 2024/25. These are positive year-on-year improvements, although they indicate that substantial proportions of both staff and eligible population groups remained unvaccinated.

Fig. 8: Uptake of Health Board Staff Influenza Vaccination by Division

Division Group	Employed	Immunised	Uptake	Remaining to Target
CHC / Complex Care	290	138	47.59%	80
Clinical Support Services	1,680	868	51.67%	392
Corporate WF & OD	1,344	657	48.88%	351
Estates & Facilities	1,554	622	40.03%	544
Family & Therapies	2,685	1,420	52.89%	594
Medicine	2,031	805	39.64%	718
Mental Health & LD	1,553	521	33.55%	644
Primary & Community	2,046	972	47.51%	563
Surgery	1,812	926	51.10%	433
Urgent Care	541	287	53.05%	119
Total	15,536	7,216	46.45%	4,436

3.9 Finance

The original winter plan was costed at approximately **£1.9m–£2.0m**. The Winter ward expenditure remained broadly within the agreed financial envelope with D7 West, St Arvans and Tŷ Glas y Dorlan all operated below planned expenditure due to earlier closure, vacancies and non-pay efficiencies. Capitalisation of some set-up costs reduced revenue expenditure.

Additional winter pressures outside the formal winter plan created further costs, including:

- Critical incident measures
- Boarding mitigation
- Ambulance handover initiatives
- ED extension arrangements
- Additional domiciliary care
- Increased critical care acuity

4. Overall effectiveness and lessons for 2026/27

Based on the evidence available, the Health Board's Winter Plan 2025/26 was effective. It delivered capacity and pathway mitigations and supported the Health Board through a winter in which respiratory activity was less severe than planned but wider emergency demand was significantly higher. However, high occupancy, delayed flow and the January Critical Incident show that the system remained vulnerable to non-respiratory demand and discharge constraints.

Learning for 2026/27 is that future winter planning should be based on a whole-system capacity model rather than respiratory demand alone and discharge capacity by pathway and Local Authority also needs further assessment. Investment was required to implement the Winter Plan and the knowledge of the winter pressures that created costs outside of it should be considered in future plans.

Winter Preparedness and Delivery 2026/2027 - Health

1. Purpose of the Template

This self-assessment aligns to Welsh Government expectations for winter preparedness and delivery for winter.

It is intended to help you to:

- Review your preparedness for winter pressures
- Provide expected improvement trajectories against targets (where indicated)
- Identify any gaps or risks to delivery
- Provide assurance

NB Learning from the 2025/26 Winter Sprints Challenge shows that a health and social care in collaboration and build positive relationships. We would therefore expect a partnership approach to the experiences of people accessing services and the staff delivering care and support.

2. Definition of Success

Winter 2026/27 will be successful if more people receive timely care closer to home, hospital admission pathways operate effectively seven days a week, critical care and acute services remain resilient.

3. Who should complete it

The template should be completed by a **senior officer(s)** with sufficient knowledge and oversight of the region.

Input from relevant health and social care teams (e.g. clinical, operational, estates, finance) is required.

4. How to Complete the Regional Self-Assessment

Please consider two demand scenarios when completing the assessment, most likely and extreme.

For each action listed please provide an implementation status in Column G.

- If 'partially' or 'not' implemented options are selected in column G, please provide **brief supporting evidence**.
- If 'fully' implemented is indicated in Column G, no further comments are required unless supporting evidence is provided.
- If an action is not yet complete, please outline the **planned actions and timeline** in Column H.

5. How to Complete the Regional Assurance Template

- For each assurance question please provide an assurance rating from the drop-down options.
- If 'partial' or 'no' assurance options are selected in column C, relevant actions to provide full assurance are listed in column D.
- If 'full' assurance is indicated in Column C, no further comments are required unless supporting evidence is provided.

6. About the Health and Care Resilience Plan

- All required actions and assurance questions are contained within the 1 Regional Self-Assessment template.
- To support a single, integrated approach to winter planning, requirements from the Office of the Regional Partnership Board (RPB) elements of the plan; therefore some duplication with the RPB plan.
- If both the Regional Self-Assessment and Regional Assurance tabs have been fully completed, the plan is considered complete.
- Where responsibility is shared across organisations, completion should be undertaken collaboratively.

7. Key Aims

The template will ask about regional plans to achieve the winter improvement aim set out by Welsh Government.

Deliver safer, more resilient urgent and emergency care through reduced escalation, the

Aiming to:

1. Reduce time spent at high levels of escalation
2. Achieve all ambulance patient handovers within <45 minutes
3. Discharge or admit all patients within 12 hrs of arrival at ED
4. Increase vaccination uptake across all eligible groups
5. Aim for delivery of no care in corridors or temporary spaces
6. Realise 33% of discharges by midday, seven days a week
7. Reduce POCDs and days delayed
8. Reduce winter mortality
9. Reduce both ambulance conveyance to emergency departments and hospital

8. Submissions

1. Please submit KEY RISKS to planning and delivery by **31st July 2026** to **NHSPI.Uecresilience**
2. Please return the DRAFT completed template by **27th August 2026** to **NHSPI.Uecresilience**
3. Please complete the FINAL completed template by **25th September 2026** to **NHSPI.Uecresilience**

In case of any query or if you need support, please contact the UEC Resilience Team on the e

Board Self-Assessment and Assurance Template

delivery 2026/27 and is designed to help regions to coordinate and integrate plans to support a m

integrated, partnership approach to planning and service delivery benefits a whole-system respon
n to this self assessment and subsequent planning that allows joint consideration of the expected

admissions are avoided where appropriate, patients who require admission experience safe and
ent, and the whole system experiences fewer periods of escalation than Winter 2025/26.

ght of the region's health and social care / integrated plan to deliver the actions for Winter 2026/
essential.

eme pressure. Plans should cover actions required for both scenarios.

orting comments or evidence on identified risks to delivery and actions in place in Columns H
orting narrative is deemed necessary.
I.

s (full assurance, partial assurance or no assurance).
assurance must be documented in Column D.
ng narrative is deemed necessary.

sment and 2 Regional Assurance tabs.
the Chief Social Care Officer have been incorporated in tab 3 Health and Care System Resilienc
regional Self-Assessment and Regional Assurance tabs is expected.
ed, there is no requirement to complete the Health and Care Resilience Plan tab separately.
poratively through established regional partnership arrangements to provide a system-wide asse

Welsh Government:

e elimination of corridor care, and improved flow – enabled by an integrated community c

tal admissions from care homes

ence@wales.nhs.uk
ce@wales.nhs.uk
silience@wales.nhs.uk.

email address above.

more resilient health and social care system over

use to shared pressures, increases opportunities to
d actions. Such an approach supports improved

timely treatment without corridor care, discharge

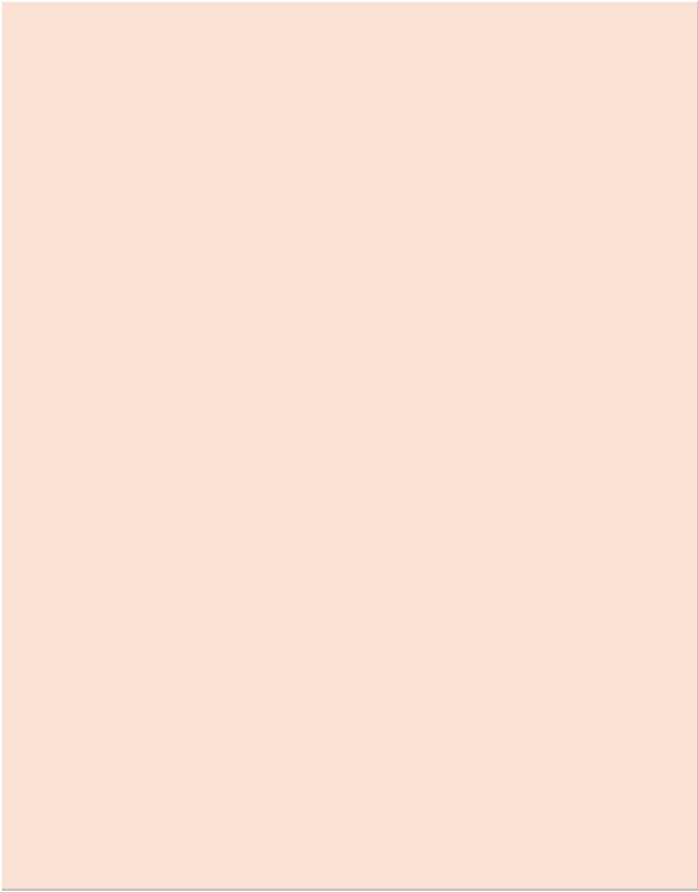
2027 .

and I.

the Plan. This tab highlights the Local Authority and

assessment of winter preparedness and resilience.

care system and a focus on frailty.



Winter improvement aim

Deliver safer, more resilient urgent and emergency care through reduced escalation, the elimination of corridor care, and improved flow - enabled by an integrated community care system and a focus on frailty

Aiming to:

1. Reduce time spent at high levels of escalation
2. Achieve all ambulance patient handovers within <45 minutes
3. Discharge or admit all patients within 12 hrs of arrival at ED
4. Increase vaccination uptake across all eligible groups
5. Aim for delivery of no care in corridors or temporary spaces
6. Realise 33% of discharges by midday, seven days a week
7. Reduce POCDs and days delayed
8. Reduce winter mortality
9. Reduce both ambulance conveyance to emergency departments and hospital admissions from care homes

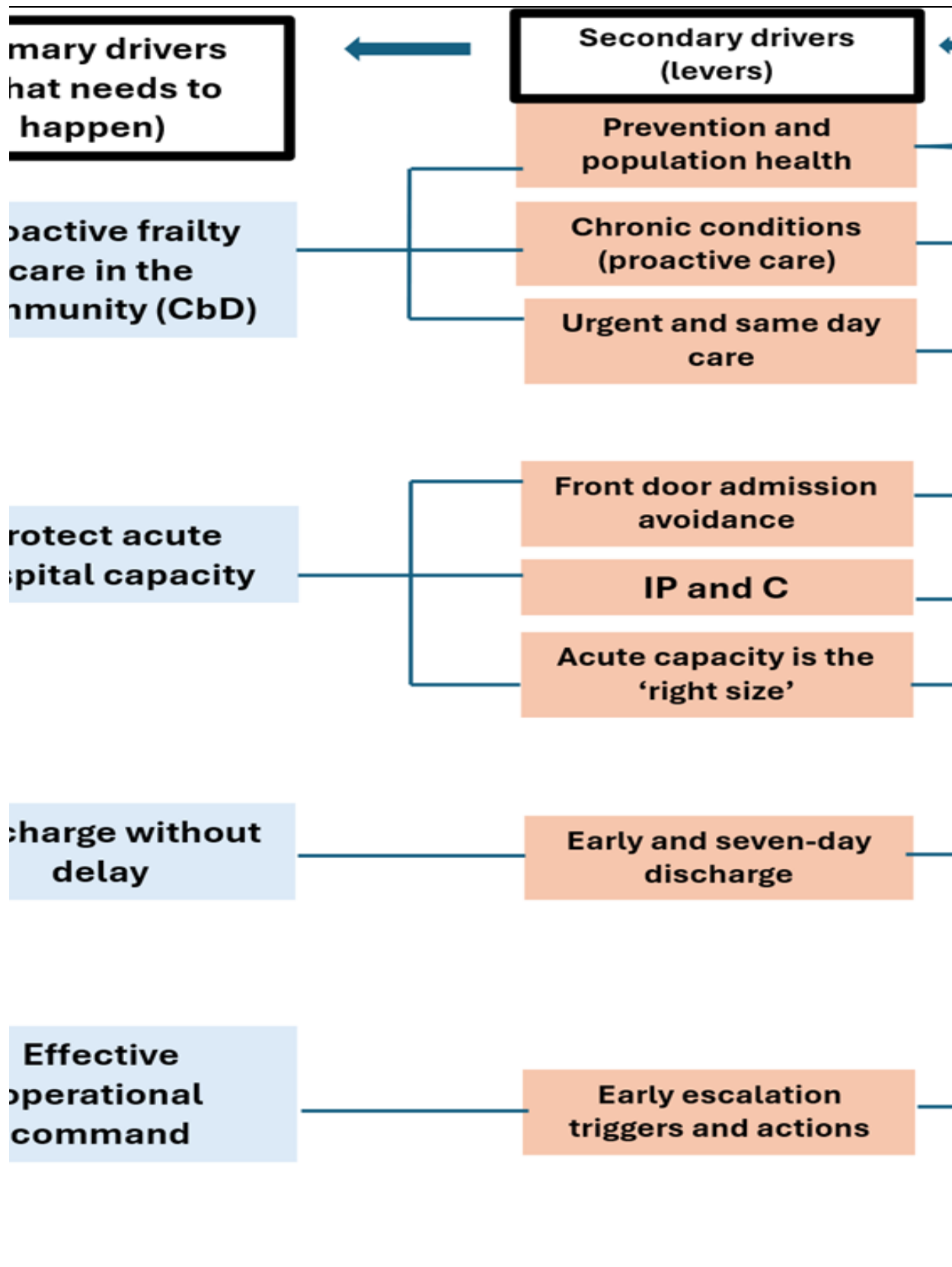
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Key interventions

Vaccination: staff/ at-risk / >65s

Frailty DSS (0.5%)

COPD bundle

**Integrated community frailty pathways
(via 999/SPOA/IAA/ECC e.g. falls)**

**Acute Frailty Units and protected
SDEC**

Earlier IPC triggers and action

**Scenario-based bed modelling with
protected surge plans**

**NEPTS, D2RA, CHC, step-down rehab
(ECC/'Hospital at Home')**

**Whole system escalation framework
and NHS PI resilience monitoring**

Primary Drivers	Levers	Key Interventions
		Vaccination: staff/ at risk/ over 65s

Prevention and Population
Health

Frailty

1. Proactive Frailty Care in the Community (CbD)		
	Chronic Conditions (Proactive Care)	COPD bundle

	Urgent and Same Day Care	Integrated Community frailty pathways (via 999/SPoA/IAA/ECC e.g. falls)
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	Front Door Admission Avoidance	Acute Frailty Units and Protected SDEC

	Infection Prevention and Control	Earlier IPC Triggers

2. Protect Acute
Hospital Capacity

Scenario-based bed
modelling with
Protected Surge
Plans

Acute Capacity is the 'Right
Size'

A 2x3 grid of colored rectangles. The top row consists of three rectangles: a light blue one on the left, a light orange one in the middle, and a light gray one on the right. The bottom row consists of three rectangles: a light blue one on the left, a light orange one in the middle, and a light gray one on the right. All rectangles are of equal size and are separated by thin black lines.

3. Discharge Without Delay	Early and seven-day discharge	NEPTS, DRRA, CHC, step-down rehab (ECC/Hospital at Home)
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4. Effective Operational Command	Early Escalation triggers and actions	Whole system Escalation Framework and NHS P&I resilience monitoring
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Key Actions	Implementation
Increasing uptake of influenza vaccination among staff groups using the Influenza Vaccination Lessons Learned 25/26, maximising vaccination champions; peer vaccinators; MECC; and uptake, monitoring roaming immunisation teams and improved accessibility	01.12.2026
Ensure equitable and timely provision of Flu vaccination to School age children, including Electively Home Educated children and those in Pupil Referral Units and Youth Offender Institutes	01.12.2026
Increase uptake of COVID, Flu and RSV vaccines to protect against winter respiratory illnesses, ensuring that the reduction of inequities is prioritised by targeting low-uptake groups and care home residents, utilising uptake monitoring	01.12.2026
Existing action: Work with UEC Programme to implement the essential requirement of the Acute Front Door Frailty Service as agreed with UEC Programme	01.11.2026
Existing action: Issue and support implementation guidance for providers of general medical services (Frailty 0.5%)	01.11.2026

Existing action: Local Health Boards and Local Authorities to collaborate to continue to increase referrals to Enhanced Community Care (ECC) and Multi Professional Wrap Around Care (including Reablement). Self-Assessment and subsequent planning should consider and advise improvement trajectories	01.11.2026
Existing action: Local Health Boards provide robust community nursing services to support the multiprofessional team around the person across a 7 day period – Weekend capacity should be at circa 80% of that of week day. Self-Assessment and subsequent planning should consider and advise improvement trajectories against target expectation	01.11.2026
Implement ‘neighbourhood level’ timely, accessible, coordinated and TEC enabled Information, Advice and Assistance (IAA)	01.11.2026
Enhanced management of key areas of urgent and emergency care community demand within community setting – Care homes (admission avoidance and alternative pathways to conveyance)	01.11.2026

Existing action: Proactive management of 5% most at risk of urgent care (including falls / care home residents) through implementation of Proactive Care principles by Regional Partnership Boards, Pan Cluster Planning Groups and integrated health and social care community services	01.12.2026
Respiratory winter planning including applying a proactive COPD High Risk bundle to COPD management: Health Boards should use available data to identify high-risk patients and engage with them proactively before the winter period	01.11.2026
Ensure all patients receive the BTS Post-Exacerbation Care Bundle and are followed up within 14 days of hospital discharge	01.11.2026
Develop clear pathways offering alternatives to Emergency Department attendance for patients who cannot be safely managed at home	01.11.2026
Ensure access to Pulmonary Rehabilitation within 2-4 weeks after an exacerbation	01.11.2026
Existing action: Work via community by design led by Respiratory Network to consider remote monitoring options for selected high-risk patients	01.11.2026
Health Boards to ensure clinical teams in primary and community settings dealing with chronic and acute respiratory disease are encouraged to apply, where appropriate, the nationally agreed management guidelines for COPD, asthma, RSV Bronchiolitis, and Community Acquired Pneumonia	01.11.2026

Health boards/WAST to ensure updated / accurate Directory of Services to support reducing hospital conveyances	01.11.2026
Provide assurance that arrangements/processes are in place to bring forward repeat prescribing and medication ordering ahead of the Christmas and New Year period, particularly for dispensing practices (applicable to all GP practices and especially dispensing doctor practices).	01.11.2026
Health Boards to promote community pharmacy services (Sore Throat Test and Treat / UTI services).	01.12.2026
Provide planned District Nursing staffing levels for each day across the period expressed as a % of the average weekday day capacity.	01.11.2026

Enhanced management of key areas of urgent and emergency care community demand within community setting – L1 and L2 falls response pathways.	01.11.2026
Implement Single Point of Access to Urgent Care (LHBs) as a component of enhanced regional system navigation providing at minimum a 5 day service operating 12 hours a day.	01.12.2026
Within an integrated IAA model of care, ensure of continuation of the six goals programme community-based falls response framework.	01.12.2026
Health Boards/ WAST to promote and utilise appropriate pathways for hospital avoidance i.e.: SDEC/MIUs/Community services to reduce conveyances.	01.12.2026
Existing action: Actions to achieve Handover 45 based on agreed trajectories.	01.12.2026
Existing action: achieve 60 minute target for ED wait to be seen (i.e. rapid assessment at the front door).	01.12.2026
Actions to ensure appropriate admission criteria followed to avoid unnecessary admission (Home First approach).	01.12.2026

Health boards must follow Infection Prevention and Control guidance to reduce Acute Respiratory Infections transmission.	01.12.2026
Healthcare Associated Infections (HCAI): Health boards and NHS Trusts must deliver against the improvement goals set out in the Welsh Health Circular issued in September 2024.	01.11.2026
Development and delivery of a plan capable of effectively managing periods of increased demand for UEC whilst not impacting on planned care capacity (inclusive of up to date bed modelling and confirmation of surge capacity Funded and Unfunded).	01.12.2026
Residential / nursing care home capacity (including nursing and residential care homes). Please provide additional bed numbers where appropriate and how you have been engaging with local care home providers in your region and beyond if applicable)	01.11.2026
Development and delivery of a plan capable of effectively managing periods of increased demand in paediatric care across acute services on an all-Wales basis (*Health Boards to connect to nationally led NHS PI work)	01.12.2026

Emergency Critical Care bed capacity plans are in place to ensure timely access for emergency admissions throughout the winter period.	01.12.2026
Ensure a fully updated Critical Care surge plan is in place, including workforce surge arrangements and clear escalation pathways, to ensure safe expansion of capacity to support increased Winter ARI.	01.12.2026
Existing action: Actions to eliminate 12 hour ED waits based on agreed trajectories.	01.12.2026
Existing action: Actions to achieve Handover 45 based on agreed trajectories.	01.10.2026
Existing action: achieve 60 minute target for ED wait to be seen (i.e. rapid assessment at the front door).	01.12.2026
Elimination of corridor care.	01.12.2026
Health Boards to ensure clear escalation bed modelling that is inclusive of community beds with engagement from primary care teams that oversee community beds. This should include clear surge capacity plans based on most likely and extreme pressure scenarios.	01.11.2026

A plan is in place to ensure operational resilience of mental health urgent care including 111#2, crisis alternatives, crisis resolution home treatment teams, inpatient services and S136 capacity including senior decision makers.	01.11.2026
Identify the people who frequently access mental health urgent care services and the people at high risk of mental health crisis and ensure they have a person centred crisis plan in place that is known and accessible to the person, their carers or supporters as agreed and the relevant services.	01.11.2026
Ensure plans in place and describe the plans to cover: 1. Social worker capacity 2. Capacity for community and hospital-based assessments. 3. Social care packages (including domiciliary care availability/Reablement assurance (Assurance around capacity to Right Size Package)	01.11.2026
Existing action: Implement the actions identified within the UEC Hospital Pressures Plan.	01.12.2026
Existing action: Consistent delivery of the six goals programme 'optimal hospital flow framework'.	01.11.2026

Existing action: Applying a proportionate approach to 7-day health and social care working to enable discharge of people during the weekend and prevent admission.	01.10.2026
Undertaking Decision Support Tools (DST)/Continuing Health Care (CHC) process in the community to reduce CHC related discharge delays in hospital.	01.11.2026
Existing action: Consistent delivery of the Trusted Assessor model.	01.11.2026
Existing action: Embed D2RA Pathways into practice (optimising the Home First approach).	01.11.2026
Existing action: Implement and apply criteria led discharge to support pre-midday and weekend discharges.	01.11.2026

Existing action: Management of pathway of care delays and clinically optimised patients.	01.11.2026
Hospital Discharge/care transfer capacity - Hospital discharge and care transfer arrangements (including Home First pathways and discharge capacity/ NEPTS Capacity or community transport capacity in place, along with ensuring third sector support in place to ensure settling in support in place.)	01.11.2026
Existing action: Actions to prevent deconditioning and maintain function.	01.11.2026
Develop regional operational resilience plans for the period 01 December 2026 – 31 January 2027 inclusive of any MADE events pre and post-Christmas periods.	01.11.2026

A winter sprint is planned 7th to 21st December 2026. Develop detailed day by day regional operational resilience plans and actions associated with the winter sprint.	01.11.2026
Oversight and Escalation (Health, Social Care & RPB) Executive/Director level presence / support over 22 December 2026 – 3 January 2027	01.11.2026
Implement updated Escalation Framework and associated triggers and actions	01.10.2026

Metrics/Performance data	Lead Organisation e.g. NHS/Social care or both via RPB.	Implementation Status (please select)
Influenza vaccination uptake in HB staff and those with direct patient contact	Health Board with support from RPB for social care staff.	Fully
Influenza vaccination uptake among primary & secondary school aged children	Health Board with support from the Local Authority Chief Education Officers.	Partially
Influenza, COVID-19 and RSV vaccination uptake among care home residents and identified low uptake groups.	Health Board with support from RPB partners to engage residential care homes and low-uptake groups.	Fully
No of admissions avoided	NHS/Social Care	Partially
Total patients presented to virtual MDTs in community Number of unique patients presented to virtual MDTs in	NHS	Partially

Total number of service users on the DN caseload Total number of DN unique service users seen in month Referrals accepted by Rapid Response	NHS/Social Care	Partially
Number of weekend DN patient contacts DN average contacts per single weekend day	NHS	Partially
No of people accessing neighbourhood IAA services	Social Care	Not
Number of patients conveyed to hospital from care home settings	NHS	Partially

Total patients presented to virtual MDTs in community Number of unique patients presented to virtual MDTs in community	NHS/Social Care	Partially
No of localities completed mapping	NHS	Not
No of patients receiving COPD care bundle	NHS	Partially
No of COPD patients managed at home	NHS	Partially
No of patients accessing Pulmonary Rehabilitation	NHS	Partially
tbc	NHS	Not
Prescribing compliance against national compliance	NHS	Partially

Reduction in hospital conveyance	NHS supported by WAST	Partially
N/A	NHS	Partially
Number of Sore Throat Test consultations undertaken under the common ailments scheme, Number of UTI consultations undertaken under the common ailments scheme, Number of common ailments scheme consultations undertaken (Inc STT and UTI), Number of 'Pharmacist Independent Prescribing Service' (PIPS) Consultations	NHS	Fully
	NHS	Fully

WAST Level 1 & Level 2 incident attendances and Conveyances	Health Board commissioned to WAST/SJAC	Fully
No of admissions avoided	NHS	Partially
WAST Level 1 & Level 2 incident attendances and Conveyances	Health Board commissioned to WAST/SJAC/ RPB oversight	Partially
No of admissions avoided No of SDEC attendances No of MIU attendances Reduction in hospital conveyance	NHS	Partially
% Ambulance Handovers within 45 min	NHS	Partially
< 60 mins to see Clinician - GUH ED	NHS	Not
No of admissions avoided. Home First referrals.	NHS/social care	Partially

HB policy reflects national ARI escalation SOP developed and discussed on 18.08.26 IPAS agenda, weekly monitoring of prevalence	NHS	Partially
Monitored monthly and shared with Divisions current position for C difficile 72 cases reported for April – July 2026. This is 6 less than the equivalent period 2025/26. This is a HB rate of 35.8 per 100,000 population, Staph aureus blood stream infections 64 cases reported for April – July 2026. This is 13 more than the equivalent period 2025/26. This is a HB rate of 31.82 per 100,000 population, E coli 128 cases reported for April – July 2026. This is 14 more than the equivalent period 2025/26. This is a HB rate of 63.65 per 100,000 population, Klebsiella 45 cases reported for April – July 2026. This is 5 more than the equivalent period 2025/26. This is a HB rate of 19.33 per 100,000 population, pseudomonas 15 cases reported for April – July 2026. This is 1 more	NHS	Partially
% Ambulance Handovers within 45 mins < 60 mins to see Clinician – GUH ED No of patients streamed to SDEC	NHS	Partially
N/A	NHS/Social Care	Fully
Number of paediatric escalation days attributable to capacity pressures	NHS	Partially

Critical care bed occupancy	NHS	Fully
Critical care bed occupancy	NHS	Fully
12 Hour Compliance – GUH ED	NHS	Partially
% Ambulance Handovers within 45 mins	NHS	Partially
< 60 mins to see Clinician – GUH ED	NHS	Partially
No of boarded patients	NHS	Partially
No of discharge per ward per month Proportion of discharges before 12pm Proportion of discharges made on weekends Reduction in length of stay	NHS	Partially

Divisional performance dashboard 111#2 dashboard 4 hour target ICAUCT dashboard	NHS	Partially
MHA data	Multiagency	Partially
No of discharges per ward per month Reduction in length of stay	NHS/Social Care	Partially
% Ambulance Handovers within 45 mins < 60 mins to see Clinician - GUH ED No of patients streamed to SDEC No of discharges per ward per month	NHS	Partially
No of discharge per ward per month Proportion of discharges before 12pm Proportion of discharges made on weekends Reduction in length of stay	NHS	Partially

Proportion of Discharges made on weekends	NHS/Social Care	Partially
CHC databases		Fully
Commissioning team data dashboards	NHS/LA	
No of discharge per ward per month	NHS/Social Care	Partially
People allocated to a D2RA pathway or No Pathway Allocated within 1 Day of admission, People clinically optimised and allocated a D2RA pathway or No Pathway Allocated, People Discharged to each D2RA Pathway 0, 1, 2, 3 and No Pathway Allocated, Median Length of stay for each pathway and No Pathway Allocated	NHS/Social Care	Partially
Proportion of Discharges before 12pm, Proportion of Discharges made on weekends	NHS/Social Care	Partially

HOWIS POCDs Census	NHS/Social Care	Partially
No of discharge per ward per month	NHS/Social Care	Partially
Reduction in length of stay	NHS/Social Care	Partially
N/A	NHS/Social Care	Partially

N/A	NHS/Social Care/RPB	Partially
N/A	NHS/Social Care	Partially
N/A	NHS/Social Care	Partially

Risks to Delivery

Clinical leadership, peer vaccinator capacity, clinic access across all sites and staff motivation

Recent changes in the Human Medicines Regulations (as of 1st April 2026) has significantly restricted the scope of practice of HSCWs in delivery of the programme. In previous years the workforce model has operated on a ratio of 1 Registered Nurse to 3 HCSWs. Under the new regulations HCSWs cannot be utilised in the role they have played in previous flu seasons, significantly reducing capacity to deliver the schools programme. To deliver same levels require an RN workforce for which there is no identified revenue. Other risks include: Parental consent, cultural and religious beliefs, competing school priorities, pupil absenteeism, school closures due to adverse weather, and access for children who are home educated or receiving EOTAS

Engagement with cluster based delivery model for influenza and COVID-19 vaccination in care homes and the capacity and capability to provide outreach to low-uptake groups through the mobile vaccination unit and walk-in clinics. Unequal uptake and outbreaks in care settings may increase demand and staff absence.

Capacity of resources versus growing demand , skilled advanced workforce

Practice participation

Workforce and financial pressures continue to present challenges across the system. The planned separation of services currently delivered through the Section 33 arrangement is currently being disaggregated. Two joint task and finish groups have been set up to review service delivery and financial planning, working collaboratively to assess risks, identify opportunities, and develop sustainable solutions. In parallel, further work is being undertaken to clarify the need for any alternative agreements

Internal recruitment restricts the ability to recruit

Funding to secure digital equipment to implement and interface with existing digital systems

WAST conveyance remains steady.
Care homes are independent entities who can chose what to engage with
CIW regulations escalation rather than other management
Staff availability may affect the capability to deliver and sustain the planned service arrangements throughout the winter period
Care-home falls training; lifting-equipment access; conveyances avoided; workforce shortages, provider instability or restricted admissions may reduce capacity.

Lack of funding resulting in cost pressure to division
Community Falls programme has been suspended

Inconsistent availability and quality of data, alongside variation in engagement processes across localities, may limit the ability to accurately identify and proactively engage high-risk patients ahead of winter pressures

Delays in provision of discharge bundles, inconsistent referral to CRT COPD Homecare, or limited capacity within community services may result in patients not receiving timely post-discharge support

In place in order to support current rapid release protocols and to support CRT functions, however will require greater focus and consideration of service gaps in order to support OPP and winter resilience

Current waits to access PR are IRO of 10 weeks for Caerphilly and Torfaen. PR responsibility for Newport, Monmouthshire and Blaenau Gwent sits with Secondary Care

Ability to absorb additional demand within current resources

Clinical variation across teams

Funding to develop digital solution to support Directory of Services across Health Board/WAST, access to alternative pathways via the Health Board Flow Centre

Fixed prescribing schedules preventing early authorisation patients leaving supplies to last minute, adverse weather impacting upon ability to collect medication

Limited reach of HB comms and engagement

Capacity to maintain service levels through SJAC, WAST and CAATT Demand profile associated with frailty – funding cessage at end of Mar 2027
Sustainable workforce resource, including staff with clinical skills set to navigate system, accessing alternative pathways. Lack of funding available and workforce availability to operate SPOA
Capacity to maintain service levels through SJAC, WAST and CAATT Demand profile associated with frailty
Capacity in community services to support hospital avoidance Availability of services seven days a week to support hospital avoidance
Discharge delays Insufficient SDEC capacity Poor system wide co-ordination
High demand over winter period Prolonged stays in ED Insufficient alternative pathways
Limited availability of community alternatives. Rising demand, workforce pressure

Patient environment i.e. shared facilities, capacity and demand, lack of isolation facilities, staff and visitors symptomatic, vaccination uptake

Patient placement and environment i.e. shared facilities, capacity and demand, lack of isolation facilities, compliance with fundamental infection prevention, environmental cleaning. Patients own endogenous infection risks

Care home vacancies will vary; currently 172 vacancies across Gwent. Workforce shortages, outbreaks, provider sustainability and specialist-placement constraints may reduce available capacity.

Increased waiting times, delays in assessment and treatment

Planned critical care surge capacity cannot be sustained due to workforce shortages, high level of demand, delayed transfers from critical care and completing operational pressures

Planned critical care surge capacity cannot be sustained due to workforce shortages, high level of demand, delayed transfers from critical care and completing operational pressures

Sustained reductions in corridor care may not be maintained if patient flow pressures increase, leading to renewed use of non-designated clinical spaces and potential impacts on patient safety, experience, and quality of care

Periods of high demand may impact achievement of Handover 45 and agreed trajectory targets, resulting in delays in patient flow.

Workforce shortages, increase in demand and competing operational pressure may impact the ability to achieve 60 minute target

Increased demand and capacity pressures may hinder elimination of corridor care, affecting timely delivery of safe and efficient patient care

Surge beds not opened or operationalised in a timely manner due to workforce shortages, insufficient rosters estate and equipment constraints financial pressure and completing operational demands Clear agreed escalation plan for community hospitals

Bed Capacity
Staff sickness respiratory illness

Multi agency cooperation
Robustness of joint planning

Previously agreed escalation cards for Local Authority reporting
Workforce availability, growing complexity, financial pressure and provider capacity may affect assessments and packages.

Sustained increase in demand, workforce shortages, delayed discharges, insufficient escalation capacity, limited community capacity and social care provision and inconsistent implementation of agreed operational flow processes

Inconsistent adoption of standardised processes, insufficient system wide engagement, limited community and social care capacity, inadequate digital and performance data and completing operational pressure

Insufficient workforce capacity across health and social care, limited availability of community services and packages of care at weekends, restricted access to diagnostics, pharmacy and transport. CRT Services and DN operating 7 days a week, with limited access to social care services via home first team

BAU

Variation in roles across Gwent, insufficient workforce capacity, unclear roles and responsibilities

D2RA pathways are not consistently embedded into routine practice due to variable staff understanding, inconsistent application of pathway criteria, limited community capacity and workforce constraints. Optimal process in place for POCD reporting and escalation of clinically optimised patients, including weekly scrutiny panel for longest lengths of stay. Demand, community capacity and inconsistent pathway visibility may delay transfer or recovery.

Implementation of criteria led discharge is not consistently adopted across wards due to variable clinical engagement. Full MDT engagement, education and change of culture

Clear process in place for POCD reporting and escalation of clinically optimised patients, including weekly scrutiny panel for longest lengths of stay. Workforce challenges, CHC challenges, Task and finish group now in place.

Insufficient patient transport capacity, limited availability of NEPTS, late discharge decisions, poor coordination between hospital, transport and social care teams

Workforce capacity constraints, competing operational pressures, limited therapy and rehabilitation process. Boarding consistency in meaningful activity spaces

Stakeholder engagement, competing operational priorities, work and resource constraints and unclear governance Uncertainty re system priorities and affordability of additional capacity plans e.g. winter ward

Partner availability, workforce pressure and data timeliness may limit delivery during the sprint.
Oversight and escalation not robust during the winter period due to ineffective governance, delayed decision making and limited system wide co-ordination. Holiday-period availability and fragmented situational awareness may delay decisions or escalation.
Inconsistent application of the escalation processes, inadequate real-time data and insufficient engagement from system partners. Capacity within operational areas to develop

Actions in Place and Timeline

Delivery plans for influenza, COVID-19 and RSV have been agreed and submitted to VPW through the Vaccination Operational Group. Senior cross-divisional oversight will be provided throughout Winter by the Strategic Immunisation Group. Framework for action to support Winter resilience be agreed at the RPB/ISPB workshop on 20th Aug.

Delivery plans for influenza, COVID-19 and RSV have been agreed and submitted to VPW through the Vaccination Operational Group. Senior cross-divisional oversight will be provided through the Strategic Immunisation Group. Framework for action to support Winter resilience be agreed at the RPB/ISPB workshop on 20th Aug.
Paper to HB Exec team on challenges post Human Med Regs Act

Delivery plans for influenza, COVID-19 and RSV have been agreed and submitted to VPW through the Vaccination Operational Group. Senior cross-divisional oversight will be provided through the Strategic Immunisation Group. Framework for action to support Winter resilience be agreed at the RPB/ISPB workshop on 20th Aug. Utilise targeted partnership communications and uptake intelligence for low-uptake groups and care homes; review through winter governance.

Caerphilly pilot aligned to older person pathway programme review rapid frailty model, strengthen in reach processes. Acute Frailty at the Front Door remains in operation at GUH a.k.a. CAL - existing action

DSS offered out to practices, limited take up. Revised DSS expected which may improve the position with greater clarity -existing action

Regular meetings both at operational (boroughs) and tactical (divisional) level to ensure that there is excellent reactive flow for patients to return home. S33 discussions are ongoing - Enhanced community care and intermediate care services are in place across Gwent provision includes CRT, START, D2RA, Home First reablement, step up and step down neds, Parklands Care Home and Ty Glas y Dorlan beds - existing action

Provision of robust weekend structure which is moving toward 72%
Monitoring process in place led by Divisional Nurse - existing action

Scoping required to understand current existing systems in place across localities in preparation for proactive implementation over the winter - November 2026

CH work will be delivered by boroughs providing excellent opportunity for local engagement
Central group will work tactically to continue to provide education, equipment and escalation support; and strategically by supporting innovation and escalation upward - in place
Admission avoidance and alternatives to conveyance are supported by staff training in responding to people who fall, access to appropriate lifting equipment, a pilot providing medical triage for fallers, and new head-injury pathways - existing action
Continue falls training, lifting-equipment provision and the medical-triage/head-injury pathways; monitor provider sustainability, capacity and outbreak escalation triggers through winter.

Robust process of Populations at Risk management led by DMD

Clear workstreams reporting to this which are monitored against agreed outcomes – existing action

Scoping required to understand current existing data to identify high risk patients and understand current engagement process in place across localities in preparation for proactive winter engagement – November 2026

Secondary care provide bundles to patients upon discharge, referring to CRT COPD Homecare if appropriate [6 steps] for 14 day support and care prior to discharge or referral back to RACU in secondary care – in place

Review of community resource and services to support demand over winter – November 2026

Options appraisal completed to align PR across 5 Boroughs to PCCS – decision to work collaboratively – existing action

C & V model scoped, Red, Amber, Green Model which can be replicated
model would require additional resource – existing action

National agreed guidance's shared with teams across community and primary care, monitoring will be undertaken throughout this period using prescribing data and clinical dashboards

Promote alternative pathways via Health Board Flow Centre with WAST via the Demand Management Group, September 2026

Liaise with comms to compose patient messaging, circulate patient messaging beginning November to patients and partners. Liaise with GMS to compose and issue guidance to practices regarding prescribing practices and to align dispensing messages for dispensing doctors with community pharmacy. Reinforce messaging around avoidance of post dated scripts especially with EPS to minimise friction in the system and raise awareness of ability to issue an additional batch over the Xmas period or during times of potential extreme weather. Liaise with engagement team to support messaging in the community. Refresh messaging weekly from Nov 1st. GMS and Community Pharmacy work jointly with independent contractors to ensure mechanisms are in place ahead of the period. . Specific primary care assurance on bringing forward repeat prescriptions and medication orders ahead of the Christmas and New Year period should be confirmed separately.

Liaise with comms to support messaging around CAS, Reinforce eligibility and access – conscious of increased workload within pharmacy during the busy Christmas dispensing period. Liaise with engagement to do same . Start messaging mid November to recognise work and capacity issues associated with Flu delivery, reinforce messaging weekly.

Level 1: Additional L1 coverage approved for expansion to a 24-hour service provided by SJAC Level 2: – approved AHP resource and alternative governance arrangements from Sept 2026 providing 12-hour daytime service with a paramedic and therapist. Aiming to provide 7 day 12 hour Level 2 coverage supported with AHP resource aligned to ABUHB's CAATT service rotating out to the WAST vehicle
Confirm SPoA model to support delivery of the Older Person Pathway at YYF, including existing resource i.e. APP and access to virtual advice to include frailty, September 2026 Local Authority operates a front door service five days a week, emergency duty team provides cover outside these hours and at weekends
Level 1: Additional L1 coverage approved for expansion to a 24-hour service provided by SJAC Level 2: – approved AHP resource and alternative governance arrangements from Sept 2026 providing 12-hour daytime service with a paramedic and therapist. Aiming to provide 7 day 12 hour Level 2 coverage supported with AHP resource aligned to ABUHB's CAATT service rotating out to the WAST vehicle
Promote alternative pathways via Health Board Flow Centre with WAST via the Demand Management Group, September 2026 MIU open seven days a week
Discharge Improvement Programme – UEC Plan in place SDEC operating five days a week – in place Maintenance of Rapid Release Protocol – positive August data Delivery trajectory for December 2026 95%
Review skills mix of clinical decision maker in ED
Promote alternative pathways via Health Board Flow Centre – in place. Continue the Home First model, including a designated social worker for each Local Authority working with acute and community teams; monitor pathway use and outcomes through the Integrated Discharge Board.

SOP for escalation, HB policy, vaccination programme, point of care testing within assessment areas, transmission precautions

HB policy, care bundles, validation audits and senior nurse monitoring, establish RCA process, Datix reporting, access to enhanced cleaning methodology, key linking champions, antimicrobial stewardship, standard precautions including hand hygiene

Bed surge plan will be complete in Sept reflecting bed modelling and community options such as Hospital to Home, step down beds and will include continued delivery of the Rapid Release Protocol – December 2026

Sufficient residential and nursing care home capacity is currently available. Maintain provider engagement and capacity monitoring; remind Social Care managers to complete timely assessments and escalate closures, bed losses or admission restrictions by 01/11/2026 and throughout winter.

Develop and agree an all-Wales paediatric surge and escalation framework, including clear triggers, actions, and governance arrangements, clarify national lead

Emergency critical care bed capacity plans and SOP in place for winter as per previous winter, with clearly defined escalation triggers and activation processes, maintain oversight of critical care bed occupancy - December 2026
Critical care surge plan and SOP in place for winter as per previous winter, monitor capacity, occupancy, staffing levels and patient flow through regular performance reporting - December 2026
Our Next Patient rapid release protocol has focused on timely patient flow to support reducing corridor care. Through this protocol there has been a move away from corridor care on the first floor and the use of care in non-designated clinical spaces will remain under review - existing action
Our Next Patient Rapid Release Protocol has focused on timely patient flow and delivery of the Handover 45 and agreed trajectories - existing action
Senior clinical decision maker presence, streaming and redirection processes, timely patient discharge - existing action
Our Next Patient rapid release protocol has focused on timely patient flow to support reducing corridor care. Through this protocol there has been a move away from corridor care on the first floor and the use of care in non-designated clinical spaces will remain under review - existing action
Development of bed model and plan including workforce plan, rosters and equipment, aligned to demand and capacity modelling, based on learning from previous winter, plan to open two wards, one acute and one community, Primary Care to provide oversight of community beds aligned to community capacity such as hospital to home and frailty - November 2026. Align to agreed full capacity boarding plan with associated escalation process - November 2026

Winter surge not expected for MH, less affected by seasonal factors
Transformation of crisis service with dedicated team in progress will stabilise service and continue 4 hour compliance. Increase resilience of community teams with functional approach
Focus on bed flow – Sprint to start Sept 26
136 suite staffed 24/7, robust S12 rota in place
Flu vacc roll out/ Flu champions in place

Multiagency forums/ planning meetings in place for frequent attenders. Hiraeth Specialist Psychology service complete individual management plans for EUPD patients, all staff involved with 136 can access

Review escalation cards with the LAs and ensure robust performance reporting
Local authorities will maintain close oversight of staffing pressures and work collaboratively to redeploy available workforce capacity where operationally appropriate and required
Additional social work assessment capacity has been introduced through the POCD grant, this capacity is available throughout the year and will support the winter response
Assessment capacity is available across hospital and community settings, although further work is required to strengthen consistency, visibility and demonstrated outcomes

Establishment of clear executive and operational oversight through weekly Our Next Patient to deliver the plan, monitoring of key performance indicators, robust escalation arrangements, delivery of the rapid release protocol, strengthen discharge processes through D2RA, criteria led discharge, trusted assessor arrangements, maximise bed capacity and patient flow through the Optimal Hospital Flow Framework and escalation emerging risks – existing action

OHFF is a key element of UEC Plan. . Traction has been made within community wards and acceleration of progress in acute wards in the quarter preceding Christmas 2026

Oversight and escalation arrangements through UEC Improvement and Stabilisation Plan, monthly Integrated Discharge Board to progress collaborative work with local authorise, fortnightly oversight meeting with WAST to reinforce and develop admission avoidance pathways – existing work.

Social care services will operate on a business-as-usual basis throughout the period. The Emergency Duty Team (EDT) will provide out-of-hours cover, while domiciliary care, residential care and supported living services will continue as normal

DST process well embedded across Gwent. Coordination of process via MH&LD commissioning team

MOU signed off and in place, initial focus Monmouthshire and Blaenau Gwent to access patients in NHH and YYF on behalf of each other, evaluation of impact and plan to roll out to further localities, current arrangements include Home First, provision on the Stroke ward are YYF health-led initiation of packages of care and reconfiguration of Home First to increase back door capacity within community hospitals– existing action. We will continue the mapped Trusted Assessor model, using proportional assessment, shared standards and transparent

Continue to embed the Optimal Hospital Flow Framework across all sites, oversight through Divisional leads with oversight from Integrated Discharge Improvement, training and awareness sessions to be held to reinforce D2RA principles and definition of expected date of discharge and ward live dashboards in place to monitor D2RA compliance – existing action.

Continue with actions and review opportunities to improve approach

SOP developed and clear governance and clinical oversight, standardise CLD pathways, delivery of training, monitor ward level compliance and discharge outcomes, oversight through monthly Integrated Discharge Improvement Board, chaired by Deputy Chief Operating Officer – existing action. Rolling out across all community hospital

Re-enforce escalation over the winter period.
Maintain action-focused reviews of pathway-of-care delays and clinically optimised patients; use shared data and escalate system constraints through the Integrated Discharge Board and GASP.

Associate Director – Patient Transportation to provide strategic oversight of patient transport arrangements, monitor transport related discharge delays, lead escalation where capacity constraints are identified and work with operational, community and system partners to ensure transport service support timely and efficient patient discharge – ongoing through regular oversight meetings with WAST and operational teams.

Hospital discharge and care transfer capacity is supported by Home First, Home First Backdoor, Hospital to Home, Hospital to a Healthier Home, the Post Hospital Discharge Project, Patient Transport Clinical Support, the GUH Discharge Team, Patient Flow, Medicine and Surgery discharge provision, the Hospital Social Work/Discharge Hub, Brokerage, START, D2RA and reablement pathways. Care & Repair and Age Connect provide third-sector support for safe transitions home and post-discharge support. Health input is still required to confirm winter transport arrangements, including NEPTS and community transport capacity.

Deconditioning workstream under Discharge Improvement Programme implement ward-based improvement projects focused on early mobilisation, rehabilitation, nutrition and hydration – existing action.

Development of operational resilience plans over Dec/Jan, including the MADE event – stakeholder engagement through existing governance structures November 2026. Complete the regional system resilience plan through GASP/RPB governance, incorporating joint surge planning, community alternatives, shared risks and escalation arrangements by 01/11/2026.

Development of plan for winter sprint, based on learning from previous sprints, oversight and governance via Integrated Discharge Improvement Board , delivery of winter sprint in December 2026 - plan to be in place November 2026

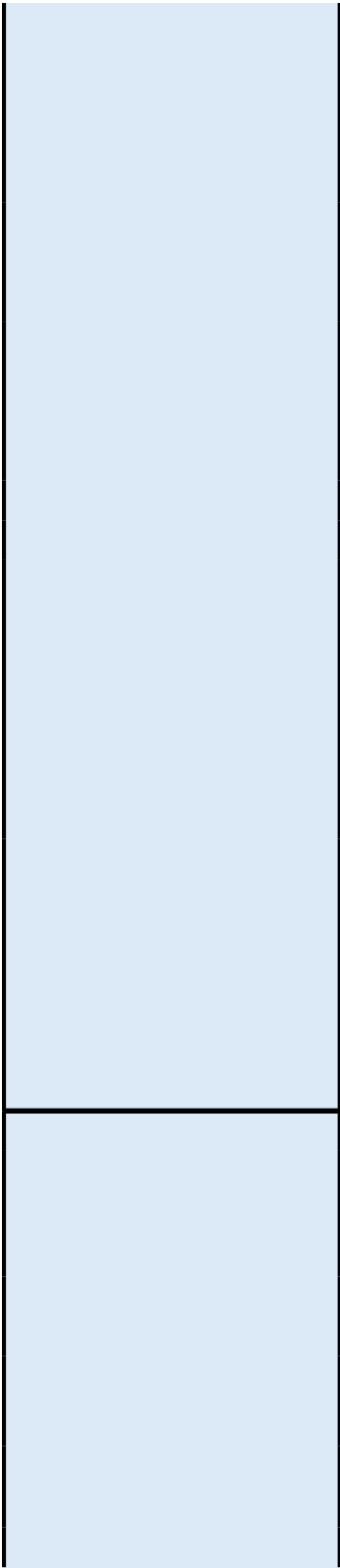
Oversight and escalation arrangement will be in place for the period through weekly Our Next Patient (Health) and through the monthly Integrated Discharge Board (Health and Social Care) 22nd December 2026 and 3rd January 2027 - November 2026. Maintain oversight through board and ward rounds, flow meetings, long-stay reviews, Heads of Service meetings and the Integrated Discharge Board; confirm executive/director cover for 22/12/2026-03/01/2027.

~~DDP DSO role to continue~~

Implement escalation framework for winter - October 2026. PCC - escalation cards in development by service leads with target of 1st October

Primary Driver

1. Proactive Frailty
in the Community (CbD)



2. Protect Acute
Hospital Capacity

3. Discharge Without
Delay

4. Effective
Operational Command

Assurance Questions

Vaccination and Prevention

1. Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults and the annual winter flu and covid vaccination campaigns.

2. In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community.

3. There is a plan in place to maximise flu vaccination uptake amongst frontline staff and achieve Welsh Government vaccination expectations for 2026/27.

Identification and Proactive Management of High-Risk Populations

4. Health Boards have identified high-risk COPD patients and implemented a proactive winter respiratory care plan including bundle compliance, post-discharge follow-up and access to pulmonary rehabilitation.

5. High-risk populations, including people living with frailty, respiratory disease, long-term conditions and care home residents, are identified and proactively managed before and during winter, through coordinated community, ECC and Primary Care interventions to reduce deterioration, conveyance and admission.

Frailty Services and Admission Avoidance

6. Proactive frailty and care home support arrangements are in place, including identification and management of people at highest risk of urgent care attendance, admission or conveyance.

7. The Acute Front Door Frailty Service is operating in line with the agreed essential requirements.

8. Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.

Community Capacity, Urgent Response and Alternatives to Hospital

9. District Nurse, ECC and Primary Care have sufficient workforce, skill mix and 7-day capacity to meet winter demand safely.

10. Community alternatives to hospital attendance are in place including Single Point of Access, Remote Integrated Care Services, step-down facilities, community pharmacy pathways and falls response services, services delivering enhanced community care (ECC) with evidence of utilisation and impact.

11. There is a plan in place across all partners for:
- a. Palliative and end of life care over the winter period
 - b. SPOA in place for a minimum 5 days per week (12 hours per day)
 - c. Enhanced Community Care & Intermediate Care Services
 - d. GP out-of-hours capacity
 - e. Community pharmacy out-of-hours capacity

Demand, Capacity, Surge Planning and Protection of Planned and Critical Care

12. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to most likely and extreme pressure surges in whole system demand; supported by a comprehensive surge plan including workforce and escalation arrangements.

13. Bed modelling has been completed (Acute & Community) with a clear process for escalation during peak periods that will not impact on planned care delivery.

14. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.

15. Critical Care bed capacity plans and a fully updated Critical Care surge plan, including workforce escalation arrangements, are in place.

Workforce Resilience and Clinical Decision-Making Capacity

16. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.

Infection Prevention and Control (IPC) Preparedness

17. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.

18. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.

19. A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.

System Partnership and Discharge Governance

20. A Memorandum of Understanding (MOU) is in place with Local Authority to ensure sufficient services are in place to support discharge at pace, ensuring appropriate leadership arrangements in place. Escalation processes have been agreed with Local Authority partners to prioritise hospital discharges.

21. Health Board and WAST are working together to plan resources available to support discharge without delay and maximise the effective use of discharge lounges.

22. Community services are aligned to discharge demand and Home First pathways without compromising quality or safety.

Clinically Optimised Patients and Length of Stay Management

23. Robust action focused processes are in place to regularly review clinically optimised patients and support timely and appropriate discharge to the most appropriate setting.

24. Weekly review of all patients with a length of stay over 21 days, irrespective of whether the patient is clinically optimised or not.

Seven-Day Discharge and Discharge Performance

25. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of discharges to be expedited.

26. Criteria-led discharge arrangements are in place and operating effectively to support pre-midday and weekend discharges.

27. Trajectories and monitoring arrangements are in place to achieve at least 33% of inpatient discharges before midday across seven days.

Governance, Assurance and Accountability

28. The Board has assured the Health Board/Trust elements of the region's Winter Preparedness Plan for 2026/27.

29. The Director(s) of Social Services have assured the Social Services elements of the region's Winter Preparedness Plan for 2026/27.

30. The Executive Lead accountable for the winter period has been identified, and has ensured that mechanisms are in place to keep the Board informed of emerging pressures and the response to those pressures.

Quality, Risk and Impact Assessment

31. A robust quality and equality impact assessment (QEIA) informed the development of the Health Board/Trust's plan and this has been reviewed by the Board.

32. The Board has considered key quality risks and is assured that appropriate mitigations are in place for baseline, moderate, and extreme escalations of winter pressures.

System-wide Planning and Partnership Working

33. The Winter Preparedness plan has been developed with appropriate engagement across all system partners and arrangements are in place to respond to increased demand across:

- a. Local Health Boards
- b. NHS Trusts
- c. Welsh Ambulance Services University NHS Trust (national ambulance and NHS 111 Wales services)
- d. Social Care
- e. Local Authorities
- f. Primary care
- g. Community Services
- h. Palliative Care
- i. Mental Health Services

34. The Winter Preparedness Plan addresses the key actions outlined in the Regional Self-Assessment and the plan has been developed, tested and ratified through the Regional Partnership Board.

Exercising, Testing and Preparedness

35. The Winter Preparedness Plan has been tested during a winter exercise (with primary care and community pathways included), the outcome reviewed, and lessons learned incorporated.

Operational Command, Escalation and Situational Awareness

36. Robust operational command, co-ordination and escalation arrangements are in place throughout the winter period, including appropriately resourced and tested on-call arrangements and leadership support for operational medical and nursing leaders across acute, primary, community and partner services to enable intelligence sharing, risk management and effective system-wide decision-making.

37. Plans are in place to monitor and report real-time pressures using agreed NHS Wales escalation and reporting arrangements.

Assurance Rating (please select)

Partial

Partial

Partial

No

Partial

Partial
Partial
Partial
Partial
Partial
Partial
No
No
Full

Full

Partial

Partial

Full

Partial

Partial

Full

Partial

Partial

Partial
Full
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Full
Full
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No
Full
Partial
Partial
Full
Full

Lead Organisation e.g. NHS/Social care or both via

NHS

NHS

NHS

NHS

NHS/Social Care

NHS/Social Care
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NHS/Social Care

Actions Required to Provide Full Assurance	
Capacity to address complacency and build confidence among priority cohorts particularly in deprived communities where uptake is typically low. ISPBs are considering how local intelligence, targeted communication, community engagement and outreach can support improved uptake, particularly within communities and groups where uptake is lower or barriers to access exist. This will complement wider regional vaccination activity by using trusted local relationships and community assets.	
Embed the Equity Action Plan across all vaccination programmes to reduce inequalities in access and uptake, ensuring targeted interventions are focused on underserved and at-risk populations. Review and evaluate the effectiveness of designated nurse (DN) and Neighbourhood Care Network (NCN) support for winter respiratory vaccination campaigns, using uptake data and stakeholder feedback to identify good practice, address gaps and inform future campaign	
Ability to engage with working age adults under the age of 65 alongside pre-winter health checks. Evidence that all eligible patients under 65 with relevant comorbidities have been identified, proactively contacted and encouraged to receive their vaccinations, offered a pre-winter health check and have clear, timely access to antiviral treatments where clinically appropriate. This should be supported by documented care pathways, monitoring of uptake and outcomes, and audit evidence demonstrating that continuity of care is being delivered effectively within the community	
Vaccination Service will support the Staff Flu Campaign by delivering a revised and enhanced training programme for vaccinators, incorporating video-based learning and self-assessment tools to improve accessibility, consistency and competency. To maximise convenience and increase uptake, staff will be able to attend any designated vaccination centre without the need for a pre-booked appointment, providing flexible access to vaccination at a time and location that suits their working arrangements	
Scoping of current pathways to adjustment to meet assurance requirement	
Populations at Risk steering group is chaired by DMD and has clear workstreams for which colleagues report against an agreed framework. Outcome measurement remains challenging and lack of access to GP and WAST pt level data compounds	
Enhanced community care and intermediate care services are in place across Gwent provision includes CRT, START, D2RA, Home First reablement, step up and step down beds, Parklands Care Home and Ty Glas y Dorlan bed	

Populations at Risk, Care Home Programme, sustainable workforce model and standardisation of services. Continue care-home falls training, lifting-equipment provision, medical-triage pilot and head-injury pathways. Confirm the process for identifying highest-risk residents and report activity, conveyances avoided and escalation arrangements

Community Assessment Lounge operating at GUH supported by Home First and Community Admission Avoidance Team. Embed robust in reach model consistently, sustain integrated front door model

FCP has been espoused by the division and work is ongoing to increase the number of people who have an active plan however difficulties experienced in ensuring this is available to all relevant organisations and associated issues with keeping current and relevant.

SPOA- planning ongoing for winter following two week MADE event approach. Routine processes in place for Community Pharmacy services, Falls response services and ECC. PEOC - Community Nursing Teams work closely with hospices to support patients PDD and support for palliation. SPC are not currently working weekends. However, this is urgently being addressed by divisional management team. SPOA - planning ongoing for winter following two week approach. ECC/ICS GPOOH Community Pharmacy

SPOA is currently under review as part of the UEC pan to ensure a sustainable model is in place
Local Authority operates a front door service five days a week from 08:00 - 17:00, the emergency duty team provides cover outside these hours and at weekends, maintaining access to urgent support across the full week

Undertake patient demand modelling and develop surge plan. Clairty requested on timelines for national modelling

Undertake bed modelling for acute and community and develop bed plan

Develop elective and cancer delivery plans

Emergency critical care bed capacity plans and SOP in place for winter as per previous winter, with clearly defined escalation triggers and

Joint Escalation Framework will be implemented to provide visibility of delayed discharges across the system and support timely operational decision making to ensure appropriate escalation routes are available. Draft Framework circulated Sept 26 for agreement. Health – Safe to start daily review of staffing levels and reviewed escalation process aligned to demand

Social Care will maintain close oversight of staffing pressures and work collaboratively to redeploy available workforce capacity where operational appropriate and required

SOP reviewed, influenza policy to be reviewed for patients pathways, implementation plan for new transmission based precautions (TBP) policy, some staff require mask fit testing in line with the new changes for TBP, laboratory capacity re timely testing or the support

H&S leading the delivery access to staff and limited assessors

SOP for winter escalation, cubicle risk assessment available, IPT support 7 days working when 2 or more outbreaks

MOU signed off and in place, initial focus Monmouthshire and Blaenau Gwent to access patients in NHH and YYF on behalf of each other, evaluation of impact and plan to roll out to further localities, current arrangements include Home First, provision on the Stroke ward are YYF health-led initiation of packages of care and reconfiguration of Home First to increase back door capacity within community hospitals. Escalation processes have been agreed with Local Authority partners to prioritise hospital discharges.

Health Board and WAST continue to work together to plan resource to support discharge and use of discharge lounges with a particular focus at GUH

H2H will work alongside Home First to support safe discharge where possible where funding & resource allows.

Daily Board Rounds and weekly LOS meetings in place across all acute and community sites reviewing patients to support timely discharge, scrutiny panel to review top 20 longest staying patients. Continue monitoring delays, actions and escalations throughout winter.

Weekly LOS meetings in place across all acute and community sites reviewing patients, review criteria varies across site, all patients are reviewed daily as part of the board round. Long-stay patient review arrangements are in place, but full assurance requires confirmation that every patient with a stay over 21 days is reviewed weekly, with attendance, actions, ownership and escalation consistently recorded

Five-day discharge targets by ward have been profiled to include weekend discharges

Simplified SOP developed, supported by sticker in patient notes, developing digital system to track progress across Divisions. CWS2 (Clinical Workstation) due to go live in HB in mid October for testing with access rolled out to LA colleagues in November. This will provide a single point discharge data entry system across Health and Social Care in Gwent.
Trajectory and monitoring arrangements in place
Board to be assured in September 2026
Director of Social Service to provide assurance September 2026
Executive Lead identified (Director of Strategy, Planning and Partnerships). First draft of Winter Plan to HB Board 28th September
QEIA to be undertaken and shared with Board September 2026
Board will consider the key quality risks in September 2026
Winter preparedness plan to be developed in partnership with all system partners to ensure a coordinated response, informed by the learning and evaluation from the previous winter Brokerage and delivery of domiciliary care, reablement and other packages of care will continue as business as usual. Most local authorities have moved to an assessment led model, improving flow, reducing length of stay and increasing capacity across the system
Winter preparedness plan to be developed and will address the key actions outlined in the Regional Self-Assessment
Winter preparedness plan to be tested informed by the learning and evaluation from the previous winter which is scheduled for HB Board
Operational command and escalation processes in place alongside robust BAU processes and BCI Processes Regional coordination, governance, performance reporting and alignment of winter planning are supported through the Integrated Discharge Board, with oversight from GASP and the Regional Partnership Board. Operational oversight is maintained through regular board and ward rounds, flow meetings, fishbowl reviews, long-stay patient meetings, meetings with Heads of Adult Service and the Integrated Discharge Board. RPB reissuing RSO role for winter
Plans will be developed and in place to monitor report pressures

Local Health and Care System Resilience Plans for Winter (1 December 2026 – 31 January 2027)

Please provide details of the anticipated position for key service areas outlined below for the winter period. Not

Service Area
Enhanced management of key areas of urgent and emergency care community demand within community setting
L1 and L2 falls response pathways
Symptoms of breathlessness
Care homes (admission avoidance and alternative pathways to conveyance)
Community and primary care capacity (inc. GP in-hours capacity) Specifically provide assurance that arrangements/processes are in place to bring forward repeat prescribing and medication ordering ahead of the Christmas and New Year period, particularly for dispensing practices (applicable to all GP practices and especially dispensing doctor practices)
Provide planned District Nursing staffing levels for each day across the period expressed as a % of the average weekday day capacity.
Palliative and End of Life Care
SPOA in place minimum 5 days a week (12 hours a day)
Enhanced Community Care & Intermediate Care Services
GP out-of-hours capacity
Community pharmacy out-of-hours capacity
In-hospital acute and community site bed capacity (i.e. ability to open temporary capacity at times of pressure. Please provide additional bed numbers, where appropriate).

In-hospital staffing capacity (including plans for surge capacity)

Residential / nursing care home capacity (including nursing and residential care homes. Please provide additional bed numbers where appropriate and how you have been engaging with local care home providers in your region and beyond if applicable)

Social worker capacity

Capacity for community and hospital-based assessments.

Trusted Assessor model

Social care packages (including domiciliary care availability/Reablement assurance and assurance around capacity to Right size Package)

Oversight & Escalation (Health, Social Care & RPB) Executive/Director level presence / support over 01 December 2026 – 31st January 2027 (e.g. gold command)

Hospital Discharge/care transfer capacity Hospital discharge and care transfer arrangements (including Home First pathways and discharge capacity/NEPTS Capacity or community transport capacity in place, along with ensuring third sector support in place to ensure settling in support in place.)

Additional communications plans

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
CYFARFOD O: MEETING OF:	Partnerships Population Health and Planning Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Partnerships Population Health and Planning Committee – Review of Committee Programme of Business 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Governance Support Officer

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**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 Mental Health and Learning Disabilities 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 Committee will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board’s objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

As appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

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

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

Deferred item on the Forward Work Programme:

There have been Three items deferred to the Forward Work Programme namely

- **NHS Wales Emergency Preparedness, Resilience and Response (EPRR) Annual Report** has been deferred from October’s Meeting to February’s Meeting

Additional item on the Forward Work Programme:

There has been one addition to the Forward Work Programme namely

- **Updated Winter Plan** has been added for October’s Committee Meeting

These changes have been reflected on the updated Forward Work Programme.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix 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. 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. Choose an item. Not Applicable

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

Annual Programme of Business for 2026-27

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 Gwent 35 Strategy and "Making it Happen", strategy deployment plan;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2025/26
- 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 (including the NHS Wales Joint Commissioning Committee and the Regional Joint Committee); 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 07/04/26	QTR 2 July to Sept 30/06/26	QTR 3 Oct to Dec 13/10/26	QTR 4 Jan to Mar 09/01/27
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	All members	SI	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Committee Action Log	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2027/28	DoCG	AN				✓
Committee Annual Report 2025/26 - Annual Review of Committee Effectiveness 2025/26 - Outcome of Annual Review of Committee Effectiveness 2025/26 Deferred from January meeting	DoCG	AN	✓ D			
Committee Annual Report 2026/27	DoCG	AN				✓

- Annual Review of Committee Terms of Reference 2026/27 - Annual Review of Committee Effectiveness 2026/27 - Outcome of Annual Review of Committee Effectiveness 2026/27						
Review of Committee Programme of Business 2026/27	DoCG	SI	✓ D	✓	✓	✓
Committee Risk Report	DoCG	SI	✓ D	✓	✓	✓
Strategic Planning						
Annual Review of progress of the Long-Term Strategy	DoSP&P	An			✓	
Transformation Programmes Deep Dive	DoSP&P	SI	✓ D	✓ D	✓	✓
IMTP/Annual Plan Development	DoSP&P	An			✓	
Development of any plans and strategies aligned to the IMTP and Annual Plan	DoSP&P	SI	✓ D	✓ D	✓	✓
Emergency Planning Assurance Report	COO/ DoN	An		✓ D	✓	
Primary Care Sustainability Report	COO	An	✓ D	✓		
Place Based Care Development Progress Report	COO	BI		✓		✓
Estates Strategy Review	DoSP&P	AN			✓	

Nevil Hall Hospital Development Case	DoSP&P	AN			✓	
St Woolos Hospital rationalisation	DoSP&P	AN			✓	
Digital Strategy	DOD	AN				✓
Planning Maturity Matrix	DoSP&P	AN			✓	
Annual Plan Approach	DoSP&P	AN			✓	
Update on Annual Plan including NCN Plans ahead of WG Submission	DoSP&P	AN				✓
Strategic Partnerships						
Regional Partnership Board	DoSP&P	SI	✓ D	✓	✓	✓
Public Services Board	DPH	SI	✓ D	✓	✓	✓
Regional Planning	DoSP&P	SI	✓ D	✓	✓	✓
Population Health						
Population Health Management Update Report	DPH	An		✓		
Joint Strategic Needs Assessment Update	DPH	An		✓		
Health Protection & Vaccination Programme Update	DPH	Bi-An	✓ D	✓		✓
Update on Armed Forces matters	DoWOD	Action	✓ D	✓		
Update and implications of new WG national GDS contract (Action transferred from FPC)	COO	Action		✓		
RIF Audit report (for information)	DoSP&P	Add Hoc		✓		

NHS Wales Emergency Preparedness, Resilience and Response (EPRR) Annual Report	DoSP&P	Add Hoc		✓D	✓D	✓
Updated Winter Plan	DoSP&P	Add Hoc			✓	

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 October 2026
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 the Committee with assurance on the management of the strategic risks delegated to it by the Board and to highlight risks that remain outside the Board's agreed risk appetite.

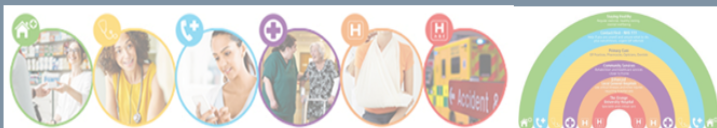
ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

Since the Committee's previous review, the Board has approved the refreshed Strategic Risk Register and agreed to reframe the principal and sub-risk descriptions. The revised approach more clearly distinguishes the sources of uncertainty, potential risk events, consequences, controls, further actions and evidence of control effectiveness.

At its meeting on 28 September 2026, the Board also agreed to de-escalate the risk relating to Reinforced Autoclaved Aerated Concrete (RAAC), previously recorded as SRR 002A, to the Corporate Risk Register.

Investigations have confirmed that RAAC is limited to specific areas of the Nevill Hall Hospital site. The risk continues to be actively managed by the Estates Team and reported through the Health and Safety governance arrangements, Executive Committee and relevant Board committees. While the issue remains relevant to



longer-term estate planning, it no longer requires separate oversight through the Strategic Risk Register.

The revised Strategic Risk Register is intended to provide clearer connectivity between divisional, corporate and strategic risks and support more focused oversight by the Board and its committees.

Asesiad / Assessment

The Committee has delegated oversight of three principal strategic risks, comprising seven sub-risks:

- **SRR 001:** Service Delivery, comprising three sub-risks;
- **SRR 004:** Compliance and Safety, comprising two sub-risks; and
- **SRR 007:** Transformation and Partnership Working, comprising two sub-risks.

Of the seven sub-risks:

- **Five** are within the Board's risk appetite; and
- **Two** are outside appetite, both with a current score of 12.

Risks Outside Appetite

The two risks outside appetite relate to:

1. Backlog maintenance and structural impairment affecting critical estate and infrastructure; and,
2. Gaps in business continuity and critical incident preparedness across the Health Board.

Critical Estate and Infrastructure

The current risk score of 12 reflects the scale and severity of backlog maintenance and structural impairment across the Health Board's estate.

Prioritisation and preventative controls are in place to manage the most significant safety risks. However, a material reduction in the overall risk will require sustained capital investment and delivery over an extended period. The risk is therefore likely to remain outside appetite in the medium term.

The Committee should note the controls in place and maintain oversight of the delivery of the associated risk treatment plan.

Business Continuity and Critical Incident Preparedness

The current risk score of 12 reflects that critical service impact assessments and business continuity plans are not yet complete or consistently tested across all areas of the Health Board.

Operational pressures also limit the capacity of services to develop, test and exercise their arrangements.



Established response arrangements are in place for key frontline and critical clinical services. The Emergency Planning Team is supporting a targeted programme to improve the completeness, consistency and testing of plans across the organisation.

The Committee should seek assurance on progress against the improvement programme, particularly the completion of critical service impact assessments, testing of plans and assurance over dependencies on third-party providers and suppliers.

Overall Assurance

Controls are in place to manage the most immediate risks to safety and service continuity. However, the two risks identified above remain outside the Board's agreed appetite and require continued treatment and Committee oversight.

The refreshed risk assessments, including updated controls, assurances and actions, will be presented to the Committee at its next meeting. This will enable the Committee to consider whether planned action is sufficient and whether any matters require escalation to the Board.

Argymhelliad / Recommendation

The Committee is requested to:

- **CONSIDER** the current controls, assurances and planned actions;
- **NOTE** that two sub-risks remain outside the Board's agreed risk appetite;
- **SEEK ASSURANCE** on the delivery of the actions to reduce the estate and business continuity risks;
- **NOTE** the transfer of the RAAC risk to the Corporate Risk Register; and
- **ESCALATE** to the Board any concerns regarding the adequacy of the controls, pace of improvement or level of residual exposure

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.

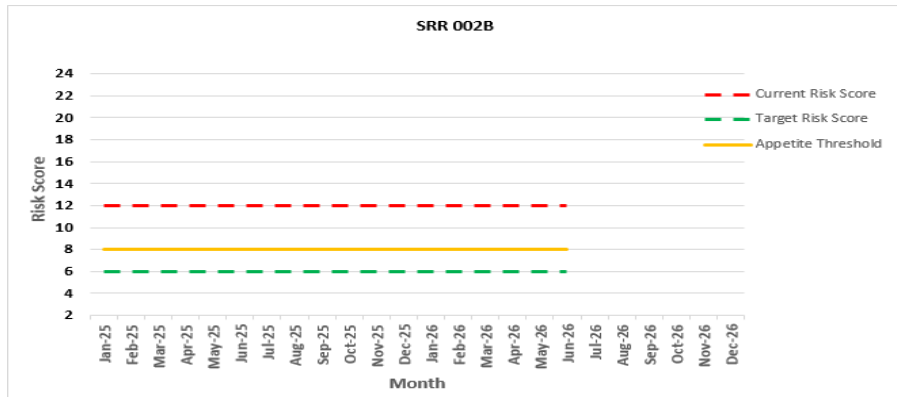
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or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



Partnerships, Health Protection & Planning Committee Strategic Risk Overview

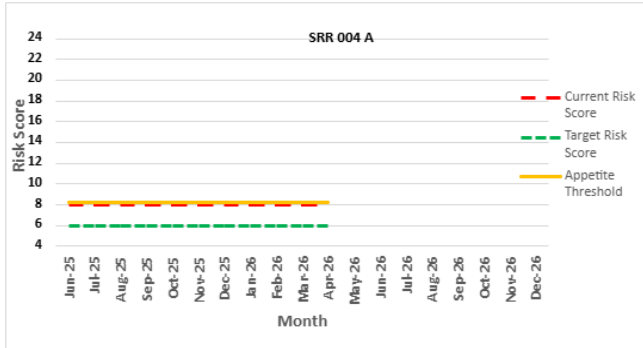
Risk Information			IMTP Link	Underpinning Corporate Risks	IMTP Performance Measures	Appetite Threshold for Risk	Current Score	Target Score	Assurance the Risk is being Managed Effectively
SRR 002 B Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	b) Due to the scale and severity of backlog maintenance affecting critical estate and infrastructure.	Enablers: Estates	CRR 005, 016, 021	- Reduction in high-risk backlog; - Increased planned-maintenance completion and statutory compliance; - Delivery of Targeted Estates Fund priorities.	8	12	6	Reasonable
SRR 004 A & B 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 major incident training not being mandatory, limited embedding of Joint Emergency Services Interoperability Principles (JESIP), and operational pressures restricting the capacity to regularly test and exercise emergency and business continuity plans internally and with multi-agency partners.	Enablers: Quality, Digital, Data & Technology Estates, Workforce	No linked risks	- Completion of scheduled plan reviews and exercises; - Reduction in overdue actions; - Maintenance of 24-bed level three surge capacity.	8	8	6	Positive
		b) Due to incomplete critical service impact assessments, limited testing and exercising of response and recovery arrangements, competing operational priorities, and dependencies on third-party providers and suppliers.		CRR0 28, 029, 034, 035	- Increased proportion of current and tested plans; - Reduction in overdue actions and service disruption; - Improvement against recovery times.	8	12	6	Reasonable
SRR 007 A & B 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 financial pressures, misaligned organisational priorities, differing planning cycles and insufficiently clear partnership accountability and decision-making arrangements.	System Change: Place Based Care	CRR 014, 017, 018	- Increased delivery of partnership milestones; - Expansion of Integrated Neighbourhood Teams; - Increased delivery against agreed partner commitments.	17	8	4	Positive
		b) Due to fragility in specialist services arising from workforce shortages, limited capacity and dependence on regional or supra-regional delivery arrangements.	Enabler: Regional Plans	CRR 012, 018	- Reduction in fragile services, vacancies and service disruption; - Increased delivery of regional programme milestones.	17	9	4	Reasonable

Individual Risk Assessments

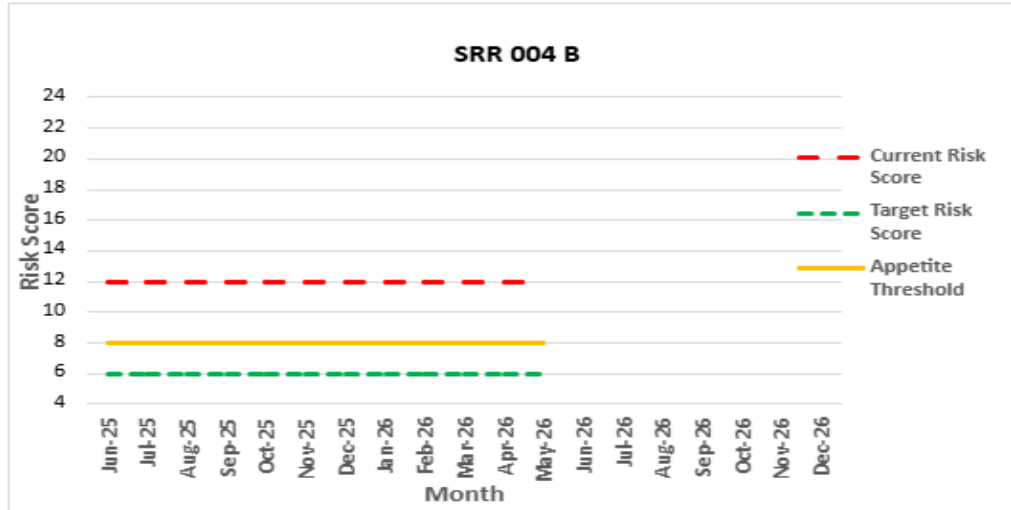
RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES				
Strategic Risk SRR 002 B	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to the scale and severity of backlog maintenance affecting critical estate and infrastructure.			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 - Harm or injury to patients. - Adverse impacts on the delivery of care to patients across acute and non-acute settings.	Staff Harm or injury to staff.	Organisation - 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	July 2026		Risk rating	= 12 (High)	= 6 (Moderate)
Next Review (Quarterly based on risk score)	October 2026				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
- 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 - A clear approach to compliance monitoring and escalation of AE reports has been implemented	- 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 2026/27 - 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). Discussions commencing with WG relating to any TEF monies for 27/28 and additional bids being submitted for additional monies for Mental Health in 2026/27 - Elements of St Woolos Hospital estate beien closed as part of the Board agreement to rationalise the site and remove use of old and poor estate. Business case for WG investment being developed to further rationalise the estate - Condition survey (commonly referred to as 6 facet) being scoped for completion in early 2026/27 to inform the estates strategy

Sources of Assurance <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>		
- 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.	If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration.	Performance reporting
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
- The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group. - Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee. - Divisional Director Estates and Facilities presented to Committee in December 2024 and February 2026 - Divisional Director Estates and Facilities presented to Committee on St Woolos Hospital project in October 2025.	None	N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Reviews 2023- 24 - Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and - Finance and Performance Committee Internal Audit Plan 2024-25 - Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the November ARA - 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	Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan	Internal Audit 2024/25 Plan - Implementation of the management responses to close off recommendations - Audit Wales completing an all-Wales audit on estate condition in Q4 2025/26
Assurance Rating <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 maintain or recover essential services within required timescales during or following a major, critical or business continuity incident.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to major incident training not being mandatory, limited embedding of Joint Emergency Services Interoperability Principles (JESIP), and operational pressures restricting the capacity to regularly test and exercise emergency and business continuity plans internally and with multi-agency partners.				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 <i>(Consequences of the threat)</i>	<u>Patient</u> - Adverse impacts on delivery of care to patients across acute and non-acute settings - Harm or injury to patients	<u>Staff</u> - Inability to respond to a major incident to meet needs of those affected - Harm or injury to staff	<u>Organisation</u> - 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	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	May 2026	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six-monthly based on risk score)	November 2026				
Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>			Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>		
- 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) - 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			- Continue to deliver training programmes to support staff preparedness to response 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)		

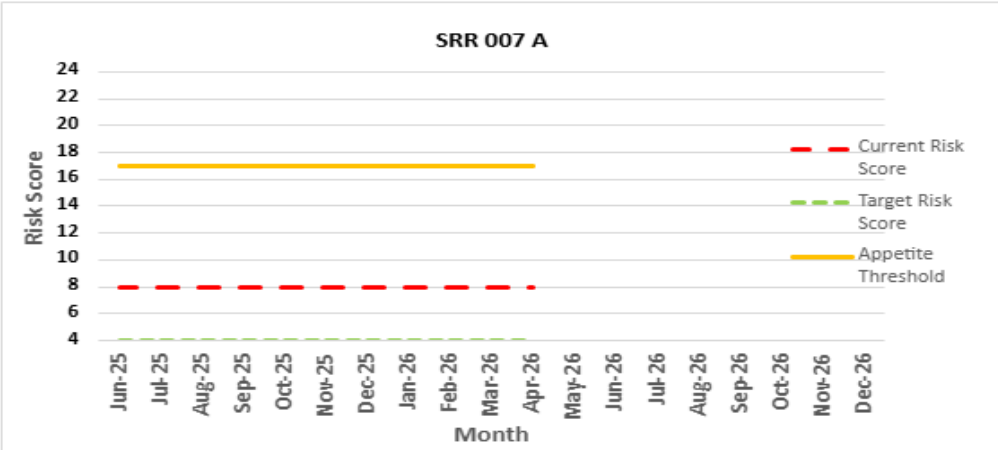
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
- 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.		All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.	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>			
- Report to the EPRR Group from debrief of incidents - Reports to the PPHP Committee on Emergency Planning Preparedness		EPRR Thematic Risk Register	Develop an EPRR
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Review(s) Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response - Reasonable Assurance Outcome and feedback from national exercises		Identification of recommendations to ensure the Health Board is prepared and has the capabilities ato respond effectively.	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	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 maintain or recover essential services within required timescales during or following a major, critical or business continuity incident.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to incomplete critical service impact assessments, limited testing and exercising of response and recovery arrangements, competing operational priorities, and dependencies on third-party providers and suppliers.			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 <i>(Consequences of the threat)</i>	Patient - Harm or injury to patients - Adverse impacts on delivery of care to patients across acute and non-acute settings	Staff - Staff absence (injury, wellbeing) - Harm or injury to staff	Organisation - 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 and 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	July 2026		Risk rating	= 12 (High)	= 6 (Moderate)
Next Review (Quarterly based on risk score)	October 2026				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
- Business Continuity Policy - Business Continuity Response Guidance - Business Continuity Template & guidance (reviewed and updated April 2025) - Divisional, Directorate & Service Business Continuity Plans across a number of key operational areas - Business Continuity Exercises - Business Continuity debrief learning. - Health Board and Local Resilience Forum (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. - Health Board 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. - 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	- Ongoing support to develop business continuity plans – BC templates & guidance has been reviewed to make them more user friendly and easier to access via the HB’s sharepoint. - 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. The Health Board are part of the LRF group to develop a multiagency response plan for the critical themes – loss of power and loss of water supply – this will feed into the Health Boards estates planning. - 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.

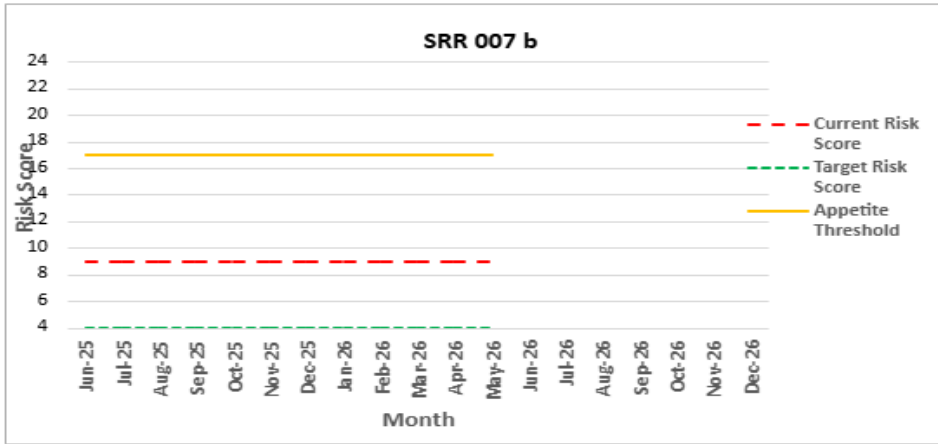
knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). • Ability to warn & inform the organisation of critical BC incidents via the Health Board communications team. • Health 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, Exercise Pegasus	• Services are being audited against the organisational BC dashboard – level of plans in place and the test/exercise of those plans. • We have delivered 2 BC exercises (loss of IT applications/networks) for service senior managers – further exercises are planned for 26/27 • Services will be required to have tested & exercised at least 2 key theme plans and the alert, coordinate & escalate procedures in 2026. • Creation of any BC lessons learned repository for services to populate and learn from. • Training Operational Management teams to enable them to respond to and coordinate BC incidents that are impacting patient flow/care. (This has commenced) • Work with the wider planning team to influence them to consider BC requirements when developing new processes, initiatives or the introduction of new technology.
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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>			
- 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.	All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.	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>			
- Report to the EPRR Group from debrief of incidents - Reports to the PPHP Committee on Emergency Planning Preparedness (most recent Jan 2026)	EPRR Thematic Risk Register	Develop an EPRR Risk Register	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Review(s) Business Continuity Planning 2025-26 outcome report published – Reasonable Assurance Outcome and feedback from national exercise	Identification of recommendations to ensure the Health Board is prepared and has the capabilities to respond effectively.	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 and its partners are unable to plan, commission and deliver coordinated, sustainable health and care pathways across organisational boundaries.					Publication Status	Public
Threat (As a result of)	Due to financial pressures, misaligned organisational priorities, differing planning cycles and insufficiently clear partnership accountability and decision-making arrangements.				Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.		
Impact (Consequences of the threat)	<u>Patient</u> Unmet patient need resulting in harm	<u>Staff</u> N/A	<u>Organisation</u> - 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.		<u>Risk Exposure</u>	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	May 2026		Risk rating	= 8 (Moderate)	= 4 (Moderate)		
Next Review (Six Months based on risk score)	November 2026						

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including: - 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	- 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.

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>		
- PMO reporting to the Director of Strategy, Planning and Partnerships. - Regional Leadership Group Reporting	- Systematic reporting of outcomes - Systematic evaluation of schemes - Governance of financial control arrangements	- 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>		
- 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 RPB Governance Review (Q4) – Outcome = Limited Assurance. Reported to ARAC September 2024 Partnership Arrangements Review (Q1) Deferred	Recommendations identified in the Limited Assurance RPB Governance Review	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 and its partners are unable to plan, commission and deliver coordinated, sustainable health and care pathways across organisational boundaries.			Publication Status	Public
Threat (As a result of)	Due to fragility in specialist services arising from workforce shortages, limited capacity and dependence on regional or supra-regional delivery arrangements.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	Patient - Unmet patient need resulting in harm - Adverse impacts on delivery of care to patients across acute and non-acute settings	Staff N/A	Organisation - 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 - Variable partner alignment		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 / 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	July 2026	Risk rating	= 9 (High)	= 4 (Low)	
Next Review (Quarterly based on risk score)	October 2026				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
A robust South-east Wales regional planning infrastructure has been established with clear governance mechanisms including an agreed Terms of Reference in place. The Regional Joint Committee is attended by Health Board Chairs and Chief Executives on a bi-monthly basis. The Executive Management Group reports to the Regional Joint Committee and requires at least one Chief Executive and one Executive representative from each organisation to be present for quoracy. The Executive Management Group and the and Regional Development Group which provides the first line of assurance on progress of programmes, bring 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. - Whilst Cwm Taf Morgannwg UHB is the lead accountable organisation for the development of Llantrisant Health Park (LHP), it is a key regional infrastructure development and is therefore included in the Regional Joint Committee Governance model. The majority of service planning for the services that will operate from LHP will take place within the appropriate regional programme. - 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 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.	Following the first Regional Joint Committee, the following three Task & Finish groups were established to develop proposals to address cross cutting risks related to regional working: - Regional Contracting and Commissioning: developing a proposed framework for the region - Digital: Establish shared patient treatment lists with a minimum viable product being proof of concept for cataracts and lower limb arthroplasty - Digital: Ability for clinical teams to see patient records across health board boundaries Following support from ABUHB of the Regional Diagnostic and Treatment Centre Outline Business Case at Llantrisant Health Park (LHP) in November 2025, there is a requirement to regionally develop a full business case. This will include a clear outline strategy, comprehensive demand & capacity modelling for the proposed diagnostic services including an Endoscopy Academy, future development opportunities and programme governance arrangements. Given the challenges in delivering Cellular Pathology services, a Strategic outline case will be developed regionally to be taken through the regional governance structure and then onto Welsh Government. More widely, a consistent framework is to be developed and used across the region for assessing fragility of acute services. This will enable a common approach to scoring against a defined set of criteria which will lead to identifying service areas where regionalisation may provide a solution.

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>		
- Service Divisions reporting to the Chief Operational Officer - Service attendance at regional operational meetings and workshops	Alignment and effectiveness of partners to deliver integrated services	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
- Executive Oversight of all Regional Developments at the monthly Internal Regional Planning Oversight Group. - 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.	N/A	N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
	No Independent assurance	Commission a review of services
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		