

# Aneurin Bevan University Health Board Public Board

Wednesday 29 July 2026, 13:00 - 16:30  
Conference Centre, St Cadoc's Hospital



## Agenda

---

### 1. Preliminary Matters

 PB 20260729\_Board Consent Agenda.pdf (3 pages)

#### 1.1. Welcome and Introductions

Oral                      Chair

#### 1.2. Apologies for Absence for Noting

Oral                      Chair

#### 1.3. Declarations of Interest for Noting

Oral                      Chair

---

### 2. Consent Agenda Business

2.1. The Chair will ask if there are an items from the Consent Agenda (Item 7) that Board Members wish to bring forward to the Main agenda for discussion

Oral                      Chair

---

### 3. Experience Story

#### 3.1. Compassionate Care in the Community

Attachment                      Director of Nursing

---

### 4. Chair and CEO Updates

Oral

#### 4.1. Update from the Chair

Oral                      Chair

#### 4.2. Update from the Chief Executive

Oral                      Chief Executive

---

### 5. Performance and Delivery

#### 5.1. Financial Management and Performance

*Attachment*                      *Director of Finance and Procurement*

a) Month 03 2026/27, Financial Performance Report

b) Budget Delegation 2026/27: Phase 2

 PB 20260729 Agenda Item 5.1a Month 03 2026-27, Financial Performance Report.pdf (14 pages)

 PB 20260729 Agenda Item 5.1b Budget Delegation 2026.27 Phase 2.pdf (7 pages)

## **5.2. Level 4 Escalation - Finance and Performance Committee Report**

*Attachment*                      *Chair and Chief Executive*

 PB 20260729 Agenda Item 5.2 Level 4 Escalation – Finance & Performance Committee Report.pdf (5 pages)

 PB 20260729 Agenda Item 5.2 Level 4 Escalation – Finance & Performance Committee Report Appendix A.pdf (5 pages)

 PB 20260729 Agenda Item 5.2 Level 4 Escalation – Finance & Performance Committee Report Appendix B.pdf (6 pages)

## **5.3. Older Person's Pathway Transformation**

*Attachment*                      *Chief Operating Officer*

 PB 20260729 Agenda Item 5.3 Older Person's Pathway Transformation.pdf (15 pages)

 PB 20260729 Agenda Item 5.3 Older Person's Pathway Transformation Appendix 1.pdf (1 pages)

 PB 20260729 Agenda Item 5.3 Older Person's Pathway Transformation Appendix 2.pdf (6 pages)

 PB 20260729 Agenda Item 5.3 Older Person's Pathway Transformation Appendix 3.pdf (4 pages)

 PB 20260729 Agenda Item 5.3 Older Person's Pathway Transformation Appendix 4.pdf (2 pages)

## **5.4. Priority Programme: Planned Care - Programme Review**

*Attachment*                      *Director of Strategy, Planning and Partnerships*

 PB 20260729 Agenda Item 5.4 Planned Care Programme Review.pdf (7 pages)

 PB 20260729 Agenda Item 5.4 Attachment 1 Planned Care Deep Dive.pdf (20 pages)

## **5.5. Integrated Performance Report, Month 01 2026/27**

*Attachment*                      *Director of Strategy, Planning and Partnerships*

 PB 20260729 Agenda Item 5.5 Integrated Performance Report Month 01 2026.27 Cover Report.pdf (11 pages)

 PB 20260729 Agenda Item 5.5 Integrated Performance Report Month 01 2026.27 Main Report.pdf (81 pages)

 PB 20260729 Agenda Item 5.5 Integrated Performance Report 2627 - Appendix 1 Enabling Actions Q1 Update.pdf (13 pages)

## **5.6. Digital, Data and Technology Transformation: Putting digital data to work for Better Health, Better Care Better Lives**

*Attachment*                      *Director of Digital*

 PB 20260729 Agenda Item 5.6 Digital, Data & Technology Transformation Strategy - Putting digital and data to work for Better Health, Better Care, Better Lives.pdf (8 pages)

 PB 20260729 Agenda Item 5.6 Strategic Digital Transformation Plan 2026 Appendix One.pdf (48 pages)

## **5.7. Regional Joint Committee Chairs Report**

*Attachment*                      *Chair*

 PB 20260729 Agenda Item 5.7 SEWRJC Report.pdf (7 pages)

## **5.8. Nursing and Midwifery Strategy Update and Refresh**

*Attachment*                      *Director of Nursing*

 PB 20260729 Agenda item 5.8 Nursing & Midwifery Strategy Update and Refresh 2023-2026.pdf (6 pages)

 PB 20260729 Agenda item 5.8 Nursing Midwifery Strategy Update and Refresh 2023-2026 Appendix 1.pdf (20 pages)

 PB 20260729 Agenda item 5.8 Nursing Midwifery Strategy Update and Refresh 2026-30.pdf (4 pages)

 PB 20260729 Agenda item 5.8 Nursing Midwifery Strategy Update and Refresh 2026-30 Appendix 1.pdf (23 pages)

## **5.9. Communications and Engagement Annual Report 2025/26**

 PB 20260729 Agenda Item 5.9 Communications and Engagement Annual Report 2025-26.pdf (4 pages)

 PB 20260729 Agenda Item 5.9 Communications and Engagement Annual Report 2025-26 Appendix A.pdf (25 pages)

---

## 6. Assurance Matters

### 6.1. Key Matters from Committees of the Board

Attachment

Committee Chairs

 PB 20260729 Agenda Item 6.1 Key Matters from Committees of the Board.pdf (22 pages)

### 6.2. Executive Committee Chair's Report

Attachment

Chief Executive

 PB 20260729 Agenda Item 6.2 Executive Committee Chair's report.pdf (6 pages)

### 6.3. Strategic Risk Report

Attachment

Chief Executive

 PB 20260729 Agenda Item 6.3 Strategic Risk Report, July 2026.pdf (5 pages)

 PB 20260729 Agenda Item 6.3 Appendix A Strategic Risk Assessments.pdf (44 pages)

 PB 20260729 Agenda Item 6.3 Appendix B Risk Maturity Improvement Plan.pdf (4 pages)

### 6.4. Report from Llais, Gwent Region

Attachment

Regional Director, Llais

 PB 20260729 Agenda Item 6.4 Report from Llais, Gwent Region.pdf (13 pages)

---

## 7. Consent Agenda

### 7.1. For Approval

#### 7.1.1. Draft Minutes of the Health Board Meeting held on 20th May 2026 and 24th June 2026

Attachment

Chair

 PB 20260729 Agenda Item 7.1.1 Draft Minutes of the Public Board Meeting held on 20th May 2026.pdf (16 pages)

 PB 20260729 Agenda Item 7.1.1 Draft Minutes of the Public Board Meeting held on 24th June 2026.pdf (5 pages)

#### 7.1.2. Report on Sealed Documents and Chair Actions

Attachment

Chair

 PB 20260729 Agenda Item 7.1.2 Governance Matters.pdf (4 pages)

### 7.2. For Noting

#### 7.2.1. Board Action Log with Updates

Attachment

Chair

 PB 20260729 Agenda Item 7.2.1 Board Action Log.pdf (1 pages)

#### 7.2.2. Strategic Partnership Updates

Attachment

Director of Strategy, Planning and Partnerships &amp; Director of Public Health

a) Regional Partnership Board

b) Public Service Board

-  PB 20260729 Agenda Item 7.2.2a RPB Board Report.pdf (6 pages)
-  PB 20260729 Agenda Item 7.2.2b Public Service Board.pdf (4 pages)

### **7.2.3. An Overview of Joint and Partnership Committee Activity**

*Attachment*                      *Chief Executive*

- a) NHS Wales Joint Commissioning Committee
- b) NHS Wales Shared Services Partnership Committee

-  PB 20260729 Agenda Item 7.2.3a Joint Commissioning Committee.pdf (4 pages)
-  PB 20260729 Agenda Item 7.2.3a Joint Commissioning Committee Appendix A.pdf (6 pages)
-  PB 20260729 Agenda Item 7.2.3b NHS Wales Shared Services Partnership Committee.pdf (3 pages)
-  PB 20260729 Agenda Item 7.2.3b NHS Wales Shared Services Partnership Committee Appendix A.pdf (5 pages)

### **7.2.4. Summary of Board Business held In Committee**

*Attachment*                      *Director of Corporate Governance*

-  PB 20260729 Agenda Item 7.2.4 Summary of Board Business held In Committee July 2026.pdf (4 pages)

---

## **8. Other Matters**

### **8.1. Any Other Business**

### **8.2. Date of the Next Meeting: 16th September 2026**



**Rhoi'r un cyfle i  
bawb fyw bywyd  
hir ac iach.**

**Giving everyone the  
same chance to live  
a long, healthy life.**



**Iechyd Gwell • Gofal Gwell • Bywydau Gwell  
Better Health • Better Care • Better Lives**



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

**AGENDA**

|                      |                                                             |
|----------------------|-------------------------------------------------------------|
| <b>Date and Time</b> | <b>Wednesday 29<sup>th</sup> July 2026 at 13:00-16.30</b>   |
| <b>Venue</b>         | <b>Conference Centre, Headquarters, St Cadoc's Hospital</b> |

| <b>Item</b> | <b>Title</b>                                                                                                                                          | <b>Format</b> | <b>Presenter</b>                    |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------|
| <b>1</b>    | <b>PRELIMINARY MATTERS</b>                                                                                                                            |               |                                     |
| 1.1         | Welcome and Introductions                                                                                                                             | Oral          | Chair                               |
| 1.2         | Apologies for Absence for Noting                                                                                                                      | Oral          | Chair                               |
| 1.3         | Declarations of Interest for Noting                                                                                                                   | Oral          | Chair                               |
| <b>2</b>    | <b>CONSENT AGENDA BUSINESS</b>                                                                                                                        |               |                                     |
| 2.1         | The Chair will ask if there are any items from the Consent Agenda (Item 7) that Board Members wish to bring forward to the Main agenda for discussion |               | Chair                               |
| <b>3</b>    | <b>EXPERIENCE STORY</b>                                                                                                                               |               |                                     |
| 3.1         | Compassionate Care in the Community                                                                                                                   | Attachment    | Director of Nursing                 |
| <b>4</b>    | <b>CHAIR &amp; CEO UPDATES</b>                                                                                                                        |               |                                     |
| 4.1         | Update from the Chair                                                                                                                                 | Oral          | Chair                               |
| 4.2         | Update from the Chief Executive                                                                                                                       | Oral          | Chief Executive                     |
| <b>5</b>    | <b>PERFORMANCE &amp; DELIVERY</b>                                                                                                                     |               |                                     |
| 5.1         | Financial Management and Performance:<br>a) Month 03 2026/27, Financial Performance Report<br>b) Budget Delegation 2026/27: Phase 2                   | Attachment    | Director of Finance and Procurement |
| 5.2         | Level 4 Escalation – Finance & Performance Committee Report                                                                                           | Attachment    | Chair & CEO                         |



**Rhoi'r un cyfle i  
bawb fyw bywyd  
hir ac iach.**

**Giving everyone the  
same chance to live  
a long, healthy life.**



**Iechyd Gwell • Gofal Gwell • Bywydau Gwell  
Better Health • Better Care • Better Lives**



|            |                                                                                                                                                                   |            |                                                 |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------|
| 5.3        | Older Person's Pathway Transformation                                                                                                                             | Attachment | Chief Operating Officer                         |
| 5.4        | Priority Programme: Planned Care – Programme Review                                                                                                               | Attachment | Director of Strategy, Planning and Partnerships |
| 5.5        | Integrated Performance Report, Month 01 2026/27                                                                                                                   | Attachment | Director of Strategy, Planning and Partnerships |
| 5.6        | Digital, Data & Technology Transformation Strategy: Putting digital and data to work for Better Health, Better Care, Better Lives                                 | Attachment | Director of Digital                             |
| 5.7        | Regional Joint Committee Chairs Report                                                                                                                            | Attachment | Chair                                           |
| 5.8        | Nursing & Midwifery Strategy Update and Refresh                                                                                                                   | Attachment | Director of Nursing                             |
| 5.9        | Communications and Engagement Annual Report 2025/26                                                                                                               | Attachment | Chief Executive                                 |
| <b>6</b>   | <b>ASSURANCE MATTERS</b>                                                                                                                                          |            |                                                 |
| 6.1        | Key Matters from Committees of the Board                                                                                                                          | Attachment | Committee Chairs                                |
| 6.2        | Executive Committee Chair's report                                                                                                                                | Attachment | Chief Executive                                 |
| 6.3        | Strategic Risk Report, July 2026                                                                                                                                  | Attachment | Chief Executive                                 |
| 6.4        | Report from Llais, Gwent Region                                                                                                                                   | Attachment | Regional Director, Llais                        |
|            | <b>CONSENT AGENDA</b>                                                                                                                                             |            |                                                 |
| <b>7.1</b> | <b>FOR APPROVAL</b>                                                                                                                                               |            |                                                 |
| 7.1.1      | Draft Minutes of the Health Board Meeting, held on: <ul style="list-style-type: none"> <li>20<sup>th</sup> May 2026</li> <li>24<sup>th</sup> June 2026</li> </ul> | Attachment | Chair                                           |
| 7.1.2      | Report on Sealed Documents and Chair's Actions                                                                                                                    | Attachment | Chair                                           |
| <b>7.2</b> | <b>FOR NOTING</b>                                                                                                                                                 |            |                                                 |
| 7.2.1      | Board Action Log with Updates                                                                                                                                     | Attachment | Chair                                           |



**Rhoi'r un cyfle i  
bawb fyw bywyd  
hir ac iach.**

**Giving everyone the  
same chance to live  
a long, healthy life.**



**Iechyd Gwell • Gofal Gwell • Bywydau Gwell  
Better Health • Better Care • Better Lives**



|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                         |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------|
| 7.2.2     | Strategic Partnership Updates:<br>a) Regional Partnership Board<br>b) Public Service Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Attachment | Director of<br>Strategy, Planning<br>and Partnerships<br>& Director of<br>Public Health |
| 7.2.3     | An overview of Joint and Partnership<br>Committee Activity:<br>a. NHS Wales Joint Commissioning<br>Committee<br>b. NHS Wales Shared Services<br>Partnership Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Attachment | Chief Executive                                                                         |
| 7.2.4     | Summary of Board Business held In-<br>Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Attachment | Director of<br>Corporate<br>Governance                                                  |
| <b>8</b>  | <b>OTHER MATTERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                         |
| 8.1       | Any Other Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                                         |
| 8.2       | Date of the Next Meetings:<br>• 16 <sup>th</sup> September 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                         |
| <b>9.</b> | <b>PRIVATE/IN COMMITTEE SESSION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                                         |
|           | <p><b>Motion to Exclude Members of the Public and the Press</b></p> <p>There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:<br/>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p><i>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</i></p> |            |                                                                                         |



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

|                                                      |                                                                     |
|------------------------------------------------------|---------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                        |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                               |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Finance Performance Report – June 2026<br>(2026/27 Month 3)         |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Rob Holcombe – Executive Director of Finance,<br>Procurement & VBHC |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Suzanne Jones – Assistant Director of Finance                       |

### Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out for the Aneurin Bevan University Health Board:

- The financial performance at the end of June 2026, for statutory targets (Revenue & Capital) and other financial performance targets.
- An assessment of:
  - the year to date spend,
  - the forecast financial position,
  - savings,
  - reserves, and
  - risks and opportunities.

A system link is included for the monthly monitoring return reported to Welsh Government.



## ADRODDIAD SCAA SBAR REPORT

### Sefyllfa / Situation

This report sets out the financial performance as at the 30<sup>th</sup> June 2026 (Month 3) for the 2026/27 financial year.

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

Jun-26

Performance against key financial targets 2025/26

+Adverse / ( ) Favourable

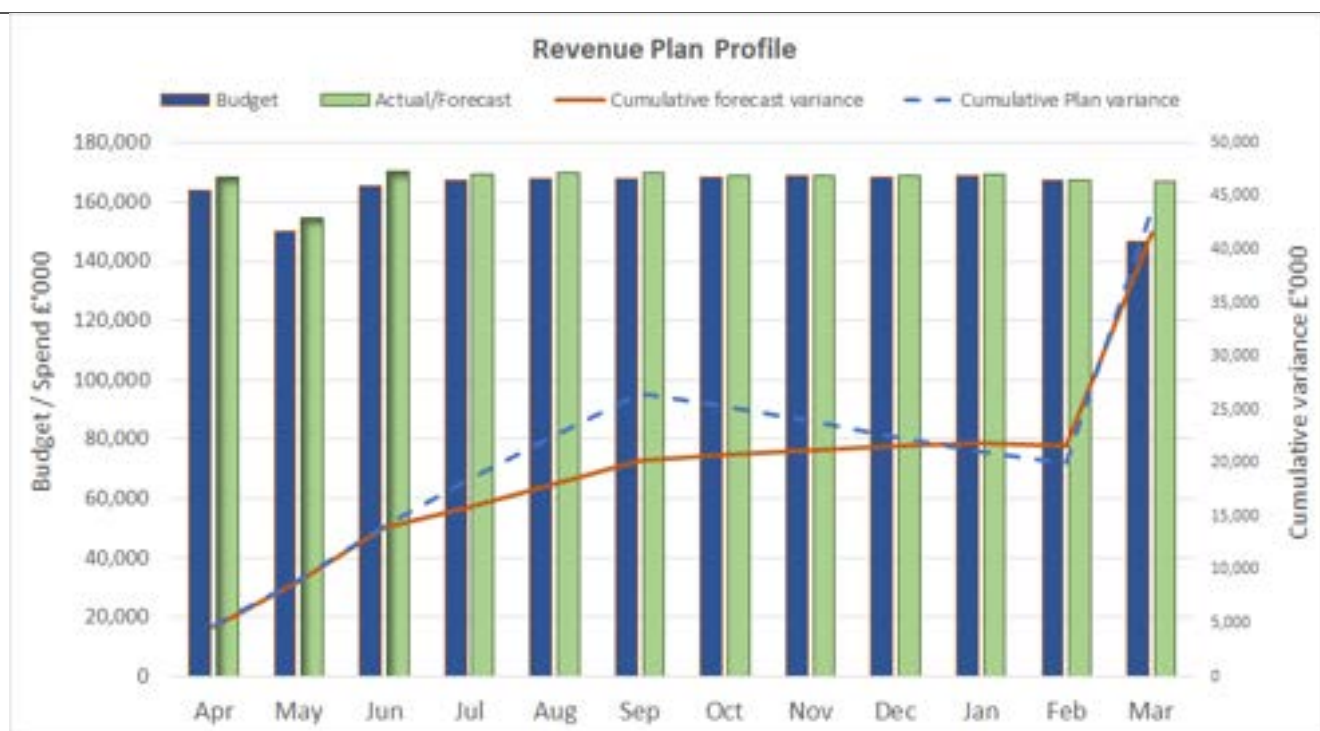
| Target                                                                                                                                                                                                                         | Unit    | Current Month | Year to Date | Year-end Forecast | Movement                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|--------------|-------------------|---------------------------------------------------------------------------------------|
| <b>Revenue financial target</b><br>To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>                               | £'000   | 4,164         | 13,926       | -41,630           |    |
| <b>Capital financial target</b><br>To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i> | £'000   | £3.297        | £6.932       | 0                 |  |
|                                                                                                                                                                                                                                | £31.025 | 11%           | 22%          |                   |                                                                                       |
| <b>Public Sector Payment Policy</b><br>To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)                                                                               | %       | 96.8%         | 97.0%        | >95%              |  |
| <b>Savings</b><br>The 2026/27 IMTP submitted identified £44.9m of savings which included, division identified schemes of £13.2m, QIA and workforce savings of £14.7m, and pipeline savings of £17m.                            | £'000   | 2,564         | 4,570        | 44,937            |  |

| Target                                                                                                                                                                                                | Unit  | Cash Guideline | Actual | Variance | Rating                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|--------|----------|---------------------------------------------------------------------------------------|
| <b>Cash</b><br>The Health Board must not end any month with an overdrawn cash balance.<br>Welsh Government also sets an advisory maximum month-end cash balance of £6m, which should not be exceeded. | £'000 | 6,000          | 4,493  | 1,507    |  |

The Health Board is forecasting a year end revenue deficit of £41.6m. The forecast deficit includes full delivery of the £45m savings plan (see Savings section below)

As this is not a balanced financial forecast position it constitutes a breach of the statutory financial duty to break-even.

An annual profile of revenue performance for the Health Board is presented below:



The above chart presents the profile of budget with spend, illustrating that savings are expected to be achieved later in the year but spending is forecast to be above budget levels for most months, resulting in a forecast overspend. The cumulative forecast variance is showing an improved position compared to plan due to the reprofiling (bringing forward) of planned savings schemes.

**To achieve the Annual Plan financial forecast the Health Board needs to reduce the actual monthly expenditure, mitigate new in year risks and deliver the full level of savings.**

## Cefndir / Background

At its March 2026 meeting, the Board approved an Annual Plan for 2026/27 (a forecast revenue deficit requires an annual plan not an IMTP). The plan forecast a deficit of £43.7m in 2026/27 and assumed elements of specific additional funding related to national digital initiatives and wage awards, and an ambitious target level of savings delivery of £45m (not all of which were identified).

This table summarises the 2026/27 Annual Revenue Plan:

| ABUHB 2026/27                                 | Forecast<br>£m |
|-----------------------------------------------|----------------|
| Starting deficit                              | 18.32          |
| Underlying adjustments                        | 19.87          |
| <b>OPENING UNDERLYING DEFICIT 26/27</b>       | <b>38.19</b>   |
| Savings (Green/Amber)                         | (21.14)        |
| Savings QIA to deliver                        | (6.80)         |
| Further Savings to find (2+%)                 | (17.00)        |
| <b>TOTAL SAVINGS</b>                          | <b>(44.94)</b> |
| <b>FUNDING UPLIFT (&amp;DPIF)</b>             | <b>(24.74)</b> |
| Demand & Inflation                            | 37.56          |
| National Pressures                            | 4.43           |
| Local Quality Priorities                      | 1.15           |
| Performance Delivery                          | 4.05           |
| Winter/ONP                                    | 3.00           |
| <b>TOTAL COSTS</b>                            | <b>50.19</b>   |
| <b>FORECAST DEFICIT (BEFORE WRP)</b>          | <b>18.70</b>   |
| Welsh Risk Pool (WRP)                         | 25.00          |
| <b>Forecast DEFICIT 26/27 @ Plan &amp; M1</b> | <b>43.70</b>   |

NB. The plan has subsequently been revised to £41.6m deficit to reflect the removal of the WRP risk (£2.1m) as directed by Welsh Government.

Financial sustainability is a statutory requirement and governance mechanisms have been established to deliver an improved financial forecast through the Finance & Performance Committee, Value and Sustainability Board and associated workstreams.

## Asesiad / Assessment

### Revenue Performance

The table below presents the Health Board's performance by delegated budget area:

|                                       | Annual<br>budget   | YTD Reported<br>Variance | Full-year<br>Forecast<br>at M03 | Full-year<br>Forecast<br>at M02 | Movement        |
|---------------------------------------|--------------------|--------------------------|---------------------------------|---------------------------------|-----------------|
|                                       | £000s              | £000s                    | £000s                           | £000s                           | £000s           |
| <b>Operational Divisions:-</b>        |                    |                          |                                 |                                 |                 |
| Primary Care and Community            | 340,355            | 1,772                    | 917                             | 4,134                           | (3,217)         |
| Prescribing                           | 125,553            | 633                      | 3,981                           | 3,981                           | (0)             |
| Community CHC & FNC                   | 75,678             | 1,794                    | 5,113                           | 5,874                           | (761)           |
| Mental Health & Learning Disabilities | 156,506            | 2,020                    | 9,877                           | 11,855                          | (1,978)         |
| Surgery                               | 162,255            | 2,714                    | 9,756                           | 10,556                          | (800)           |
| Clinical Support Services             | 142,549            | 560                      | 3,897                           | 4,702                           | (804)           |
| Medicine                              | 183,983            | 2,274                    | 7,096                           | 7,646                           | (551)           |
| Urgent Care                           | 43,853             | 632                      | 1,115                           | 1,183                           | (68)            |
| Family & Therapies                    | 157,254            | 706                      | 3,214                           | 4,303                           | (1,090)         |
| Estates and Facilities                | 100,400            | (126)                    | (325)                           | 0                               | (325)           |
| Chief Operating Officer               | 8,636              | 254                      | 489                             | 819                             | (330)           |
| <b>Total Operating Divisions</b>      | <b>1,497,022</b>   | <b>13,233</b>            | <b>45,129</b>                   | <b>55,052</b>                   | <b>(9,923)</b>  |
| <b>Total Corporate Directorates</b>   | <b>78,467</b>      | <b>529</b>               | <b>26,399</b>                   | <b>30,331</b>                   | <b>(3,931)</b>  |
| <b>Total Specialist Services</b>      | <b>205,490</b>     | <b>225</b>               | <b>899</b>                      | <b>899</b>                      | <b>0</b>        |
| <b>Total External Commissioning</b>   | <b>123,192</b>     | <b>(4)</b>               | <b>(2,267)</b>                  | <b>(1,617)</b>                  | <b>(650)</b>    |
| <b>Total Capital Charges</b>          | <b>43,618</b>      | <b>(27)</b>              | <b>0</b>                        | <b>0</b>                        | <b>0</b>        |
| <b>Total Delegated Position</b>       | <b>1,947,791</b>   | <b>13,956</b>            | <b>70,160</b>                   | <b>84,665</b>                   | <b>(14,504)</b> |
| <b>Total Reserves</b>                 | <b>22,762</b>      | <b>(29,704)</b>          | <b>(28,530)</b>                 | <b>(43,034)</b>                 | <b>14,504</b>   |
| <b>Total Income</b>                   | <b>(1,970,553)</b> | <b>(0)</b>               | <b>0</b>                        | <b>0</b>                        | <b>0</b>        |
| <b>Total Reported Position</b>        | <b>0</b>           | <b>13,926</b>            | <b>41,630</b>                   | <b>41,630</b>                   | <b>(0)</b>      |

### Year-to-date Performance

Year-to-date expenditure is £13.926m over budget, representing a favourable variance of £0.178m against the profiled Month 3 forecast position.

### Income

|                       | YTD            | Full Year        |
|-----------------------|----------------|------------------|
|                       | £m             | £m               |
| WG Anticipated Income | 0.000          | 9.372            |
| WG Confirmed Income   | 311.147        | 1,945.201        |
| Trading Income        | 32.262         | 125.055          |
| <b>Total Funding</b>  | <b>343.409</b> | <b>2,079.629</b> |



The Health Board has reflected anticipated Welsh Government funding where agreement has been indicated. Net anticipated allocations currently total £9.372m, material items include £26.8m for Agenda for Change pay awards, £7.747m for Medical and Dental Pay Awards, £3.5m for substance misuse, £3.4m digital funding (DPIF) and £3m GMS offset by a £29.5m reduction in Welsh Risk Pool funding and net £9m of capital charge reductions.

## **Pay**

|                 | Month 3<br>£m | YTD<br>Average<br>£m | 25/26<br>Average<br>£m |  | month 3<br>WTE | YTD<br>Average<br>WTE | 25/26<br>Average<br>WTE |
|-----------------|---------------|----------------------|------------------------|--|----------------|-----------------------|-------------------------|
| Substantive Pay | 75.84         | 74.37                | 70.80                  |  | 13,744         | 13,740                | 13,542                  |
| Variable Pay    | 5.56          | 5.69                 | 5.70                   |  | 926            | 948                   | 1,124                   |
| Total Pay       | 81.40         | 80.05                | 76.50                  |  | 14,670         | 14,688                | 14,666                  |

Total pay expenditure for the Health Board in Month 3 was £81.4m, an increase of £1.7m compared to the previous month due to the payment of Medical and Dental pay awards which included arrears payments backdated to April 2026.

The increased expenditure compared to 2025/26 average is primarily attributable to the A4C (3.3%–5.9%), and Medical and Dental pay awards applied during 2026/27. The full-year impact of these awards is estimated at £35m, of which c.£2.9m is being recognised each month. The Health Board anticipates receiving full funding to cover the 2026/27 pay award. Additional substantive posts are driving the balance of increased costs.

### **Variable Pay:**

|                    | Month 3<br>£m | YTD<br>Average<br>£m |
|--------------------|---------------|----------------------|
| Locum              | 0.55          | 0.46                 |
| Bank               | 3.41          | 3.58                 |
| Agency             | 1.61          | 1.60                 |
| Total Variable Pay | 5.56          | 5.64                 |

Variable pay for the month totalled £5.6m. Bank expenditure was £3.4m, representing a decrease of £0.4m compared with Month 2. The majority of Bank spend was for Nursing, with spend of £1.6m for HCA and £1.3m for Registered Nurses. Agency spend increased by £0.3m in the month to £1.6m, with Medical and Dental accounting for the largest proportion of total Agency spend (£0.7m). Medical locum expenditure was £0.5m, consistent with prior months.

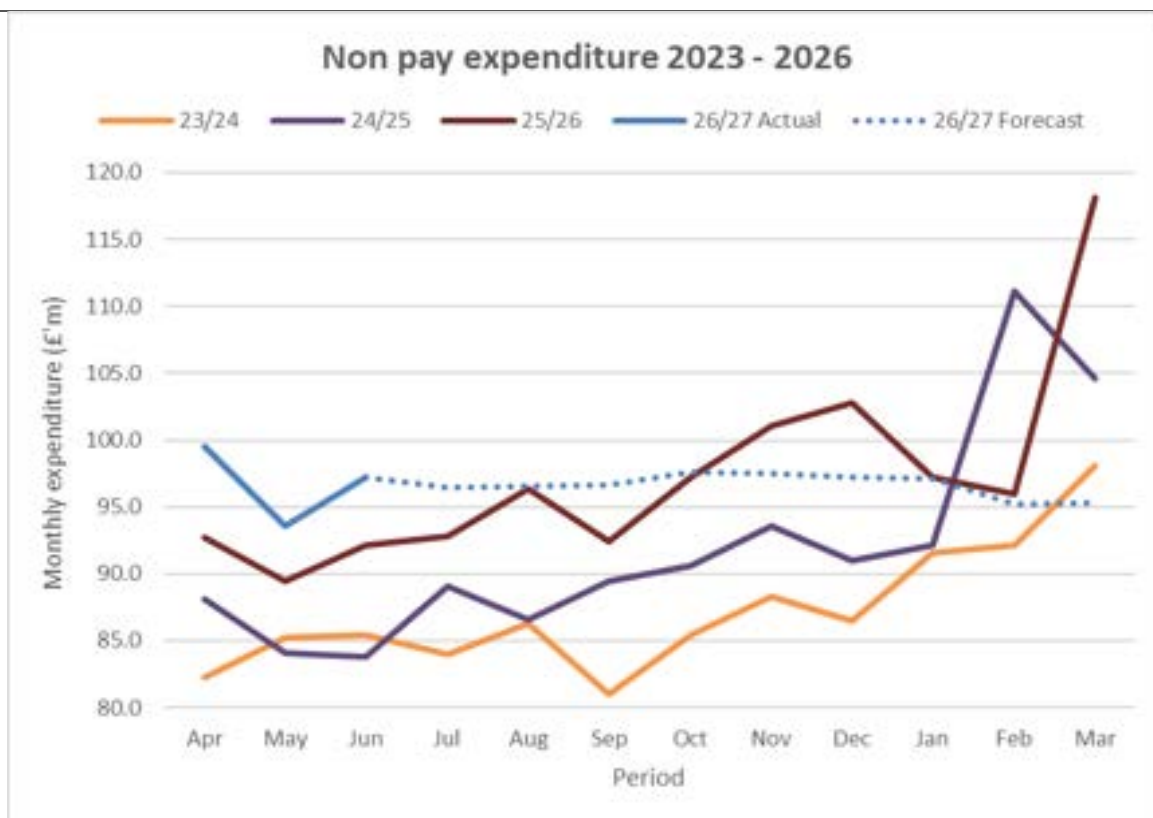
The table below shows the pay run rates expected in 2026/27 and actuals for 3 previous years:



Pay expenditure is expected to remain broadly consistent over the first six months of the year, with a reduction anticipated in months 7–12 as Workforce savings plans are achieved.

**Non-Pay**

The table below shows the non pay run rates expected in 2026/27 and actuals for 3 previous years:



\*note the increase in March is related to year end accounting / adjustments\*

Non-Pay spend for Month 3 was £96.5m, which is consistent with the average for the first 2 months of the year.

- **Continuing Healthcare (CHC)** - Expenditure was £10.9m in Month 3, £0.1m higher than the average year-to-date and is in line with plan.
- **Secondary Care Drugs** - spend was £4.9m in Month 3, £0.1m below the average for months 1 to 3. Highest spending areas were Haematology (£0.9m), Gastroenterology (£0.6m) and Neurology (£0.6m). This excludes drugs recharges from other Providers.
- **Primary care prescribing** - totalled £10.4m (average unit cost £8.10 in June versus £8.04 in May), with volume growth reduced to 1.3% which is offsetting the increase in price (prior month 2%).
- **Long Term Agreement (LTA)** – During June, £20.0m was spent on LTA's, £0.1m above the average for the year and in line with plan.
- **General Medical Services (GMS)** – Expenditure was £10.7m in Month 3, an increase of £0.3m from Month 2 driven by COVID-19 vaccination increased spend.
- **Pathway of Care Delays (POCD)** – these delays are driving significant unnecessary costs estimated at £3.2m for the year to date, with 169 patients fit for discharge in June due to; 'Health care' (40), 'Social care' (33), and 'Joint' (96) delays.

## **Forecast Position**

The current forecast deficit for Month 3 remains at £41.6m.

The forecast deficit position is inclusive of full delivery of savings of £44.9m, this is in line with the Annual Plan (IMTP) forecast submitted to Welsh Government. In addition it assumes additional mitigating actions to offset the in year additional cost pressures totalling £4m.

At month 3 mitigating actions are required of £4.0m to achieve the current deficit forecast position of £41.6m. These are costs that are outside of the submitted plan, a proportion of these costs are year to date and pose a further risk if no action is taken to stop / reduce the spend in future months.

| Division                                                             | YTD Costs already incurred £'000 | Additional Costs in additional mitigating actions at m3 = £4m £'000 |
|----------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------|
| <b>Forecast Increases Outside of Plan</b>                            |                                  |                                                                     |
| PCCS                                                                 | 754                              | 1,103                                                               |
| Mental Health                                                        | 207                              | 207                                                                 |
| COO                                                                  | 43                               | 285                                                                 |
| Surgery                                                              | 977                              | 1,674                                                               |
| CSS                                                                  | 351                              | 1,426                                                               |
| Medicine                                                             | 536                              | 536                                                                 |
| Urgent Care                                                          | 344                              | 949                                                                 |
| F&T                                                                  | 519                              | 1,913                                                               |
| Planning                                                             | 3                                | 63                                                                  |
| <b>Total New Cost Pressures</b>                                      | <b>3,735</b>                     | <b>8,156</b>                                                        |
| Forecast Reductions (outside of savings)                             | - 459                            | - 1,834                                                             |
| Release Investments 26/27 reserve                                    | -                                | - 1,138                                                             |
| Potential reserve Release Winter (£2m total)                         | -                                | - 1,200                                                             |
| <b>Total Potential Reserve release</b>                               | <b>- 459</b>                     | <b>- 4,172</b>                                                      |
|                                                                      |                                  |                                                                     |
| <b>Total mitigating actions required after applying all reserves</b> | <b>3,276</b>                     | <b>3,984</b>                                                        |

**The Health Boards needs additional mitigating actions or savings to maintain the current forecast deficit.**

There remain risks to this position as stated in the Plan plus emerging in year risks, as outlined in the Risks section.

## **Savings**

| MMR category                | Number of Schemes | Annual Plan £'m |
|-----------------------------|-------------------|-----------------|
| CHC and Funded Nursing Care | 24                | 5,578           |
| Commissioned Services       | 2                 | 436             |
| Medicines Management        | 52                | 8,845           |
| Non-Pay                     | 127               | 13,065          |
| Pay                         | 232               | 17,014          |
| <b>Total</b>                | <b>437</b>        | <b>44,937</b>   |

The 2026/27 plan submitted by the Health Board to Welsh Government (March 2026), identified £45m savings and opportunities to support the forecast position for 2026/27.



Savings achieved year-to-date total £4.6m, approximately £1.8m above plan.

During the month Divisions identified a further £16m of savings plans taking the total to £34m, Value & Sustainability workstreams have identified further amber savings of £11m which will be allocated over budget areas.

## **Reserves**

The Health Board has identified reserves of £22.8m including anticipated income. All items are committed in line with the Annual Plan or existing recognised costs. A proposal for delegating these will be agreed with the Board.

A small number of reserves are being held for specific areas of expenditure. These will be delegated following internal governance processes but are committed as part of the annual plan spend.

Refer to appendix for a further breakdown of reserves.

## **Risks**

Risks are reviewed monthly and updated based on the Health Board's assessment of the current level of risk to the financial position and its ability to manage those risks.

The most significant risks to the Health Board are:

- Resident Doctors (£2m) – impact of the contract reform change to pay and conditions.
- Full receipt of Digital Priorities Investment Fund (DPIF) funding (£3.4m) – this funding is assumed at risk; bids have been submitted to WG.
- Joint Commissioning Committee (JCC) savings plan achievement (£2.4m) – the Health Board recognised the plan uplift as 1.11% for the JCC, with priority developments mitigated through savings delivery.
- Change in Utilities pricing (£0.4m) – reflecting international implications on energy price certainty.
- Increase in Mileage rate reimbursement (£0.4m) – the potential impact of the mileage rate increase from 45p to 55p.
- Full mitigating actions / increased savings to offset increased in year cost pressures not aligned with planned assumptions (£4m).
- Full achievement of savings plans and identification and delivery of opportunities.
- Full receipt of all wage award and terms & conditions funding.
- Additional investments agreed above plan.

## **Opportunities**

Opportunities are reviewed monthly as part of financial reporting. The ABUHB Value & Sustainability Board and relevant divisions and departments are actively engaged in the identification of opportunities to reduce the forecast deficit and to improve the financial position of the Board.

The most significant opportunities for the Health Board include:

- Potential for national funding
- Further savings beyond current plan
- Favourable movements on financial plan estimates.

## **Capital**

|                                            | Plan | YTD Spend | Forecast Outturn | Forecast Variance |
|--------------------------------------------|------|-----------|------------------|-------------------|
|                                            | £m   | £m        | £m               | £m                |
| Total Discretionary Capital                | 9.9  | -0.3      | 10.0             | 0.1               |
| Total AW Capital Programme                 | 21.0 | 6.3       | 21.0             | -0.0              |
| Total Programme Allocation and Expenditure | 30.9 | 6.0       | 31.0             | 0.1               |

The approved Capital Resource Limit (CRL) for 2026/27 is £31.025m, with a forecast break-even position at Month 3. The Nevill Hall Hospital Satellite Radiotherapy Unit is operational, and the Royal Gwent Hospital Centralised Decontamination Unit has been completed and commissioned, with final accounts and costs currently being finalised.

The Targeted Estates Funding (TEF) programme and REFIT Decarbonisation programme are both reporting strong expenditure performance in Quarter 1 and are expected to deliver planned benefits, with ongoing monitoring to maximise use of available funding. Strategic developments, including the Abervalley and Monmouth Health and Well-being Centre Outline Business Cases and the Royal Gwent Hospital Gamma Camera replacement scheme, continue to progress, while additional funding has been secured for Housing with Care schemes.

The Health Board's Discretionary Capital Programme remains balanced, with an unallocated contingency of £0.821m available at Month 3 following receipt of a VAT recovery reimbursement. However, emerging pressures relating to critical digital infrastructure and previously unidentified digital investment requirements have necessitated a review of capital priorities. Consequently, a number of approved discretionary schemes have been paused pending reprioritisation and consideration by the Executive Team.

## **Argymhelliad / Recommendation**

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

This report sets out the following:

- The financial performance at the end of June 2026, for statutory targets (Revenue & Capital) and other financial performance targets.
- An assessment of:
  - the year to date spend,
  - the forecast financial position,
  - savings,
  - reserves,



- risks and opportunities, and
- capital

Note: the appendices attached providing further detailed information.



Board%20Finance%  
20Report%20Appen

June 2026 Monthly Monitoring Return:

[Key Documents - Aneurin Bevan University Health Board](#)

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

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

### Gwybodaeth Ychwanegol:

### Further Information:

|                                                                                   |                                                             |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                            | ABUHB efficiency compendium<br>Value & Sustainability Board |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: | Executive Team<br>Finance & Performance Committee           |

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

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

|                                                      |                                                             |
|------------------------------------------------------|-------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                       |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Finance Report – Reserve Budget Delegation Proposal 2026/27 |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Rob Holcombe - Director of Finance & Procurement            |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        |                                                             |

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

Er Sicrwydd/For Assurance

The Board is asked to note the proposed delegation of budgets held in reserve for IMTP priorities and cost pressures.

### **ADRODDIAD SCAA SBAR REPORT**

#### **Sefyllfa / Situation**

The Health Board must set budgets before the start of the financial year, ensuring they align with the aims and objectives of the Integrated Medium-Term Plan. For 2026/27, this will take the form of the annual plan. In practice, this requires preparing and approving budgets that remain within the resources available.

The 2026/27 Delegated Budget plan was approved by the Board in its March 2026 meeting.

The 2026/27 Health Board financial plan (**updated June '26**) assumes the following:

- Confirmed allocation £1,945.2m
- Anticipated allocation £9.4m
- Other central income of £16m

- **Total £1,970.6m**

The income assumption includes Digital funding £3.3m and ESR funding of £1.6m these remain subject to confirmation by Welsh Government, a full analysis is provided in the Finance Performance report appendix.

This paper outlines the proposed approach for delegating some of the reserves held (£22.8m) to support delegated positions where the costs are expected to be incurred. As the health Board is forecasting a deficit the funding will not be sufficient to cover all cost pressures and investment priorities expected (described through the Annual Plan).

A subsequent exercise may be required to establish control totals and savings requirements for delegated areas.

### **Cefndir / Background**

The Health Board is required to set budgets, prior to the start of the financial year, and these should be in accordance with the aims and objectives of the Integrated Medium-Term Plan (Annual plan for 2026/27). Specifically, this means preparing and setting budgets within available funds and delegating them in line with the Health Board's Standing Financial Instructions (SFIs) and financial policy on budgetary control.

The Health Board has a well-established budgetary control procedure that describes delegation and accountability plus a Performance Accountability Framework. The budget strategy and planning principles are concerned with how the amount delegated to individual areas is determined.

The 2026/27 Annual plan identified a forecast deficit of £43m (updated to £41m). Budget delegations cannot exceed available resources.

This paper provides an update for 2026/27, following the Board approved budget delegation plan agreed in March '26.

### **Asesiad / Assessment**

The Budget plan approved by the Board in March '26 and subsequent directed funding has delegated £1,947.7bn to the end of June. Reserves of £22.8m are held for specific cost pressures and Annual Plan proposals, there is no contingency.

The Annual Plan identified several cost pressures which would need to be funded, mitigated with savings or result in driving a deficit.

The reserves currently held are anticipated to be required to fund approved costs and cost pressures within the plan. The table below summarises the reserves and proposed delegation:



| Reserves June 2026<br>Description                                                 | Value<br>£000 | Proposed Delegated Budget Area                                     |
|-----------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------|
| <b>Anticipated income Low risk assumption, delegate once confirmed</b>            |               |                                                                    |
| Wage Award funding anticipated - various settlements                              | 3107          | various budgets in line with cost                                  |
| UEC funding to be delegated e. triage                                             | 348           | Urgent Care                                                        |
| <b>Plan Priorities</b>                                                            |               |                                                                    |
| Band 2 to 3 national regrading                                                    | 3200          | various budgets in line with cost                                  |
| Winter                                                                            | 2000          | hold pending plan development - possible ONP cover                 |
| Local priorities - Diabets/matneo                                                 | 1138          | defer spend - hold as plan contingency                             |
| Our Next Patient - Handover 45                                                    | 1000          | Delegate £400 PCCS, £290 medicine, £280 Urgent Care £30 Surgery    |
| Endoscopy - case phase c                                                          | 1000          | Delegate £220k CSS, £780k Medicine (endo)                          |
| Cancer focus                                                                      | 2100          | Distribute through year based on actual delivery - various budgets |
| Diagnostics Growth                                                                | 500           | CSS(rad)                                                           |
| Efficiency over core                                                              | 1000          | Distribute through year based on actual delivery - various budgets |
| Rollover Reserves Supporting Fiancial Forecast position                           | 2328          | hold in reserves                                                   |
| <b>Anticipated Income High risk assumption - hold in reserves until confirmed</b> |               |                                                                    |
| ESR contract increase                                                             | 1657          | Workforce & OD Director                                            |
| DPIF funding                                                                      | 3383          | Digital Director and CSS                                           |
| <b>Total Reserves</b>                                                             | <b>22761</b>  |                                                                    |

The Chief executive will manage the distribution based on actual delivery for those proposed budgets and Budget holders will be responsible for ensuring that all conditions attached to allocated funding are fully met. This includes accurate reporting of expenditure both internally and externally and the effective utilisation of all directed funding to maximise its intended impact.

This next step delegation will support clarified budget line variance reporting and facilitate further considerations related to savings targets and spend control totals.

### Argymhelliad / Recommendation

The Board is asked to note for assurance the proposed budget delegations.

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

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

Financial sustainability



|                                                                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | 7. Staff and Resources<br>Governance, Leadership & Accountability<br>All Health & Care Standards Apply<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Adults in Gwent live healthily and age well                                                                               |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Finance                                                                                                                   |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Improve the Wellbeing and engagement of our staff<br>Choose an item.<br>Choose an item.<br>Choose an item.                |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                 | ABUHB efficiency compendium<br>Financial and Other systems data<br>Service plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Rhestr Termau:<br>Glossary of Terms:                   | A&C – Administration & Clerical<br>A&E – Accident & Emergency<br>A4C - Agenda for Change<br>AME – (WG) Annually Managed Expenditure<br>AQF – Annual Quality Framework<br>AWCP – All Wales Capital Programme<br>AP – Accounts Payable<br>AOF – Annual Operating Framework<br>ATMP – Advanced Therapeutic Medicinal Products<br>B/F – Brought Forward<br>BH – Bank Holiday<br>C&V – Cardiff and Vale<br>CAMHS – Child & Adolescent Mental Health Services<br>C/F – Carried Forward<br>CHC – Continuing Health Care<br>Commissioned Services – Services purchased external to ABUHB both within and outside Wales<br>COTE – Care of the Elderly<br>CRL – Capital Resource Limit<br>Category M – category of drugs<br>CEO – Chief Executive Officer<br>CEAU – Children’s Emergency Assessment Unit |



CTM – Cwm Taf Morgannwg  
 D&C – Demand & Capacity  
 DCP – Discretionary Capital Programme  
 DHR – Digital Health Record  
 DNA – Did Not Attend  
 DOSA – Day of Surgery Admission  
 D2A – Discharge to Assess  
 DoLS - Deprivation of Liberty Safeguards  
 DoF – Director(s) of Finance  
 DTOC – Delayed Transfer of Care  
 EASC – Emergency Ambulance Services Committee  
 ED – Emergency Department  
 EDCIMS – Emergency Department Clinical Information Management System  
 eLGH – Enhanced Local general Hospital  
 EFAB – Estates Funding Advisory Board  
 ENT – Ear, Nose and Throat specialty  
 EoY – End of Year  
 ETTF – Enabling Through Technology Fund  
 F&T – Family & Therapies (Division)  
 FBC – Full Business Case  
 FNC – Funded Nursing Care  
 GDS – General Dental Services  
 GMS – General Medical Services  
 GP – General Practitioner  
 GWICES – Gwent Wide Integrated Community Equipment Service  
 GUH – Grange University Hospital  
 GIRFT – Getting it Right First Time  
 HCHS – Health Care & Hospital Services  
 HCSW – Health Care Support Worker  
 HIV – Human Immunodeficiency Virus  
 HSDU – Hospital Sterilisation and Disinfection Unit  
 H&WBC – Health and Well-Being Centre  
 IMTP – Integrated Medium Term Plan  
 INNU – Interventions not normally undertaken  
 IPTR – Individual Patient Treatment Referral  
 I&E – Income & Expenditure  
 ICF – Integrated Care Fund  
 LoS – Length of Stay  
 LTA – Long Term Agreement  
 LD – Learning Disabilities  
 MH – Mental Health  
 MSK - Musculoskeletal  
 Med – Medicine (Division)  
 MCA – Mental Capacity Act  
 MDT – Multi-disciplinary Team  
 MMR – Welsh Government Monthly Monitoring Return





NCA – Non-contractual agreements  
 NCN – Neighbourhood Care Network  
 NCSO – No Cheaper Stock Obtainable  
 NI – National Insurance  
 NICE – National Institute for Clinical Excellence  
 NHH – Neville Hall Hospital  
 NWSSP – NHS Wales Shared Services Partnership  
 ODTN – Optometric Diagnostic and Treatment Centre  
 OD – Organisation Development  
 PAR – Prescribing Audit Report  
 PCN – Primary Care Networks (Primary Care Division)  
 PER – Prescribing Incentive Scheme  
 PICU – Psychiatric Intensive Care Unit  
 PrEP – Pre-exposure prophylaxis  
 PSNC –Pharmaceutical Services Negotiating Committee  
 PSPP – Public Sector Payment Policy  
 PCR – Patient Charges Revenue  
 PPE – Personal Protective Equipment  
 PFI – Private Finance Initiative  
 RGH – Royal Gwent Hospital  
 RN – Registered Nursing  
 RRL – Revenue Resource Limit  
 RTT – Referral to Treatment  
 RPB – Regional Partnership Board  
 RIF – Regional Integration Fund  
 SCCC – Specialist Critical Care Centre  
 SCH – Scheduled Care Division  
 SCP – Service Change Plan (reference IMTP)  
 SLF – Straight Line Forecast  
 SpR – Specialist Registrar  
 STW – St.Woolos Hospital  
 TCS – Transforming Cancer Services (Velindre programme)  
 T&O – Trauma & Orthopaedics  
 TAG – Technical Accounting Group  
 UHB / HB – University Health Board / Health Board  
 USC – Unscheduled Care (Division)  
 UC – Urgent Care (Division)  
 ULP – Underlying Financial Position  
 VCCC – Velindre Cancer Care Centre  
 VERS – Voluntary Early Release Scheme  
 WET AMD – Wet age-related macular degeneration  
 WG – Welsh Government  
 WHC – Welsh Health Circular



|                                                                                                                                                       |                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                       | WHSSC – Welsh Health Specialised Services Committee<br>WLI – Waiting List Initiative<br>WLIMS – Welsh Laboratory Information Management System<br>WRP – Welsh Risk Pool<br>YAB – Ysbyty Aneurin Bevan<br>YTD – Year to date<br>YYF – Ysbyty Ystrad Fawr |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | Finance & Performance Committee                                                                                                                                                                                                                         |

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



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

|                               |                                                             |
|-------------------------------|-------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b>    | 29 July 2026                                                |
| <b>DATE OF MEETING:</b>       |                                                             |
| <b>CYFARFOD O:</b>            | Board                                                       |
| <b>MEETING OF:</b>            |                                                             |
| <b>TEITL YR ADRODDIAD:</b>    | Level 4 Escalation – Finance & Performance Committee Report |
| <b>TITLE OF REPORT:</b>       |                                                             |
| <b>CYFARWYDDWR ARWEINIOL:</b> | Nicola Prygodzicz, Chief Executive                          |
| <b>LEAD DIRECTOR:</b>         |                                                             |
| <b>SWYDDOG ADRODD:</b>        | Rani Dash, Director of Corporate Governance                 |
| <b>REPORTING OFFICER:</b>     |                                                             |

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

Following agreement of enhanced governance arrangements for Board-level oversight during escalation (May 2026), this report provides a further update on the operation and outputs of the Finance and Performance Committee (Escalation), with reference to the Committee meetings held on 10 June 2026 and 15 July 2026.

The Board is asked to take assurance from the Committee's scrutiny of key escalation areas and note the ongoing risks, issues and learning identified. Detailed Committee reports are provided at Appendices 1 and 2.

**Cefndir / Background**

In May 2026, the Board approved strengthened governance arrangements to support enhanced oversight during the period of escalation, including:

- Additional monthly escalation-focused meetings of the Finance and Performance Committee
- Direct oversight of financial sustainability and urgent and emergency care performance
- Structured reporting from key management groups, including the Value and Sustainability Board and Urgent and Emergency Care Programme Board

These arrangements were designed to ensure:

- Focused scrutiny of escalation areas
- Clear lines of accountability
- Timely escalation of risks and issues to Board level

The Finance and Performance Committee (Escalation) continues to play a central role in providing assurance to the Board against delivery of financial recovery and performance improvement.

### **Asesiad / Assessment**

The Finance and Performance Committee (Escalation) continues to provide a structured forum for intensified scrutiny of the Health Board's key escalation areas, with a clear focus on financial recovery, strategic sustainability and urgent and emergency care performance. Through its meetings in June and July 2026, the Committee has maintained oversight of progress against de-escalation priorities whilst providing constructive challenge and scrutiny of delivery arrangements.

### **Assurance**

Through its work, the Committee has demonstrated that enhanced governance arrangements are operating as intended, with clear oversight of financial recovery, performance improvement and de-escalation activity. Reporting arrangements have continued to mature, enabling improved visibility of delivery trajectories, emerging risks and organisational performance. The Committee has also received evidence of increasing maturity within key programmes and workstreams, supported by strengthened executive oversight, structured governance arrangements and regular engagement with Welsh Government and system partners.

Overall, the Committee is able to provide developing assurance to the Board, recognising that whilst governance arrangements and improvement programmes are now established, delivery remains dependent on sustained implementation, pace of change and the achievement of agreed performance and financial trajectories.

### **Risk and System Insight**

Across both reporting periods, the Committee has consistently highlighted a number of material risks and system challenges which require continued Board visibility and oversight. These include the deliverability and sustainability of the financial recovery programme, the requirement to convert remaining opportunities into fully deliverable and recurrent savings schemes, ongoing urgent and emergency care pressures, whole-system patient flow constraints and the dependency on partner organisations to support delivery of sustained

improvement. The Committee has also recognised that longer-term financial sustainability may require significant service transformation which will need robust evidence, engagement and Board oversight.

The Committee has reinforced the importance of organisational ownership of delivery, continued focus on implementation, and maintaining an appropriate balance between financial recovery, operational performance and quality and safety.

The detailed Committee reports are provided at Appendices 1 and 2.

### Argymhelliad / Recommendation

The Board is asked to:

- take **ASSURANCE** from the Committee's scrutiny of key escalation areas
- **NOTE** the ongoing risks, issues and learning identified

| Amcanion: (rhaid cwblhau)                                                                                                     |                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objectives: (must be completed)                                                                                               |                                                                                                                                                                                                                                                                      |
| Cyfeirnod Cofrestr Risg Datix a Sgôr<br>Cyfredol:<br>Datix Risk Register Reference and<br>Score:                              | <ul style="list-style-type: none"> <li>• SRR 001G – Financial Sustainability</li> <li>• SRR 001I – Performance Improvement</li> <li>• SRR 006A, B &amp; C – Digital Infrastructure and System Delivery</li> <li>• SRR 011 – Climate Change / Green Health</li> </ul> |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                                                                                                                                   |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Choose an item.<br>Enabling Actions across the IMTP                                                                                                                                                                                                                  |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Finance                                                                                                                                                                                                                                                              |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                                                                                                                                                             |

|  |     |
|--|-----|
|  | N/A |
|--|-----|

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

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed)                                     |                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                             | <b>Is EIA Required and included with this paper</b>                                                                                                                                                                                                                                                                  |
| <b>Asesiad Effaith Cydraddoldeb</b><br><b>Equality Impact Assessment</b><br>(EIA) completed | <p>Choose an item.</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p> |

**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.



| Aneurin Bevan University Health Board<br>Key Issues Report |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |
|------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Board Date:</b>                                         |                                                | 29 July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |
| <b>Date of Committee</b>                                   |                                                | 10 June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Report of:</b><br><br><b>Finance and Performance Committee (Escalation)</b> |
| <b>Quoracy met:</b>                                        |                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |
| <b>1a</b>                                                  | Matters referred to the attention of the Board | <p><b>Financial Position and Savings Delivery</b></p> <p>The Committee noted that the Month 01 position reflected the approved Annual Plan and aligned with expected early-year run rates, reporting a £4.7m in-month deficit and a forecast year-end deficit of £43.7m. Whilst £44.9m of savings were forecast, delivery confidence remained variable, with £15m assessed as higher risk and only £4.9m achieved to date. The Committee highlighted the need for greater clarity regarding divisional ownership, delivery trajectories and implementation plans to support confidence in achieving the required level of recurrent savings.</p> <p><b>Financial Recovery and Opportunities Pipeline</b></p> <p>The Committee considered the financial recovery framework and noted that a broad opportunities pipeline approaching £70m had been identified. Whilst this provided a sufficient quantum of opportunities, many schemes remained at an early stage of development and required rapid conversion into fully costed and deliverable plans aligned to the £45m in-year savings requirement. The Committee emphasised the importance of pace, accountability and implementation to ensure opportunities translated into sustainable financial benefits.</p> |                                                                                |

|           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |           | <p><b>Urgent and Emergency Care Performance</b></p> <p>The Committee noted that performance against escalation metrics remained below required thresholds, particularly ambulance handover delays against the revised 45-minute standard. Whilst some improvement had been observed, this had not yet translated into sustained improvements across wider system measures, including ambulance response performance.</p> <p><b>System Pressures and Operational Demand</b></p> <p>The Committee recognised that sustained increases in demand across the healthcare system, including emergency attendances and assessment activity, continued to impact operational resilience and system capacity. It was noted that underlying improvement efforts were being offset by increased demand levels, with patient flow challenges and delayed discharges continuing to constrain overall performance and hinder system recovery.</p> |
| <b>1b</b> | Assurance | <p><b>Financial Performance and Governance Assurance.</b></p> <p>The Committee received assurance that governance arrangements were in place to oversee delivery of the approved Annual Plan, including established oversight through the Value and Sustainability Board and supporting programme structures. Capital expenditure remained forecast at £45m in line with plan, and compliance with the public sector payment policy had been maintained. A structured financial recovery framework was operating, supported by Executive-led workstreams, divisional engagement and formal monitoring arrangements to oversee implementation and delivery.</p> <p><b>Urgent and Emergency Care Improvement Programme</b></p> <p>The Committee received assurance that a formal urgent and emergency care improvement programme had been established, including a dedicated Programme Board and five supporting</p>                  |

|           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                 | <p>workstreams. Strengthened clinical and operational leadership arrangements had been implemented, alongside escalation and contingency processes designed to support delivery and accelerate improvement.</p> <p><b>Enhanced Performance Monitoring and Reporting</b></p> <p>The Committee received assurance that performance reporting arrangements had been strengthened in response to concerns regarding delivery trajectory and oversight. Weekly and fortnightly performance reports had been introduced to improve visibility of progress, support timely intervention and provide assurance regarding delivery of improvement actions. Weekly reports were also being provided to the Chair and Vice Chair to facilitate closer oversight between Committee meetings.</p> <p>Work remained underway to develop revised dashboard arrangements aligned to key performance metrics, escalation criteria and risks, with future reporting also incorporating additional quality indicators to ensure a balanced assessment of operational performance, quality and patient safety.</p> |
| <b>1c</b> | Review of Risks | <p><b>Financial Sustainability and Delivery Risk</b></p> <p>The Committee identified a significant risk to delivery of the planned year-end financial position arising from reliance on a number of higher-risk savings schemes and opportunities that had not yet been converted into firm delivery plans. Whilst the overall opportunities pipeline was sufficient in value, assurance regarding implementation and delivery remained limited in some areas</p> <p><b>Planning, Phasing and Accountability Risk</b></p> <p>Risks remained in relation to the backloaded savings profile within the financial plan, increasing exposure to non-delivery later in the financial year. The Committee noted that delays in fully allocating savings responsibilities and implementation plans to</p>                                                                                                                                                                                                                                                                                             |

|           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                     | <p>divisions reduced accountability and could adversely affect delivery confidence.</p> <p><b>External and Cost Pressure Risks</b><br/>The Committee noted ongoing risks associated with Welsh Government funding assumptions, emerging workforce cost pressures, including the resident doctor contract, financial pressures relating to managed practices and dependencies on delivery by external organisations.</p> <p><b>Urgent and Emergency Care Performance Risk</b><br/>A significant operational risk remained due to continued non-compliance with key escalation standards, particularly ambulance handover performance. Sustained demand, combined with wider system constraints, continued to limit performance improvement and maintain escalation status.</p> <p><b>System Flow and Capacity Risk</b><br/>The Committee identified delayed discharges, constrained patient flow and limited bed availability as ongoing risks to operational resilience. These pressures continued to restrict system capacity and impede delivery of sustainable performance improvement.</p> <p><b>Quality and Safety Risk</b><br/><br/>The Committee recognised the risk that accelerated performance improvement initiatives could result in unintended consequences for quality and patient safety if not supported by appropriate oversight. The importance of monitoring quality indicators alongside operational performance measures was therefore emphasised.</p> |
| <b>1d</b> | Sharing of Learning | <p><b>Whole-Organisation Ownership of Financial Performance</b><br/>Learning reinforced that achievement of the Health Board's financial objectives requires collective ownership across all divisions and directorates, supported by clear accountability, budget alignment and robust financial management arrangements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                                          | <p><b>Moving from Opportunity Identification to Delivery</b></p> <p>The Committee highlighted the importance of accelerating the transition from identifying opportunities to implementing fully developed, time-bound delivery plans with clear ownership and measurable outcomes. Strong governance alone would not deliver financial improvement without sustained focus on execution and benefits realisation.</p> <p><b>Whole-System Improvement and Balanced Performance Management</b></p> <p>Learning emphasised that sustainable improvement in urgent and emergency care performance requires a whole-system approach that addresses both demand and patient flow. The Committee further recognised that performance improvement must be supported by balanced reporting arrangements that consider quality and patient safety alongside operational performance to ensure improvements are both sustainable and safe.</p> |
| <b>2</b> | Matters to be shared to other Committees | The Committee confirmed that there were no formal matters identified for referral or sharing with other Committees at this stage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| Aneurin Bevan University Health Board<br>Key Issues Report |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |
|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Board Date:</b>                                         |                                                | 29 July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |
| <b>Date of Committee</b>                                   |                                                | 15 July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Report of:</b><br><br><b>Finance and Performance Committee (Escalation)</b> |
| <b>Quoracy met:</b>                                        |                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |
| <b>1a</b>                                                  | Matters referred to the attention of the Board | <p><b>Financial Position and Savings Delivery</b><br/>The Committee noted that the Health Board had submitted the required £45m savings plan to Welsh Government by 30 June 2026. Month 03 reporting showed a material improvement in firm savings, increasing from £18.5m at Month 02 to approximately £34m. However, a further £11m of amber savings remained less fully developed, with approximately £4m of emerging costs sitting outside the plan. The forecast year-end deficit remained at £41m and delivery continued to depend on the further conversion of schemes into fully developed and deliverable plans.</p> <p><b>Financial Sustainability and Service Transformation</b><br/>The Committee noted that the Value and Sustainability Board continued to provide a key mechanism for driving financial recovery, thematic delivery and longer-term productivity improvement. The Committee highlighted that medium- to longer-term service transformation opportunities would require further consideration in areas including beds, Theatres, Outpatients, Mental Health service configuration and estate, older persons pathways, acute medicine and place-based care. These were recognised as evidence-led changes that may</p> |                                                                                |

|           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |           | <p>require Board level decisions, supported by clear engagement with the public, staff and stakeholders</p> <p><b>Urgent and Emergency Care Performance</b><br/> The Committee noted that Urgent and Emergency Care performance in June 2026 had not delivered the required escalation metrics, with ambulance handover performance remaining below trajectory, with performance being impacted by the heatwave and critical incident, although improvement was observed following the incident period and in terms of total lost hours. July month-to-date performance had improved to 53.5%, with the latest weekly dashboard exceeding 55%; however, further acceleration was required to meet the agreed trajectory. The Committee also noted that the 45-minute handover metric did not fully reflect demand, patient acuity or reductions in lost ambulance hours, and that a wider whole-system response remained necessary.</p> <p><b>Planned Care Funding Opportunity</b><br/> The Committee received an update on National Planned Care funding and noted that the Health Board had submitted an early request to Welsh Government to support additional activity during July 2026. This had been agreed and would support treatment for approximately 300 additional patients over four weeks, with a focus on reducing 104-week waits and managing the forward waiting list cohort. A more sustainable planned care submission was being developed for Board scrutiny ahead of submission to Welsh Government by 31 July 2026.</p> |
| <b>1b</b> | Assurance | <p><b>Financial Governance and External Reporting</b><br/> The Committee received assurance that governance arrangements were in place to oversee delivery of the financial recovery plan through the Value and Sustainability Board, Executive-led thematic workstreams, special budget meetings with divisions and ongoing divisional financial review. The Committee also received assurance that the Month 03 position had been reported to Welsh Government, that discussions with Welsh Government finance leads had not identified new</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>issues, and that Audit Wales had provided positive feedback on the Health Board's management of financial performance. Capital spends remained within Welsh Government limits and public sector payment policy performance was reported at 97%, above the 95% target.</p> <p><b>Savings Delivery Assurance</b></p> <p>The Committee received assurance that the savings position had strengthened since Month 02, with firm savings increasing to approximately £34m. The Committee noted that workstreams were aligned to the remaining savings requirement and that further work was underway to convert amber schemes into green plans. This included a review of the recurrent and non-recurrent savings mix to strengthen sustainability in future years.</p> <p><b>Urgent and Emergency Care Programme Assurance</b></p> <p>The Committee received assurance that the Urgent and Emergency Care Programme Board had met with appropriate system membership, including Local Authority, Ambulance Service, NHS Performance and Third Sector representation. A weekly dashboard was in place for Executive oversight and would also be shared with Board colleagues, setting out key escalation metrics and the delivery status of sprint actions. Clinical Executive escalation, operational support, deconditioning work, wider data review and organisational development support were being used to strengthen delivery and to support consistent practice.</p> <p><b>Planned Care Assurance</b></p> <p>The Committee received assurance that the Health Board had secured Welsh Government support for immediate additional planned care activity. Work remained underway across operational, planning and finance teams to develop a sustainable plan aligned to Welsh Government criteria. The Committee also noted positive external feedback regarding the Health Board's performance in treating</p> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                 | <p>patients in turn, which supported confidence in the robustness of planned care arrangements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>1c</b> | Review of Risks | <p><b>Financial Sustainability and Delivery Risk</b><br/> The Committee identified ongoing risk to delivery of the £45m savings requirement, particularly in relation to the remaining £11m savings.<br/> Approximately £4m of emerging costs outside the plan and continued reliance on delivery in the second half of the financial year. The forecast £41m deficit remained dependent on delivery of the savings programme, mitigation of emerging cost pressures and assumptions regarding Welsh Government funding, including the Welsh risk pool.</p> <p><b>Recurrent Savings and Future-Year Risk</b><br/> The Committee noted that the Month 03 savings mix had moved towards a less favourable recurrent and non-recurrent balance, with recurrent savings of approximately £26m and non-recurrent savings of approximately £18m. This increased the risk to future-year sustainability and reinforced the need to convert more schemes into recurrent delivery wherever possible.</p> <p><b>Service Transformation and Public Confidence Risk</b><br/> The Committee recognised that longer-term financial recovery would require service transformation and potentially difficult decisions relating to service configuration, estate, mental health facilities, older persons pathways, acute medicine and place-based care. These decisions may attract public, staff and stakeholder concern and would need to be supported by clear evidence, quality and safety considerations and a strong narrative on patient outcomes.</p> <p><b>Urgent and Emergency Care Performance and Safety Risk</b><br/> The Committee identified continued risks relating to ambulance handover performance, patient flow, high levels of walk-in demand, ambulance conveyance volumes, discharge constraints and out-of-hours system responsiveness. Risks were also noted in relation to clinical variation, the reliability of</p> |

|           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                     | <p>escalation processes, corridor care, boarding, deconditioning and the need to balance risk safely across the whole system.</p> <p><b>External Dependency and Transport Risk</b><br/>The Committee noted that delivery of Urgent and Emergency Care improvement remained dependent on partners, including ambulance services, local authorities, third sector organisations and patient transport arrangements. Specific risks were highlighted in relation to delayed transport home, non-emergency ambulance availability, ambulance hand back arrangements and the impact of these issues on flow, discharge and avoidable readmission.</p> <p><b>Planned Care Delivery Risk</b><br/>The Committee noted that the planned care funding opportunity was positive but remained subject to Welsh Government criteria, including expectations regarding activity, day case rates and high-volume, low-complexity pathways. There remained a risk that rapid increases in activity could be constrained by capacity, case mix, operational availability and the need to secure sustainable rather than short-term improvement.</p> |
| <b>1d</b> | Sharing of Learning | <p><b>Financial Recovery and Recurrent Delivery</b><br/>Learning reinforced that the Health Board's financial recovery approach must continue to move from opportunity identification to delivery, with increased focus on converting schemes into recurrent savings wherever possible. The Committee also highlighted the importance of front-loading delivery in future planning cycles to reduce in-year risk and create greater opportunities for reinvestment or invest-to-save approaches.</p> <p><b>Whole-System Urgent and Emergency Care Improvement</b><br/>Learning emphasised that ambulance handover improvement could not be delivered by the Emergency Department alone and required a whole-system response. The Committee recognised the importance of clear mandates, visible leadership, reliable escalation processes, deconditioning</p>                                                                                                                                                                                                                                                                      |

|          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                                          | <p>awareness, discharge grip and the ability to move risk safely across the system.</p> <p><b>Balanced Performance Reporting</b><br/> Learning highlighted that the nationally monitored 45-minute handover metric should be considered alongside a wider set of measures, including lost ambulance hours, overall demand, walk-in attendances, acuity, site-level performance and patient safety indicators. This broader approach would provide a more balanced assessment of actual improvement and patient impact.</p> <p><b>Partnership and Community Support</b><br/> Learning identified further opportunities to strengthen third sector, volunteer and community-based support, particularly in relation to discharge, transport, admission avoidance and place-based care. Existing positive contributions from organisations including British Red Cross and Age Cymru were noted, alongside potential opportunities involving wider community and volunteer transport models.</p> |
| <b>2</b> | Matters to be shared to other Committees | <p>The Committee confirmed that there were no formal matters identified for referral or sharing with other Committees at this stage.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|                                                        |                                                                                                                                                                   |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 29 July 2026                                                                                                                                                      |
| <b>CYFARFOD O:</b><br><b>MEETING OF:</b>               | Board                                                                                                                                                             |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Older Person Pathway Redesign: Update Position                                                                                                                    |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Leanne Watkins, Chief Operating Officer                                                                                                                           |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Lloyd Hambridge, Divisional Director Primary Care, Community Services, and Complex and Long-Term Care<br><br>Kate Fitzgerald, Head of Transformation and Delivery |

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

## **ADRODDIAD SCAA**

### **SBAR REPORT**

#### **Sefyllfa / Situation**

This paper provides the Executive Committee with an overview of the proposed pilot to implement a revised clinical pathway at Ysybty Ystrad Fawr (YYF) and establish an Acute Frailty Unit from October 2026 to support the delivery of the Older Person Pathway redesign. The unit will form a key component of the acute

frailty response, enabling rapid assessment, comprehensive geriatric intervention, and timely decision-making for older people living with frailty.

The pilot represents an important step towards the delivery of a broader phased transformation programme that will redesign and integrate services for older people across the Health Board and the five Local Authority partners within the Gwent area, supporting a more coordinated, sustainable, and person-centred model of care.

The Committee is asked to:

- **Approve** the proposed pilot to implement a revised clinical pathway at YYF and establish an Acute Frailty Unit from October 2026.
- **Note** the test of change and associated learning, which will inform the future transformation, development and redesign of the Older Person Pathway.

### Cefndir / Background

An ageing population, increasing frailty, and growing complexity of need are creating significant pressures across health and care services, reinforcing the need for system-wide transformation and new models of integrated care to better meet the needs of older people now and in the future. National policy supports a preventative, “Home First” approach, ensuring people receive the right care, in the right place, at the right time.

The Older Person Pathway builds on service redesign set out in the Health Boards previous Clinical Futures strategy and resulting opening of the Grange University Hospital (GUH), and aims to improve patient flow, reduce avoidable admissions and delays, and strengthen coordination across health, social care and community services.

National evidence, including Getting it Right First Time (GIRFT) and the Welsh Acute Frailty Service Framework, shows that early identification of frailty and timely Comprehensive Geriatric Assessment (CGA) delivered through Acute Frailty Units improves outcomes, reduces length of stay, and supports more patients to return home sooner. Further evidence is provided in Appendix 1.

### Asesiad / Assessment

#### **Optimal Older Person Pathway**

Following a series of engagement sessions with clinical, nursing, therapy and managerial colleagues over recent months, an optimal Older Person Pathway (appendix 2) has been developed, redesigned and endorsed. The pathway incorporates the following core components:

- A focus on **place-based care**, supporting older people to remain independent at home wherever possible.

- Assessment led by General Practitioner (GP) or WAST, with access to alternative community pathways via a **Single Point of Access** (SPoA) to avoid unnecessary admission.
- Rapid specialist assessment of frail patients through **Same Day Emergency Care and Acute Frailty Units** to determine the most appropriate onward pathway.
- Hospital admission reserved for those requiring specialist **inpatient care** that cannot be delivered safely in the community.

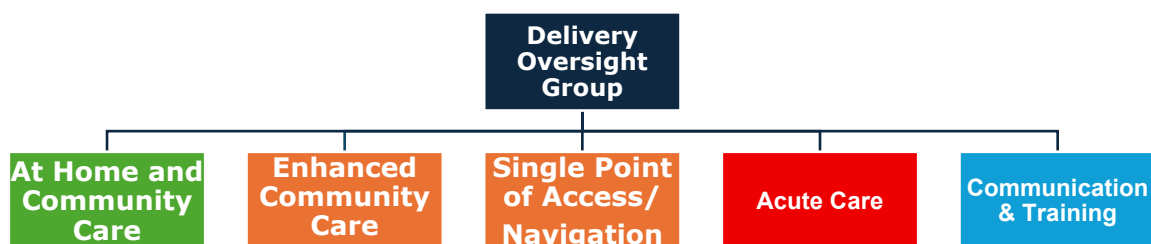
**Diagram 1: Older Person Pathway**



## Governance and Workstreams

To support implementation of the revised clinical pathway and establishment of an Acute Frailty Unit at YYF, a dedicated programme structure and workstreams have been established. Oversight will be provided through the fortnightly Delivery Oversight Group, chaired by the Chief Operating Officer with clinical leadership from the Medical Director. Progress will be reported to the monthly Urgent and Emergency Care Programme Board, chaired by the Chief Executive, ensuring alignment with Health Board priorities and strategic objectives.

**Diagram 2: Governance Structure**





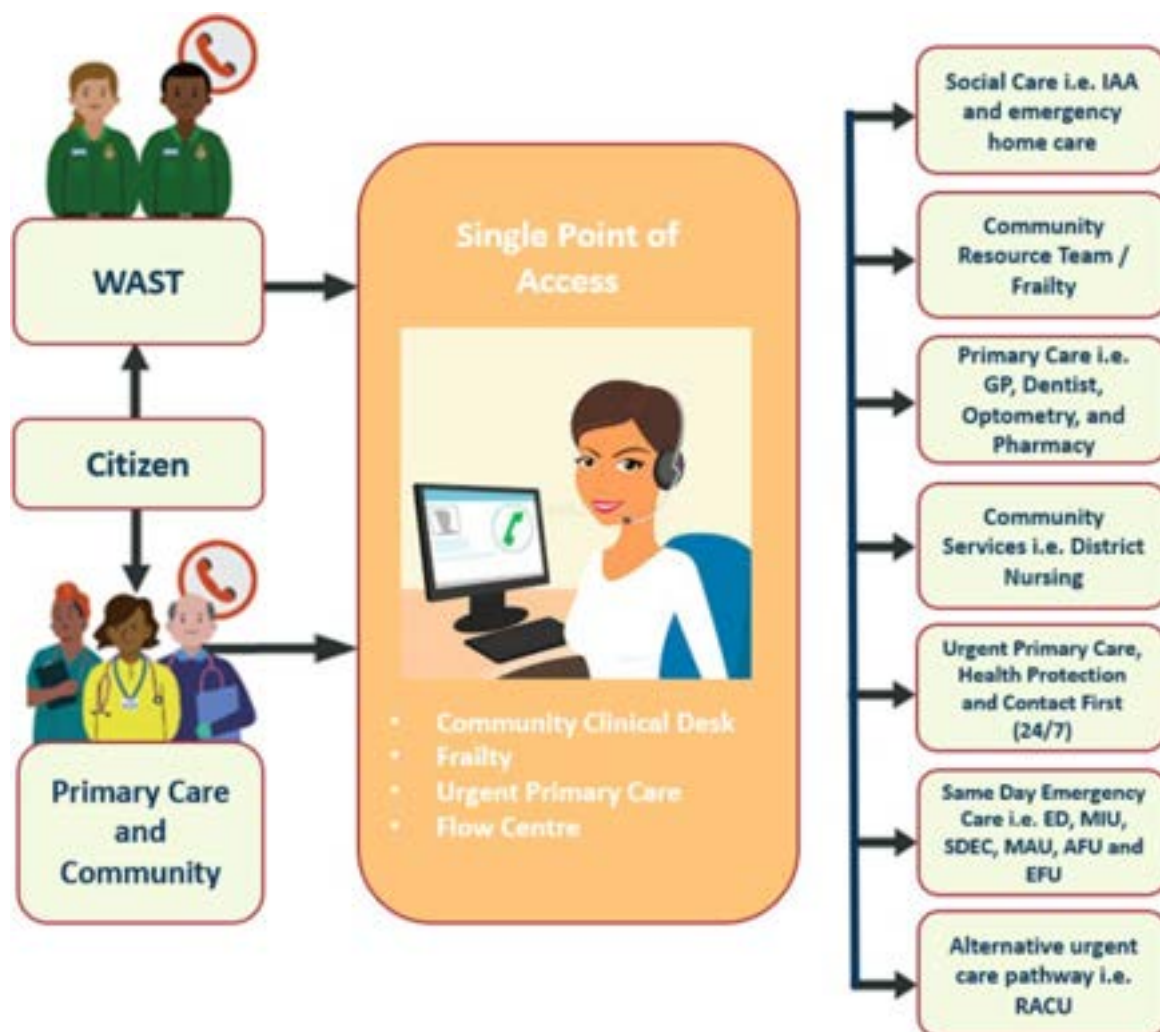
## Single Point of Access/Navigation

A number of key enablers are required to support implementation of the revised clinical pathway and the establishment of the AFU at YYF, including the development of a SPoA to facilitate timely assessment, navigation and coordination of care across the older persons pathway.

The SPoA will provide a coordinated, multidisciplinary approach to ensure timely access to the most appropriate care, supporting care closer to home. Specifically, the SPoA will:

- Support admission avoidance through community services, including the Caerphilly Community Resource Team (CRT).
- Record the Clinical Frailty Score (CFS) at referral and direct Caerphilly residents with a CFS of 6 or above to the AFU.
- Provide clinical advice and support to healthcare professionals.

**Diagram 3: Single Point of Access**





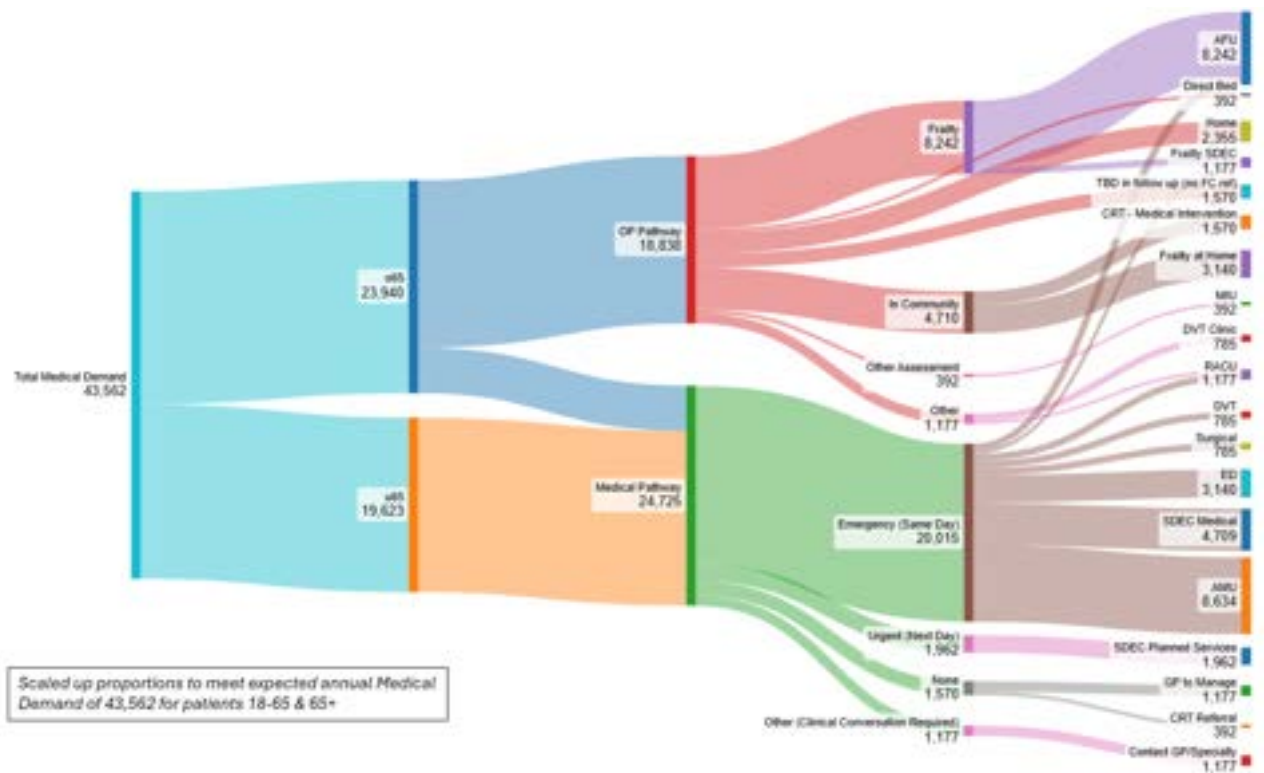
Desktop Audit

To inform the development of the AFU, a desktop audit of a 24-hour patient intake snapshot from November 2025 was undertaken to test the feasibility of the proposed Older Person Pathway. The review identified significant opportunities to reduce pressure on the acute medical front door through the AFU and community-based alternatives. Of 64 medical patients reviewed, approximately one-third (21 patients) would have met the criteria for AFU or Frailty Same Day Emergency Care (Appendix 3). While based on a single-day snapshot, the findings are consistent with expected activity levels and align with established best practice.

Patient Flow – Annual Estimate

Based on the desktop audit, the diagram below illustrates the potential annual flow of patients through the Older Person Pathway, highlighting opportunities for assessment within an AFU and onward referral to community-based services. While this represents a longer-term whole-system transformation, the findings support the proposal to implement a revised clinical pathway and pilot the AFU model at YYF, with learning from the pilot informing future rollout across other sites.

Diagram 4: Annual Patient Flow Opportunity



Data Modelling

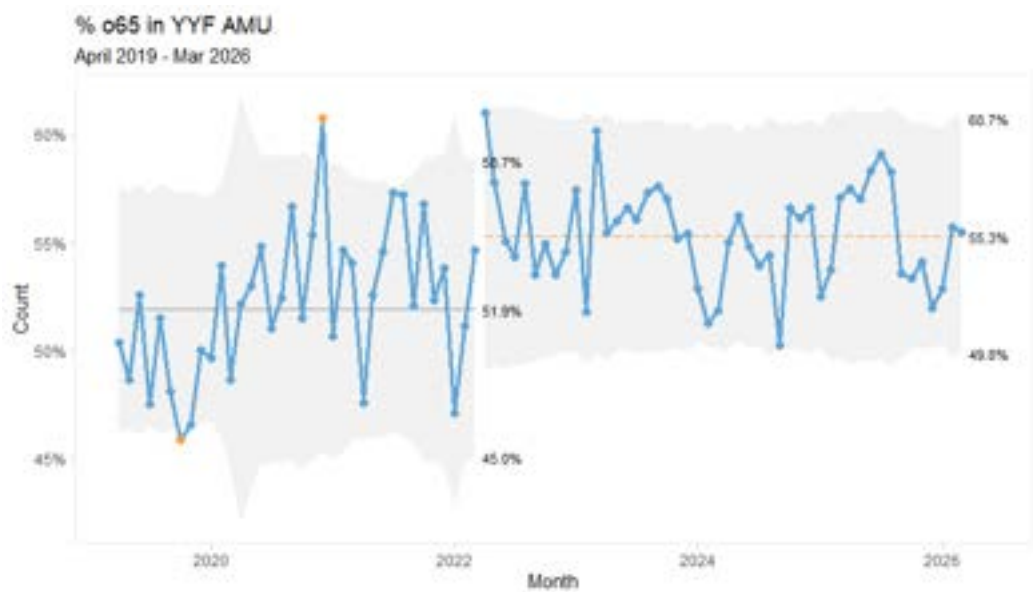
To support the implementation of a revised clinical pathway, data modelling has been undertaken to assess the anticipated impact of the proposed pathway and inform capacity and service planning. The clinical criteria for the AFU will be a

CFS of 6 or above. As part of the pilot, only patients from the Caerphilly area who meet these criteria will be streamed directly to the AFU. There will be no change to the Minor Injury Unit or Urgent Primary Care Centre criteria at YYF and is therefore out of scope of this service change.

An analysis of patient attendance by age has been undertaken as a proxy measure to estimate demand for the AFU and quantify the volume of displaced patients who do not meet the direct streaming criteria and will need to be managed through alternative pathways.

As patients aged 65 years and over account for approximately 55.3% of attendances at YYF, a significant proportion of current activity is expected to align with the proposed revised pathway and AFU criteria. Patients who do not meet the eligibility criteria will be streamed to the most appropriate alternative service or site, ensuring timely access to care that meets their clinical needs, with opportunities for earlier intervention within the patient pathway and reduced risk of admission where appropriate.

**Chart 1: Over 65 years Demand to YYF**



Under the pilot, Caerphilly residents who do not meet the AFU admission criteria will be redirected to an assessment unit at an alternative site. Based on current activity, this is expected to affect an average of 363 patients per month (range 279–436), equating to approximately 12 patients per day across the three acute sites. The clinical teams have been engaged regarding the anticipated increase in demand, and engagement with residents will be undertaken as appropriate to ensure they are informed of the changes. While the impact is expected to affect a relatively small number of residents, clear communication with Caerphilly NCNs, Primary Care Contractors and Welsh Ambulance Service Trust (WAST) will be completed.

**Chart 2: Expected Additional Under 65 Years Demand to eLGH Sites**



As outlined, modelling indicates that an AFU at YYF is clinically and operationally viable, with older people accounting for 55% of attendances and around one-third of medical patients suitable for AFU/Frailty SDEC management

This indicates sufficient demand to support the pilot, while reducing pressure on the acute medical front door and improving access to community-based alternatives. The SPoA will further support admission avoidance by intervening upstream and directing patients to appropriate community services where suitable, reducing unnecessary attendances at YYF. Patients who do not meet the AFU criteria will continue to be managed through appropriate alternative services and care settings, maximising community capacity wherever possible

### **Acute Frailty Units**

The evidence base, data modelling and desktop audit support implementation of the revised clinical pathway and the establishment of AFUs across the Enhanced Local General Hospital (eLGH) sites as the sole intake model. This represents a key component of the Health Board's Older Persons Pathway, ensuring patients receive care in the most appropriate setting while supporting improved patient flow and outcomes.

The proposed pathway will be introduced as a pilot and will be refined throughout implementation in response to patient safety, clinical outcomes, and ongoing monitoring and evaluation. Following the pilot period (October 2026–March 2027), a formal evaluation will inform potential rollout across the remaining enhanced eLGH sites at RGH and NHH.

An AFU is a geriatrician-led, multidisciplinary service providing rapid Comprehensive Geriatric Assessment and senior clinical decision-making for older people living with frailty. Evidence demonstrates that AFUs improve patient outcomes and experience, reduce length of stay, support admission avoidance,

and improve flow through the acute medical front door by ensuring inpatient care is reserved for those who need it most. (*British Geriatrics Society, 2023*).

**Implementation Plan for the Acute Frailty Unit**

The proposal to implement the revised pathway and pilot an AFU at YYF as the preferred site is supported by the following key reasons:

- Established workforce expertise and skill mix in the care of older people, including Care of the Elderly (COTE) and frailty services.
- A mature integrated service model with Local Authorities, supporting rapid access to community pathways in line with Home First principles.
- Strong medical site leadership to support implementation, oversight, and evaluation of the Acute Frailty Unit pilot.
- Existing patient flow and case-mix aligned to frailty criteria, 54% of the intake model aged over 65 years.
- Opportunity to strengthen integration with on-site services, including the Minor Injuries Unit and Urgent Primary Care.
- Constraints on the community bed base following Stroke reconfiguration, alongside opportunities to review and right-size community provision to better support frailty pathways.
- Physical environment and estate suitability to support frailty-focused care.

Following Board approval, a number of key elements of the revised pathway will be progressed as part of implementation planning, including workforce, operational processes, digital enablers and engagement. It is noted that many components of the proposed pathway are already established at YYF and will provide a strong foundation for implementation of the pilot. Detailed benefits and success measures will be developed to support ongoing monitoring and evaluation, inform pathway refinement and the rollout of the model across the other eLGH sites.

**Table 1: Key Milestones/Success Measures**

| Delivery Phase                                                       | Key Milestones                                                                                                                                                                                                                                                                      | Success Measures                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Test the revised pathway of an Acute Frailty Unit at YYF (2026/2027) | <ul style="list-style-type: none"><li>• Agreed pathway, AFU clinical model and criteria</li><li>• Dedicated MDT in place, including medical, nursing and therapy</li><li>• Physical space, operational to support the pathway</li><li>• Community referral pathway agreed</li></ul> | <ul style="list-style-type: none"><li>• Increase same-day or 48- 72 hours discharge</li><li>• Reduction in LOS for frail patients</li><li>• Increase number of patients receive CGA within 24 hours</li><li>• Improved patient and carer experience</li><li>• Increase in admission avoidance</li></ul> |

|  |                                                                                                                                                                                                                                                                                                              |                                                                                               |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>• Local Authority engagement</li> <li>• Workforce model tested</li> <li>• Community capacity to support implementation rightsized</li> <li>• Data and evaluation framework established</li> <li>• SPoA implemented</li> <li>• Interim evaluation completed</li> </ul> | <ul style="list-style-type: none"> <li>• Increase in community pathway utilisation</li> </ul> |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

### **Community Capacity and Workforce Realignment**

The successful implementation of the pathway will be dependent on strong community capacity to support patients to remain at home wherever clinically appropriate. Subject to further analysis, opportunities to realign and strengthen community workforce capacity in Caerphilly will include:

- Reconfiguration of community teams to better align capacity with demand, including closer working between CRT and District Nursing services alongside the realignment of existing pharmacy and therapy resources.
- Increased use of digital solutions and remote monitoring to support care at home.
- Strengthened integration with Primary Care, social care and third-sector partners.
- Development of rotational Frailty/COTE Consultant posts to support pathway delivery across acute and community settings.
- Review of community therapy provision to enhance rehabilitation and recovery at home.

### **Communication and Stakeholder Engagement**

Stakeholder engagement will be a core element of the change process and will continue throughout the phased implementation.

The **engagement plan** will include:

- Engagement with key stakeholders, internal and external.
- Targeted engagement with Trade Union Partnership and WAST.
- Staff engagement, including drop-in sessions at YYF and with clinical, nursing and therapy teams led by the Executive Committee

- Engagement with Caerphilly Local Authority and NCN to raise awareness of the proposed changes and support alignment across partners.
- Engage with Llais to share the outcomes and benefits of the pilot, helping to inform consideration of a permanent pathway change.

The revised clinical pathway will be implemented as a six-month pilot and test of change. Engagement with Llais and other stakeholders will continue throughout the planning and delivery phases to ensure appropriate engagement and consultation requirements are met. Subject to a successful evaluation, any permanent service change will be progressed in accordance with Welsh Government guidance.

The Medical Director has engaged with HEIW regarding the staff changes and will work with them to address any concerns.

The formal engagement and consultation for the permanent service model will be aligned with the Health Board's wider engagement and communication plan. This will ensure a consistent, coordinated and joined-up approach across all service change programmes within the Health Board and the development of the Health Board's long-term strategy.

It will also be aligned with the original Clinical Futures Strategy engagement undertaken prior to the opening of the GUH, ensuring continuity and coherence with previously established strategic principles.

### **Financial Considerations and Initial Draft Assessment**

The proposals outlined within the Older Persons Pathway represent a significant shift in the configuration and balance of capacity across the system. At this stage, it is too early to provide a comprehensive financial appraisal, as the pathway changes are closely linked to wider service developments, including Acute Medicine and associated downstream services aligned to the Place Based Care Programme.

As described above, there are opportunities to realign resources from acute to community settings and to strengthen community services in support of the revised pathway. A full financial assessment will therefore be undertaken alongside these related reviews to quantify any net capacity reductions, identify opportunities for resource reallocation, and ensure investment is aligned to the delivery of care closer to home and the Community by Design policy direction.

### **Service Change and Benefits**

The elements of the service change anticipated benefits are outlined below:

| Component | Current | Proposed | Benefit |
|-----------|---------|----------|---------|
|-----------|---------|----------|---------|

|                                 |                                                                                                         |                                                                                                               |                                                                                                                                                                               |
|---------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Emergency Department</b>     | Frail older people managed alongside general ED flow with delayed specialist input                      | Early frailty identification and direct streaming to AFU                                                      | <ul style="list-style-type: none"> <li>• Reduced ED congestion and breaches</li> <li>• Faster senior decision making</li> </ul>                                               |
| <b>Acute Medical Unit</b>       | Frail patients admitted to AMU with variable access to CGA                                              | Frailty cohort diverted to AFU where appropriate                                                              | <ul style="list-style-type: none"> <li>• Reduced inappropriate admissions</li> <li>• Early access to CGA</li> </ul>                                                           |
| <b>Same Day Emergency Care</b>  | Limited frailty specific same day pathways                                                              | Frailty responsive SDEC co-located with AFU                                                                   | <ul style="list-style-type: none"> <li>• Increase same day discharge</li> <li>• Avoided overnight admission</li> </ul>                                                        |
| <b>Assessment Unit</b>          | Assessment of frail older people undertaken across GUH and eLGH sites with variable models and outcomes | Replace with a dedicated Acute Frailty Unit (AFU) at eLGH sites early, specialist CGA                         | <ul style="list-style-type: none"> <li>• Early specialist frailty assessment</li> <li>• Reduced admissions and LOS</li> <li>• Improved flow and patient experience</li> </ul> |
| <b>Surgical Assessment Unit</b> | Frail surgical patients assessed without consistent geriatrics or frailty input                         | Early frailty screening with geriatric input for surgical admissions and clear route to AFU where appropriate | <ul style="list-style-type: none"> <li>• Improved pre-operative decision making</li> <li>• Reduced complications and LOS</li> </ul>                                           |
| <b>Minor Injury Units</b>       | Frail patients frequently redirected to ED                                                              | Clear frailty escalation, advice and referral pathway                                                         | <ul style="list-style-type: none"> <li>• Avoided ED attendance, community-based care</li> </ul>                                                                               |
| <b>Community and Home</b>       | Fragmented follow up                                                                                    | Direct handover to community MDTs and home first services                                                     | <ul style="list-style-type: none"> <li>• Increased healthy days at home</li> <li>• Reduced readmissions</li> </ul>                                                            |

The key risks and mitigating actions associated with the proposed pilot to implement a revised clinical pathway at YYF and establish an Acute Frailty Unit are outlined in Appendix 4.

## Next Steps and Milestones

| Action                                                                                                               | Timeline         |
|----------------------------------------------------------------------------------------------------------------------|------------------|
| Update to Board on 29 <sup>th</sup> July to approval of the Pilot                                                    | July 2026        |
| SPoA – Confirm clinical resource and reinforce criteria and road map to reinstatement of the Clinical Community Desk | July 2026        |
| Engagement – Staff, TUPF, Llais, LAs, WAST, HEIW and the population                                                  | July/August 2026 |
| Mapping and engagement with Community Services to support the pilot and right sizing of services                     | August 2026      |
| Reinform Communication and Engagement                                                                                | August 2026      |
| Development of Workforce Plan                                                                                        | August 2026      |
| Development of SOP and confirm metrics                                                                               | September 2026   |
| Implement revised pathway and AFU                                                                                    | October 2026     |
| Monitoring and evaluation of the revised pathway                                                                     | March 2027       |

### Argymhelliad / Recommendation

The Board is asked to:

- **Approve** the proposed pilot to implement a revised clinical pathway at YYF and establish an Acute Frailty Unit from October 2026.
- **Note** the test of change and associated learning, which will inform the future transformation, development and redesign of the Older Person Pathway.

## Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

|                                                                                                       |                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:</p> <p>Datix Risk Register Reference and Score:</p> | <p>There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.</p> <p>There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.</p> |
| <p>Safon(au) Gofal ac Iechyd:</p> <p>Health and Care Standard(s):</p>                                 | <p>3. Effective Care</p> <p>5. Timely Care</p> <p>2. Safe Care</p> <p>1. Staying Healthy</p>                                                                                                                                                                                                                         |



|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Adults in Gwent live healthily and age well                                                                                                                                                                                                                                                                                               |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Workforce and Culture                                                                                                                                                                                                                                                                                                                     |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | <p>Improve the Wellbeing and engagement of our staff</p> <p>Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers</p> <p>Improve the access, experience and outcomes of those who require mental health and learning disability services</p> <p>Choose an item.</p> |

| Gwybodaeth Ychwanegol:<br>Further Information: |                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:         | <p>GIRFT (Getting it Right First Time)</p> <p>Appendix 1 – Research and Evidence Base</p>                                                                                                                                                                                             |
| Rhestr Termiau:<br>Glossary of Terms:          | <p>Ysybty Ystrad Fawr (YFF)</p> <p>Integrated Medium Term Plan (IMTP)</p> <p>Grange University Hospital (GUH)</p> <p>Getting it Right First Time (GIRFT)</p> <p>Single Point of Access (SPoA)</p> <p>Comprehensive Geriatric Assessment (CGA)</p> <p>Clinical Frailty Score (CFS)</p> |

|                                                                                                                                                                  |                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                  | <p>Acute Frailty Unit (AFU)</p> <p>Care of the Elderly (COTE)</p> <p>Community Resource Team (CRT)</p> <p>Enhanced Local General Hospital (eLGH)</p> <p>Emergency Department (ED)</p> <p>Length of Stay (LOS)</p> <p>Same Day Emergency Care (SDEC)</p> <p>Multi-Disciplinary Team (MDT)</p> |
| <p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:</p> <p>Parties / Committees consulted prior to University Health Board:</p> | <p>March 2026: First Draft of Older Person Pathway to the Executive Committee</p> <p>May 2026: Board-In Committee Older Person Pathway</p> <p>June 2026: Board Development Older Person Pathway</p>                                                                                          |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b>                                                                           |                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                 | <b>Is EIA Required and included with this paper</b>                                                                                                                                                                                                                                                                               |
| <p><b>Asesiad Effaith Cydraddoldeb</b></p> <p><b>Equality Impact Assessment (EIA) completed</b></p>                                             | <p><b>Yes not yet available</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p> |
| <p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio</b></p> <p><b>Well Being of Future Generations Act – 5 ways of working</b></p> | <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p>                                                                   |

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

## **Appendix 1 – Research and Evidence Base**



Appendix%201.doc  
x

## **Appendix 2 – Older Person Pathway**



Appendix%202.pptx

## **Appendix 3 – Desktop Audit**



Appendix%203.pptx

## **Appendix 4 – Key Risks and Mitigation**



Key%20Risks%20and%20Mitigation.doc

## **Appendix 1 – Research and Evidence Base**

### **NHS England – Getting It Right First Time**

#### **[Geriatric medicine - Getting It Right First Time - GIRFT](#)**

#### **Six Steps to Better Care for Older People - 2023**

[GIRFT-BGS-Six-Steps-to-Better-Care-for-Older-People-FINAL-V2-July-2023.pdf](#)

#### **The Internal Clinical Geriatric Journal - 2022**

[740 ASSESSING THE IMPACT OF A DEDICATED FRAILTY MULTIDISCIPLINARY TEAM TO DELIVER A PROACTIVE VIRTUAL COMPREHENSIVE GERIATRIC ASSESSMENT | Age and Ageing | Oxford Academic](#)

#### **Focus on Frailty –Implementing an Acute Frailty Pathway and Same Day Emergency Care Frailty Service**

[Focus on frailty poster R Talbot 2025.pdf](#)

#### **NHS Trust launches enhanced frailty service to support care of elderly and frail patients**

[NHS Trust launches enhanced frailty service to support care of elderly and frail patients: Surrey and Sussex Healthcare NHS Trust](#)

#### **Six Goals for Urgent and Emergency Care National Front Door Acute Frailty Service (AFS) for Acute Hospitals Framework for Wales**

[performanceandimprovement.nhs.wales/functions/six-goals-uec/frameworks/national-front-door-acute-frailty-service-afs-for-acute-hospitals-framework/](#)

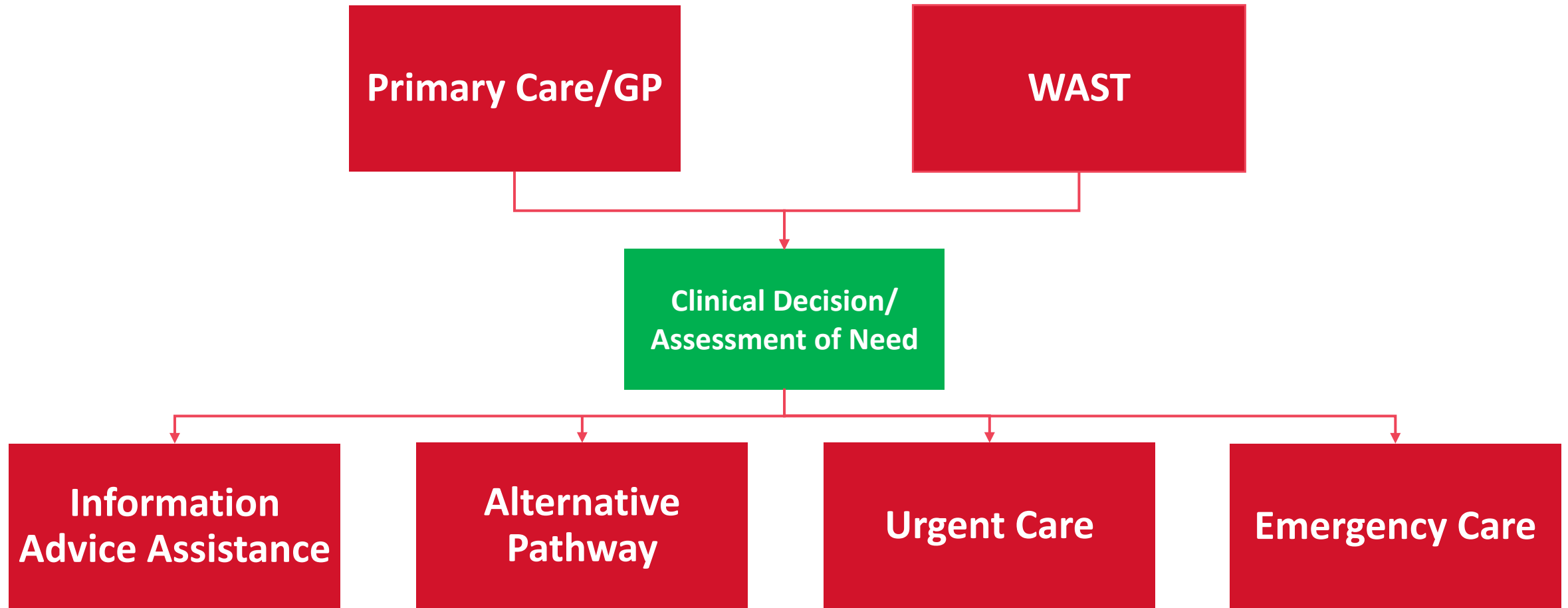
#### **An Acute Frailty Unit with focused MDT**

[An Acute Frailty Unit with focused MDT input decreases inpatient length of stay for older persons presenting with frailty syndrome\(s\) | British Geriatrics Society](#)

# Older Person Pathway – Over 65 Years



# Single Point of Access



*(Supported by a directory of services)*



# Citizen at Home/Community

Under the care of GP practice and community services

Under the  
Care of GP  
Practice



Place Based Care  
0.5% Populations at Risk  
Rapid Rising Risk – Proactive Frailty  
GMS Provision  
MDT NCN/Cluster Level

Community  
Services



District Nursing  
Frailty/CRT  
Social Care  
Housing  
Third Sector Provision

Clinical Advice



SPoA/NHS at Home  
UPC  
Speciality Advice and Guidance  
Community Health Pathways  
Palliative/End of Life  
Admission Avoidance



# Citizen at Home/Community

Becomes unwell under care of GP practice requires escalation

GP practice  
escalation to  
Frailty/CRT/  
SDEC/AFU via  
SPoA  
CFS 6 or more



Specialist Advise/Remote Monitoring  
Patient Remains at Home  
Admitted to Intermediate/Reablement Bed  
Emergency 24-hour Care

WAST escalation  
via  
SPoA specialist  
advice/remote  
monitoring



Alternative Pathways  
Frailty/CRT  
SDEC/AFU  
Admitted to DAP

Self-  
presentation  
at ED GUH



Passport/care plan to support decision making  
SDEC/AFU  
Home  
Frailty/CRT





# Citizen Requires Acute Care

Becomes unwell under requires acute same day/emergency care

SDEC location & operating hours to be agreed



Assessment area  
Stabilisation and Intervention  
One Integrated Team  
Diagnostics/returners

AFU Short term intervention



48/72 Hours  
Does not meet criteria for SDEC  
Return Home  
Inpatient bed

Admission  
GUH/eLGH/  
intermediate  
bed



Define bed criteria  
GUH specialist intervention/treatment  
eLGH acute medical frailty  
Reablement no acute medical needs  
Complex discharge planning

# Principles for the Delivery of the Older Person Pathway

**Older Person Pathway** will be underpinned by a whole-system, person-centred approach that promotes independence, prevents avoidable hospital admissions, and ensures safe, effective care across all settings.

This approach recognises that no single service can deliver the required impact in isolation. Core principles include:

- **People first:** Care is person-centred, needs-based, and grounded in dignity, independence, and individual goals.
- **Home First:** Support older people to remain at home or return home as soon as safely possible, delivering care in the least restrictive setting.
- **Whole-system working:** Seamless integration across health, social care, voluntary and community sectors.
- **Top of licence working:** Staff are supported to use their full skills, competencies, and professional scope that can be uniquely provided by a person or team.
- **Shared accountability:** Balance and Responsibilities principles ensure clear roles, effective teamwork, and consistent decision-making.
- **Evidence-led design:** Pathways are developed using robust data, clinical evidence, and continuous learning.
- **Clear, consistent pathways:** Defined criteria, referral routes, and standardised processes across the system.
- **Right-sized community services:** Resources shift towards well-resourced community provision to reduce reliance on acute care.
- **Proactive frailty identification:** Early detection and intervention to prevent deterioration and improve outcomes.
- **Comprehensive Geriatric Assessment (CGA):** A holistic, gold-standard assessment of physical, cognitive, functional, social, and psychological needs.
- **Strong MDT coordination:** Multidisciplinary teams collaborate effectively at key transition points (e.g., admission avoidance, discharge).
- **Sustainable workforce:** Sufficient capacity, capability, and confidence across all settings.
- **7-day service access:** Equitable availability of health and social care support every day of the week.
- **Assistive technology and equipment:** Digital tools and community equipment enable safe, independent living.



# Desktop Review

## Purpose

Review of each patient was undertaken by a range of clinicians including Primary Care, Community, Frailty, Care of the Elderly, nursing and therapies to determine the most appropriate pathway based on the information available at the point of referral.

## Sample

The review covered:

- One full day of the medical take (18 November 2025) – all patients aged 65+;
- Patients referred to the Flow Centre by GPs;
- Patients referred to the Flow Centre by WAST; and
- Patients arriving at GUH ED by ambulance but not referred via the Flow Centre.
- **Total patients reviewed: 83**

## Approach

For each patient, the group assigned the following:

- **Emergency Categorisation:** Same Day or Next Day;
- **Recommended Pathway:** Selected from a defined list; and
- **Unique Clinical Issue:** Free-text note detailing the clinical reason for the chosen pathway.

The group discussed each case collectively and agreed the pathway assignment.



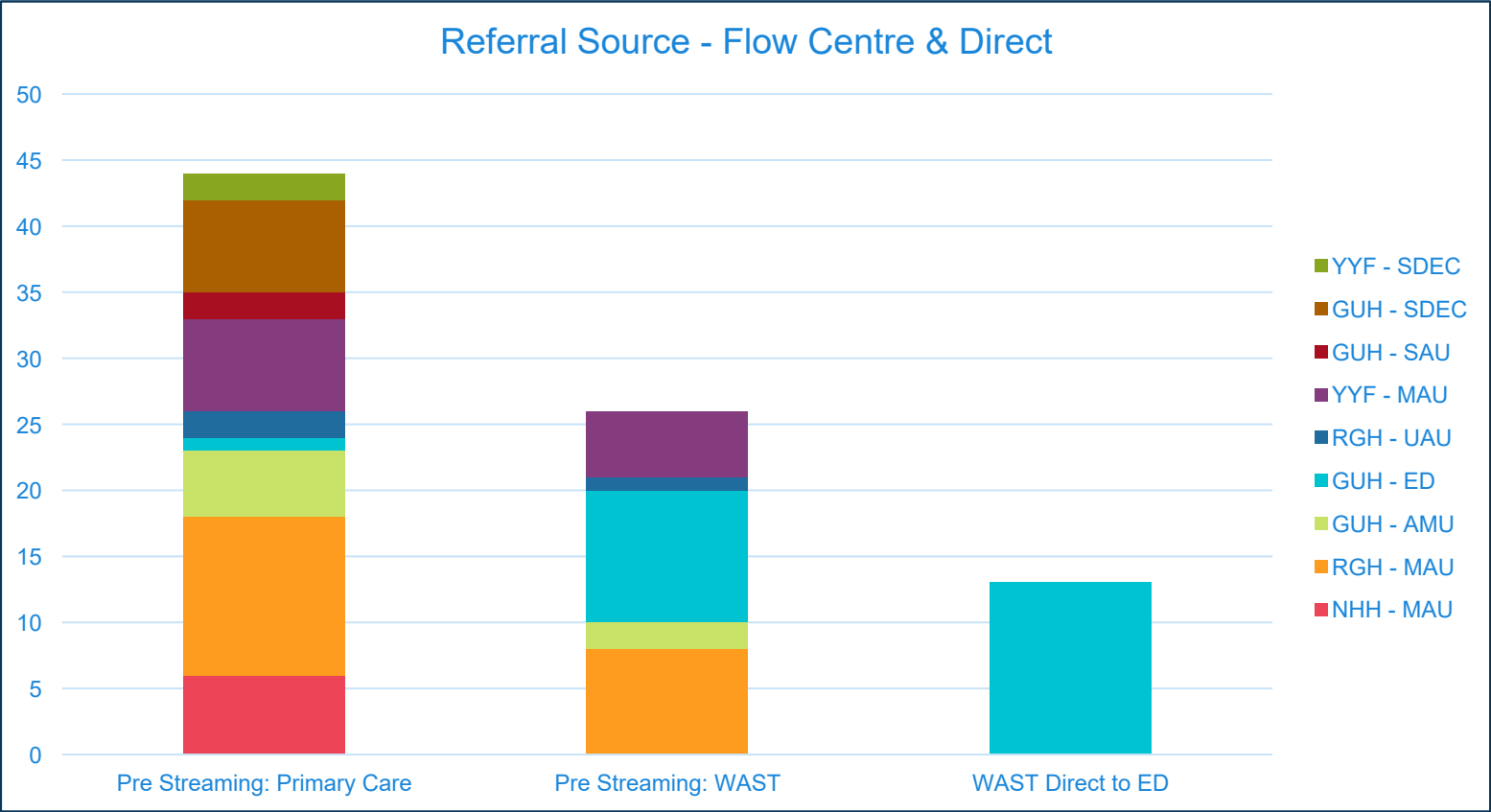
# Current System - Pathways

## Sample Overview (83 patients):

- **44 GP referrals** via the Flow Centre;
- **26 WAST referrals** via the Flow Centre; and
- **13 WAST non-referred ED attendances** (arrived via WAST but not routed through the Flow Centre).

## Referral Patterns:

- **GP referrals:** Majority directed to AMU at RGH or YYF;
- **WAST referrals:** Directed mainly to GUH ED and AMU at RGH; and
- **Only a small proportion** of patients were directed to SDEC at GUH and YYF.



# Desktop Review - Outcomes

| Recommended Pathway? (Please Select)                                     | Count     | %           |
|--------------------------------------------------------------------------|-----------|-------------|
| Older Person: Acute Frailty Unit (e.g. EFU)                              | 19        | 30%         |
| Other Assessment: SDEC for Medical Specialty                             | 10        | 16%         |
| In Community: Frailty at Home                                            | 8         | 13%         |
| Acute: GUH ED for NOF/major injury                                       | 6         | 9%          |
| Home: GP to Manage                                                       | 6         | 9%          |
| In Community: CRT - Medical Intervention                                 | 4         | 6%          |
| Other Assessment: Urology Assessment                                     | 3         | 5%          |
| Older Person: Frailty SDEC                                               | 2         | 3%          |
| Other: DVT Clinic                                                        | 2         | 3%          |
| Acute: GUH AMU for higher care respiratory, cardiology, gastro or stroke | 1         | 2%          |
| Direct Bed: Step-Up from the community to Intermediate Bed               | 1         | 2%          |
| Other Assessment: MIU                                                    | 1         | 2%          |
| Other: RACU                                                              | 1         | 2%          |
| <b>Total</b>                                                             | <b>64</b> | <b>100%</b> |

| Pathway Category | Count     | %           |
|------------------|-----------|-------------|
| Older Person     | 21        | 33%         |
| Other Assessment | 14        | 22%         |
| In Community     | 12        | 19%         |
| Acute            | 7         | 11%         |
| Home             | 6         | 9%          |
| Other            | 3         | 5%          |
| Direct Bed       | 1         | 2%          |
| <b>Total</b>     | <b>64</b> | <b>100%</b> |

Total of 83 patients reviewed:

- 19 surgical patients;
- 64 medical patients;
- 33% of medical patients were appropriate for the Older Person Pathway, mostly Acute Frailty Unit, with some suitable for Frailty SDEC;
- 33% of overall demand required an acute setting; and
- 28% were suitable for at-home or community-based care with frailty support.

Opportunity to reduce pressure on the acute take by streaming suitable patients to the **Acute Frailty Unit** and supporting appropriate patients at home.



# Desktop Review – Opportunities

## Key Points:

- **A third of all patients reviewed were appropriate for an Acute Frailty Unit**, reinforcing the requirement for this unit as the most appropriate acute response within the Older Person Pathway.
- **Clear opportunity to reduce pressure on the acute take** by streaming suitable patients directly to the **Acute Frailty Unit**. **Support more patients to remain at home**, enabled through investment in primary and community services.
- **Opportunity for initial assessment in Frailty SDEC**, with access to appropriate diagnostics and rapid decision-making.
- **Patients remaining under the care of their GP**, supported by prevention, early intervention and rising-frailty management aligned to **Place-Based Care**.
- **Reduction and alignment of the acute bed base** to reflect the true level of acute demand.
- **Increase in intermediate care beds** to support step-down, rehabilitation and home-first models.
- **Reduction in acute patients** through strengthened frailty pathways, SDEC, AFU and community-based alternatives.



## Key Risks and Mitigation

| Issue                                                                                                                 | Risk                                                                                                          | Mitigation                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scale and complexity of the change                                                                                    | Service redesign is not delivered in line with planned phases                                                 | Robust programme management arrangements, with strong Executive oversight and governance                                                                                     |
| Pace of the change to be delivered to deliver the Older Person Pathway                                                | Service redesign is not delivered at the required pace to achieve impact                                      | Clear milestones and delivery timelines, with regular performance monitoring and Executive oversight                                                                         |
| Proposed pathway will require a robust transport resource as a key enabler                                            | Insufficient transport capacity may delay transfers and impact flow                                           | Early engagement with transport providers, capacity modelling and development of aligned transport plan                                                                      |
| Digital systems to support delivery of the pathway including the interface between Primary and Secondary Care and CFS | Lack of digital system integration may hinder decision making and impact patient flow                         | Development of integrated digital systems is a key priority for both Health and Local Authorities                                                                            |
| Redistribution of patients who do not meet the criteria for the Older Person Pathway at YYF                           | Potential increase in demand across GUH and eLGH sites through phased implementation                          | Off set by wider system change and redistribution of older people, supported by enhanced community services                                                                  |
| Enhanced community services and right-sized bed base                                                                  | Insufficient community capacity to meet demand, leading to pressure on acute services and delays in discharge | Phased development of community capacity aligned to demand modelling, with investment in community services, workforce planning, and ongoing monitoring of capacity and flow |
| Financial constraints across the NHS and                                                                              | Limited ability to invest in required service                                                                 | Prioritisation of available resources, alignment to national funding                                                                                                         |

|                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| social care limit the ability to invest                                                                                              | transformation and community capacity                                                                             | opportunities, and phased implementation linked to affordability and demonstrable benefits                                                                                        |
| Workforce shortages in community nursing, therapy, geriatric medicine, social care, and care homes present one of the greatest risks | Insufficient workforce capacity to safely deliver and sustain the pathway model                                   | Workforce planning aligned to the model, targeted recruitment and retention initiatives, skill mix optimisation, and development of new roles and ways of working                 |
| Increasing demand from frailty, multimorbidity and ageing population                                                                 | Demand may outpace the system's ability to scale community alternatives, discharge models and step-down provision | Ongoing demand and capacity modelling, proactive population health management, and continued investment in preventative and community-based services to mitigate growth in demand |



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

|                                                      |                                                                                                                                       |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                                                                                          |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                                                                                                 |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Planned Care Programme Deep Dive                                                                                                      |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Hannah Evans, Director of Strategy, Planning and Partnerships                                                                         |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Julie Poole, SRO of Planned Care<br>Simon Roberts, Head of Transformation and Delivery<br>Catherine Pugh, Service Improvement Manager |

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

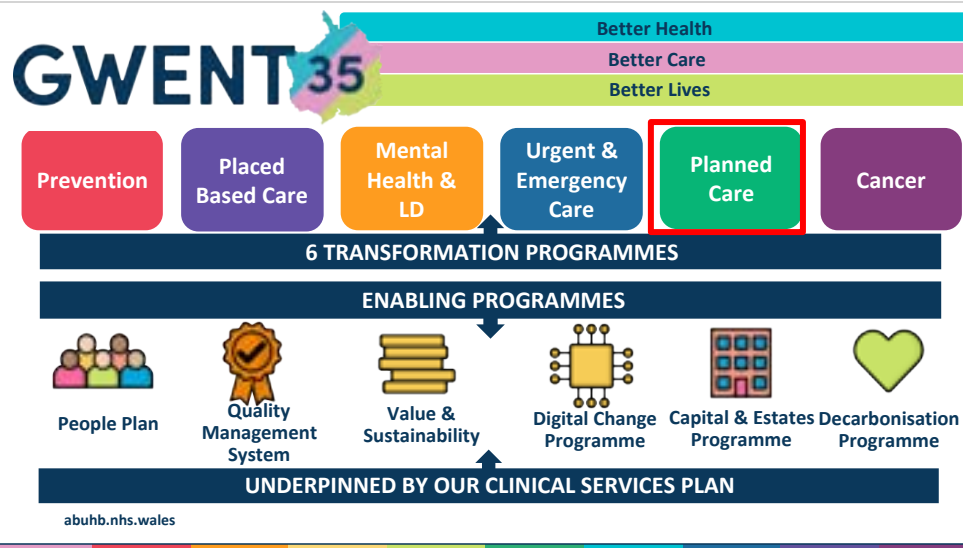
**Purpose of the Report** (select as appropriate)

Er Gwybodaeth/For Information

**Sefyllfa / Situation**

This paper provides Board Members with an overview of the Health Board's Planned Care Programme, including progress made during 2025/26, key priorities for 2026/27, and the actions being taken to reduce waiting times and improve access to care.

The Planned Care Programme is one of the key Transformation Programmes within the Health Board's strategic change portfolio as depicted below:



The Planned Care Programme brings together national planned care policy, standards and guidance alongside local priorities and commitments as per the 2026/27 Annual plan. National expectations for planned care are set out via the following methods:

- Ministerial Performance standards (eg patients waiting over 104 weeks and diagnostic waits)
- Enabling Actions (which include planned care efficiency measures)
- Clinical Implementation Network (CIN) frameworks (national clinical networks have set out in CIN frameworks consolidating standards eg GIRFT and best practice)
- National Planned Care Programme (which includes a Theatres and Outpatients specific workstream)

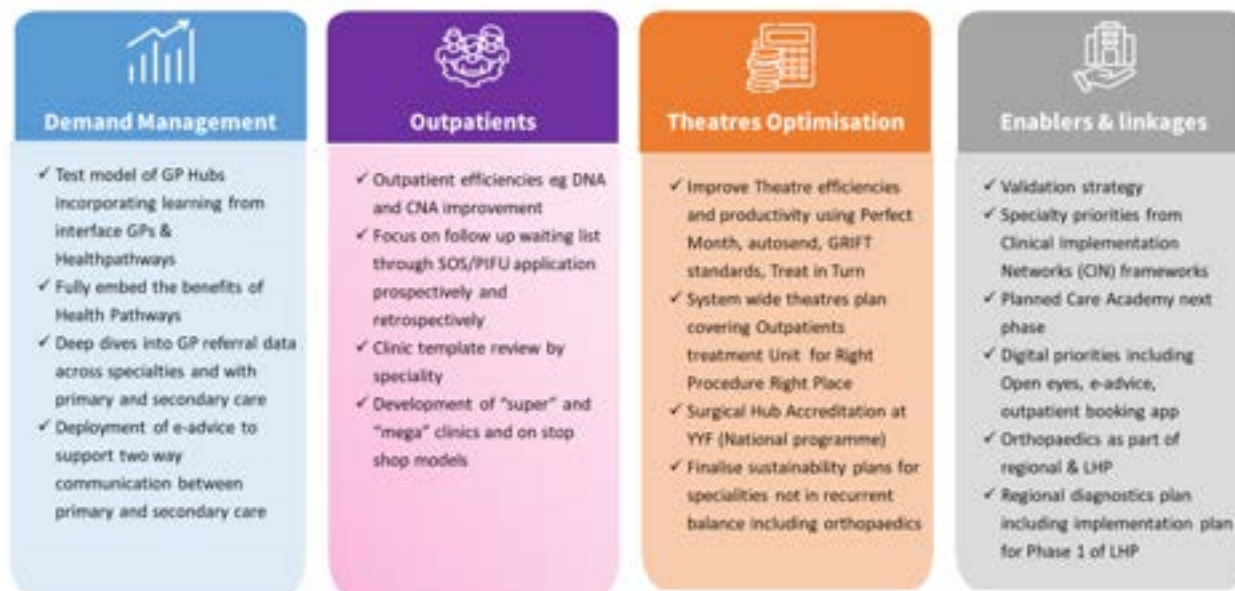
A copy of the full deep dive paper and enclosures is included in **Appendix 1**.

### Cefndir / Background

Whilst substantial progress has been achieved during 2025/26, planned care pathways remain under pressure, particularly within diagnostics, follow-up waiting lists and in some specialities an underlying demand and capacity gap. The Health Board ended 2025/26 with an overall elective waiting list of 101,373 patients, representing a significant reduction from September 2025 but remaining above pre-pandemic levels.

The Planned Care Programme brings together a range of transformation activities across four key workstreams:

### Planned Care Programme Workstreams



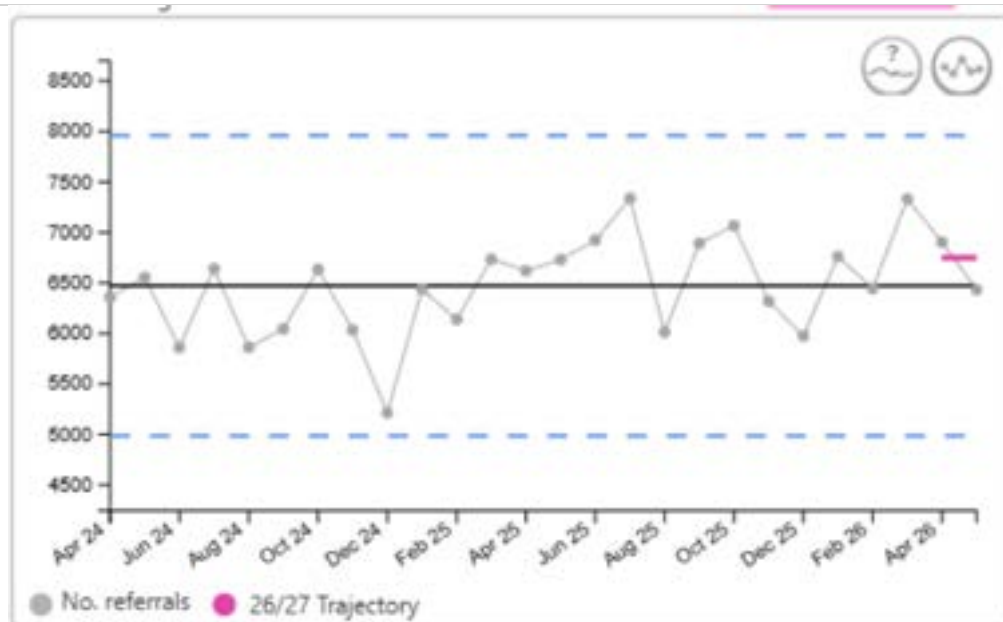
The programme also supports delivery of annual plan commitments, Welsh Government ministerial expectations, NHS Wales Planning and Performance requirements and Clinical Implementation Network priorities.

### Asesiad / Assessment

The Health Board delivered significant progress during 2025/26, including substantial reductions in very long waits, improvements in theatre utilisation, expansion of HealthPathways, implementation of Interface GP models and support for patients waiting for treatment.

Planned care demand continues to grow, with total referrals forecast to rise by 4.2% in 2026/27 compared with 2025/26, continuing the pattern of year-on-year post-COVID increases. New outpatient appointments are expected to reach 177,261 (a 6.8% rise), with follow-ups increasing by 9.9% to 356,983. Elective treatments are expected to fall by 11% to 6,523, though day case activity will increase by 7.7% to 21,961.

The graph below tracks the referral rate for planned care.



Each of the workstreams have a suite of indicators that are tracked and summarised in the detailed Deep Dive.

During 2026/27, the programme is focused on:

- Eliminating 104-week waits in line with Welsh Government expectations.
- Improving referral management and demand control.
- Expanding Patient Initiated Follow-Up and See on Symptom pathways.
- Increasing theatre productivity and treatment capacity.
- Delivering digital developments that support service transformation.
- Maximising opportunities arising from additional Welsh Government planned care investment.

Whilst progress continues, risks remain around workforce capacity, increasing demand, financial sustainability, digital dependencies and the delivery of planned efficiencies.

### **Refreshed National Planned Care Plan 2026-27**

The workstreams set out above that form the 26/27 AB Planned Care programme will need to be reviewed and tested in line with the recent (July 2026) Welsh Government and NHS P&I updated national planned care plan which is framed around 3 pillars:

- Pillar 1 - Referral and Early Diagnosis
- Pillar 2 - Capacity Productivity and Treatment
- Pillar 3 - Follow Up, Surveillance and Living Well

Additional funding for planned care recovery has been announced by Welsh Government in June in line with the above new framing. There are two key milestones associated with the planned care investment opportunity:

19/07/2026 – Health Boards submit plans for the elimination of 104 week waits – where service delivery (e.g. Orthopaedics) is not sustainable a regional submission is required.

31/07/2026 – A Board approved Health Board Planned Care Plan which covers all the required actions and deliverables.

For the first milestone, the investment requires a rapid reduction in the longest waits and demonstration of sustainable improvement in performance. The priority is to eliminate waiting lists over 104 weeks and maintain this with sustainable change delivered thereafter.

The Health Board is working up a plan to deliver this in line with the following:

- Immediate and sustained focus on 104-week waits.
- Maximisation of internal capacity as the priority.
- Use of external capacity only where necessary.
- Delivery through regional and national collaboration.
- Demonstration of sustainable change.

For the second milestone a response is being developed, framed around the 3 pillars and in line with the detailed guidance issued.

In terms of additionality, it is important to note that Welsh Government have confirmed funding to the Health Board for July 26 in order to make progress in advance of the returns set out above. £1.3m has been provided to treat 343 surgical cases across 3 specialties (orthopaedics, general surgery and ophthalmology). A number of efficiency or productivity conditions are attached to this money including an expectation of a reduction of circa 300 patients by end of July in the number of patients waiting over 104 weeks noting risks around suitability of cohort patients for HVLC. Monitoring and oversight of this is being provided by the SRO for Planned care and weekly meetings

### **Argymhelliad / Recommendation**

The Board is asked to:

- Note the contents of the attached Planned Care Programme Deep Dive report.
- Note the requirement to reframe the programme and deliverables in line with recent national request.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg  
Corfforaethol a Sgôr Cyfredol:

|                                                                                                                               |                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Corporate Risk Register<br>Reference and Score:                                                                               |                                                                                                                                                                                                                                         |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | 1.1 Health Promotion, Protection and Improvement<br>3.2 Communicating Effectively<br>5.1 Timely Access<br>7.1 Workforce                                                                                                                 |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Adults in Gwent live healthily and age well<br>Choose an item.                                                                                                                                                                          |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Choose an item.<br>Finance                                                                                                                                                                                                              |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Rhestr Termau:<br>Glossary of Terms:                   | BADS – British Association of Day Surgery<br>CIN – Clinical Implementation Network<br>COTE- Care of the Elderly<br>DNA – Did Not Attend<br>DCC- Direct Clinical Care<br>GIRFT – Getting it Right First Time<br>GUH- Grange University Hospital<br>HVLC- High Volume, Low Complexity<br>LHP- Llantrisant Health Park<br>NHS P&I- NHS Planning and Performance<br>OSU- Outpatient Surgical Unit<br>PIFU – Patient Initiated Follow Up<br>RTT- Referral To Treatment<br>SOS – See on Symptoms<br>TOP- Theatre Optimisation Programme Group<br>T&O- Trauma and Orthopaedics<br>YYF- Ysbyty Ystrad Fawr |

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

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



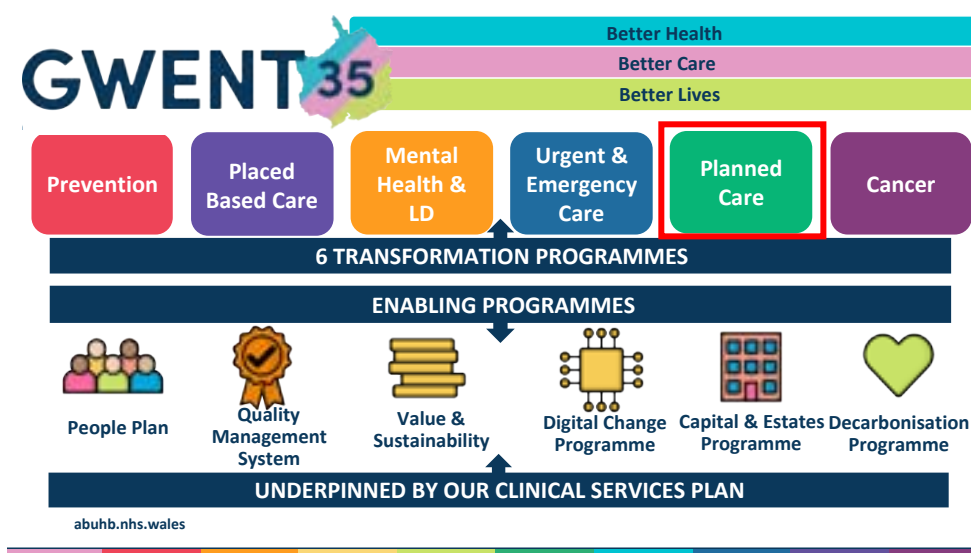
# Planned Care Programme Deep Dive July 2026





## 1. INTRODUCTION

The Planned Care Programme is one of the key Transformation Programmes within the Health Board's strategic change portfolio as depicted below:



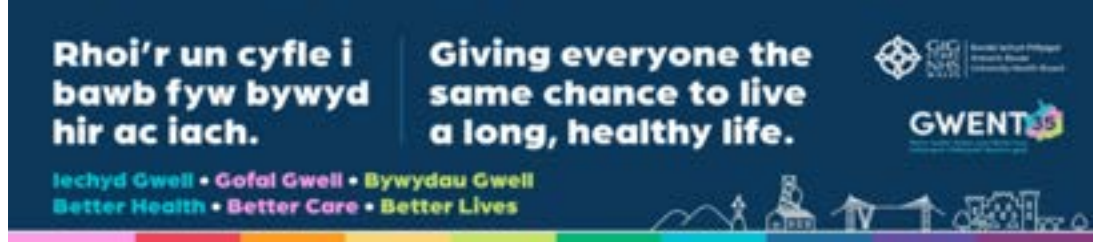
The Planned Care Programme brings together national planned care policy, standards and guidance alongside local priorities and commitments as per the 2026/27 Annual plan. National expectations for planned care are set out via the following methods:

- Ministerial Performance standards (eg patients waiting over 104 weeks and diagnostic waits)
- Enabling Actions (which include planned care efficiency measures)
- Clinical Implementation Network (CIN) frameworks (national clinical networks have set out in CIN frameworks consolidating standards eg "Getting it Right First Time" (GIRFT) and best practice)
- National Planned Care Programme (which includes a Theatres and Outpatients specific workstream)

This report outlines the scope of the Planned Care Programme and provides an update on delivery to date, key objectives for the next period and key risks within the Programme.

The programme consists of four key workstreams as outlined below and each include several projects within:

1. Demand Management
2. Outpatient optimisation and transformation
3. Theatres optimisation & treatments
4. Enablers



The summary scope of each workstream is set out below:

## Planned Care Programme Workstreams

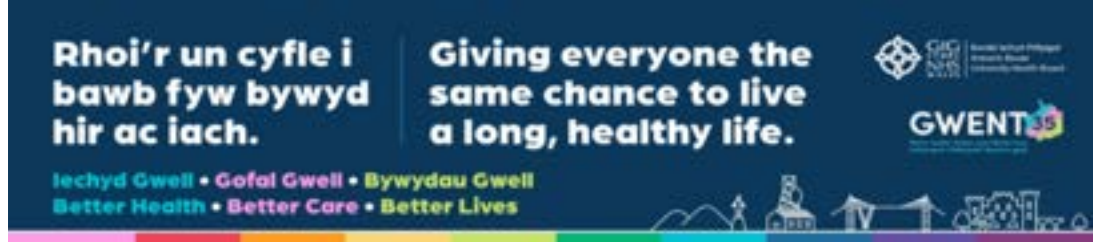


The Planned Care Programme Board meets monthly and is chaired by the Executive Director of Planning, Strategy and Partnerships and quantitative and narrative updates are provided against each workstream each month via a detailed data dashboard and highlight reports. A copy of the latest measures is included in Appendix 1. Whilst the Planned Care Programme board is not specifically a performance management mechanism as performance is managed through operational structures and the Performance Management Framework (PMF), the Programme Board does ensure its objectives and actions are aligned to improving, or supporting improvement against these metrics. The purpose of the programme is to drive service, pathway or transformational change that will ultimately support performance improvement.

## 2. CONTEXT

### Annual Plan Performance Commitments

The 2026/27 Annual Plan sets out trajectories for the fifteen performance expectations included in the plan across planned care. The performance measures are derived from the NHS Planning Framework, which includes both Ministerial Delivery Expectations and Enabling Actions, and the NHS Performance Framework. The Health Board also includes supplementary, internal measures which provide additional assurance on measuring timely access to care and delivery of system efficiencies. The relevant performance

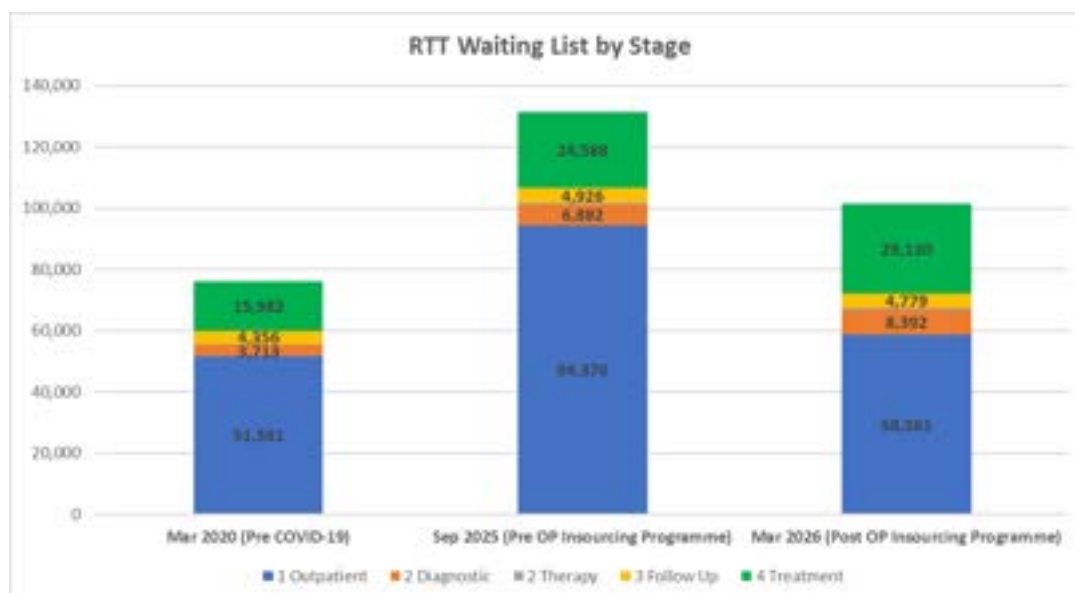


measures are set out under the Workstream Updates below including the baseline position, the extant performance commitment and the Q1 performance.

In addition, the latest, validated performance against these measures as well as the associated trajectories are included in Appendix 1 of this paper and are an example of the data set that is presented at the start of each Planned Care Programme meeting. To note that these include the updated trajectories for 104 week Referral To Treatment (RTT) and 52 week Outpatient that were revised in May and submitted to Welsh Government as part of the plan response letter.

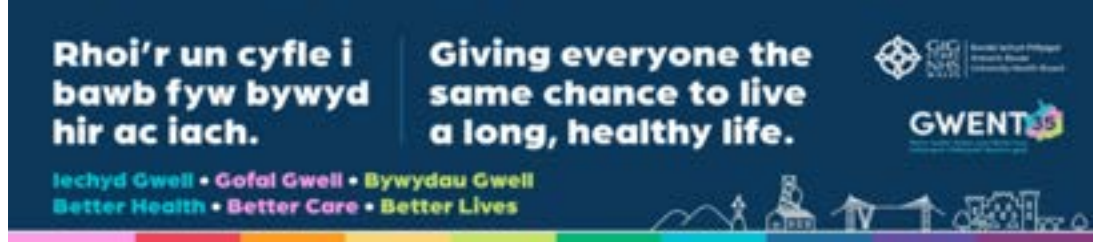
## **Elective Waiting List**

As part of the Annual Plan process, demand and capacity assessments are undertaken across services at specialty level and in some areas sub specialty level which in turn inform the expected breach positions for 26 & 52 week outpatients, and 104 weeks all stages which are the key performance measures relating to those services included in Referral to Treatment (RTT) reporting only. During 2025/26 the national outpatient insourcing programme delivered significant additionality (circa 33k extra outpatients) through the second half of the year which had a material impact both on the size and the shape of the total waiting list. The graph below shows the changes to the total waiting list (by stage) over time, with March 2020 used to benchmark the pre-COVID 19 position, then September 2025 which is taken at the point the insourcing outpatient programme became fully operational, and finally the March 2026 position for the year end outturn:



Key points to note from this is:

- The overall waiting list at the end of 2025/26 was 101,373. This was a 22.8% reduction from the September 2025 position (131,256), however it remains 33.4% higher when compared to March 2020 (76,106).

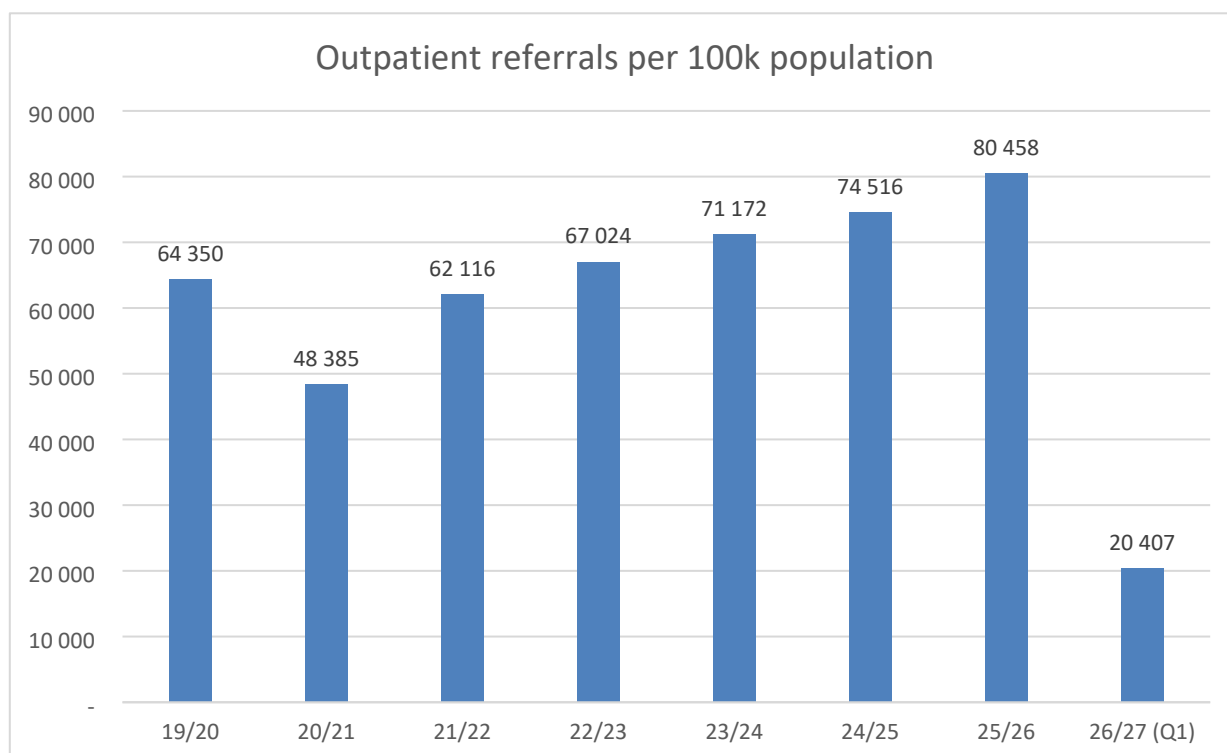


- At Stage 1 Outpatient, the national insourcing programme was successful in reducing the waiting list by 37.9% from Sep-25 to Mar-26, but the list at this stage remains 13.6% higher than Mar-20.
- At Stage 2 Diagnostics, as a result of the additional activity in the first stage of the pathway, the waiting list increased by 21.9% from Sep-25 to Mar-26 and 126% higher than Mar-20.
- At Stage 3 follow up, numbers on the waiting list have remained more stable however there has been an impact on the 100% past target performance measure following insourced outpatient delivery.
- At Stage 4 Treatment, the waiting list increased by 18.5% from Sep-25 to Mar-26 and is 82.3% higher when compared to March 2020.

## Elective Activity Over Time

Taking a broader view beyond those exclusive specialties and sub specialties included within RTT reporting, the figures below present trend data across all ABUHB services at key stages of the elective pathway. This provides a more comprehensive overview of both the demand entering the system and the organisation's response through increased outpatient and elective activity. Collectively, these measures illustrate the scale of growth in demand since the pandemic and the sustained increases in activity required to support patient access and waiting list management.

### Referrals

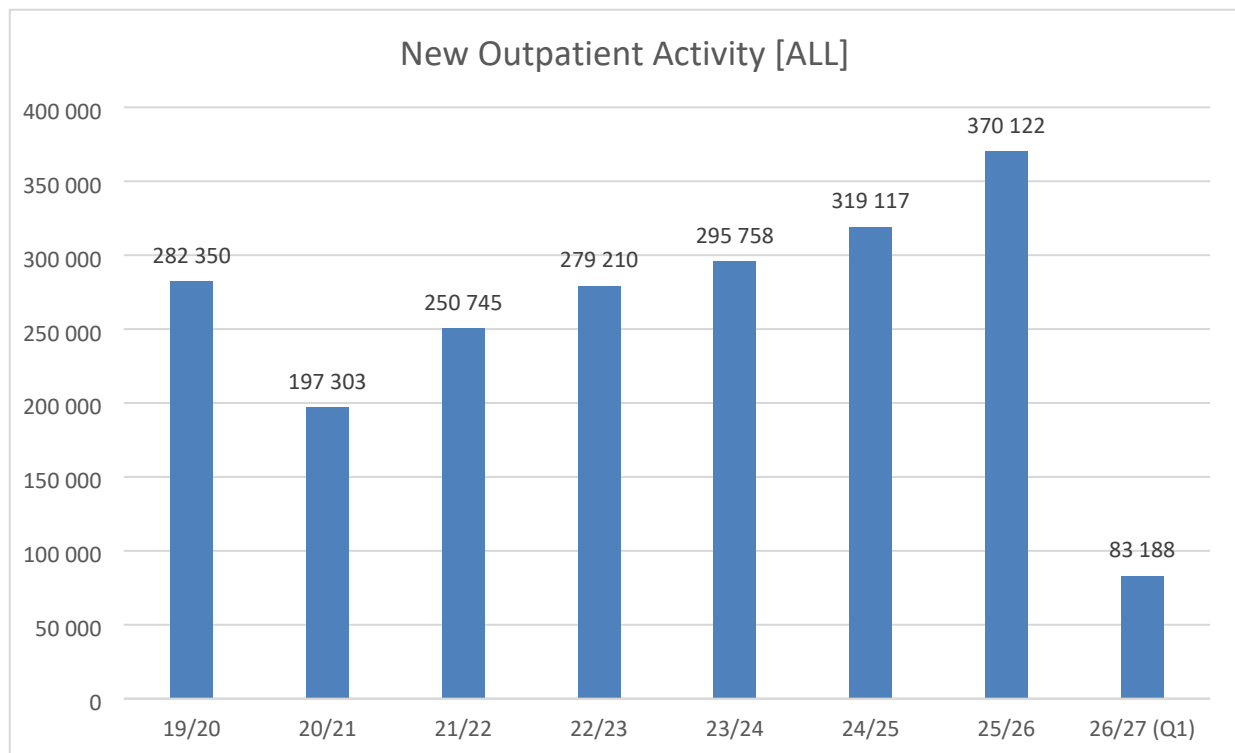


Outpatient referral rates per 100,000 population have been on a sustained, upwards trajectory with 2025/26 levels representing a 25% increase from the 2019/20 pre-COVID baseline and a 15.8% increase from 2024/25.



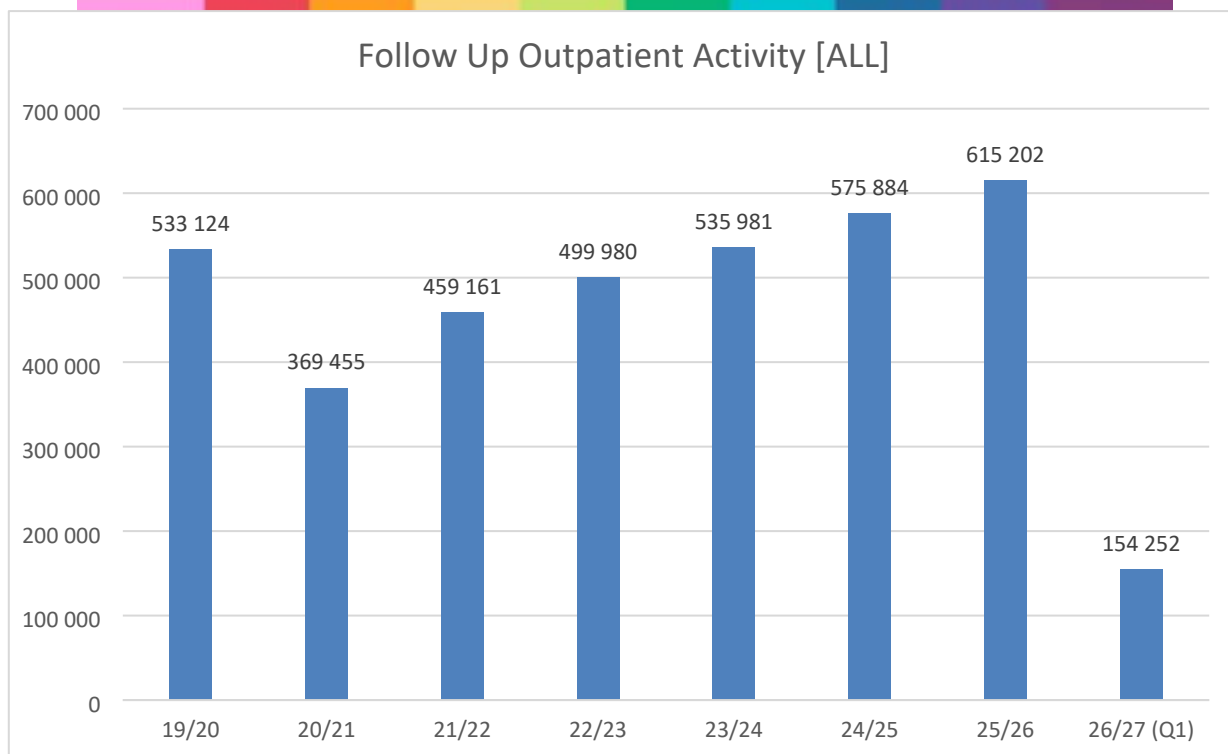
## Outpatient Activity

As referral rates have increased and the size of the waiting list has grown, the activity delivered for both new and follow up outpatient appointments has also seen substantial increases since 2019/20:



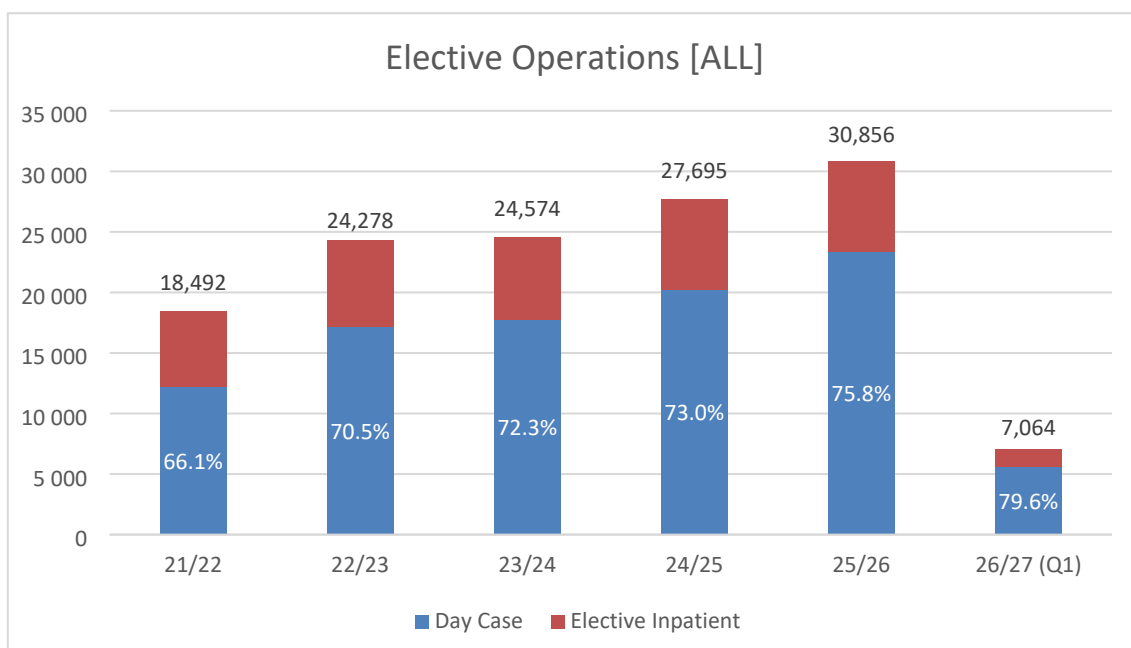
New outpatient activity remains significantly above pre-COVID levels, with total new outpatient activity (e.g. all services delivered across ABUHB, irrespective of RTT/reportable/non-reportable) 13% higher than the pre-pandemic baseline in 2024/25 and 31.1% higher in 2025/26. Although a proportion of the 2025/26 activity increase was supported through the national outpatient programme (~30k), the total delivery should be viewed in the context of continued growth in demand and waiting list pressures since COVID-19.





Follow up outpatient activity has an analogous trend to that of new outpatients, albeit with the growth since the 2019/20 at a reduced rate. Again, activity shown here is across all services delivered in ABUHB with 2024/25 and 2025/26 representing increases of 8% and 15.4% respectively from the pre COVID baseline.

### Elective Operations



The above graph shows the increases in elective operations since 2021/22, with notable increases in the past two full financial years a rate of 12.7% and 11.4% respectively when compared to their directly previous year. The totals shown detail elective operations across all session types (e.g including WLI and backfill) to be representative



of the increases in total activity set again in the context of the overall waiting list and increased activity levels earlier in the pathway. The percentage of activity coded as Day Case (as opposed to Elective Inpatient) is also included for reference, demonstrating the increasing proportion of operations performed under this definition.

### **Key Programme Achievements in 25/26**

The Planned Care programme for 2026/26 is set against the context of the above waiting list challenges and performance expectations and builds on progress made during 2025/26:

- Achieved 180 live Healthpathways, (these are descriptive pathways in an online portal that help healthcare professionals decide how to manage a patient's condition and determine whether a specialist referral is necessary, including the need for any diagnostics or further testing),
- Launched Keeping Well service, supporting & signposting patients on elective treatment lists,
- Successful roll out of Interface GP model across a number of specialties, a scheme that positions GPs within secondary care to triage and improve the quality of referrals,
- Scaled up High Volume Low Complexity (HVLC) lists with Nevill Hall Hospital (NHH) focus for Day surgery & HVLC aligned to the Ministerial Advisory Group (MAG) report released in 2025,
- Theatre utilisation increased significantly from 56.5% → 79.1%, showing strong improvement & on track to meet Getting it right first time (GIRFT) trajectories.
- Day surgery (BADs) performance improved from 76% → 80%, demonstrating good progress towards national expectations,
- Significant innovation in diagnostics with deployment of AI in radiology, Trans Nasal Endoscopy (TNE) and speedboat techniques in endoscopy,
- Led the regional delivery of significant cataracts programme, supporting over 12,000 additional treatments compared to 2024/25,
- Reduction in very long waiters with the number of patients waiting over 104 weeks for treatment reducing by 92%, the number of outpatient waits over 52 weeks reducing by 91% and diagnostic waits over 8 weeks reducing by 80%,

## **3. WORKSTREAMS UPDATE**

This following section is set out by workstream and provides an update of key areas of progress including progress against key metrics. It also sets out priorities for 26/27.

### **1.Demand Management**

Demand management is important in planned care because it ensures that the right patient receives the right care, in the right place, at the right time, while making the best use of finite clinical capacity. A strategic and systematic focus on demand management can help reduce unnecessary referrals into secondary care, improve waiting times, maximise use of capacity and therefore support financial sustainability.



There is critically an important patient experience element in the minimisation of hand offs and unnecessary appointments.

Planned care demand continues to grow, with total referrals forecast to rise by 4.2% in 2026/27 compared with 2025/26, continuing the pattern of year-on-year post-COVID increases. New outpatient appointments are expected to reach 177,261 (a 6.8% rise), with follow-ups increasing by 9.9% to 356,983. Elective treatments are expected to fall by 11% to 6,523, though day case activity will increase by 7.7% to 21,961.

The key metrics relevant to demand management are:

| Metric                                                             | Source                          | March 26 baseline | March 27 Plan commitment | Q1 position |
|--------------------------------------------------------------------|---------------------------------|-------------------|--------------------------|-------------|
| Number of patients waiting over 52 weeks for Outpatients           | Internal Measure                | 1,228             | 3,012                    | 1,235       |
| Number of patients waiting over 26 weeks for Outpatients           | NHS Wales Performance Framework | 8,080             | 18,306                   | 10,322      |
| Reduction in referral rate per 100,000 population by December 2026 | Enabling Action                 | 6,763             | 6,600                    | 6,964       |

A number of initiatives are in place to improve the management of this demand. Building on learning from previous years. A priority for 2026/27 will be to fully test a model of referral management/ GP Hub in order to bring together evidence from HealthPathways, GP Interface role, Advice and guidance and digital enablers.

## HealthPathways

The HealthPathways Programme is a nationally driven and funded programme, enabled by a digital platform which aims to provide clinicians with clear, up to date information to support patients under their care, it essentially codifies standards and guidance at a national and local level.

In terms of progress, there are currently 198 HealthPathways available covering a wide range of specialties. The pathways contain up to date and localised information to support the assessment and management of patients in primary care, and includes practical information on referring into secondary care services.

There have been 21,832 page views from 1 April 2026- 28 June 2026, compared to 9,150 over the same period in 2025. This demonstrates the growth in engagement across the platform. Further details are also provided in the workstream update in Appendix 1.

Due to a reduction in Welsh Government funding for 2026/27, the Health Board is now funding local team costs and there has been a reduction in clinical editor and co-ordinator capacity within the team and an options appraisal is being developed to inform the future of the platform in early Q3. The Health Board is undertaking a local evaluation in conjunction with national evaluations which will inform the local decision.





## Interface GP

The Interface GP model is a demand-management approach that places experienced GPs at the interface between primary and secondary care to triage referrals, provide advice and guidance, and ensure patients are directed to the most appropriate service first time

In the Health Board, the model was first established in ENT and subsequently expanded using Welsh Government funding during 2025/26. Interface GP sessions were established across a number of specialties including:

- Cardiology
- ENT
- Gastroenterology
- General Surgery
- Gynaecology
- Urology

ENT has been one of the longest-running examples, with Interface GP activity increasing from two to three sessions per week

In summary, a total of 21 GP sessions were recruited to from September 2025 to March 2026 with a total cost of £382K. The GPs were tasked with triaging referrals to a number of specialities using an agreed framework.

There were a number of key learnings and improvement recommendations identified by participating GPs which include:

- The need for referrers to make clear whether a physical examination has taken place
- Referrals should include sufficient relevant clinical information.
- Consider digital opportunities to improve the referral interface between primary and secondary care

The project resulted in referral return rates of at least 20% for most specialities with some reaching return rates up to 40%.

For 2026/27, plans are in development to build on initial success and establish a similar scheme but incorporating the learnings identified. Therefore, the following elements would be included to enhance outcomes and improve sustainability:

- A feedback loop to inform, educate and embed best practice to reduce variation in the process and quality of referrals made to secondary care.
- Opportunities for the application of digital technology to support standardisation of the existing process and enhanced efficiency
- Exploration of a 'GP hub' concept that would be designed to assess referrals further upstream and utilizing a mixed skillset

These plans are being further developed as part of the updated Planned Care plan due to go to WG at end of July.



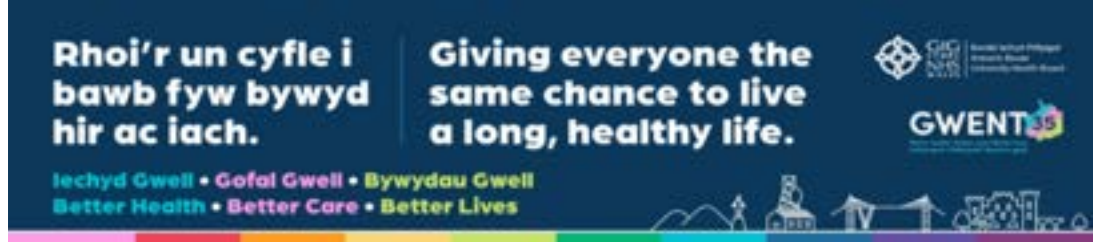
## E-advice

The ability to have two way digital communication between primary and secondary care is recognised as a key enabler to support effective demand management. A key priority for 2026/27 is a Clinical Workstation development to support e-advice which will enable advice to be sent back in messages to Primary Care rather than the current process of dictating a letter. It is anticipated that this will enable advice to be provided to GPs more quickly and therefore improve patient experience, as well as encouraging Secondary Care clinicians to provide advice building on the hybrid process above. The planned go-live date is November 2026.

Currently there is a hybrid advice process in place at the point of referral triage (clinicians can accept referrals as advice only and write to GP's/Patients rather than patients progressing to a clinic appointment). In 25-26, 21,994 referrals were processed as advice only. Year to date 26-27 (April- 29<sup>th</sup> June) 5,219 referrals have been processed as advice only which is an increase of 245 compared with same period in 25/26.

Other key priorities for demand management for 2026/27 include:

- Gap analysis and action plan against June 26 NHS P&I **All Wales Referral SOP** by the end of Q2 2026/27.
- In line with above review current arrangements for **professional grading/vetting of new referrals** in clinical areas within the Health Board in connection to Direct Clinical Care activity in job plans. This will look to ensure there is a unified and fair approach to any changes and alterations to current arrangement with support from Workforce colleagues.
- Maximising use of **Consultant Connect** in the management of elective referrals. This is a platform which supports direct contact between Primary and Secondary care via either messages or Telephone calls. New potential pathways are being explored include Diabetes, Women's Health and Ophthalmology. In 2025/26 there were 961 calls raised, and 1567 messages sent regarding advice. There were also 5100 photosessions (sharing of photos for advice).
- Deepening **understanding and insight in referral patterns** to support developing of targeted actions, education and communications. This involves developing a comprehensive, intelligence-led approach that brings together primary and secondary care data to better understand referral behaviour, identify unwarranted variation, and support more effective clinical decision-making across the system. This analytical infrastructure will not only support prioritisation of improvement opportunities but will also provide the means to track the impact of implemented changes over time, ensuring that benefits can be measured and learning can be continuously incorporated into future development.



## 2.Outpatients

Outpatient improvement and transformation continues to be a key workstream of the AB Planned Care Programme, this mirrors the national approach. The overarching aim of the Outpatient workstream is to transform traditional outpatient models of care so that patients are seen in the right place, at the right time, by the right professional, while improving access, experience, efficiency and sustainability in the face of growing demand and limited capacity. Key objectives include:

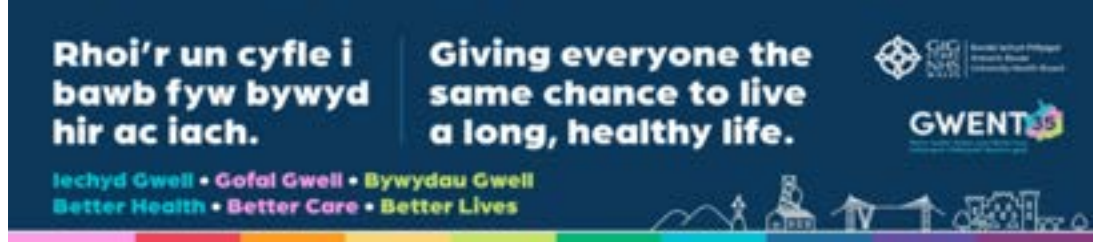
|                                                      |                                                                                                                                                                            |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Reduce waiting times and improve access</b>       | Improve patient access to outpatient services through more timely assessment, treatment and follow-up arrangements.                                                        |
| <b>Deliver value-based, patient-centred care</b>     | Increase the use of Patient Initiated Follow Up (PIFU), See on Symptom (SOS) pathways and other clinically appropriate alternatives to traditional follow-up appointments. |
| <b>Increase outpatient capacity and productivity</b> | Optimise clinic utilisation, reduce DNAs/CNAs, improve booking processes and maximise effective use of clinical resources.                                                 |
| <b>Improve quality, safety and equity</b>            | Ensure consistent outpatient processes, robust waiting list validation and equitable access to services across the Health Board.                                           |
| <b>Embed sustainable transformation</b>              | Move beyond backlog recovery to implement long-term service redesign that balances demand and capacity and supports future performance improvement                         |

The key metrics relevant to outpatients are:

| Metric                                                                                 | Source                          | March 26 baseline | March 27 Plan commitment | Q1 position |
|----------------------------------------------------------------------------------------|---------------------------------|-------------------|--------------------------|-------------|
| Number of patients waiting over 52 weeks for Outpatients                               | Internal Measure                | 1,228             | 3,012                    | 1,235       |
| Number of patients waiting over 26 weeks for Outpatients                               | NHS Wales Performance Framework | 8,080             | 18,306                   | 10,322      |
| Monitoring of DNA rates Outpatient clinics                                             | Internal Measure                | 5.2%              | 5%                       | 5.8%        |
| Reduction in the number of patients waiting 100% past Outpatient follow-up target date | NHS Wales Performance Framework | 31,478            | 23,606                   | 31,708      |
| Increase in the rate of See On Symptom and Patient Initiated Follow-ups                | Internal Measure                | 11.6%             | 15%                      | 12.1%       |

Analysis of performance of these metrics against trajectories is set out in each Integrated Performance Report and is presented to each Planned Care Board. In addition, the Outpatient Steering group has a broader and deeper data set of metrics, drilling into speciality level delivery and performance against these and wider metrics.

Key actions in train to improve delivery against these measures and in line with objectives include:



**Did Not Attends (DNAs):** Whilst global DNA rates across AB have made solid progress over last year and into 2026/27, there remains variation between specialties. Therefore, focus is being targeted on areas with higher DNA rates and trialling of new approaches e.g. working with Public Health Wales for COTE patients and Gastroenterology directorate have undertaken human factors research in Endoscopy and are piloting using a computer model to identify patients most at risk of DNA's for Endoscopy to be followed up by a phone call with a nurse. The data shows the DNA rate has been relatively stable for the last few years and close to the 5% target. The DNA rate was 6% in 2024/25, 5.6% in 2025/26 and year to date, 5.7%. Text message reminders are standard practice for the majority of services.

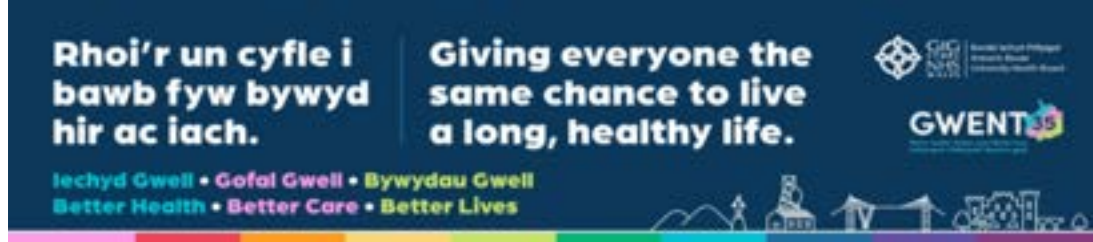
**Straight to Discharge/See On Symptom (SOS) and Patient Initiated Follow-up (PIFU):** These pathways have been developed locally initially and latterly added to with the CIN framework list of SOS and PIFU pathways. SOS and PIFU rates increased rapidly when implemented but performance has been stable for the last few years. With a rate of 13.3% in 2024/25, 13.2% in 2025/26 and year to date 12.9%. SOS and PIFU rates must also be considered alongside direct discharge rates and monitoring of this has been implemented. The Outpatient discharge rate was 18.3% in 25/26 and is currently 17.3% 2026/27 year to date.

The main priority for 2026/27 is to undertake retrospective application of PIFU/SOS pathways to follow up lists. This process requires some detailed administrative processes alongside strong clinical leadership and engagement. Analysis will be complete by end of July to fully identify the opportunities for retrospective application of agreed pathways and in parallel small pilots are being undertaken in T&O and ENT. In addition a SOP for the retrospective application of SOS and PIFU is nearing finalisation. This is a key enabler to reducing the size of the follow up waiting list (both total list and delayed).

**One Stop Pathways/Mega Clinics:** The development of new models of care, challenging the traditional ways of working is a key objective. Progress has been made in developing mega clinics and one stop shops in a number of high-volume specialties. The Outpatient Treatment Unit also supports mega clinics for Dermatology, enabling the number of patients seen or reviewed in a clinic to go from 8 USC patients to 26 routine new patients. The Ophthalmology directorate also has mega virtual clinics in place for Medical Retina patients where by 1 consultant and 2 optometrists will virtually review 60 patients in 1 session. Building on these successes and learning from work elsewhere in Wales, a pilot of "POPS" will be developed in 26/27. "Peri-operative Care of Older People" clinics are specialist multidisciplinary clinics designed to assess, optimise and support older and frail patients who are being considered for surgery. Their purpose is to ensure that patients receive a comprehensive geriatric assessment before surgery, helping clinicians determine whether surgery is appropriate and, if so, how risks can be reduced. A model for this will be developed as part of the end of July return to Welsh Government.

**Validation:** A validation strategy has been developed, with a plan for first 6 months being implemented. The strategy includes patient contact, administrative validation and clinical validation which will link to retrospective application of SOS and PIFU.





Piloting new ways of working to target validation in the most effective way is key for the validation strategy. One model to be tested is to move from a module based approach (e.g. focusing on diagnostic stage, follow up stage etc) to an algorithmic approach that prioritises patients across all waiting lists (RTT, Non RTT, Closed Pathways, Delayed Follow Ups) so that pathways that will most likely be impacted by validation, or patients at high risk will be at the top of the validation list, e.g. patients with blank outcomes or patients who are 1000% past target on the follow up list.

### 3.Theatres Optimisation & Treatments

A Theatre Optimisation Programme Group (TOP), building on previous oversight arrangements, was re-established in 2026 in order to identify and deliver efficiency and productivity opportunities across the theatres portfolio to optimise usage and enable release of capacity.

The key metrics relevant to theatres and treatments are:

| Metric                                                                          | Source                           | March 26 baseline | March 27 Plan commitment | Q1 position      |
|---------------------------------------------------------------------------------|----------------------------------|-------------------|--------------------------|------------------|
| Numbers of patients waiting over 104 weeks (all stages)                         | Ministerial Delivery Expectation | 23                | 2,291                    | 384              |
| Theatre Utilisation: late starts to less than 20%                               | Enabling Action                  | 37%               | 25%                      | 40.4%            |
| Theatre Utilisation: early finishes to less than 10%                            | Enabling Action                  | 30.7%             | 15%                      | 26.7%            |
| Theatre Utilisation: session utilisation to 85%                                 | Enabling Action                  | 83.1%             | 85%                      | 81.7%            |
| Deliver improvements in day surgery rates, measured through BADS day case rates | Internal Measure                 | 77%               | 80%                      | 75.7% (Q4 25/26) |
| HVLC cataracts no. on list                                                      | Enabling Action                  | 6.83              | 7                        | 6.6              |
| HVLC Arthroplasty no. on list                                                   | Enabling Action                  | 3.6               | 4                        | 4.2              |

Analysis of performance of these metrics against trajectories is set out in each Integrated Performance Report and is presented to each Planned Care Board. In addition the Theatre Optimisation Programme has a broader and deeper data set it reviews and uses to guide decisions and approaches.

The Theatres Optimisation work programme is made up of the following workstreams:

**Resource alignment.** The analysis demonstrates that there is an opportunity to improve start times across theatres by better aligning resources. Effectively this means a review of rosters and job plans to ensure optimal arrangements to improve start times. A priority for 26/27 is to focus on Royal Gwent Hospital theatres.



**Theatre Productivity:** Best practice (GIRFT/HVLC) has demonstrated that implementing a consistent 8-hour full-day operating list model for all standard day elective theatres will improve productivity. In addition, speciality focused plans for cataracts and joints (matching the NHS Wales Enabling action expectations) are in place and monitored.

In terms of progress:

- Standard lists are now for 7/8 cataracts.
- A 10-patient list was successfully trialled in June and an improvement plan is in place to enable the service to deliver high volume lists consistently.
- There is weekly senior operational oversight of cataracts list booking.
- Analysis of data for arthroplasty shows mean cases per list through the Q1 2026/27 is 3.42 (Apr), 3.56 (May) and 4.15 (Jun). June performance represents 69.23% having 4+ joints per list.

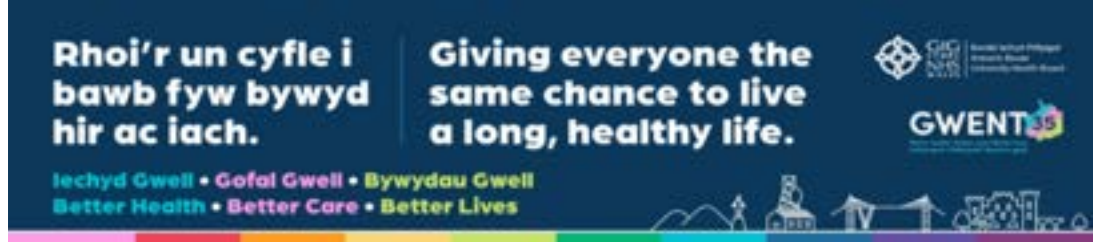
Scheduling 6-4-2 meetings have been established to ensure best practice for scheduling is adhered to. In addition, the programme for this year is setting up a wider Theatre utilisation forum, bringing Divisions together to review the data, share best practice and identify any further improvement projects that can be taken forward locally or referred back to the TOP.

**Right Procedure, Right Place:** A significant plank of the improvement work during 2025/26 is to ensure treatment activity takes place on the most appropriate place so that prime resource and estate is reserved for the cases that require it. This work includes Outpatient Treatment unit, other treatment rooms, Day case theatres, St Woolos Hospital, Outpatient Surgical Unit, Surgical High Care in Royal Gwent Hospital and the Grange University Hospital. The key actions under way are:

- Review and update the mapping that identifies procedures suitable for relocation, using Right Procedure, Right Place (RPRP) as the default framework. This approach is expected to unlock further efficiencies, with scope extending beyond the current RPRP list to identify additional opportunities for optimisation.
- Engage specialties to validate current practice, including volumes, frequency and requirements for delivery outside theatre
- Prioritise implementation based on impact and deliverability, including early “lift and shift” opportunities. It will be important to ensure that alternative arrangements—such as site location, staffing models, and any required investment—are progressed at pace to enable timely delivery.
- Optimise estate utilisation and minimise unnecessary site movement

Implementing these opportunities may require some capital and or workforce processes to be taken forward.

**Surgical Hub Accreditation:** The Health Board is participating in the national accreditation of Surgical Hubs Programme and has been successful in its nomination of Ysbyty Ystrad Fawr (YYF) in the first cohort of surgical hub accreditation. This programme is designed to support and recognise high-performing elective care



services, embedding top decile working. The first steps are to complete and return an extensive self assessment using a set of documentation and information across various domains such as patient pathway, staff and training, clinical governance and outcomes, utilisation and productivity and facilities and ring-fencing. All evidence must be returned to NHS Performance and Improvement by August 2026. Following which, the Health Board will be engaging with NHS P&I colleagues to undertake a visit in order to work towards accreditation of YYF as a surgical hub. Health Board options for future cohorts are Nevill Hall Hospital and St Woolos Hospital Orthopaedic Unit.

**Second CEPOD/ Trauma Staffing Review:** There are currently two CEPOD/Trauma theatres at the Grange University Hospital. Analysis is ongoing to assess current demand and capacity aligned to each theatre in order to inform options that maximise capacity and where possible generate efficiencies.

To support the programme a number of enablers are in train:

- Costing model for theatres to support scenario planning for reconfiguration options
- Complete detailed utilisation analysis
- Clear coms and mandate in terms of expectations of practice
- a glossary document of the Data, Metrics and Measures used in Theatres
- an analysis of fallow lists in surgical specialities has been undertaken.

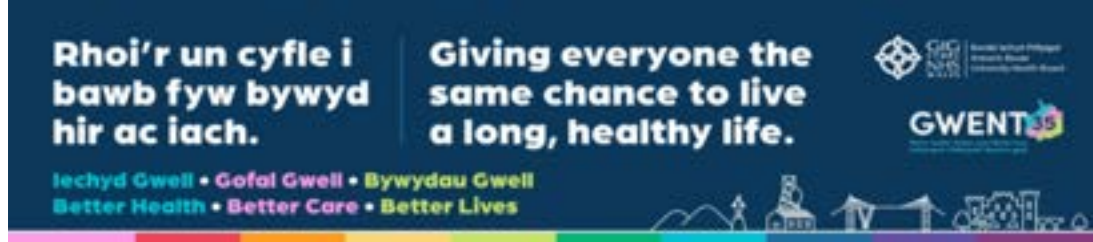
The Theatres optimisation element of the Planned Care programme also reports into the Value and Sustainability Board with a financial saving expectation of £500k for 26/27.

## 4.Enablers

There are a number of enabling themes that underpin the planned care and are progressed within the programme. A number of these are digital including room booking, e-advice and others are processes and skills and knowledge development.

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DIGITAL &amp; DATA</b> | <p><b>Clinic room booking app:</b> In order to support outpatient efficiency, work underway to develop an app that supports and the booking and use of outpatient spaces and rooms.</p> <p><b>Digital letter for outpatient appointments:</b> The Health Board is currently rolling out digital letters for patient appointment correspondence. Due to the complexity of some services, this is being introduced in a phased way. To reassure patients, digital letters will not be mandatory and the patient administration system includes options to opt out of digital communications, should patients wish to continue to receive paper copies of their correspondence if preferred.</p> |
| <b>VALIDATION</b>         | <p><b>Validation</b></p> <p>A validation strategy is being implemented across the Health Board with a proposal to look into prioritisation tools across RTT, non-RTT and delayed</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |





|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                             | <p>follow-up list, allowing for resource optimisation and focusing on patients most at risk.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>BEST PRACTICE &amp; EDUCATION</b></p> | <p><b>CIN Optimisation Frameworks</b><br/> Version 2 of assessments against the CIN Optimisation Frameworks were submitted to NHS P&amp;I in May 2026. Specialty teams have, based on those assessments identified their top 3 priority areas. A copy of the summary is enclosed at Appendix 2. This also outlines the compliance for each speciality reported in May 2026</p> <p><b>Planned Care Academy</b><br/> The Planned Care Academy aims to raise the standards and consistency in operational management of planned care, ensuring teams have the skills, tools and support to excel for the benefit of patients. It is led by the Informatics services and focus is on a roll out of training to operational managers across planned care specialities. In addition to training a series of user guides have been developed and will go live in week commencing 20<sup>th</sup> July.</p> <p><b>Keeping Well Service</b><br/> The Keeping Well Service is the Health Board's implementation of the Welsh Government 3Ps Policy (Promote, Prevent and Prepare) and is designed to support patients whilst they are waiting for an outpatient appointment, investigation, procedure or surgery. The service looks to support people to make informed decisions about their health care, by giving them more information and the skills to better manage their health and condition whilst waiting for appointments or treatment. The service was launched in 2025/26 with ringfenced monies from WG, this investment is not being made available for 26/27 and so the service is being mainstreamed into the Regional Booking Centre function. A detailed paper can be shared that gives some of detailed achievements, an example of which is the targeted work on patients waiting on the General Surgery waiting list for gallbladder surgery with 1,377 patients being contacted, offered advice and guidance and ultimately just over 10% being removed from list. The service will now move on to the lower gastrointestinal cohort of patients.</p> |

## Regional Work

The South East Wales Regional planning agenda is prioritising elective and planned care workstreams and so whilst not strictly under the scope of the AB Planned Care programme, regular updates against the regional workstreams are fed in to the Planned Care programmes to ensure awareness, alignment and challenge. The key regional workstreams include:

- Ophthalmology
- Diagnostics
- Orthopaedics
- Llantrisant Health Park



## 4. RESOURCES

### Financial Overview

During 2025/26 the Health Board received £36.9m of Welsh Government Planned Care Recovery funding to support delivery of additional outpatient, diagnostic and treatment activity, alongside the reduction of very long waits.

The funding supported a range of recovery initiatives including regional cataract schemes, outpatient insourcing programmes, diagnostic recovery activity and targeted treatment initiatives across a number of specialities. Through these schemes the Health Board delivered significant levels of additional activity, including over 35,000 outpatient appointments, almost 10,000 diagnostic episodes, over 10,000 cataract procedures and almost 4,000 additional treatments.

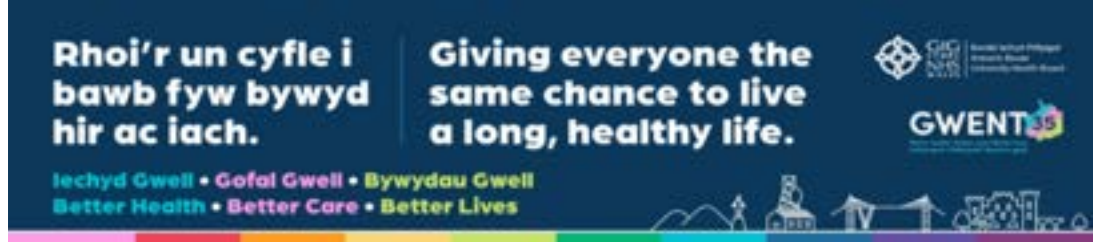
This investment contributed materially to improvements in planned care performance during 2025/26, including significant reductions in patients waiting over 104 weeks, outpatient waits over 52 weeks and diagnostic waits over 8 weeks.

For 2026/27, Welsh Government has adopted a revised funding approach whereby future planned care investment is increasingly linked to demonstrable delivery of activity, productivity improvements, pathway transformation and sustainable service redesign. The Health Board is currently developing its response to these requirements, including plans associated with the recently announced additional recovery funding opportunities.

## 5. KEY RISKS

There are risks associated within each workstream that are managed locally. These follow a number of themes:

| Theme            | Risks                                                                                                                                                                                                                               |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Capacity</b>  | Limited workforce, operational, and organisational capacity restricting delivery including emergency and elective demand                                                                                                            |
| <b>Digital</b>   | Inability to fully realise planned efficiencies and service transformation due to delays or insufficient implementation of digital solutions for example E-Advice, Digital Dictation, Outpatient booking App, OpenEyes continuation |
| <b>Financial</b> | Uncertainty on funding continuation beyond Q4 in key planned care work including HealthPathways. The lack of clarity risks destabilising some teams.                                                                                |
| <b>Workforce</b> | A number of deliverables will require associated staff and engagement processes that will need to be managed in line with                                                                                                           |



|                                           |                                                                                                                                                                                                                                                        |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | best practice and policies. This may impact on timescales of some deliverables.                                                                                                                                                                        |
| <b>Capturing Efficiency Opportunities</b> | Driving efficiency opportunities is an underpinning component of most planned care workstreams, the ability to sum these efficiencies in order to realise them requires detailed tracking and modelling, noting that doing “more” also attracts costs. |

## 6. CONCLUSION

The Planned Care Programme continues to be a critical component of the Health Board’s transformation agenda, providing the strategic framework through which national expectations, local priorities and sustainable service redesign are brought together. The programme has demonstrated significant progress during 2025/26, including substantial reductions in very long waits, improved theatre productivity, expansion of demand management initiatives, innovation in diagnostics, and the successful development of new models of care. These achievements provide a strong foundation on which to build.

However, the scale of the remaining challenge remains considerable. Whilst overall waiting lists have reduced significantly following national investment and targeted interventions, demand continues to grow, treatment waiting lists remain substantially above pre-pandemic levels, and performance against a number of key measures requires sustained improvement. The Health Board is therefore maintaining a dual focus on immediate recovery, particularly the elimination of 104-week waits, whilst embedding the longer-term service transformation necessary to deliver sustainable improvement.

The refreshed Welsh Government planned care framework, structured around the three pillars of Referral and Early Diagnosis, Capacity, Productivity and Treatment, and Follow-up, Surveillance and Living Well, and the associated investment opportunity provides an opportunity to further align and strengthen existing workstreams to accelerate the pace of change

## 7. APPENDICIES – SUPPORTING INFORMATION

Appendix 1: Planned Care Board - Workstream Metrics, Performance and Annual Plan Commitments



Planned%20Care%20Board%20July%202



## Appendix 2: Clinical Implementation Network (CIN) Priorities



CIN%20Priorities.pptx

|                                                        |                                                                                                                                                                                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 29 July 2026                                                                                                                                                                                     |
| <b>CYFARFOD O:</b><br><b>MEETING OF:</b>               | Board                                                                                                                                                                                            |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Integrated Performance Report: July 2026 Board                                                                                                                                                   |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Hannah Evans, Director of Strategy, Planning and Partnerships<br>Sarah Simmonds, Director for Workforce and OD<br>Jennifer Winslade, Director of Nursing<br>Robert Holcombe, Director of Finance |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Trish Chalk, Assistant for Director Planning and Performance<br>Paul Steynor, Head of System Planning and Performance<br>Caroline Norris, Senior Performance Management Analyst                  |

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

## **ADRODDIAD SCAA**

### **SBAR REPORT**

#### **Sefyllfa / Situation**

The purpose of this report is to provide the Board with an integrated overview of performance against the key Health Board and Ministerial Priorities as outlined in the Annual Plan 2026/27, with performance figures including the most up-to-date, validated positions. As part of Welsh Government requirements for 2026/27, a narrative update

on progress with 'Enabling Actions' is included as an Appendix (noting the some enabling actions were included as core performance measures within the Annual Plan and thus are also embedded in the Integrated Performance Report).

The Board is asked to:

- **Note** the progress against key performance metrics as of the latest, available validated information,
- **Note** the insight and actions identified in context of performance achievement, and;
- **Note** the progress against the Enabling Actions as of Q1 (included as an Appendix)

### Cefndir / Background

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

|            |                                                                                                                                                                                                                                                                                                                                                                     |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section 1: | <ul style="list-style-type: none"> <li>• Performance Summary &amp; Ministerial Delivery Expectations</li> </ul>                                                                                                                                                                                                                                                     |
| Section 2: | <ul style="list-style-type: none"> <li>• Performance by Theme <ul style="list-style-type: none"> <li>○ Population Health and Prevention</li> <li>○ Place Based Care</li> <li>○ Timely Access to Care – Urgent &amp; Emergency Care</li> <li>○ Timely Access to Care – Cancer, Planned Care &amp; Diagnostics</li> <li>○ Mental Health Access</li> </ul> </li> </ul> |
|            | <ul style="list-style-type: none"> <li>• Workforce &amp; Culture</li> </ul>                                                                                                                                                                                                                                                                                         |
|            | <ul style="list-style-type: none"> <li>• Quality, Safety &amp; Experience</li> </ul>                                                                                                                                                                                                                                                                                |
|            | <ul style="list-style-type: none"> <li>• Finance</li> </ul>                                                                                                                                                                                                                                                                                                         |
| Appendix   | Enabling Actions Q1 Update                                                                                                                                                                                                                                                                                                                                          |

### Asesiad / Assessment

#### **Population Health and Prevention**

| Theme                            | On track | Off track within tolerance | Off track | Not yet reporting in year |
|----------------------------------|----------|----------------------------|-----------|---------------------------|
| Population Health and Prevention | 4/14     | 1/14                       | 0/14      | 9/14                      |

Performance across the Population Health and Prevention theme shows an improving picture. Childhood vaccination uptake improved to 86.2% in Q4 2025/26, and HPV vaccination performance increased to 70.7% in the same period, continuing a



sustained improvement trend over the last five quarters. To support further progress, the Health Board has developed and begun piloting a Vaccination Brief Advice training programme for healthcare professionals and is launching targeted work with GP practices in areas of lower uptake to address barriers and inequalities in access. The planned rollout of a HPV e-consent solution has been delayed due to digital workforce capacity constraints.

Performance against wider prevention and population health measures remains positive. Healthy Child Wales indicators continue to perform strongly, with six-week physical examinations achieving 99.6% and eight-week weight and measurement contacts remaining comfortably above target. Diabetes care processes continue to improve, with performance exceeding the Q1 trajectory at 47.3%, supported by ongoing improvement programmes focused on foot surveillance, gestational diabetes and transition services. Urine albumin testing has also shown sustained improvement and is now close to trajectory. Smoking cessation services remain slightly below planned levels, although a comprehensive service redesign and strengthened locality-based approach has contributed to a significant increase in validated quits compared to the previous year. In addition, visits to the Melo mental wellbeing platform exceeded its Q1 trajectory, demonstrating continued engagement with digital wellbeing resources across the population.

### **Place Based Care**

| Theme            | On track | Off track within tolerance | Off track |
|------------------|----------|----------------------------|-----------|
| Place Based Care | 3/9      | 5/9                        | 1/9       |

Performance across Place Based Care services is generally stable, with a number of community-based access measures demonstrating sustained activity and supporting the shift towards care closer to home. Community pharmacy services continue to show positive momentum, with Common Ailment Scheme activity maintaining an improving trend and performing above the long-term average, supported by service expansion and public awareness campaigns. Pharmacist Independent Prescribing (PIP) service activity also continues to increase and remains broadly on track for delivery. NHS optometry services have maintained strong levels of access and are currently on track to achieve planned activity levels. Emergency dental activity has reduced significantly following implementation of the new NHS Wales dental contract; however, this reflects a redistribution of urgent care capacity into general dental practice rather than a reduction in overall access.

Several community capacity measures remain below planned trajectories despite stable underlying performance. Weekend community nursing activity continues to improve and has remained above the long-term average for nine consecutive months, although delivery remains below the level required to meet ministerial expectations. Rapid Response referrals, the proportion of GP referrals to Rapid Response services, and urgent primary care contacts remain relatively stable but are marginally below trajectory. Work is ongoing through the Urgent and Emergency Care transformation



programme to strengthen access to community alternatives, including the development of navigation hub and single point of access arrangements to improve referral pathways and support admission avoidance. Palliative care performance remains strong and continues to exceed trajectory, with over 93% of referrals assessed within two days.

**Timely Access to Care: Urgent and Emergency Care**

| Theme                                          | On track | Off track within tolerance | Off track |
|------------------------------------------------|----------|----------------------------|-----------|
| Timely Access to Care: Urgent & Emergency Care | 5/18     | 5/18                       | 8/18      |

Performance across the Urgent and Emergency Care system remains significantly challenged, although there are encouraging signs of improvement in several key flow measures. Performance against the 45 minute ambulance handover standard improved for a third consecutive month across both measures (GUH ED only, and all location types across GUH & eLGHS) however the ambition to achieve 65% compliance was not met with June performance of 49.7% at GUH ED and 58.2% across all location types (GUH & eLGHS). Ambulance crew hours lost improved for a fifth consecutive month, supported by strengthened assessment unit performance and implementation of targeted recovery actions through the Handover 45 improvement programme. Despite these gains, performance is still not meeting the respective, planned trajectories and continues to be adversely affected by periods of operational pressure, particularly within GUH. June also saw deterioration in several front-door measures, with 12 hour ED breaches increasing to their highest level since December 2024, four-hour performance falling to its lowest level since December 2022, and waits to triage and assessment remaining above target following periods of exceptionally high demand and the impact of the June critical incident. Continuous flow through the urgent care pathway, improved discharge performance and delivery of the Optimal Hospital Flow Framework remain central to recovery efforts.

System flow remains a key area of focus. Whilst the number of patients experiencing a delayed pathway of care has reduced compared to the same period last year and has remained stable over recent months, both delayed pathways and total days delayed remain above planned trajectories. In contrast, stroke performance demonstrates several positive developments, with improvements seen in timely scanning, direct admission to stroke units and therapy assessments. Performance for occupational therapy, physiotherapy and speech and language therapy assessments continues to exceed trajectory, reflecting the impact of pathway improvement work. However, thrombectomy rates remain below ambition and stroke pathway performance continues to be influenced by wider system dependencies including timely access to diagnostics, specialist beds and rehabilitation capacity. A multidisciplinary improvement programme is progressing through the UEC Transformation Board to strengthen stroke care and support further improvement across the pathway.

## **Timely Access to Care: Cancer, Planned Care & Diagnostics**

| Theme                                                     | On track | Off track within tolerance | Off track |
|-----------------------------------------------------------|----------|----------------------------|-----------|
| Timely Access to Care: Cancer, Planned Care & Diagnostics | 8/19     | 9/19                       | 1/19      |

Performance across cancer, planned care and diagnostics remains mixed. Single Cancer Pathway (SCP) performance continues to present a significant challenge, with Single Cancer Pathway compliance remaining below trajectory despite ongoing recovery actions. While 28-day diagnosis performance has been maintained above trajectory and both 62-day and 104-day backlog positions have improved and exceeded planned trajectories, progress remains inconsistent across tumour sites, particularly within Lower GI, Upper GI and Urology pathways which continue to account for the majority of long waiting patients. Focused recovery arrangements are in place, including tumour-specific improvement plans and strengthened oversight of diagnostic bottlenecks, particularly within colorectal services.

Planned care recovery continues to demonstrate positive outcomes across a number of key measures. The Health Board has maintained low levels of patients waiting over 104-week, with performance remaining ahead of the June updated trajectory, while diagnostic waiting list breaches remain substantially lower than forecast following the significant reductions achieved during 2025/26. New outpatient waiting lists continue to perform better than anticipated, supported by the benefits realised through the national outpatient insourcing programme, which contributed to a substantial reduction in the overall RTT waiting list. Referral rates are also below trajectory, reflecting ongoing work to optimise referral management through Health Pathways, Advice and Guidance and referral optimisation initiatives. However, delayed follow up waits remain significantly above plan, partly reflecting additional demand generated through previous insourcing activity, with increasing rates of See on Symptom and Patient Initiated Follow-Up remaining critical to sustainable recovery.

A number of services continue to experience capacity pressures and rising demand. Audiology waiting list breaches are increasing, particularly on adult pathways where additional ENT activity has generated increased downstream demand. Therapies services have also seen a rise in 14-week breaches, driven largely by workforce constraints and sustained referral growth across physiotherapy and dietetic services. Theatre performance remains below planned trajectories for late starts, early finishes and utilisation, although a new Health Board-wide Theatre Optimisation Programme has been established to improve productivity, efficiency and operational performance. Encouragingly, day surgery performance remains strong and continues to exceed planned levels, while ongoing transformation programmes seek to maximise capacity, improve productivity and support delivery of planned care recovery ambitions throughout 2026/27.

## **Mental Health Access**

| Theme                | On track | Off track within tolerance | Off track |
|----------------------|----------|----------------------------|-----------|
| Mental Health Access | 7/10     | 2/10                       | 1/10      |

Mental health services continue to demonstrate strong performance against the majority of national access standards, with both Adult and CAMHS services maintaining compliance across Part 1 assessment and intervention measures. Adult psychological therapies have shown encouraging improvement, exceeding trajectory following implementation of a recovery plan, while out of area placements remain at zero and on track to achieve the Health Board's ambition of eliminating placements and associated costs during 2026/27. Adult mental health services are also undertaking targeted work to restore compliance with Part 2 Care and Treatment Plan requirements, while continued data quality and cleansing activity will support more reliable performance oversight. In addition, modelling work is underway with Cardiff University using the MSc programme to identify the service and workforce changes required to achieve longer-term improvements in psychological therapy waiting times.

CAMHS performance also remains strong, with sustained compliance across choice assessments, Part 1 and Part 2 measures, reflecting continued improvements in service delivery and effective balancing of demand and capacity. The principal area of challenge remains neurodevelopmental services, where performance against the 26 week measure continues to deteriorate as the service prioritises management of the longest waits. In response, the Health Board has secured additional funding through the Neurodivergence Improvement Programme to sustain existing capacity and create additional workforce resource. A number of service improvement initiatives are being implemented to support recovery, including enhanced triage arrangements, expansion of group-based and parent-supported interventions, increased provision of early needs-led support, and measures to improve pathway efficiency.

## **Workforce & Culture**

Workforce performance remains broadly stable, with staff in post slightly above planned levels and vacancy rates low at 1.8% of funded establishment. Compared to the previous year, the Health Board has seen a net increase in workforce numbers, driven primarily by growth in nursing and midwifery staffing, consultant recruitment, managed practice transfers and targeted service investments. Recruitment performance remains a key strength, with time to hire continuing to exceed the all Wales target, while agency utilisation has reduced further and medical agency usage continues to fall, supported by improved workforce management and increased direct engagement arrangements. Bank usage remains above planned levels, reflecting ongoing workforce pressures, particularly within healthcare support worker, nursing and facilities roles.

Workforce wellbeing and productivity measures continue to present challenges. Sickness absence remains above target at 6.41%, with long-term sickness accounting

for the majority of absence and anxiety, stress and depression remaining the leading cause. Mandatory training compliance remains below the Health Board target, while consultant and SAS job planning compliance also remains below expected levels despite ongoing divisional oversight and targeted improvement activity. Staff turnover has increased slightly compared to the previous year, although overall workforce stability remains strong and PADR compliance continues to improve, with over 84% of staff having received a review within the last 15 months. A range of actions are being progressed through the People Plan and dedicated workforce improvement programmes to address absence, improve compliance and reduce reliance on variable pay while supporting long-term workforce sustainability.

### **Quality, Safety & Experience**

Quality, safety and patient experience indicators provide a generally positive picture, with continued improvements in patient feedback, learning systems and several key safety measures. Patient experience remains strong, with over 2,600 CIVICA responses received in May and an overall satisfaction score of 87%. Positive feedback continues to focus on staff compassion, professionalism and emotional support, although waiting times remain the most prominent theme within patient feedback and concerns. The implementation of the new Listening to People framework has strengthened early resolution activity and divisional ownership of complaints management, while sustained improvements have been made in the timeliness and governance of concerns handling. Mortality indicators also remain favourable, with the Health Board continuing to demonstrate year-on-year improvement and performing strongly relative to Welsh peers. Incident reporting remains stable, with the majority of incidents resulting in no or low harm, and ongoing focus on strengthening review quality, timeliness and organisational learning.

Across patient safety and quality assurance measures, several indicators demonstrate encouraging progress. Healthcare-acquired pressure ulcer performance has improved, particularly for Grade 1 ulcers, while falls rates reduced during May and remain below the national average. Compliance in the management and closure of Nationally Reportable Incidents has improved significantly compared to previous years, supported by strengthened governance arrangements and a structured improvement programme. Infection prevention performance is mixed, with reductions in *Clostridioides difficile*, *E. coli* and *Pseudomonas* bloodstream infections compared to the previous year, although *Staphylococcus aureus* bloodstream infections have increased and continue to be a focus for improvement activity. Key challenges remain around communication, access to services, violence and aggression towards staff, particular healthcare-associated infections and sustaining improvement in patient flow and waiting times, all of which continue to be addressed through targeted quality improvement and assurance programmes.

## **Finance**

The Month 3 financial position remains challenging, with the Health Board reporting a year-to-date adverse variance of £13.926m, consistent with the planned financial trajectory and the profile reported through the Monthly Monitoring Return. The current forecast for 2026/27 remains a £41.6m deficit, unchanged from Month 2, and is dependent upon the successful delivery of the full £44.9m savings programme during the year.

Whilst the forecast position is currently stable, a number of significant risks remain. These include uncertainty regarding additional Welsh Government funding for DPIf, pay award costs and increased employer pension contributions. Furthermore, new cost pressures have emerged during the year, requiring a further £4m of mitigating actions to be identified to maintain the forecast position. At Month 3, £11m of savings opportunities remain to be finalised and allocated to divisions, representing a material risk to delivery. In line with Welsh Government reporting requirements, the full savings target has been reported as achievable, although £11m is currently assessed as being at risk. Overall, the financial position remains under close review, with a continued focus on identifying and delivering sustainable savings and mitigating actions.

## **Appendix – Q1 Enabling Actions Update**

Progress against Enabling Actions is generally positive. Strong progress has been made in several key areas including continued uptake of the NHS Wales App, delivery of high value and sustainability programmes, implementation of medicines optimisation initiatives, elimination of mental health out-of-area placements, and delivery of workforce measures to reduce agency expenditure. Diabetes improvement programmes continue to deliver tangible benefits, including improved compliance with care processes and preventative interventions, while community-based models such as Single Point of Access, Community Falls Response and Same Day Emergency Care continue to support the shift towards care closer to home.

Several enabling actions remain partially adopted and continue to require focused delivery during the remainder of 2026/27. Theatre productivity measures, including high-volume low-complexity pathways, session utilisation, late starts and early finishes, remain below planned ambitions, whilst work continues through the newly established Theatre Optimisation Programme. Urgent and Emergency Care transformation remains a significant organisational priority, with ongoing implementation of the Optimal Hospital Flow Framework, ambulance handover improvement initiatives and frailty pathways designed to improve patient flow and reduce delays. Workforce productivity measures also continue to require attention, particularly consultant job planning compliance and delivery of the zero-agency ambition for healthcare support workers.

### Argymhelliad / Recommendation

The Board is asked to:

- **Note** the progress against key performance metrics as of the latest, available validated information,
- **Note** the insight and actions identified in context of performance achievement, and;
- **Note** the progress against the Enabling Actions as of Q1 (included as an Appendix)

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

|                                                                                                      |                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr<br>Cyfredol:<br><br>Datix Risk Register Reference and<br>Score: |                                                                                                                                                                                                                                    |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                           | 1. Staying Healthy<br>2. Safe Care<br>3. Effective Care<br>5. Timely Care                                                                                                                                                          |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                           | Every Child has the best start in life<br>Getting it right for children and young adults<br>Adults in Gwent live healthily and age well<br>Older adults are supported to live well and independently<br>Dying Well as part of life |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                   | Governance                                                                                                                                                                                                                         |

|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Amcanion cydraddoldeb strategol</p> <p>Strategic Equality Objectives</p> <p><a href="#">Strategic Equality Objectives 2020-24</a></p> | <p>Improve the Wellbeing and engagement of our staff</p> <p>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</p> <p>Improve the access, experience and outcomes of those who require mental health and learning disability services</p> <p>Choose an item.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <p><b>Gwybodaeth Ychwanegol:</b></p> <p><b>Further Information:</b></p>                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Ar sail tystiolaeth:</p> <p>Evidence Base:</p>                                                                                                                |  |
| <p>Rhestr Termiau:</p> <p>Glossary of Terms:</p>                                                                                                                 |  |
| <p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:</p> <p>Parties / Committees consulted prior to University Health Board:</p> |  |

| <p><b>Effaith: (rhaid cwblhau)</b></p> <p><b>Impact: (must be completed)</b></p> |                                                     |
|----------------------------------------------------------------------------------|-----------------------------------------------------|
|                                                                                  | <b>Is EIA Required and included with this paper</b> |



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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# ABUHB BOARD

## Integrated Performance Report July 2026 Board





## **Section 1.1: Guidance on interpreting run charts & SPC icons**

## **Section 1.2: Performance Summary**

## **Section 1.3: Ministerial Delivery Expectations**

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

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

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

## **Section 2: Our Performance**

### **2.1: Performance by Theme**

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

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

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

### **2.2: Workforce & Culture**

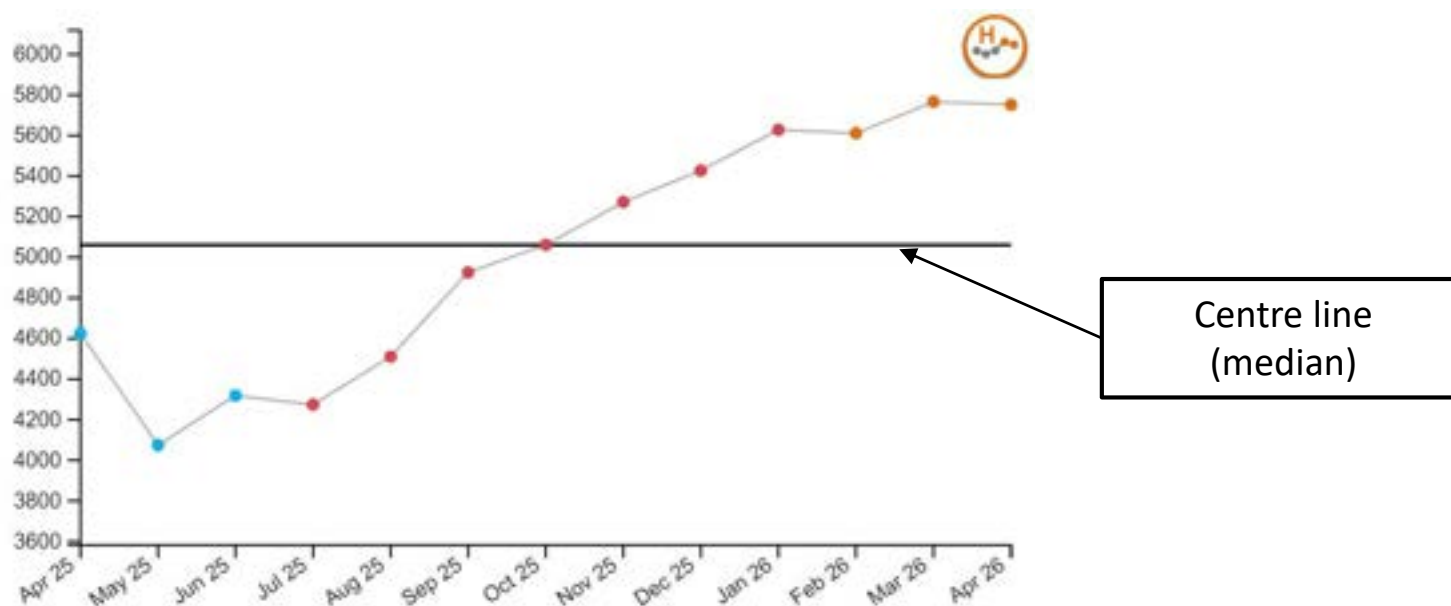
### **2.3: Quality, Safety & Experience**

### **2.4: Finance**



## Key

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



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

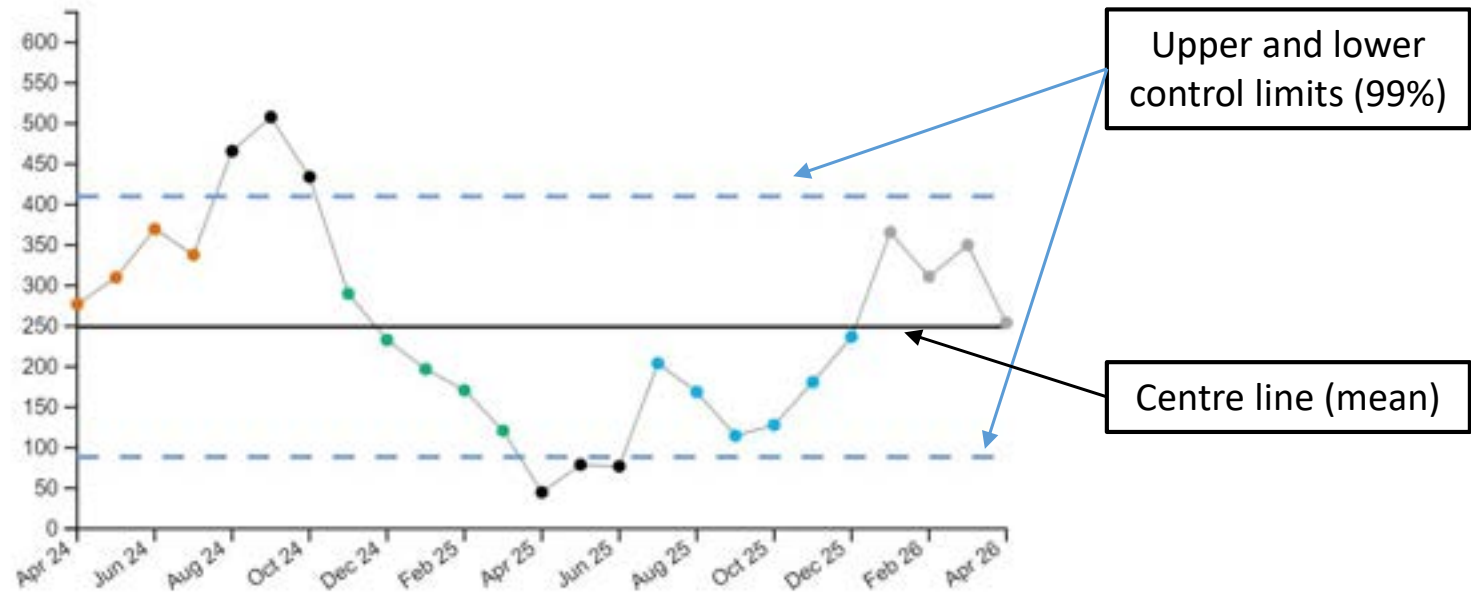
**Centre reference line:** the average line, represented by the median

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

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



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



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

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

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

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

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

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



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

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

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

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





# Section 1.2: Performance Summary

## What went well?

- Six week Healthy Child Wales physical examination performance remained exceptionally strong at 99.6%, consistently exceeding the national target.
- Diabetes care processes continued to improve, with performance meeting the Q1 trajectory and demonstrating sustained improvement over recent months.
- Long waits for planned care remain significantly reduced, with 104-week RTT waits remaining below Q1 trajectory and largely confined to a small number of specialties.
- Psychological therapies performance improved to 55.1%, exceeding the planned trajectory and representing the first significant improvement for some time.
- Significant progress has been made in reducing overdue Nationally Reportable Incidents and expanding ward accreditation, with increasing numbers of services achieving bronze, silver and gold status.

## What were the challenges?

- Ambulance handover performance remains above trajectory despite recent improvements, particularly at Grange University Hospital Emergency Department.
- June saw a deterioration in both 4-hour and 12-hour ED compliance, with pressures exacerbated by the impact of the heatwave as well as periods of very high walk-in demand.
- The heatwave had additional implications across the system, with diagnostic & operating theatre capacity subject to severe disruption.
- Single Cancer Pathway (SCP) compliance remains below trajectory, with overall compliance below planned levels across most tumour sites.
- Delayed outpatient follow-up waiting lists remain above trajectory.
- Consultant job planning compliance remains low at 52.7%, with SAS compliance similarly low at 50.9%.
- Safeguarding services continue to experience increasing complexity of cases, creating pressure on available capacity and resources.

## What actions are we taking to improve?

- Piloting and evaluating the Vaccination Brief Advice (VBA) training programme to improve staff confidence in addressing vaccine hesitancy.
- Developing the Navigation Hub and Single Point of Access model to reduce barriers for GPs and improve access to Rapid Response services.
- Delivering a six week H45 improvement sprint and sustained decongestion programme to further reduce ambulance handover delays and lost hours.
- Embedding the continuous flow model and Optimal Hospital Flow Framework, including ward-level discharge targets and strengthened performance review arrangements.
- Implementing tumour-site recovery plans and dedicated recovery groups, particularly within colorectal services, to improve SCP compliance and address diagnostic bottlenecks.
- Introducing service improvements within neurodevelopmental pathways, including enhanced triage, group-based interventions, early support models and review monitoring processes to improve efficiency and access.

## What are our risks to delivery?

- Persistent vaccine hesitancy and unequal uptake across communities could limit achievement of vaccination ambitions.
- Continued periods of exceptionally high walk-in demand and emergency department pressure could further impact delivery against key urgent care standards.
- Continued underperformance within Lower GI, Upper GI and Urology pathways risks achievement of overall cancer recovery ambitions, as these services account for the majority of the cancer backlog.
- Persistent high levels of long-term sickness absence may continue to impact workforce productivity, service resilience and performance delivery.
- Failure to identify the full savings requirements could result in deterioration of the forecast deficit position.



Section 1.3: Ministerial Delivery Expectations



| Theme                          | Delivery Expectation                                                                                                                                                                                                                                                                              | ABUHB commitment  | Meet National Standard | In month performance against trajectory     | Variance | Assurance |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|---------------------------------------------|----------|-----------|
| Population Health & Prevention | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes                                                                                                                                                                           | 50%<br>Mar-27     | No                     | 47.2%<br>Jun-26<br>(Q1 Trajectory: 47%)     |          |           |
|                                | Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care.                                                                                                                    | Yes<br>Mar-27     | Yes                    | First reported Q2                           |          |           |
|                                | Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged | Yes<br>Mar-27     | Yes                    | Reported Q2<br>(expected Q2 2028/29)        |          |           |
|                                | At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.                                                                                                                                       | 90%<br>Mar-27     | Yes                    | Reported Q4                                 |          |           |
| Community By Design            | Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible                                                                                                             | 118,223<br>Mar-26 | Yes                    | 22,629<br>Jun-26<br>(Q1 Trajectory: 29,556) |          |           |
|                                | Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard                                                                                                                                                      | 120<br>Mar-27     | Yes                    | 169<br>Jun-26<br>(Jun Trajectory: 150)      |          |           |
|                                | Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard                                                                                                                                                          | 3,840<br>Mar-27   | Yes                    | 5,316<br>Jun-26<br>(Jun Trajectory: 4,500)  |          |           |
| Women's Health                 | Improving the quality of our maternity services by reducing perinatal mortality rates.                                                                                                                                                                                                            | 5.067<br>Mar-27   | Yes                    | Reported Q4                                 |          |           |
|                                | Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan)                                                                                                                                                                    | Yes<br>Mar-27     | Yes                    | Reported Q4                                 |          |           |



Section 1.3: Ministerial Delivery Expectations

| Theme                 | Delivery Expectation                                                                                                                                                                                                                                            | ABUHB commitment | Meet National Standard | In month performance against trajectory    | Variance | Assurance |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|--------------------------------------------|----------|-----------|
| Timely Access to Care | Ensure no ambulance patient handover waits over 45 minutes [All location types, GUH & eLGHs]                                                                                                                                                                    | 91<br>Mar-27     | No                     | 1,025<br>Jun-26<br>(Jun Trajectory: 733)   |          |           |
|                       | Ensure no ambulance patient handover waits over 45 minutes [GUH ED only]                                                                                                                                                                                        | 80<br>Mar-27     | Yes                    | 732<br>Jun-26<br>(Apr Trajectory: 578)     |          |           |
|                       | Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, <u>building towards the national target of zero</u> | 799<br>Mar-27    | No                     | 1,413<br>Jun-26<br>(Jun Trajectory: 1,066) |          |           |
|                       | 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion                                                                                                                      | 75%<br>Mar-27    | No                     | 57.0%<br>May-26<br>(May Trajectory: 64.9%) |          |           |
|                       | Reduction in backlog of patients waiting over 62 days (SCP)                                                                                                                                                                                                     | 170<br>Mar-27    | No                     | 335<br>May-26<br>(May Trajectory: 350)     |          |           |
|                       | Reduction in backlog of patients waiting over 104 days (SCP)                                                                                                                                                                                                    | 50<br>Mar-27     | No                     | 95<br>May-26<br>(May Trajectory: 105)      |          |           |
|                       | Numbers of patients waiting over 104 weeks (all stages)                                                                                                                                                                                                         | 2,291<br>Mar-27  | No                     | 384<br>Jun-26<br>(Jun Trajectory: 625)     |          |           |
|                       | Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic                                                                                                                                                                         | 0<br>Mar-27      | Yes                    | 1,468<br>Jun-26<br>(Jun Trajectory: 3,048) |          |           |

Section 1.3: Ministerial Delivery Expectations



| Theme                | Delivery Expectation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ABUHB commitment                         | Meet National Standard | In month performance against trajectory   | Variance | Assurance |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------|-------------------------------------------|----------|-----------|
| Mental Health Access | Implement and evaluate Open Access Mental Health Support by March 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes<br>Mar-27                            | Yes                    | Reported Q4                               |          |           |
|                      | Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027.                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes<br>Mar-27                            | Yes                    | Reported Q4                               |          |           |
|                      | Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.                                                                                                                                                                                                                                                                                                                                                                                               | Yes<br>Mar-27                            | Yes                    | Reported Q4                               |          |           |
| Quality and Safety   | Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Programme of work to predict %<br>Mar-27 | Yes                    | 1.34%<br>Apr-26<br>(Q1 Trajectory: 1.39%) |          |           |
|                      | Days of safe care delivered since the last never event, monitored using SPC T-Chart                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes<br>Mar-27                            | Yes                    | To be implemented                         |          |           |
|                      | Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 40%<br>Mar-27                            | Yes                    | 78%<br>Apr-26<br>(Q1 Trajectory: 35%)     |          |           |
|                      | The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year. | 95%<br>Mar-27                            | Yes                    | 82%<br>Apr-26<br>(Apr Trajectory: 91%)    |          |           |

# Progress Against our Annual Plan

## Drivers

Joint Strategic  
Assessment

Gwent 35

Quality



Performance  
Expectations

Financial  
Sustainability

Risks

## Strategic Aims

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

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

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

Health Protection

Health Improvement

Prevention

Babies Children & Young  
People

Place Based Care

Access & Sustainability

Improving Quality &  
Experience



Embedding Value &  
Efficiency

Healthy Places

Resilient & Connected  
Communities

Safe Spaces

Quality of Life



## Enablers

Quality



Workforce &  
Culture

Digital, Data &  
Technology

Estates

Finance

Green Health

Value,  
Innovation &  
Research

Section 2.1: Population Health and Prevention Performance Summary



| Theme                            | Delivery Expectation                                                                                                       | ABUHB commitment | In month performance against trajectory       | Variance |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------|----------|
| Population Health and Prevention | % children up to date with vaccinations by age 5                                                                           | 95%<br>Mar-26    | 86.2%<br>Q4 25/26<br>(Q4 Trajectory: 95%)     |          |
|                                  | % of children receiving HPV vaccination 1 dose by the age of 15                                                            | 90%<br>Mar-26    | 70.7%<br>Q4 25/26<br>(Q4 Trajectory: 90%)     |          |
|                                  | Maintain physical examination at 6 weeks rates (Healthy Child Wales)                                                       | 90%<br>Mar-27    | 99.6%<br>Apr-26<br>(Apr-26 Trajectory: 90.0%) |          |
|                                  | Increase weight and measurement at 8 weeks rates (Healthy Child Wales)                                                     | 80%<br>Mar-26    | 91.8%<br>Q3 25/26<br>(Q3 Trajectory: 76%)     |          |
|                                  | Percentage of adult smokers who make a quit attempt via smoking cessation services                                         | 5%<br>Mar-26     | 4.6%<br>Q4 25/26<br>(Q4 Trajectory: 5%)       |          |
|                                  | Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks | 3,125<br>Mar-26  | 22.2%<br>Q4 25/26<br>(Q4 Trajectory: 32%)     |          |
|                                  | Uptake of eligible patients who attend cardiovascular disease risk factor management programme (CVDRFMP)                   | 312<br>Mar-27    | First reported Q1 26/27                       |          |
|                                  | % of people who attended cardiovascular disease risk factor management programme (CVDRFMP) diagnosed                       | 32%<br>Mar-27    | First reported Q1 26/27                       |          |

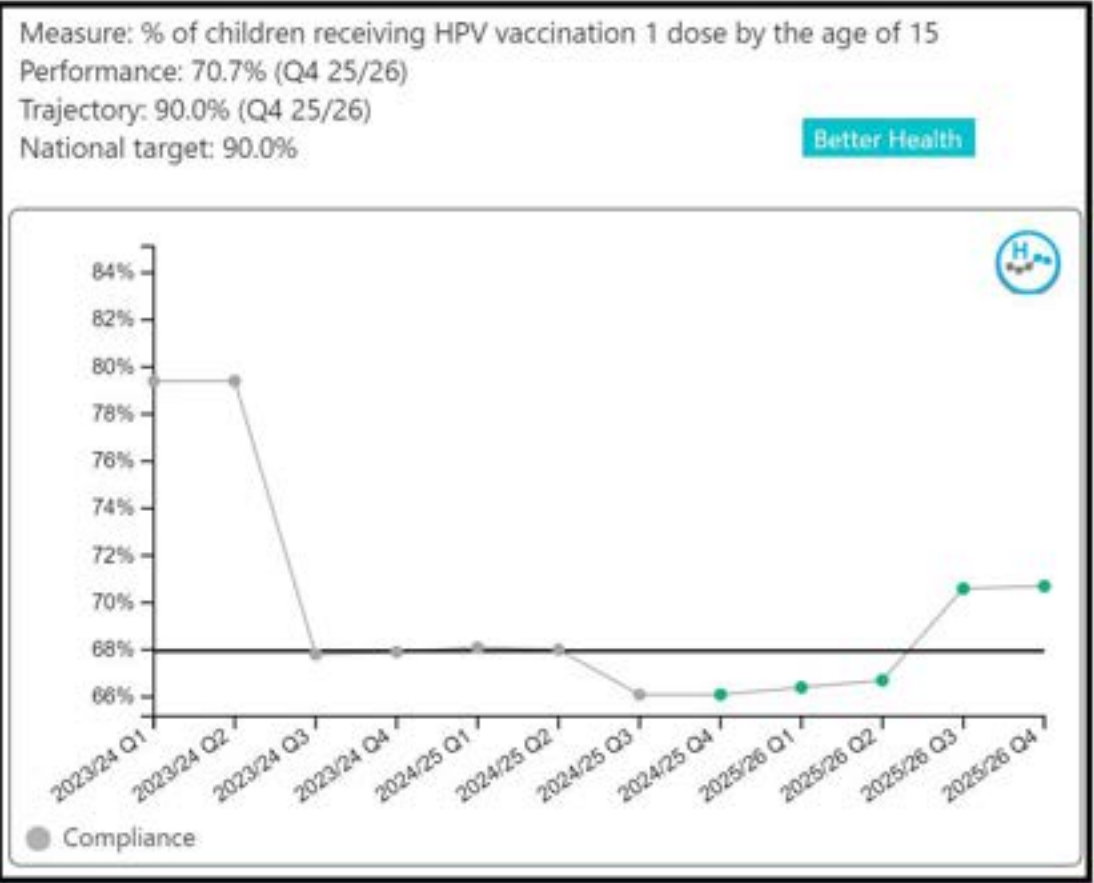
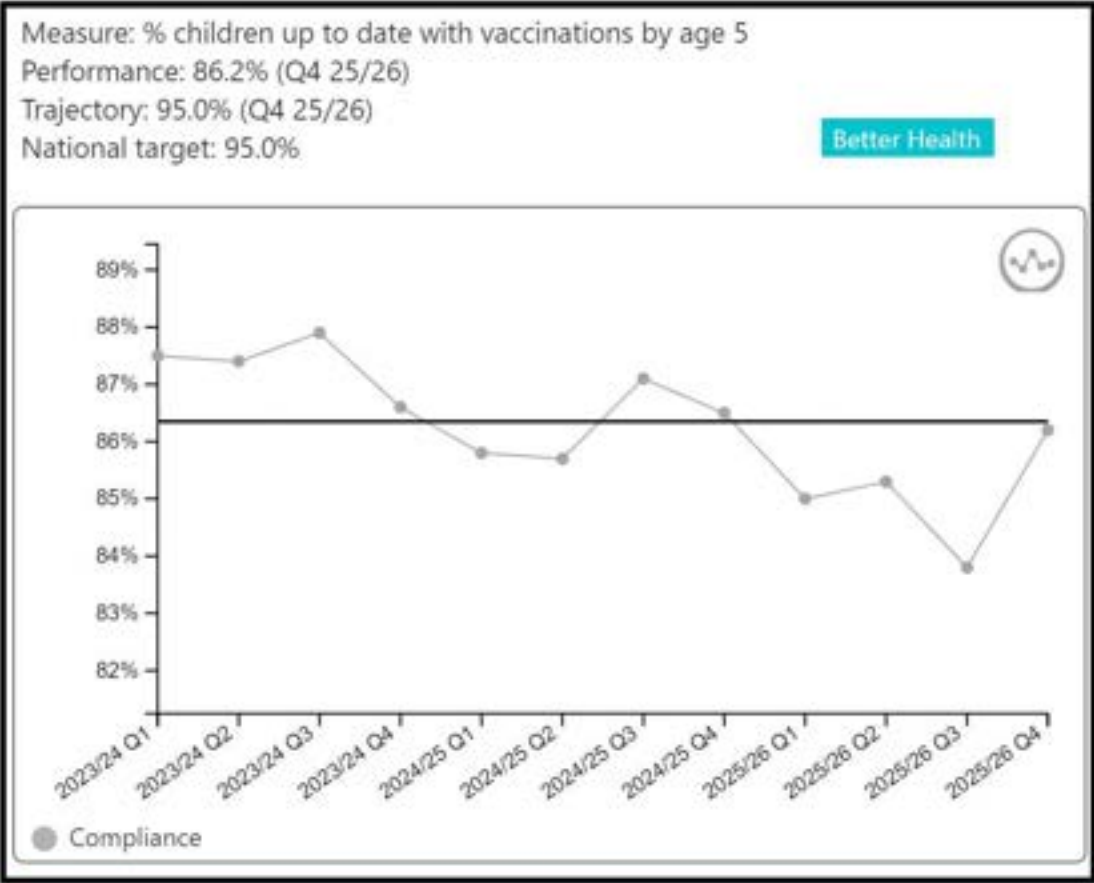
Section 2.1: Population Health and Prevention Performance Summary



| Theme                            | Delivery Expectation                                                                                                          | ABUHB commitment | In month performance against trajectory     | Variance |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|----------|
| Population Health and Prevention | No. starting 12-week intervention with Level Two Adult Weight Management Service                                              | 1,500<br>Mar-27  | First reported Q1 26/27                     |          |
|                                  | No. with end weight recorded who accessed 8+ sessions who lost >5% weight                                                     | 450<br>Mar-27    | First reported Q1 26/27                     |          |
|                                  | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes       | 50%<br>Mar-27    | 47.2%<br>Jun-26<br>(Q1 Trajectory: 47.0%)   |          |
|                                  | Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months   | 80%<br>Mar-27    | 67.9%<br>Jun-26<br>(Q1 Trajectory: 70.2%)   |          |
|                                  | Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months | 80%<br>Mar-27    | 70.9%<br>Jun-26<br>(Q1 Trajectory: 70.7%)   |          |
|                                  | Number of visits to the Melo Website                                                                                          | 48,000<br>Mar-27 | 12,105<br>Jun-26<br>(Q1 Trajectory: 12,000) |          |



Population Health and Prevention



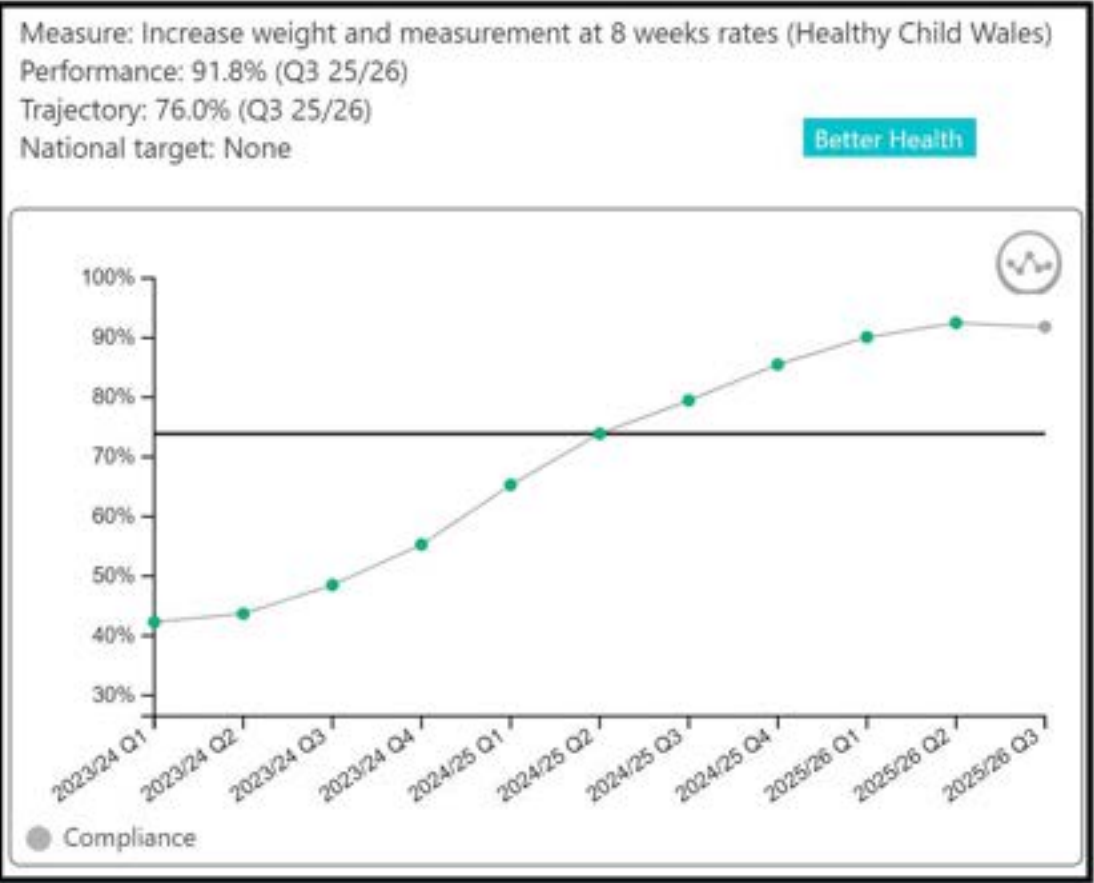
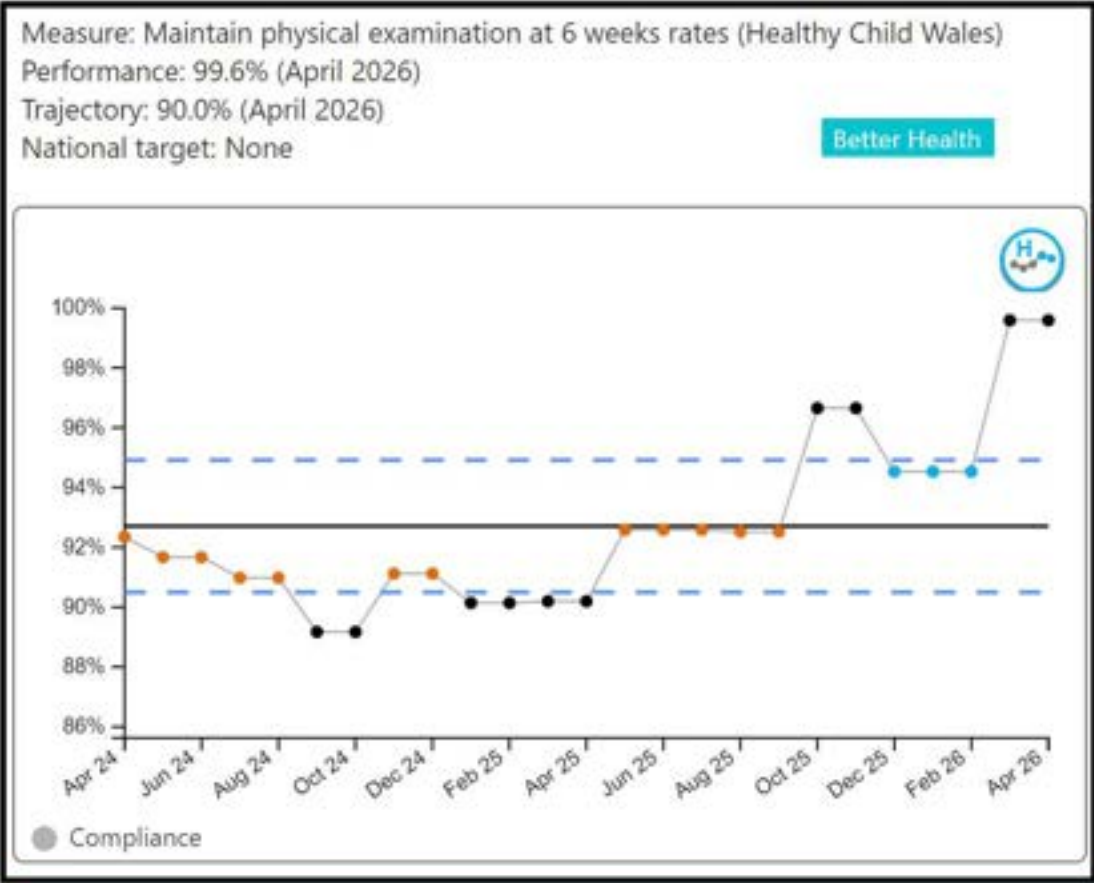
**Insights and Actions**

- Childhood vaccinations: Q4 performance increased to 86.2%, but overall performance across 25/26 has been below trajectory (95%) and below the three-year average (86.3%).
- HPV: Q4 performance has maintained the above average improvement from Q3, with compliance at 70.7%. This continues an improvement trend for the last 5 quarters.
- A Vaccination Brief Advice (VBA) training package has been developed to increase confidence among healthcare professionals in discussing vaccination and addressing vaccine hesitancy. The evidence-based programme incorporates behaviour change approaches, including the COM-B Model and brief intervention techniques, and consists of a one-hour training session supported by practical Padlet resources. The package is currently being piloted and evaluated ahead of wider rollout, with almost 40 health visitors trained to date and further cohorts planned. A six-month pilot is being launched with GP practices in Newport and Torfaen that have lower vaccination uptake. The pilot will assess the current vaccination offer, identify barriers to uptake, and review call and recall processes to understand opportunities for improvement. The aim is to develop sustainable approaches that increase vaccination uptake, reduce health inequalities, and support equitable access to vaccination services across the population. An HPV e-consent solution has been developed to further support improvements in vaccination uptake. School Nursing intended to pilot the system during the summer term, but this has been temporarily paused due to staff absence within the Health Board's digital team.





Population Health and Prevention

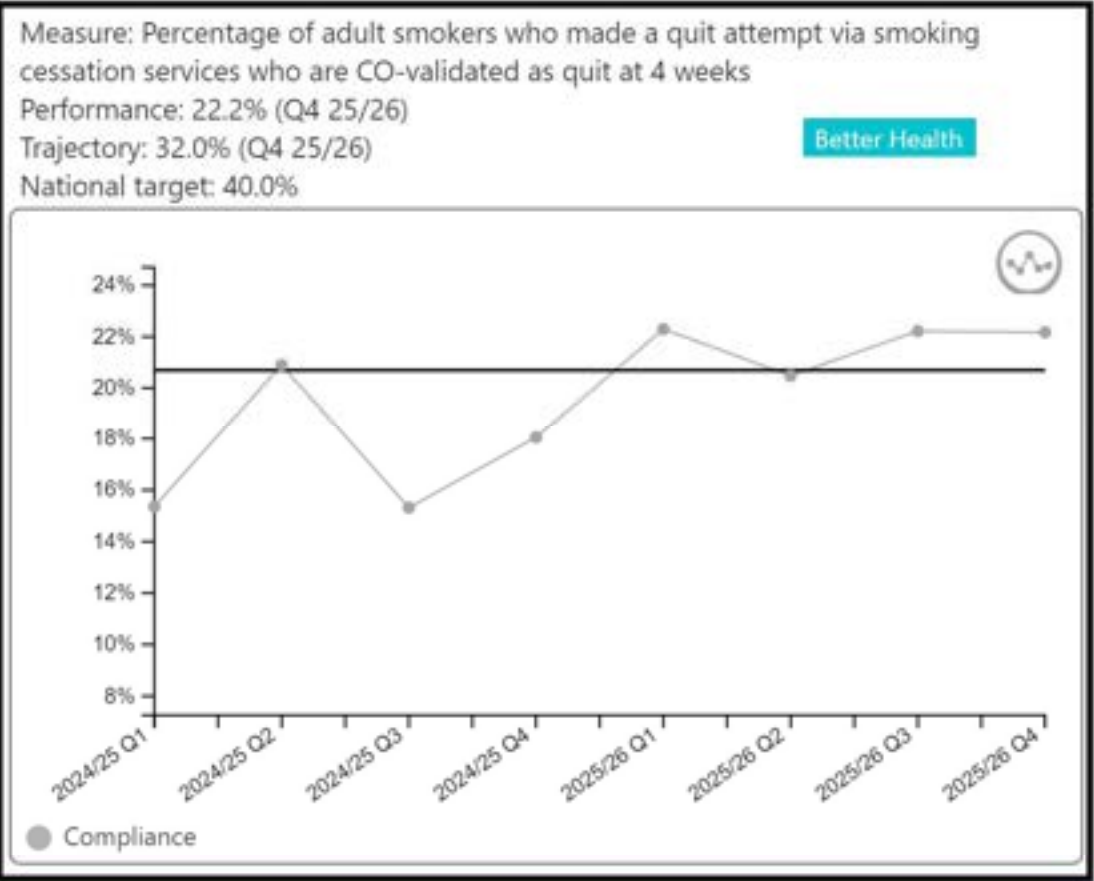
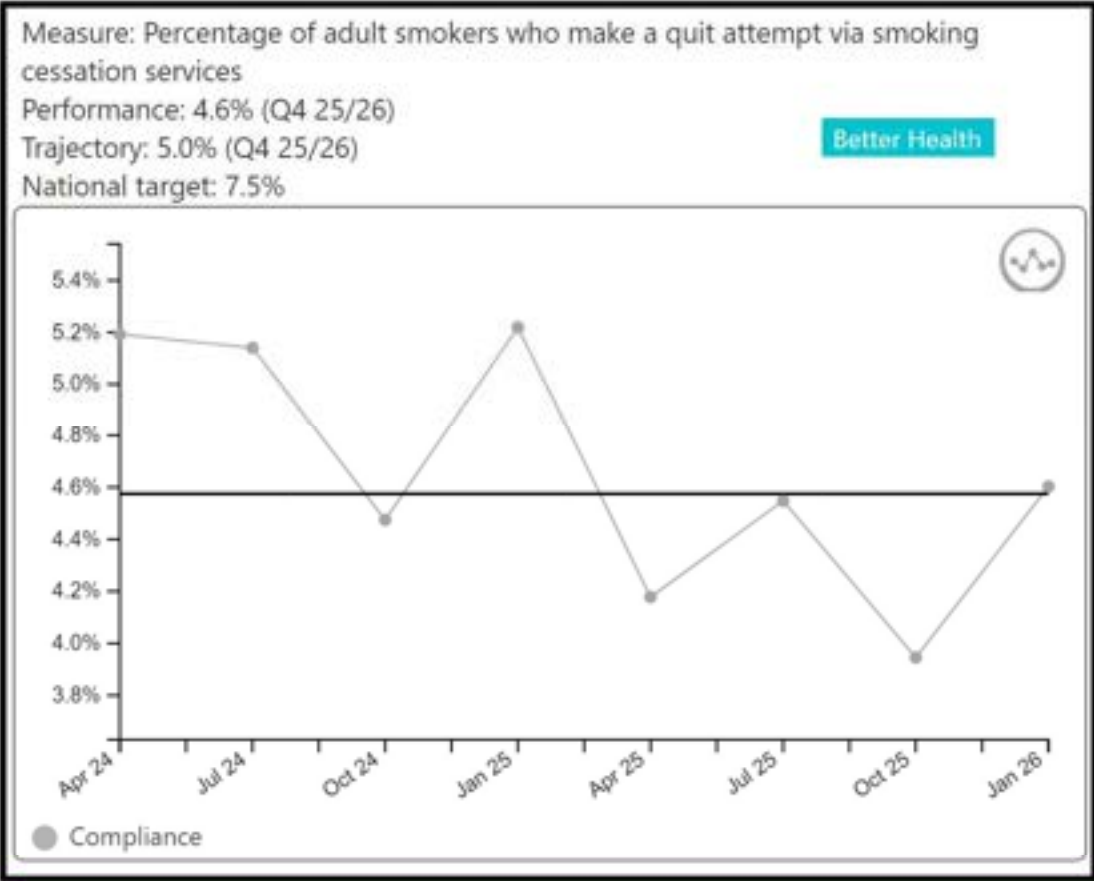


**Insights and Actions**

- Performance for physical examination at 6 weeks continues to improve and has consistently achieved the national target (90%) through the course of 25/26 to date. The past 2 months have shown exceptionally high performance at 99.6%, above the expected range of 90.5%-94.9%. The lower control limit is currently higher than the April trajectory (90.5% compared to 90%), demonstrating that the target will be consistently achieved.
- Weight and measurement at 8 weeks: Q3 performance dropped slightly to 91.8%, which indicates the end of a consistent improvement trend from Q1 23/24, with performance now showing no significant change from the previous quarter. The trajectory has been comfortably exceeded every quarter through 25/26.



Population Health and Prevention

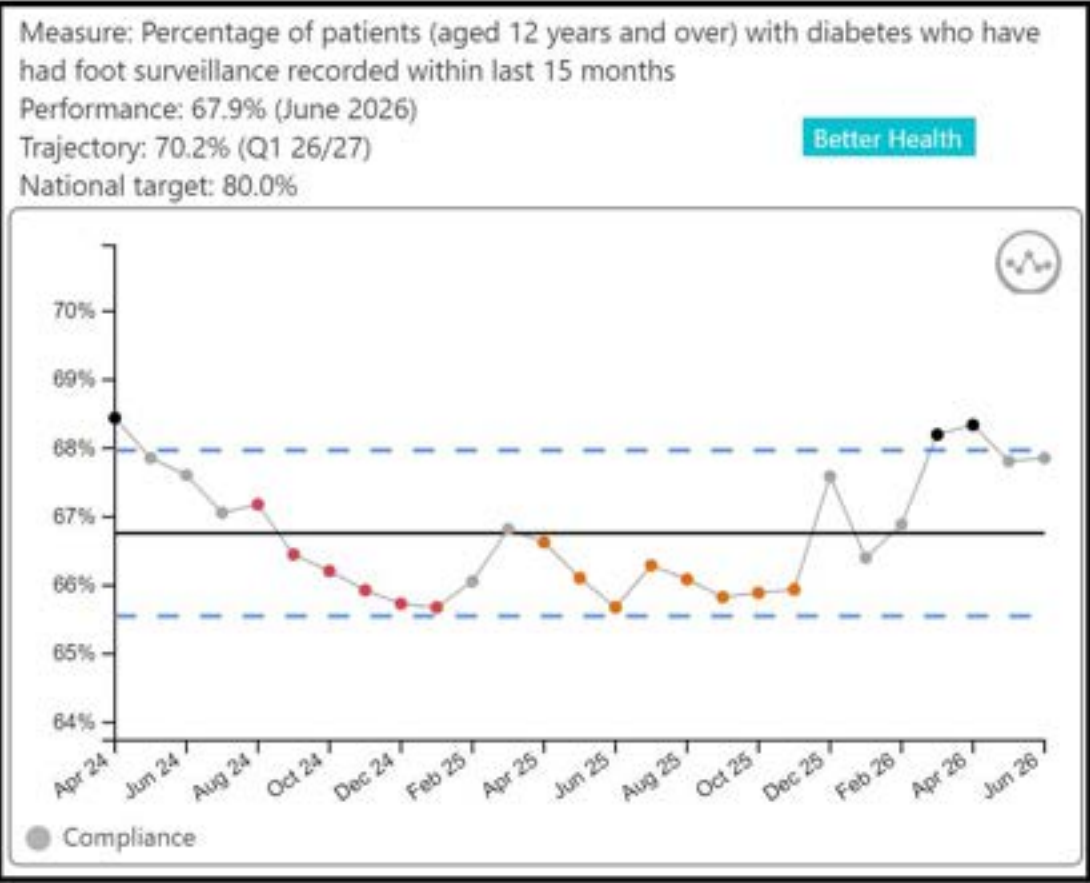
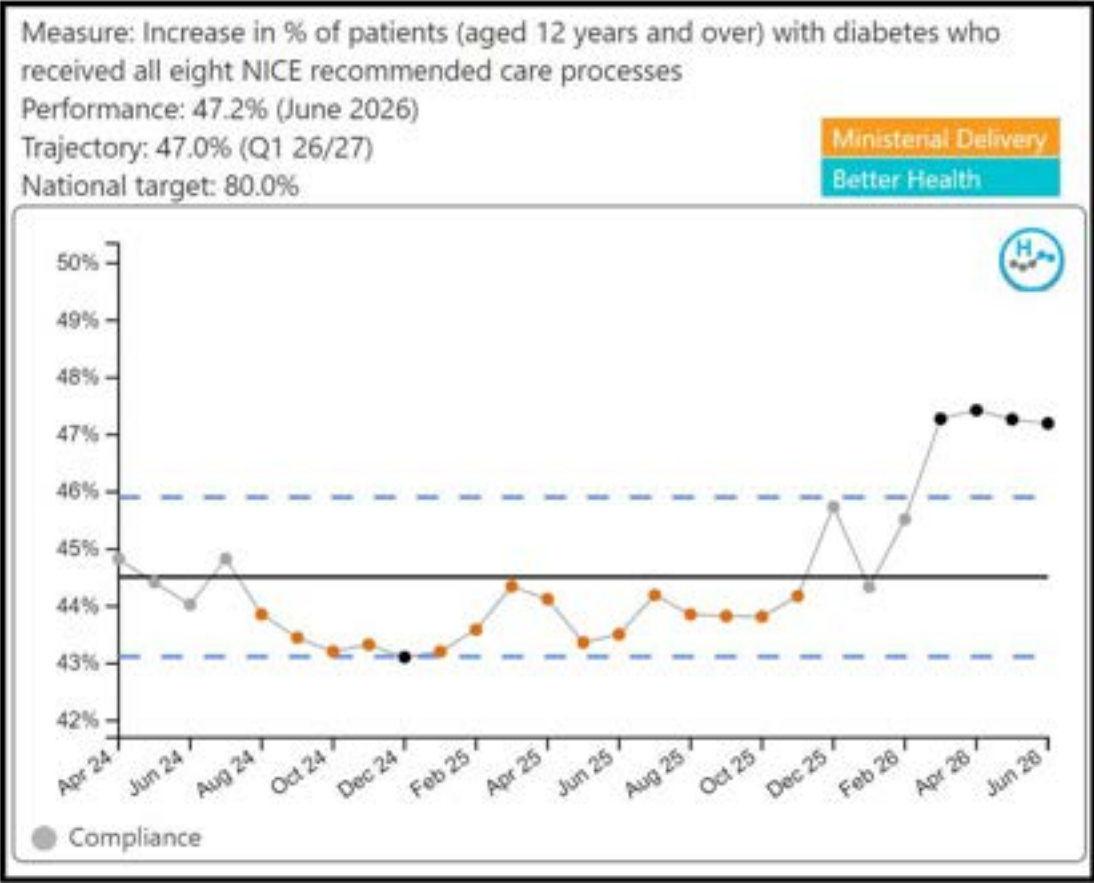


**Insights and Actions**

- Smoking cessation performance across the two measures is based on annualised targets, however, are presented here quarterly to give assurance on progress. Q4 quit attempt performance increased to 4.6%, which represents the two-year average and is marginally short of the 25/26 trajectory of 5%. CO validated quits have been maintained at 22.2% in Q4, with the year end position finishing 10% below the trajectory of 32%.
- As part of Public Health’s commitment to delivering place-based care, Behaviour Change Practitioners within the Health Board’s smoking cessation service have been aligned to localities and are becoming a core component of Integrated Neighbourhood Teams. A comprehensive improvement programme is underway to optimise service delivery through the review and redesign of processes, with a greater focus on supporting individuals and groups to achieve carbon monoxide (CO)-validated quits at four weeks, rather than relying solely on self-reported outcomes. This is being supported through increased community-based clinic capacity and by enabling practitioners to become fully embedded within their respective localities and place-based teams. Work is also continuing to ensure that capacity is deployed proportionately to support vulnerable populations at greatest risk of tobacco-related harm, including people with mental health conditions, those living with chronic health conditions, pregnant women, and people experiencing socio-economic disadvantage. As a result of these improvements, the service recorded a 69% increase in CO-validated quits in March 2026 compared with March 2025, subject to final validation and data submission.



Population Health and Prevention

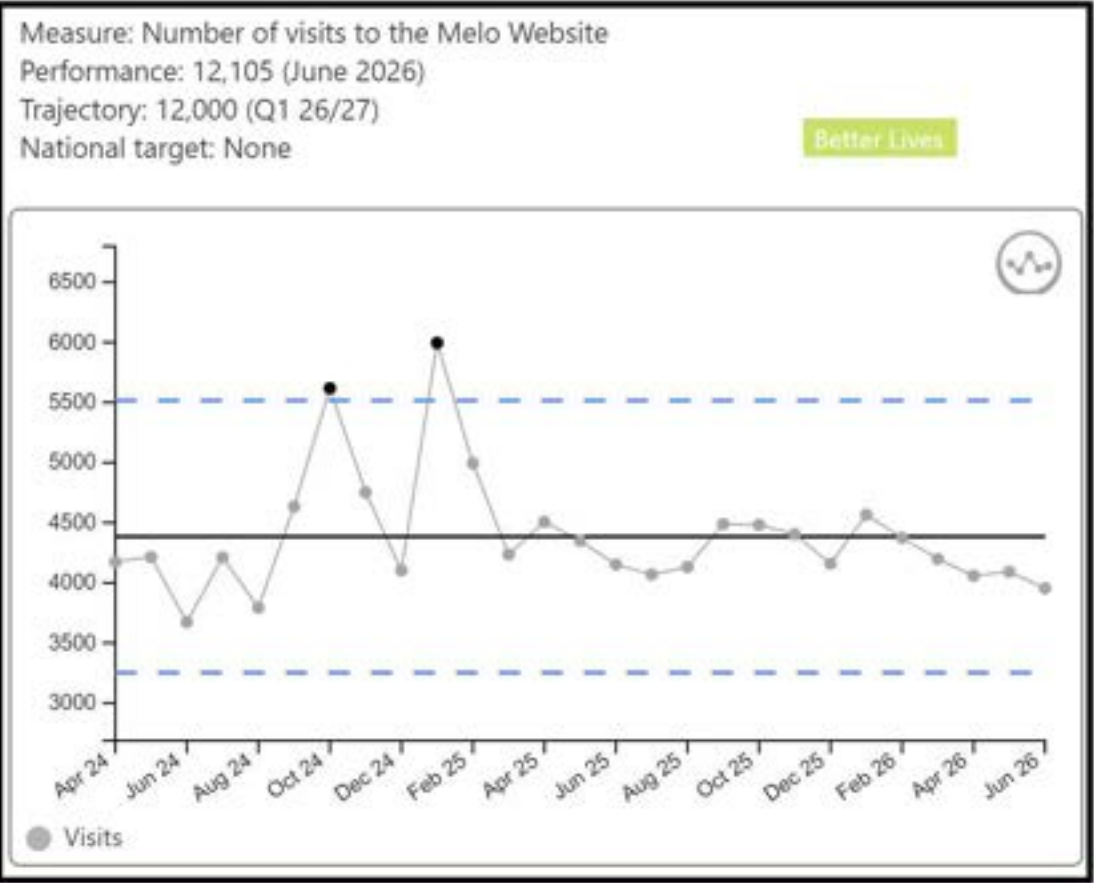
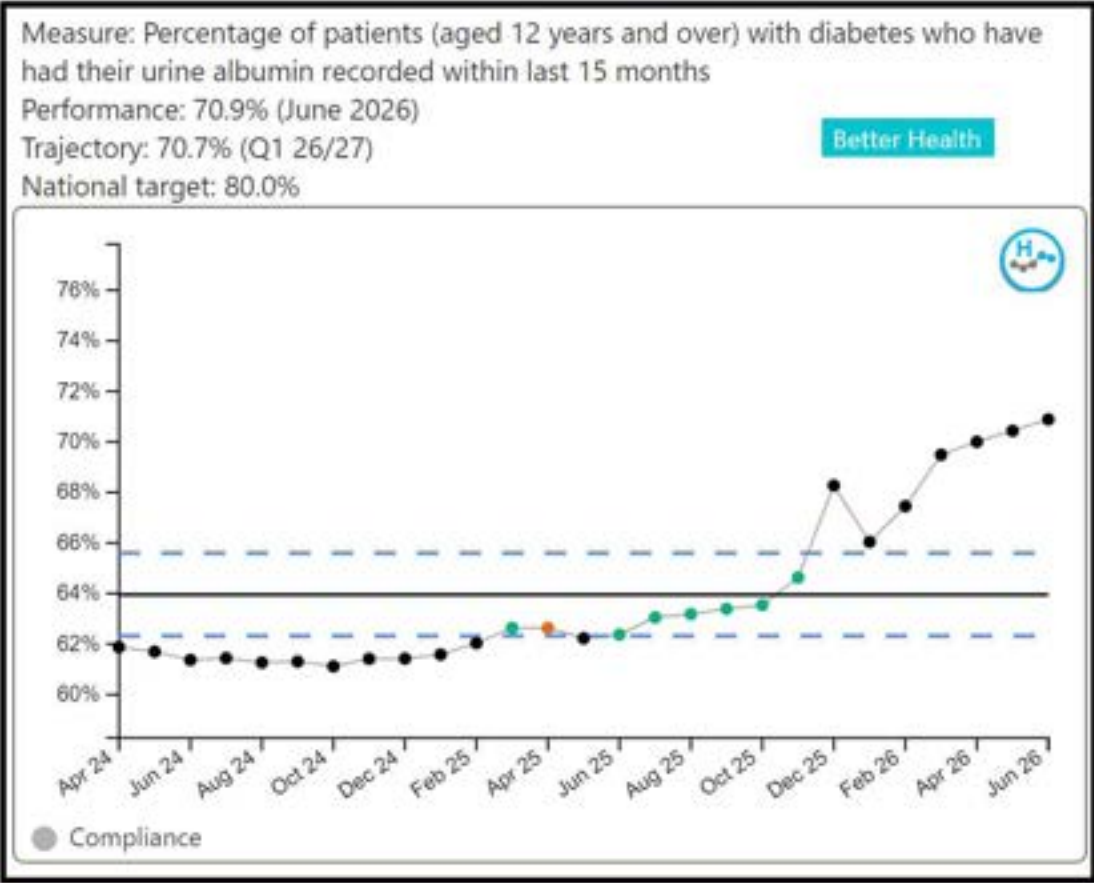


**Insights and Actions**

- 8 Diabetes processes: Performance is improving, with the past four months showing exceptionally high values (47%+), compared to the expected performance range of 43%-46%. June performance of 47.2% has exceeded the Q1 IMTP trajectory of 47%.
- Diabetes foot surveillance: Performance shows a similar improvement trend to the 8 Diabetes processes, with exceptionally high values in March and April (68%+), dropping just below this in May and June. The June position of 67.9% is just under the Q1 IMTP trajectory of 70.2%. The Foot Care project has distributed education materials across Secondary Care and all 68 ABUHB practices, with baseline data established. Follow-up analysis and pathway improvement work will continue in Q2. Additionally, the Gestational Diabetes project has established two workstreams focused on pre-conception care and postnatal follow-up. Early data shows only 43% compliance with follow-up testing within three months of delivery, with improvement work planned through Q2 and Q3. For Transition to Adult Services, pathway mapping and scoping have been completed. Demand and capacity pressures remain a challenge, and Q2–Q3 activity will focus on identifying improvement opportunities within existing resources.



Population Health and Prevention



**Insights and Actions**

- Diabetes uACR: Performance has shown an improving trend since Feb-25, with exceptionally high values of 66%-70% achieved in the past 7 months, compared to the expected range of 62%-65%. June performance of 70.9% has exceeded the Q1 IMTP trajectory of 70.7%. The Urine ACR project has now closed, with over half of participating practices achieving a >5% improvement in compliance at six months.
- Melo visits: Melo is the health board’s website containing information, advice and self-help resources to help people look after their mental health and wellbeing. Three new topics are being introduced in 2026 (Smoking and Mental Wellbeing, Hoarding, Neurodivergence) and free promotional materials are being made available to engage service users across AB. The number of visits to the website is currently showing no significant change month-to-month, however performance has become more consistent around the mean (4,401) in 25/26 compared to 24/25, now ranging from ~4,000-4,500 visits per month. Total visits for Q1 is 12,105, which has surpassed the IMTP trajectory of 12,000 visits.

Section 2.1: Place Based Care Performance Summary

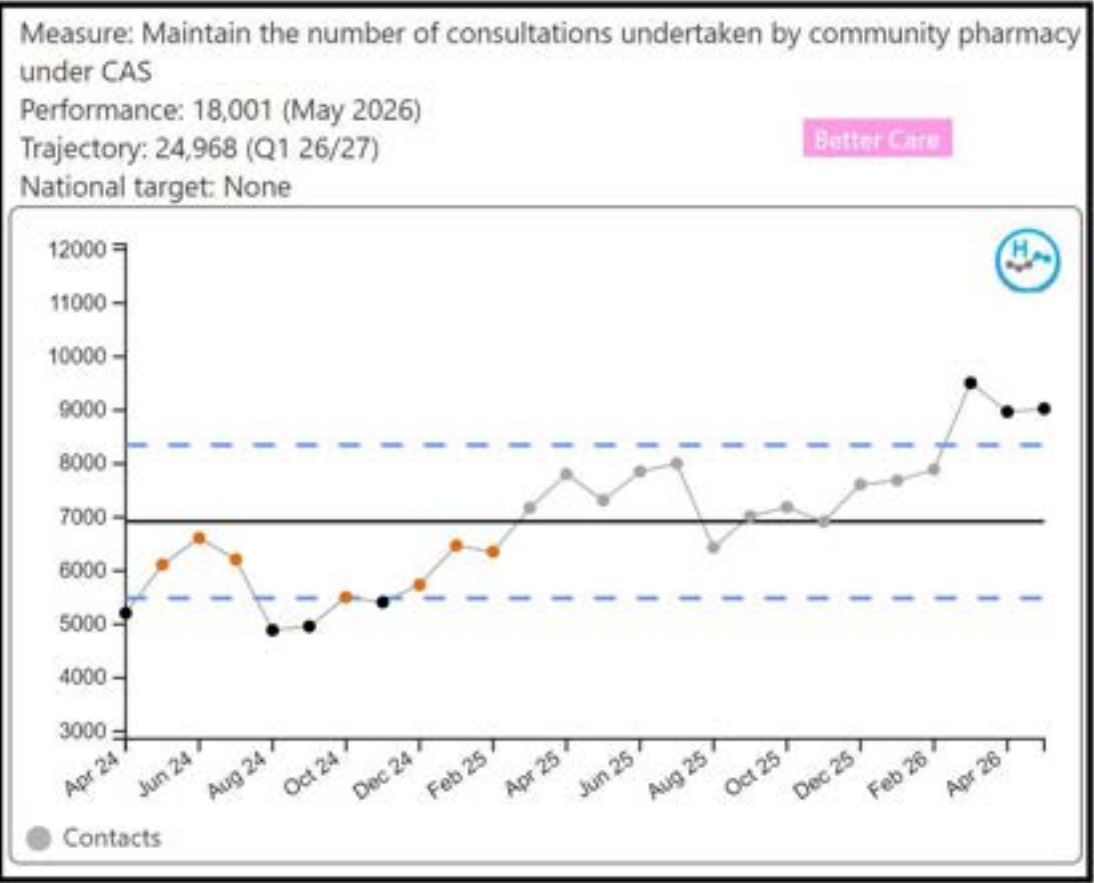
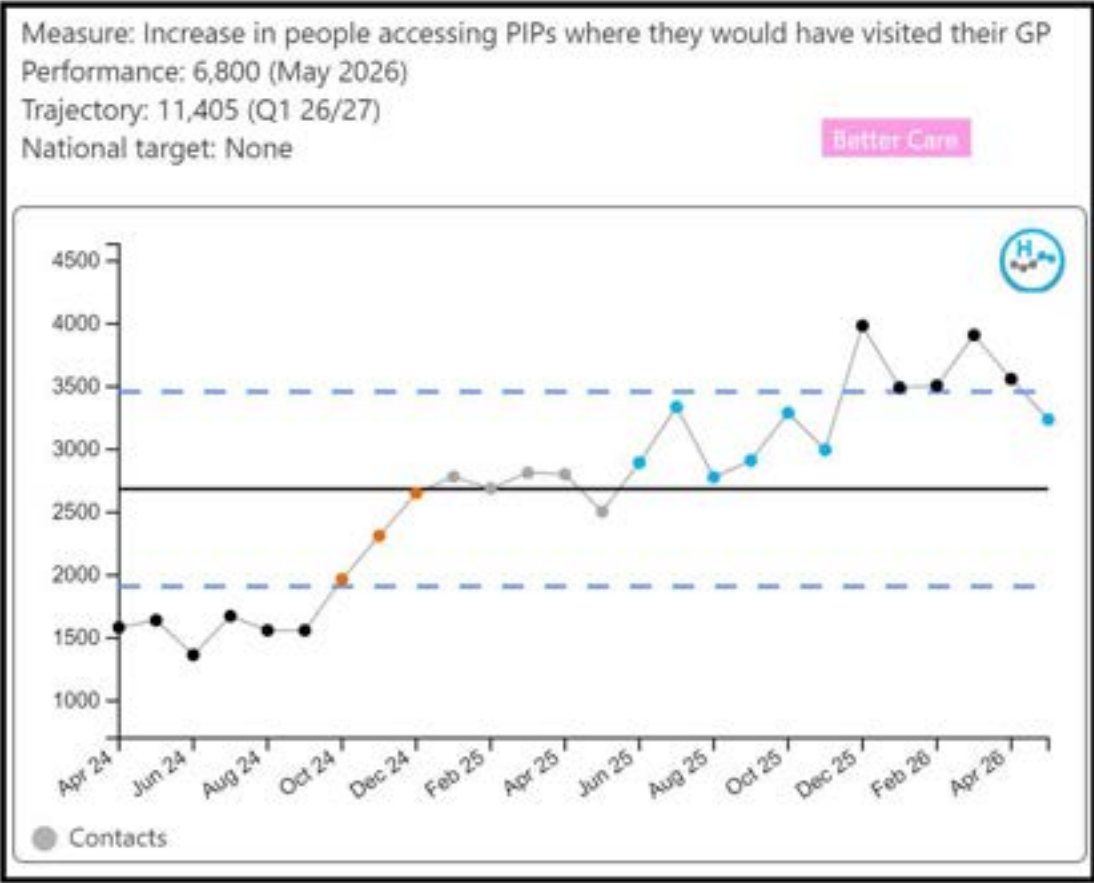


| Theme            | Delivery Expectation                                                                                                                                       | ABUHB commitment  | In month performance against trajectory     | Variance |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------|----------|
| Place Based Care | Increase in people accessing PIPs where they would have visited their GP                                                                                   | 45,620<br>Mar-27  | 6,800<br>May-26<br>(Q1 Trajectory: 11,405)  |          |
|                  | Maintain the number of consultations undertaken by community pharmacy under CAS                                                                            | 99,871<br>Mar-27  | 18,001<br>May-26<br>(Q1 Trajectory: 24,968) |          |
|                  | Maintain the number of patients accessing NHS Optometry Services                                                                                           | 265,118<br>Mar-27 | 46,203<br>May-26<br>(Q1 Trajectory: 66,820) |          |
|                  | Number of patients accessing urgent emergency services - Dental                                                                                            | 43,153<br>Mar-26  | 2,047<br>May-26<br>(Q1 Trajectory: 9,043)   |          |
|                  | Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 | 118,223<br>Mar-27 | 22,629<br>Jun-26<br>(Q1 Trajectory: 29,556) |          |
|                  | Maintain 95% of Palliative Care referrals assessed within 2 days                                                                                           | 95%<br>Mar-27     | 93.6%<br>May-26<br>(Q1 Trajectory: 92%)     |          |
|                  | Increase in number of accepted referrals to Rapid Response services                                                                                        | 5,068<br>Mar-27   | 1,110<br>Jun-26<br>(Q1 Trajectory: 1,267)   |          |
|                  | Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s                                             | 8.5%<br>Mar-27    | 8%<br>Jun-26<br>(Q1 Trajectory: 8.5%)       |          |
|                  | Maintain the number of Urgent Primary Care contacts (inc. virtual)                                                                                         | 101,746<br>Mar-27 | 24,890<br>Jun-26<br>(Q1 Trajectory: 25,437) |          |





Place Based Care

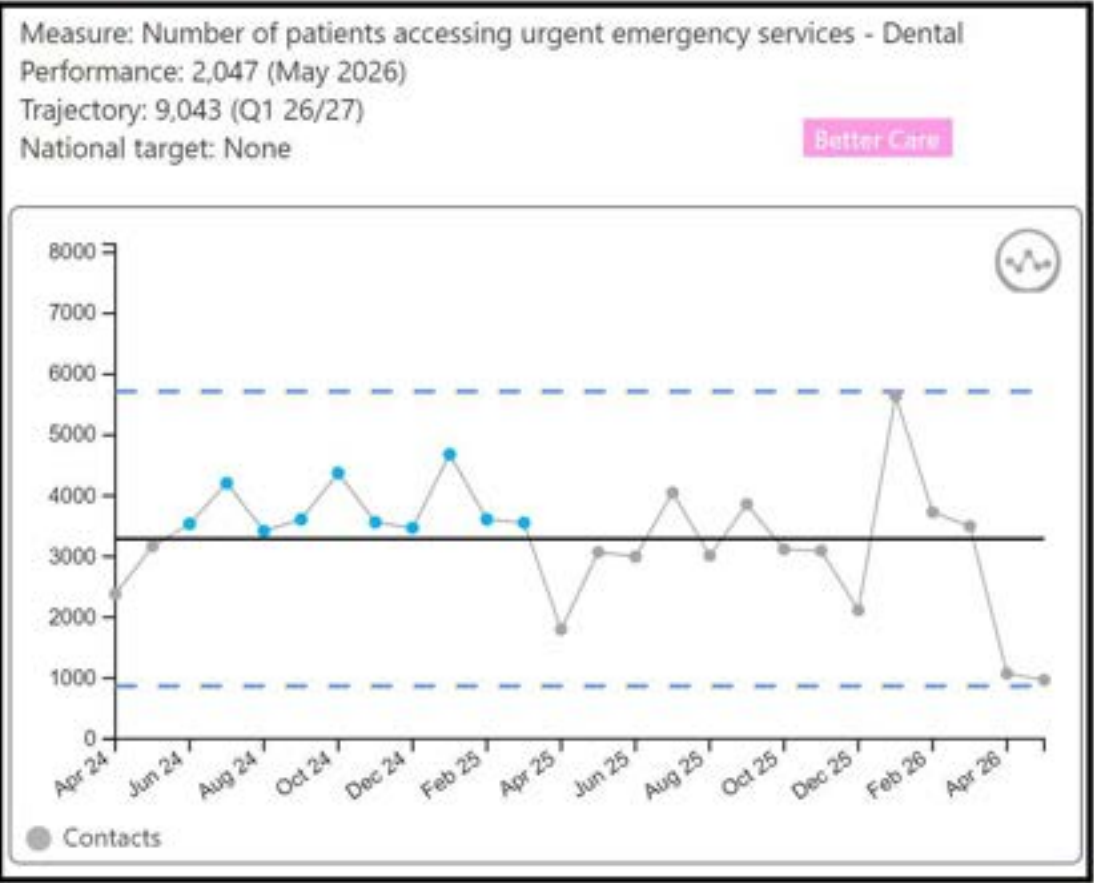
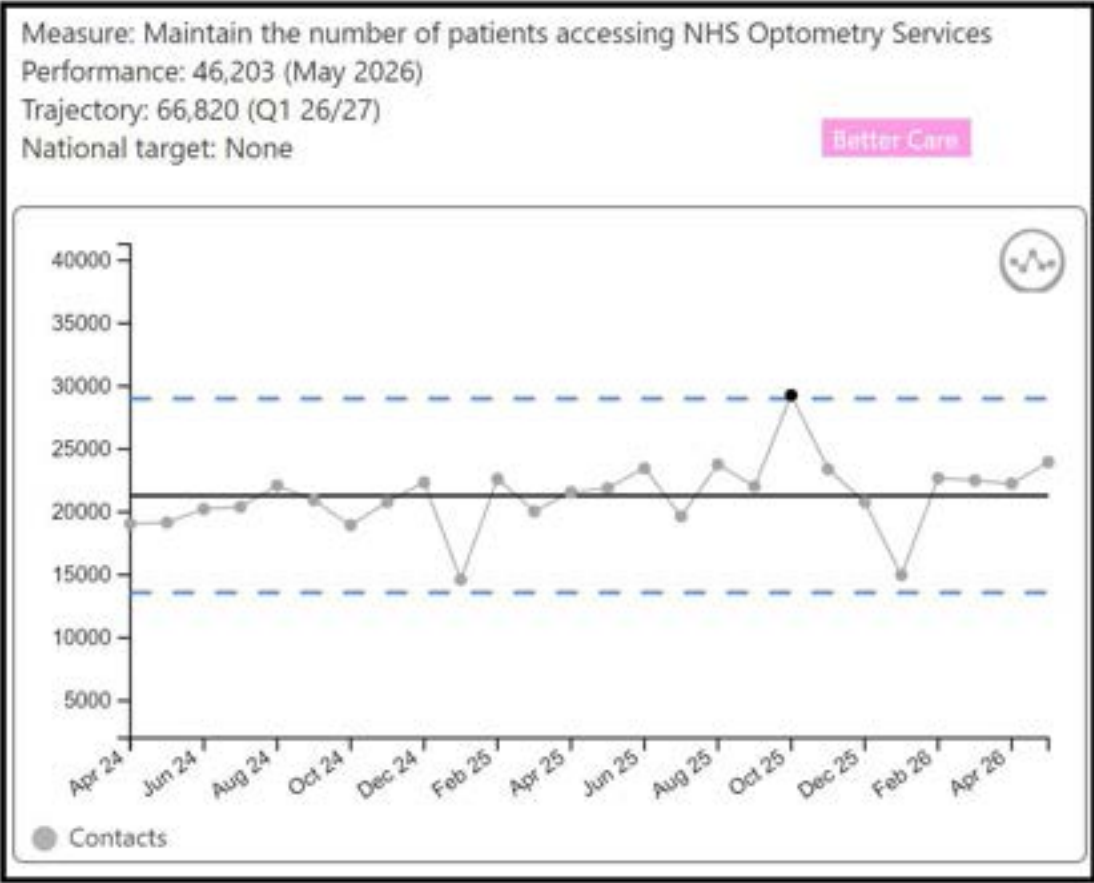


**Insights and Actions**

- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations continue an improving trend, with above mean performance for past 12 months. Q1 performance to date is 6,800 contacts, which is currently just behind track to achieve the IMTP trajectory of 11,405 contacts.
- Common Ailment Scheme (CAS): CAS claims show an improving trend, with consistent above-mean performance for the past 7 months. March, April and May performance has been exceptionally high, with the number of claims exceeding the expected range of 5,500-8,400. Q1 performance to date totals 18,001 contacts, which is currently on track to achieve the IMTP trajectory of 24,968 contacts.
- PIPS and CAS contacts continue to increase following an extension to the clinical conditions feasibly managed by the service and a successful public awareness campaign. It is anticipated that activity will continue to grow but at a lower rate in the coming years as we approach the ceiling for CAS in particular.



Place Based Care



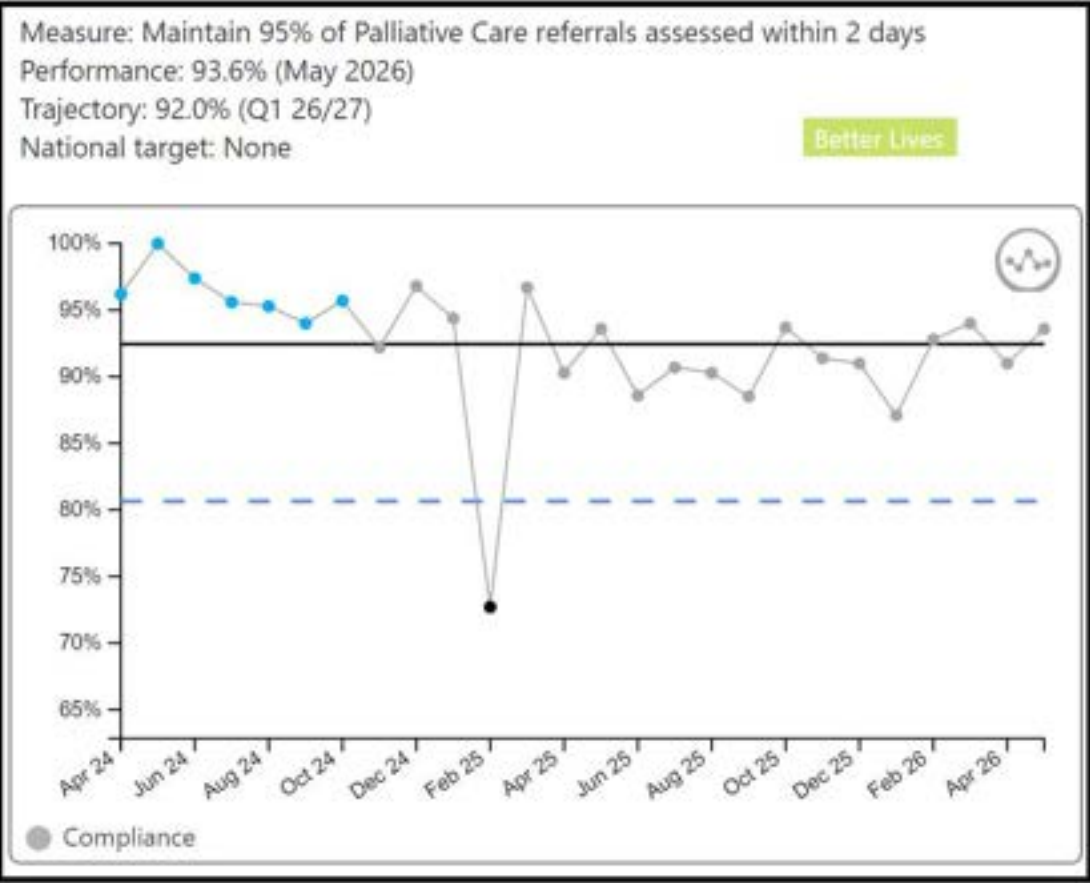
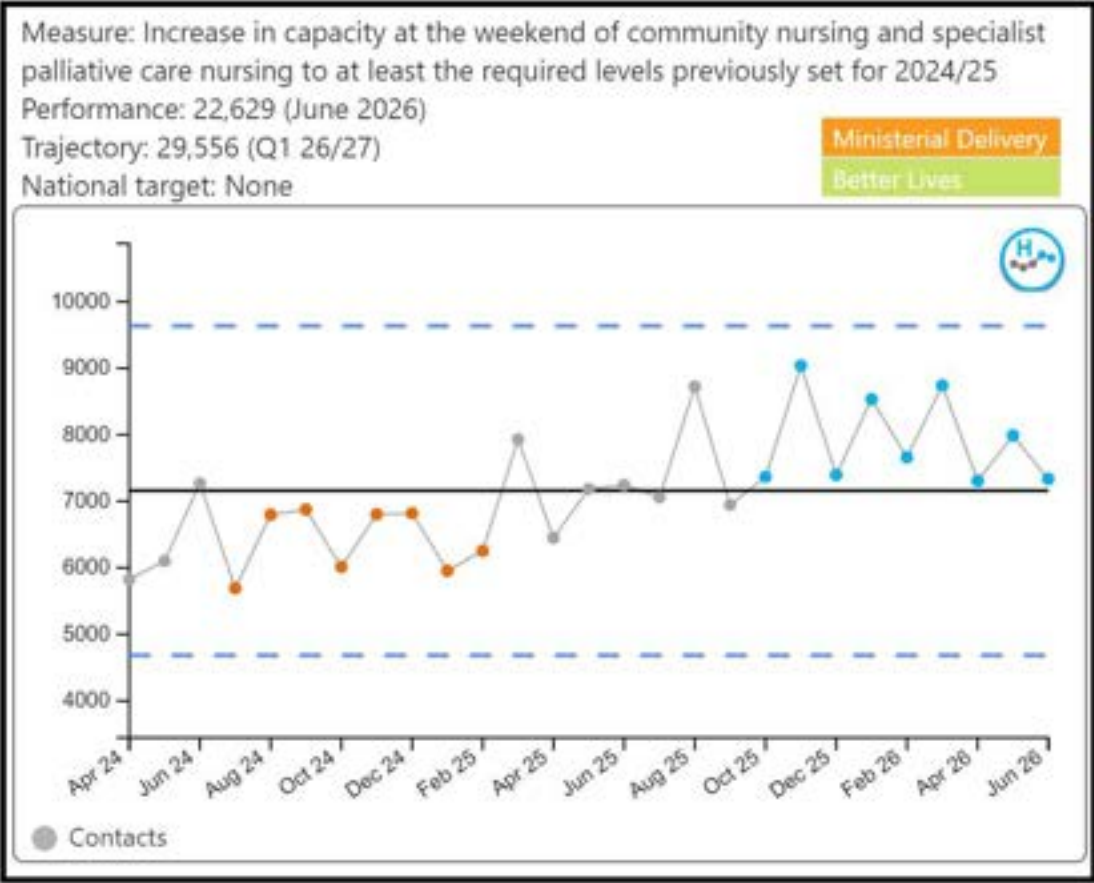
**Insights and Actions**

- Optometry Services: Performance for 26/27 has been above the mean for April and May, with a total of 46,203 patients accessing NHS optometry services. This is currently on track to meet the Q1 IMTP trajectory of 66,820 contacts.
- Emergency Dental: Performance has dropped very close to the lower control limits for April and May 26/27, with around a 1,000 contacts a month compared to the average of over 3,000. This is due to implementation of the new NHS Wales dental contract, with all practices now required to see a proportion of urgent appointments. There are currently approx. 240 appointments a week available through practices compared to 60 through EDS, which has resulted in the significant reduction in performance.





Place Based Care

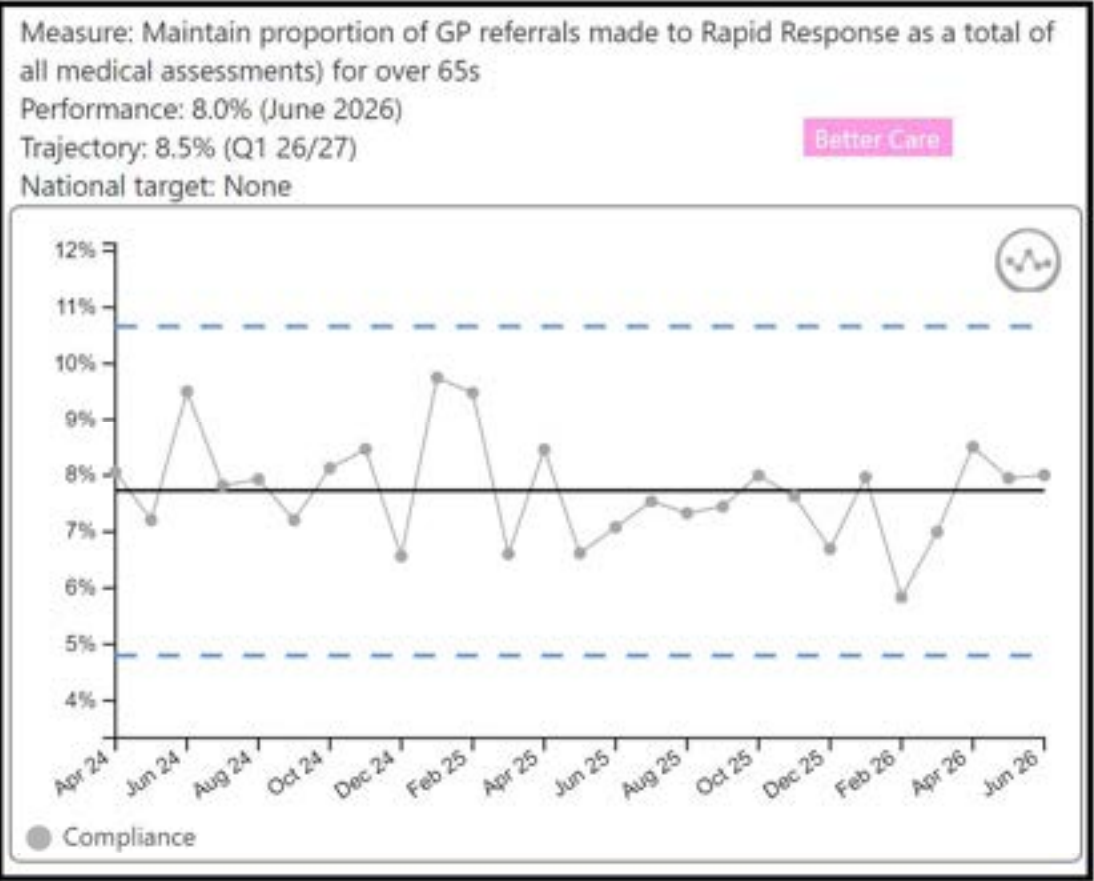
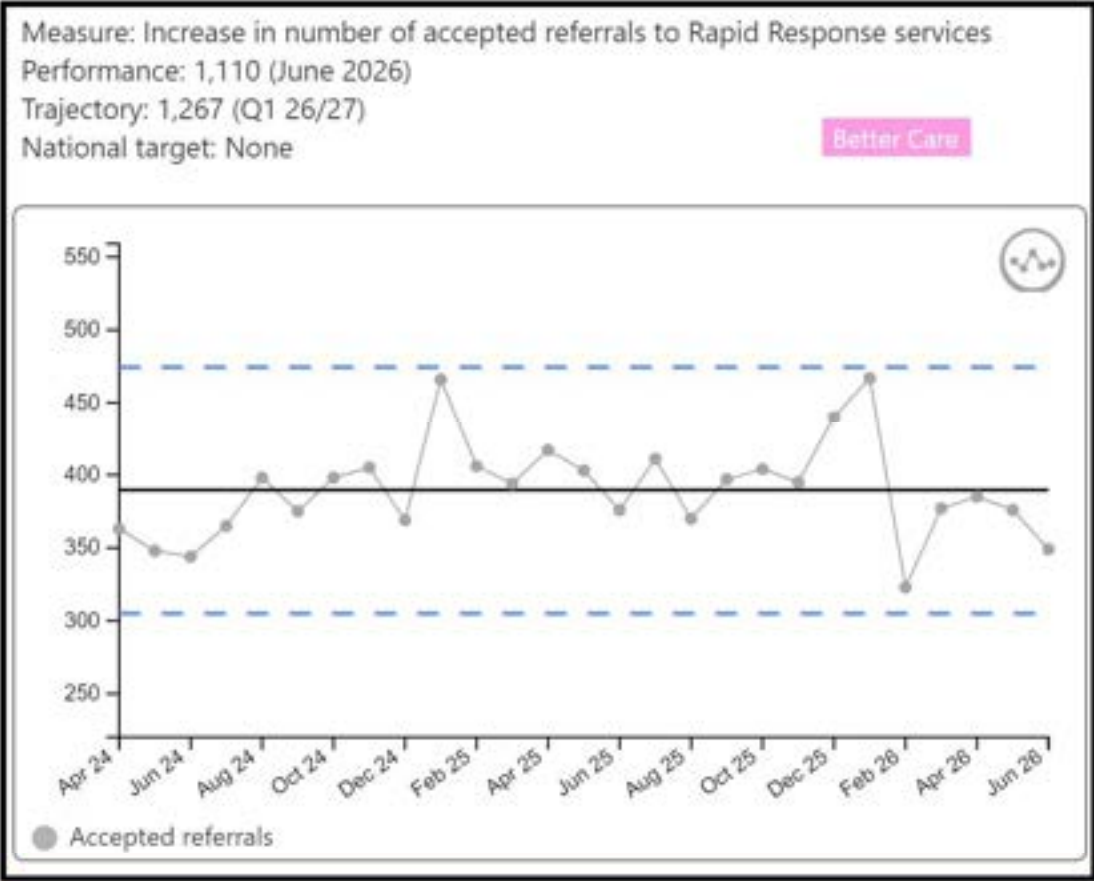


**Insights and Actions**

- Community Nursing: Performance is currently showing an improving trend, with above-mean capacity for the past 9 months. However, Q1 performance has finished behind the expected trajectory, with only 77% of the IMTP trajectory delivered. Ministerial expectations set out that weekend activity reaches 80% of an average weekday level. Although weekend activity as a proportion of total activity is increasing and overall contacts are trending upwards as shown in the graph, achieving the ministerial measure from a volume perspective would demand a significant shift in service delivery towards weekends.
- Palliative Care: Performance is currently showing no significant monthly change. In Q1, April performance of 91% was slightly under the IMTP trajectory of 92%, but May performance has exceeded this at 93.6%.



Place Based Care

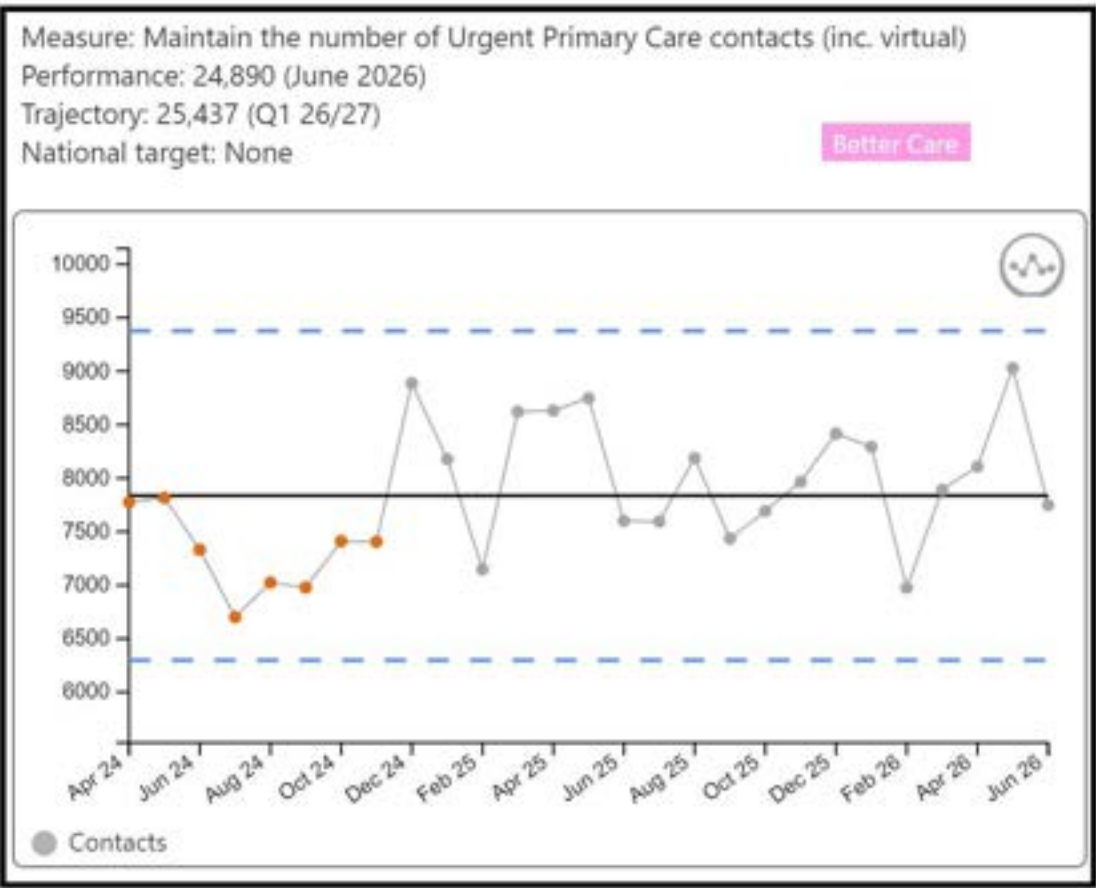


Insights and Actions

- Accepted referrals to Rapid Response: The number of accepted referrals currently shows no significant monthly change, with wide process limits indicating that performance is expected to vary between 300-480 accepted referrals per month. There was a total of 1,110 accepted referrals in Q1, around 150 less than the IMTP trajectory of 1,267.
- GP referrals to Rapid Response for 65+: The proportion of GP referrals made to Rapid Response for over 65s also shows no significant monthly change. Again, there are wide process limits, indicating that the proportion referred is expected to vary between 5%-11%. April performance met the Q1 IMTP trajectory of 8.5%, but performance has been just under this in May (7.9%) and June (8%). As part of the UEC transformation programme (older people workstream), one of the outcomes of the Navigation Hub/Single Point of Access will be to reduce barriers for GPs to access Rapid Response services.



Place Based Care



**Insights and Actions**

- Urgent Primary Care (UPC): UPC contacts currently show no significant change month-on-month and exhibit a wide expected range of 6,300-9,400 contacts per month. Q1 performance finished on 24,890 contacts, around 500 contacts below the IMTP trajectory of 25,437.



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

| Theme                     | Delivery Expectation                                                                                                                                                                                                                                     | ABUHB commitment     | In month performance against trajectory              | Variance | Assurance |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------|----------|-----------|
| Urgent and Emergency Care | Ensure no ambulance patient handover waits over 45 minutes [All location types, GUH & eLGHs]                                                                                                                                                             | <b>91</b><br>Mar-27  | <b>1,025</b><br>Jun-26<br>(Jun-26 Trajectory: 733)   |          |           |
|                           | Ensure no ambulance patient handover waits over 45 minutes [GUH ED only]                                                                                                                                                                                 | <b>80</b><br>Mar-27  | <b>732</b><br>Jun-26<br>(Jun-26 Trajectory: 578)     |          |           |
|                           | Reduce the number of ambulance crew hours lost [All location types, GUH & eLGHs]                                                                                                                                                                         | <b>960</b><br>Mar-27 | <b>2,342</b><br>Jun-26<br>(Jun-26 Trajectory: 1,949) |          |           |
|                           | Reduce the number of ambulance crew hours lost [GUH ED only]                                                                                                                                                                                             | <b>768</b><br>Mar-27 | <b>1,947</b><br>Jun-26<br>(Jun-26 Trajectory: 1,559) |          |           |
|                           | Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero | <b>799</b><br>Mar-27 | <b>1,413</b><br>Jun-26<br>(Jun-26 Trajectory: 1,066) |          |           |
|                           | % of patients who spend less than 12 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge                                                                                               | <b>95%</b><br>Mar-27 | <b>91.5%</b><br>Jun-26<br>(Jun-26 Trajectory: 93.5%) |          |           |
|                           | Reduction in time from arrival to ED triage - no waits over 60 minutes                                                                                                                                                                                   | <b>200</b><br>Mar-27 | <b>477</b><br>Jun-26<br>(Jun-26 Trajectory: 300)     |          |           |
|                           | Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.                                                                                             | <b>60</b><br>Mar-27  | <b>157</b><br>Jun-26<br>(Jun-26 Trajectory: 100)     |          |           |
|                           | Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU                                                                                                                                                           | <b>77%</b><br>Mar-27 | <b>71.1%</b><br>Jun-26<br>(Jun-26 Trajectory: 75%)   |          |           |

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

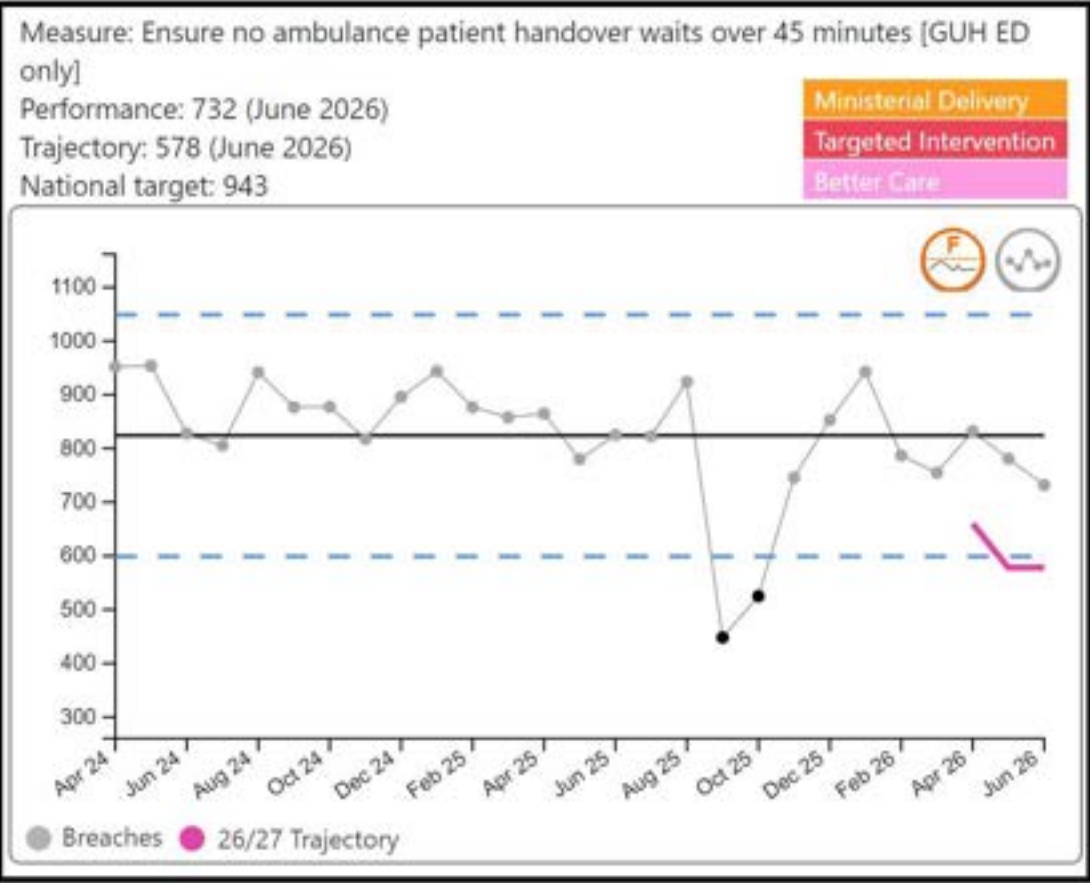
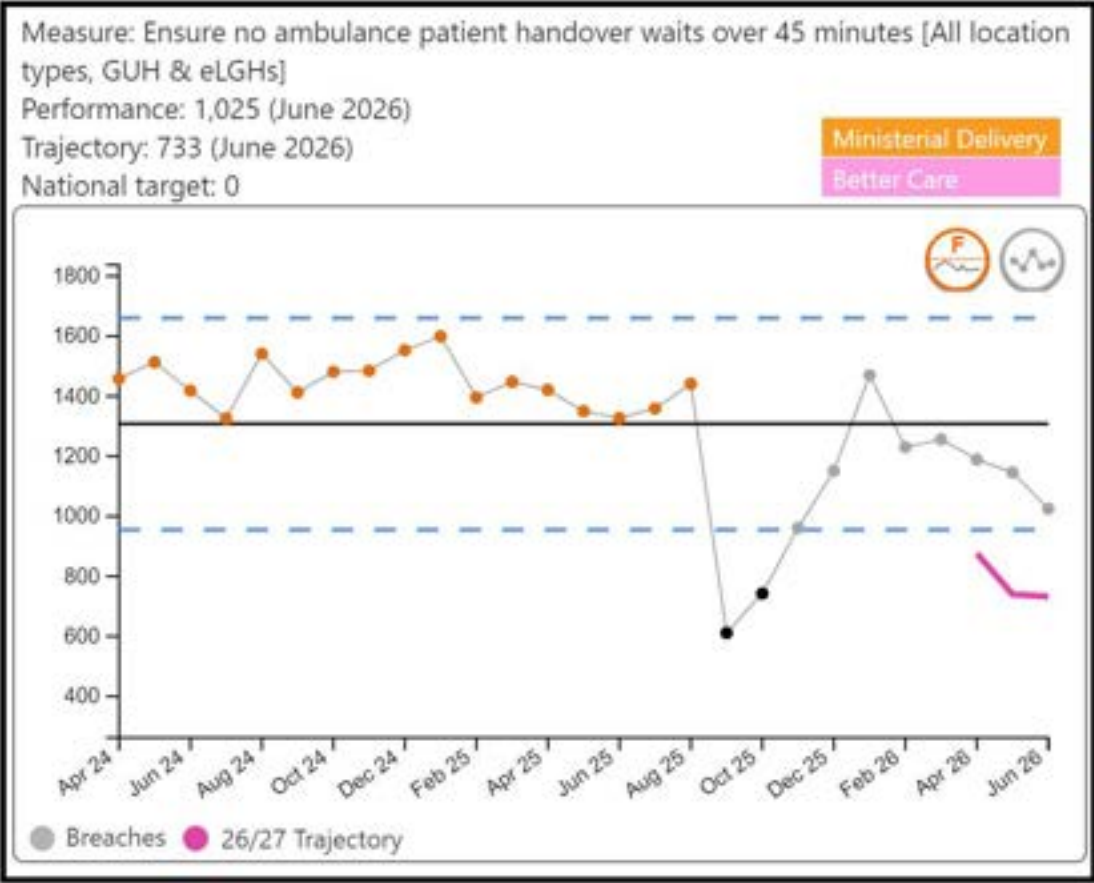


| Theme                     | Delivery Expectation                                                                                                                         | ABUHB commitment | In month performance against trajectory       | Variance | Assurance |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------|----------|-----------|
| Urgent and Emergency Care | Improve the percentage of pre noon Provider Spell discharges                                                                                 | 17.1%<br>Mar-27  | 16.0%<br>Jun-26<br>(Q1 Trajectory: 16.5%)     |          |           |
|                           | Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard | 120<br>Mar-27    | 169<br>Jun-26<br>(Jun-26 Trajectory: 150)     |          |           |
|                           | Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard     | 3,840<br>Mar-27  | 5,316<br>Jun-26<br>(Jun-26 Trajectory: 4,500) |          |           |
|                           | Percentage of suspected stroke patients scanned within 20 minutes of clock start                                                             | 35%<br>Mar-27    | 25.8%<br>Apr-26<br>(Q1 Trajectory: 25%)       |          |           |
|                           | % of patients directly admitted to an acute stroke ward <4hrs of clock start                                                                 | 23%<br>Mar-27    | 36.7%<br>Apr-26<br>(Q1 Trajectory: 20%)       |          |           |
|                           | % of unique stroke patients given thrombectomy (all stroke types)                                                                            | 6%<br>Mar-27     | 3.2%<br>Apr-26<br>(Q1 Trajectory: 5%)         |          |           |
|                           | % Assessed by OT within 24hrs                                                                                                                | 32.5%<br>Mar-27  | 26.3%<br>Apr-26<br>(Q1 Trajectory: 25%)       |          |           |
|                           | % Assessed by PT within 24hrs                                                                                                                | 30%<br>Mar-27    | 29.8%<br>Apr-26<br>(Q1 Trajectory: 22.5%)     |          |           |
|                           | % Assessed by SaLT within 72hrs                                                                                                              | 72%<br>Mar-27    | 87.8%<br>Apr-26<br>(Q1 Trajectory: 66%)       |          |           |





Urgent & Emergency Care System

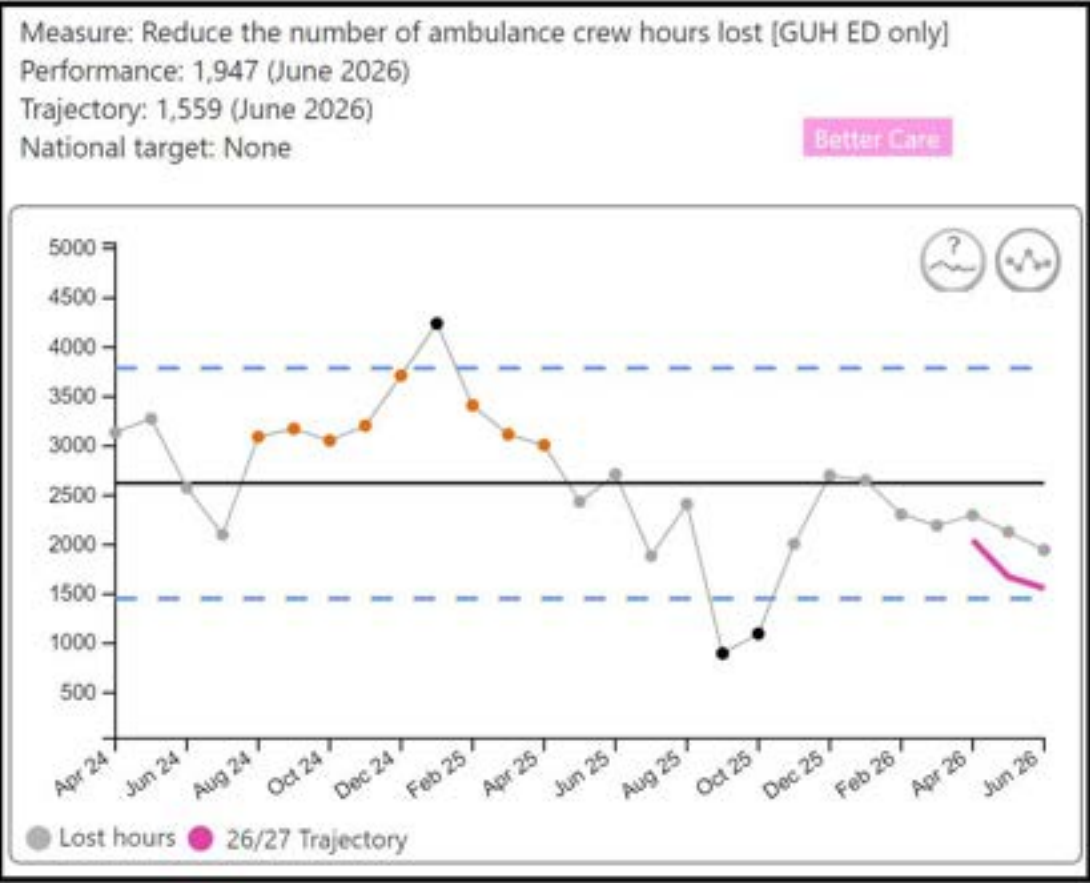
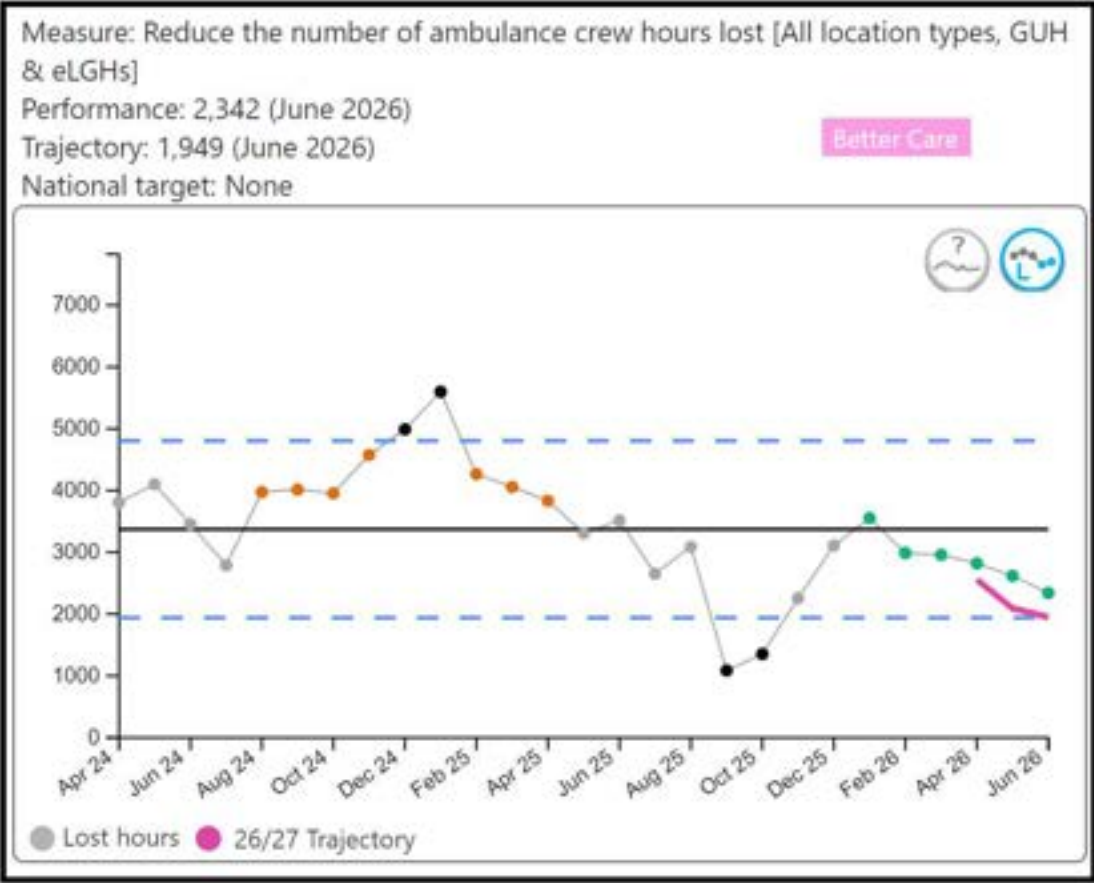


**Insights and Actions**

- Ambulance handovers over 45 minutes: June performance remained variable, particularly within GUH ED, where 45-minute handover compliance ranged from 20.9% to 76.6%, with the most challenging periods occurring between 8<sup>th</sup> to 15<sup>th</sup> June and during the early stages of the Critical Incident. June saw the lowest full month handover volume since GUH at 1,382 handovers, which is ~170 lower than the 27 month average (e.g. from Apr-24). This lower handover volume meant that compliance at GUH ED reduced to 47% from 49.7% in May and significantly lower than the 65% aim as outlined in the UEC Transformation Plan. From a breach perspective however, as per the ministerial measure, June delivered the lowest full month 45 minute breach volume since the opening of GUH (732 breaches, excluding the ONP launch period), despite remaining above trajectory. Across GUH and the eLGHs, 45 minute handover compliance improved for the third consecutive month to 58.2%, driven by sustained improvement in Assessment Units, which achieved 68.9% compliance (up from 60.4% in May). Consequently, total handover breaches across all locations fell for the third successive month to 1,025. Delivery against the H45 programme remains a critical priority for the Health Board.



Urgent & Emergency Care System



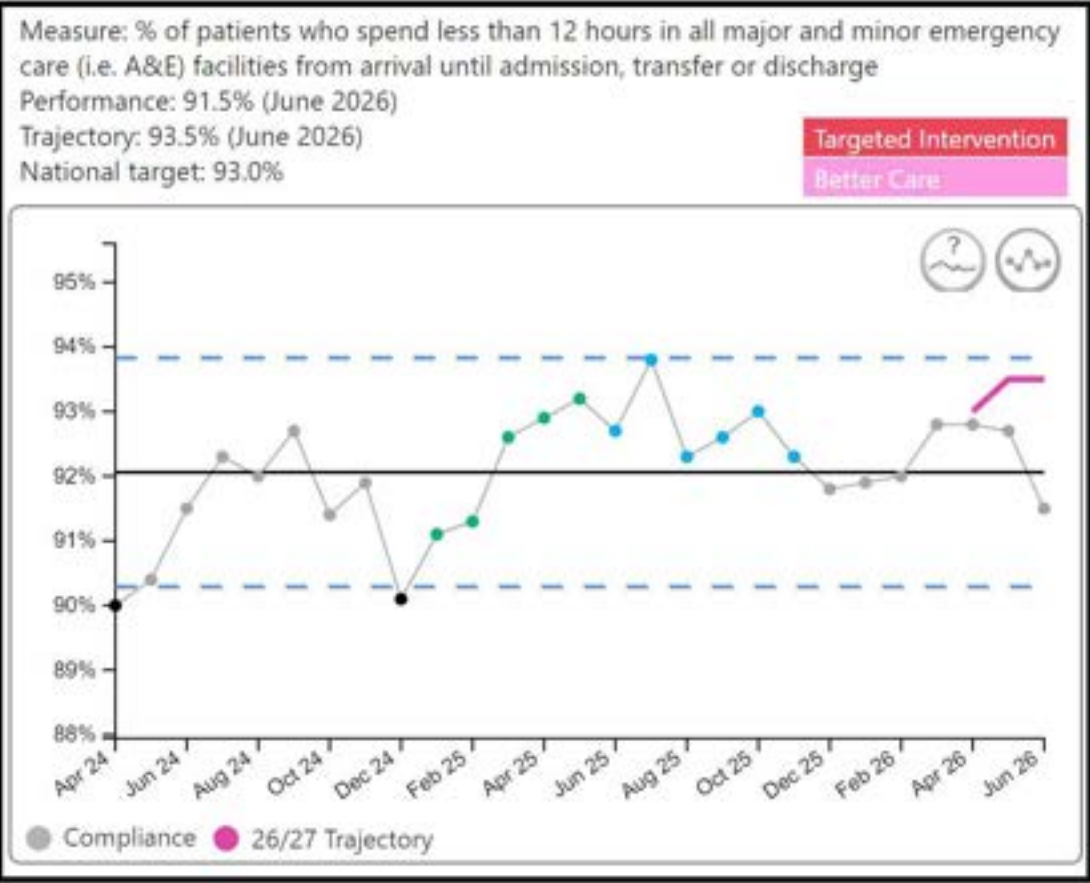
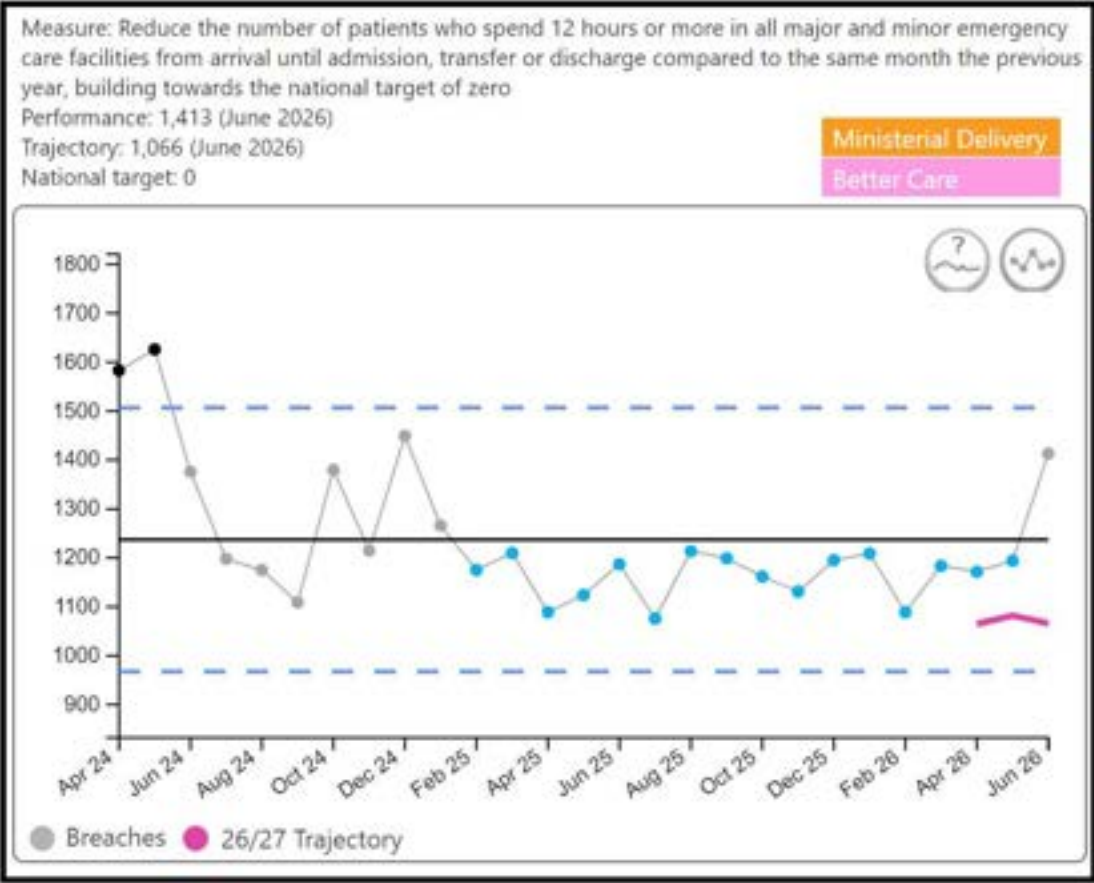
**Insights and Actions**

- Ambulance lost hours: Crew hours lost across GUH and the eLGHs improved for the fifth consecutive month, reducing to 2,342, driven primarily by sustained improvements within Assessment Units. Although crew hours lost at GUH ED also reduced for a second consecutive month and around half of all days achieved or outperformed trajectory, a small number of highly challenged days resulted in month-end performance remaining above Annual Plan trajectory. Recovery actions are underway through a six-week H45 improvement sprint, commencing on 22 June 2026, followed by a two-week period of sustained decongestion from 29 July 2026. A dedicated cross-divisional UEC team has been established to drive delivery, supported by twice-weekly oversight meetings chaired by the Deputy Chief Operating Officer. Key interventions include strengthening demand management pathways, re-establishing the community clinical desk, implementing enhanced out-of-hours staffing arrangements, introducing escalation red lines with executive clinical support, and agreeing environmental principles to support safe and timely ambulance handovers.





Urgent & Emergency Care System

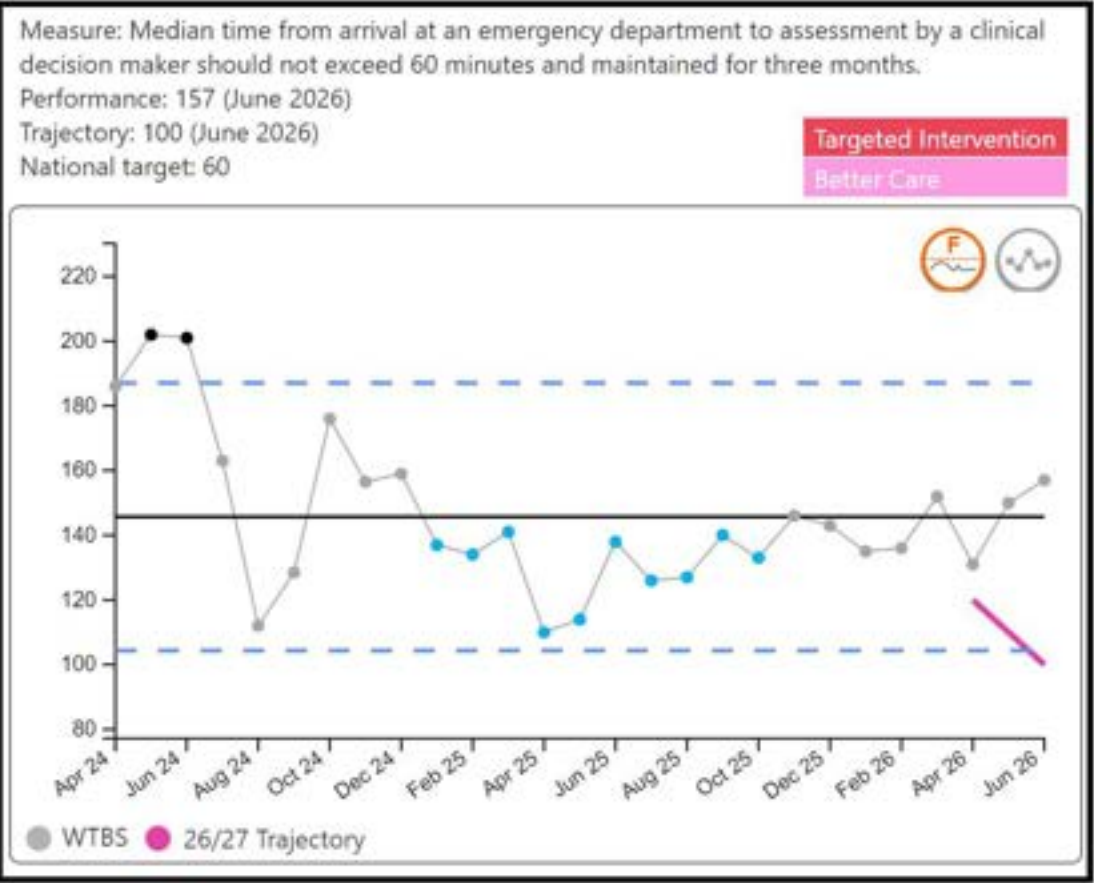
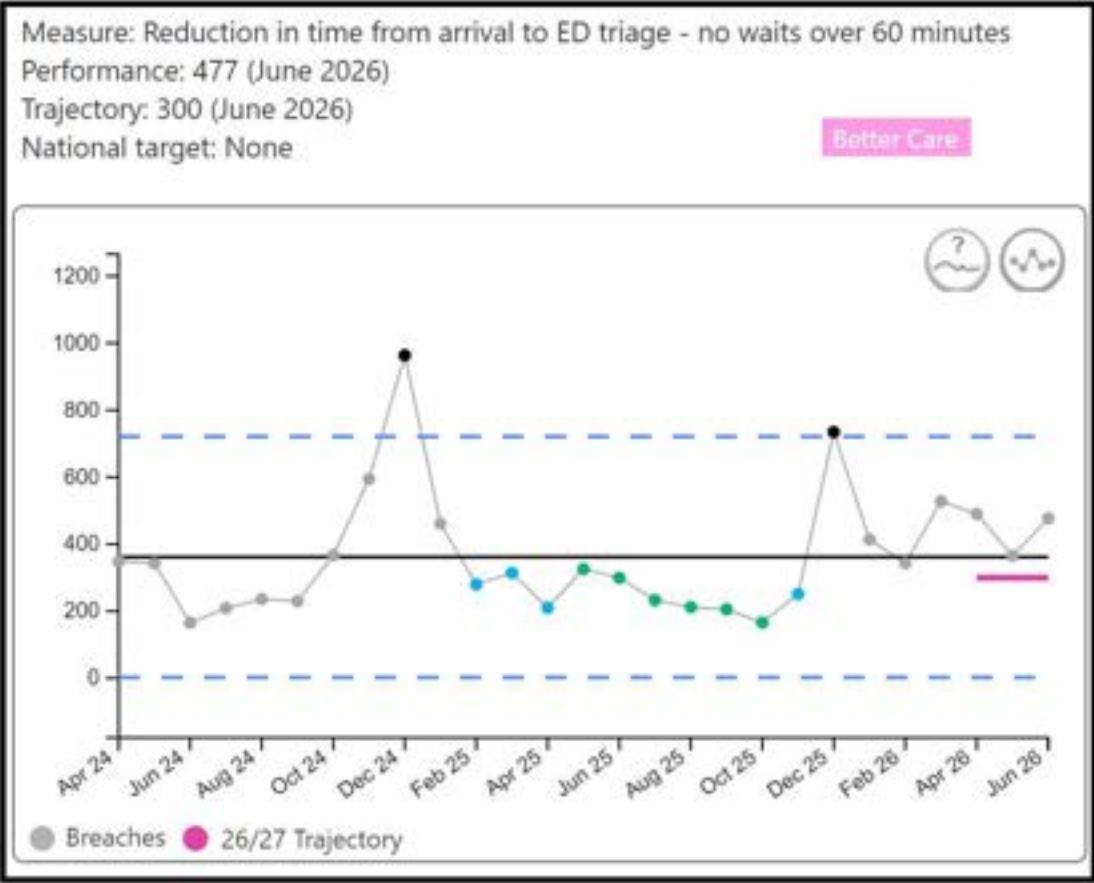


**Insights and Actions**

- 12hr EDMIU: June saw a deterioration in 12-hour ED/MIU performance, with breaches increasing to 1,413, the highest monthly total since December 2024. Compliance also decreased to 91.5%, its lowest level since February 2025. Performance was highly variable throughout the month, driven largely by periods of exceptionally high walk-in demand and wider system pressures. GUH ED was the main contributor to this deterioration, with compliance reducing from 84.3% in May to 81.0% in June, its lowest level since May 2024. Flow through the entirety of the UEC pathway is central to delivery against front door metrics, and a range of actions have been implemented to support delivery of 'Our Next Patient' and continuous flow, including the introduction of standard operating procedures, ward-level discharge targets with enhanced performance review, and process improvements to accelerate patient flow and transfers. In addition, a multi-agency discharge review has been undertaken with Local Authority partners to strengthen joint Health and Social Care decision-making and support timely discharge arrangements.



Urgent & Emergency Care System

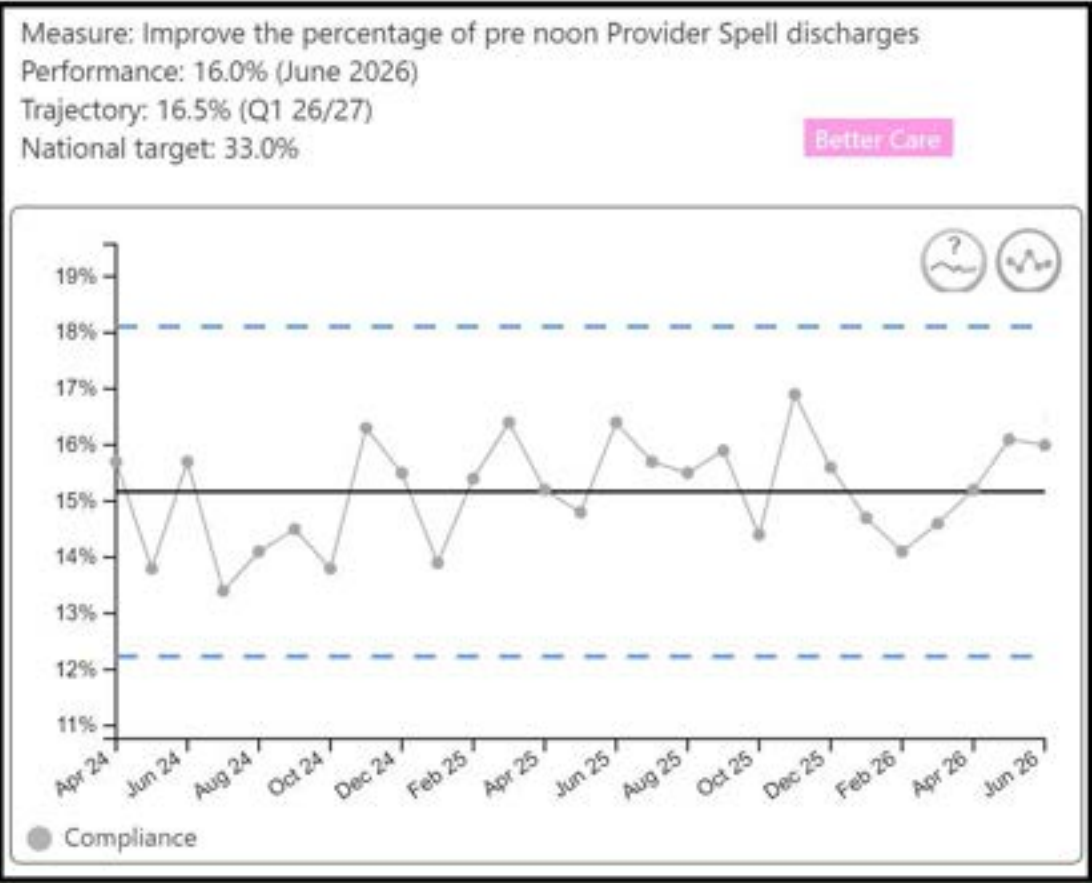
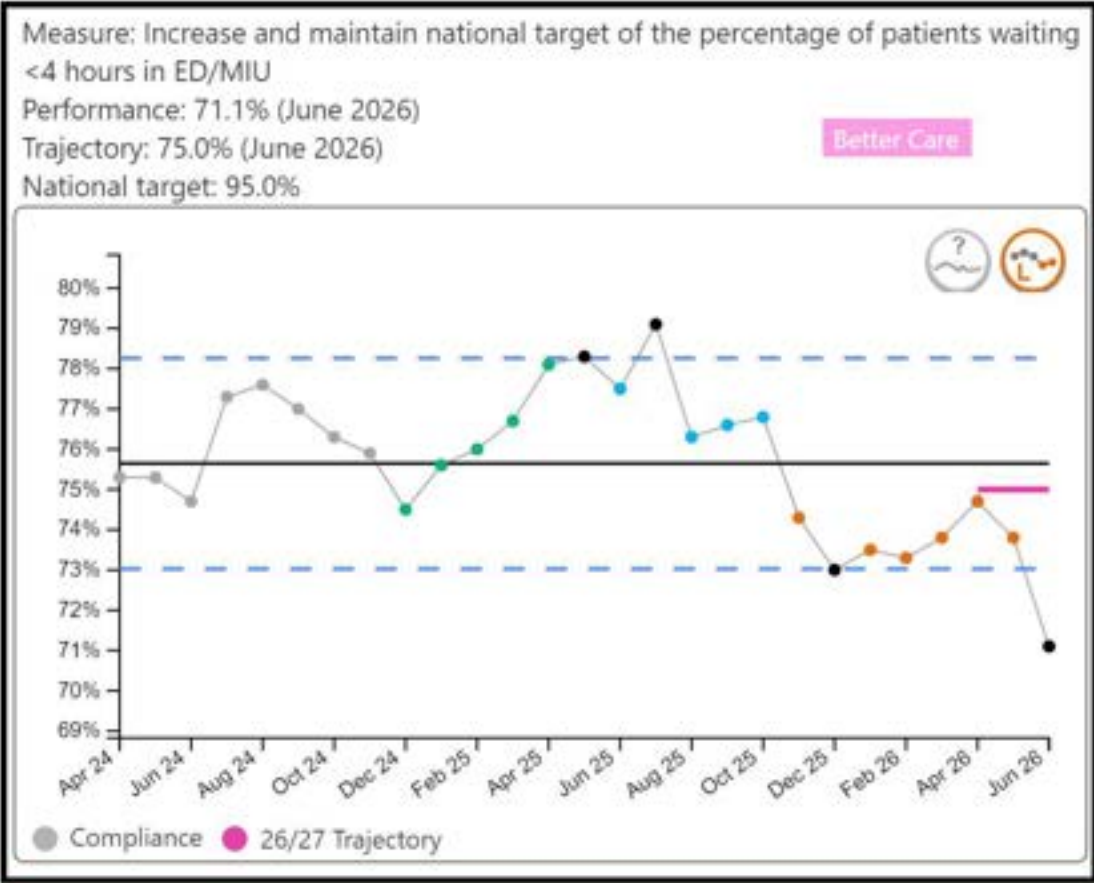


**Insights and Actions**

- Triage: 60 minute triage breaches at GUH ED were in line with trajectory for the majority of June, at between 1 and 14. There were however four outlier days, with the 1<sup>st</sup> recording 80 and the 28<sup>th</sup> to the 30<sup>th</sup> having 92, 58 and 58 respectively (60% of monthly total), resulting in the total breach numbers for the month remaining above the Annual Plan trajectory.
- Wait to be seen (WTBS): Median waiting times to be seen were subject to periods of increased pressure during June, reflecting peaks in exceptional walk-in demand. Despite overall median wait performance deteriorating compared with May, the percentage of patients seen within 60 minutes improved from 21.3% in May to 22.7% in June. Embedding sustained, continuous-flow across the Emergency Department remains critical to improving early patient movement, and to prevent congestion within majors and assessment areas which has a detrimental impact on this measure. Improving daytime assessment capacity is also key, building on ongoing clinician role redesign and effective Senior Rapid Assessment & Treatment (SRAT) rostering. Finally, protecting cubicle availability overnight is essential, with enforcement of ONP escalation and adhering to boarding protocols so that clinical areas retain capacity, helping to avoid the deterioration in WTBS performance when overnight capacity is challenged.



Urgent & Emergency Care System



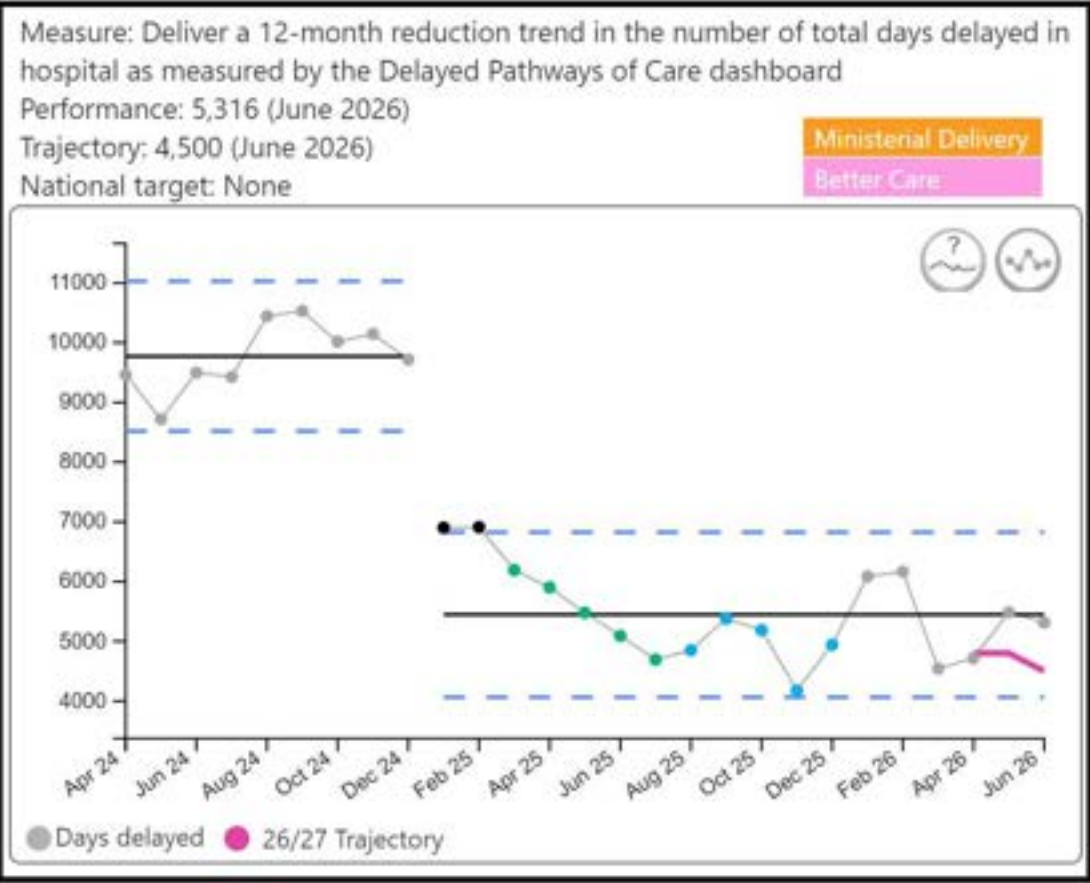
**Insights and Actions**

- 4hr EDMIU: 4hr EDMIU compliance was severely impacted in June as a result of the heatwave/critical incident, as well as periods of exceptionally high walk-in demand. GUH ED recorded its lowest ever performance at 42.7%, with decreases in compliance also observed at the eLGH MIUs. Overall compliance of 71.1% is the lowest since December 2022. As per the actions already described around embedding the continuous flow model through the entirety of the UEC pathway, delivery of these is central to improving performance of this front door metric.
- Pre noon discharge performance: Pre noon discharge performance was one of the key metrics monitored by NHS P&I during the Winter Sprint periods and continues to form part of the daily operational returns submitted by the Health Board. It is recognised that earlier discharges enable better flow through the hospitals, and therefore the Health Board included this measure in the 26/27 Annual Plan for the first time. As backdoor flow remains a critical part of the overarching UEC transformation plan, the work underway through embedding the Optimal Hospital Flow Framework (OHFF) seeks to improve the rate of pre noon Provider Spell (e.g. patients going to their usual place of residence/leaving the system rather than transfers). May and June performance has improved to 16%, marginally short of the Q1 trajectory of 16.5%.





Urgent & Emergency Care System



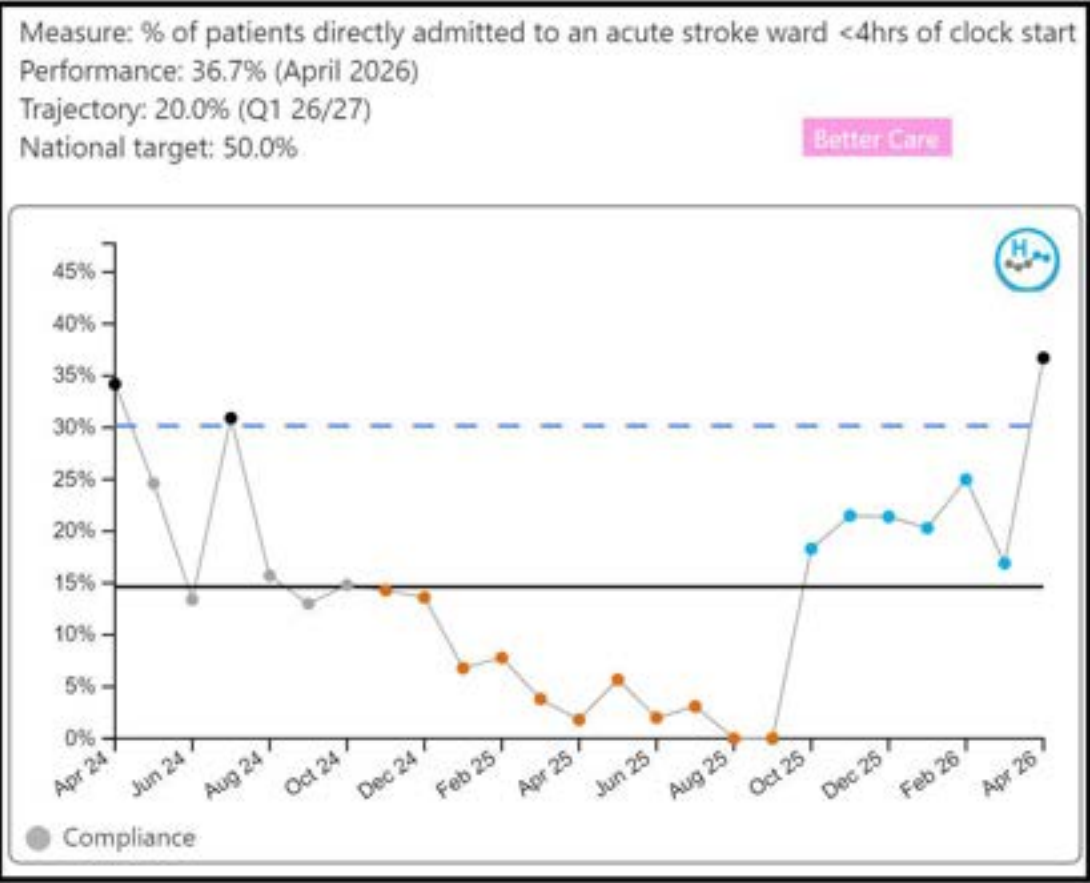
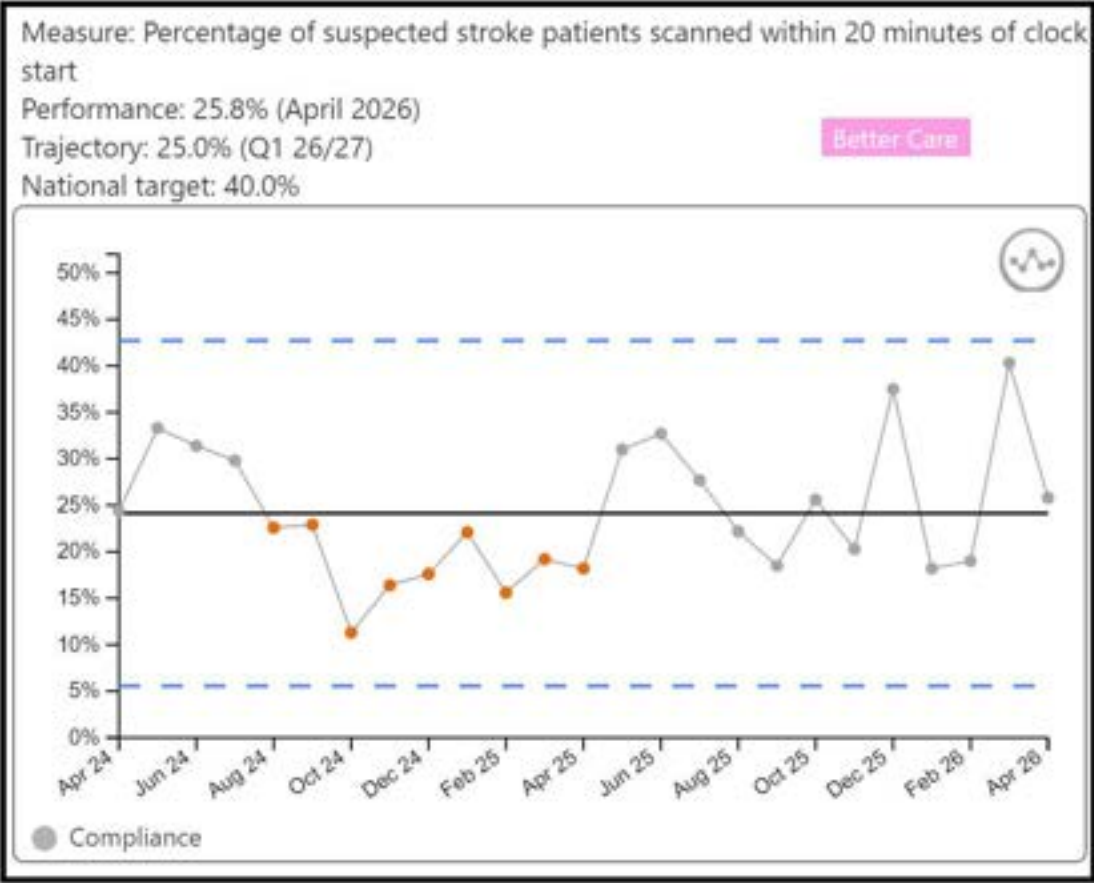
**Insights and Actions**

- Pathway of Care Delays (POCDs): The total number of POCDs has maintained performance around the mean of 181 for the past 5 months, sustaining improvement from the 2025/26 high in December. The June position of 169 is above the planned trajectory of 150 but is reduced from the position a year ago (-6.6%, 181). Health delays continue to surpass the number of Social delays for the third month in a row. POCDs by days delayed has shown more variability but has demonstrated close to mean (5,446) performance for the past two months. The June position of 5,316 is over a thousand days above trajectory and an increase on the position a year ago (+4.4%, 5,091). Average days delayed has increased consistently for the past 4 months, now at 31 days, following the relative stability in total number of POCDs and increase in days delayed. The trajectories for both POCDs and days delayed currently sit between the control limits, indicating that they will not be reliably achieved. Significant focus remains on reviewing the longest staying patients, as well as new processes in place across Divisions to improve the accuracy of Estimated Discharge Dates (EDDs) and the recording of reasons that are preventing patients moving to the next step of the discharge planning process.

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



Urgent & Emergency Care System

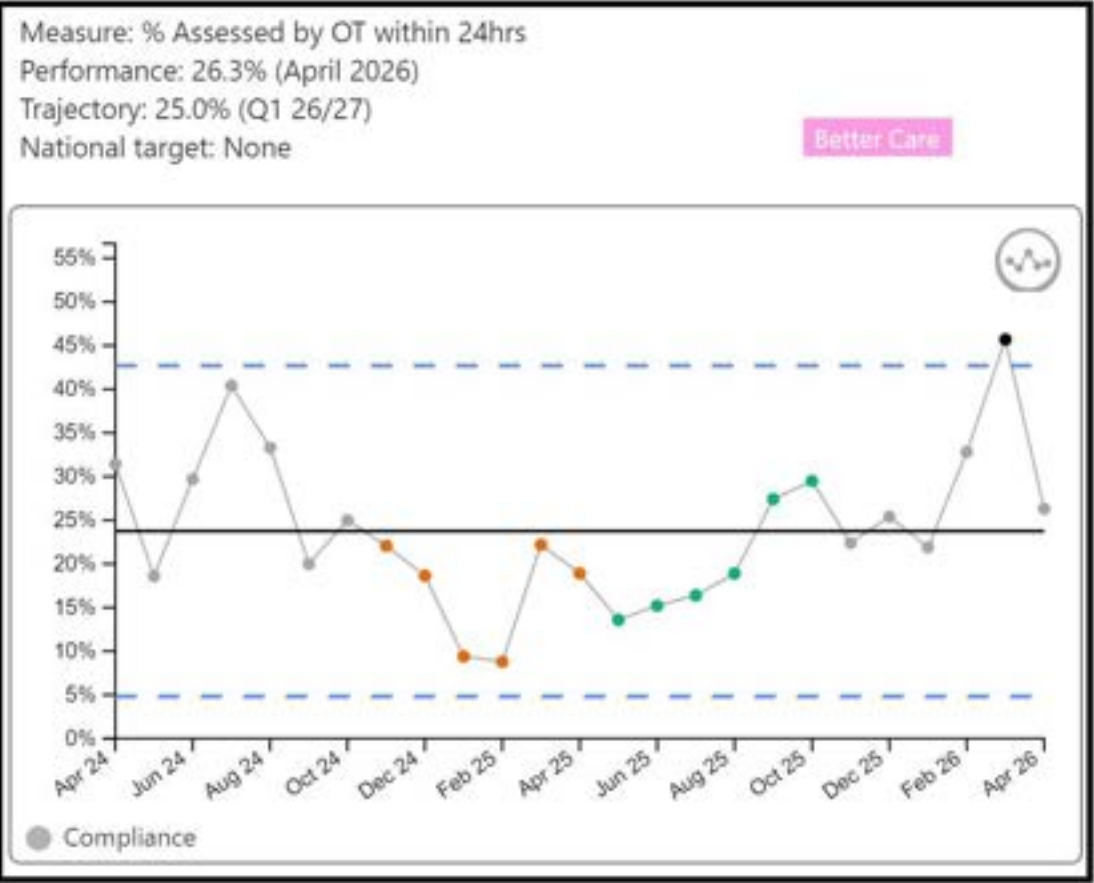
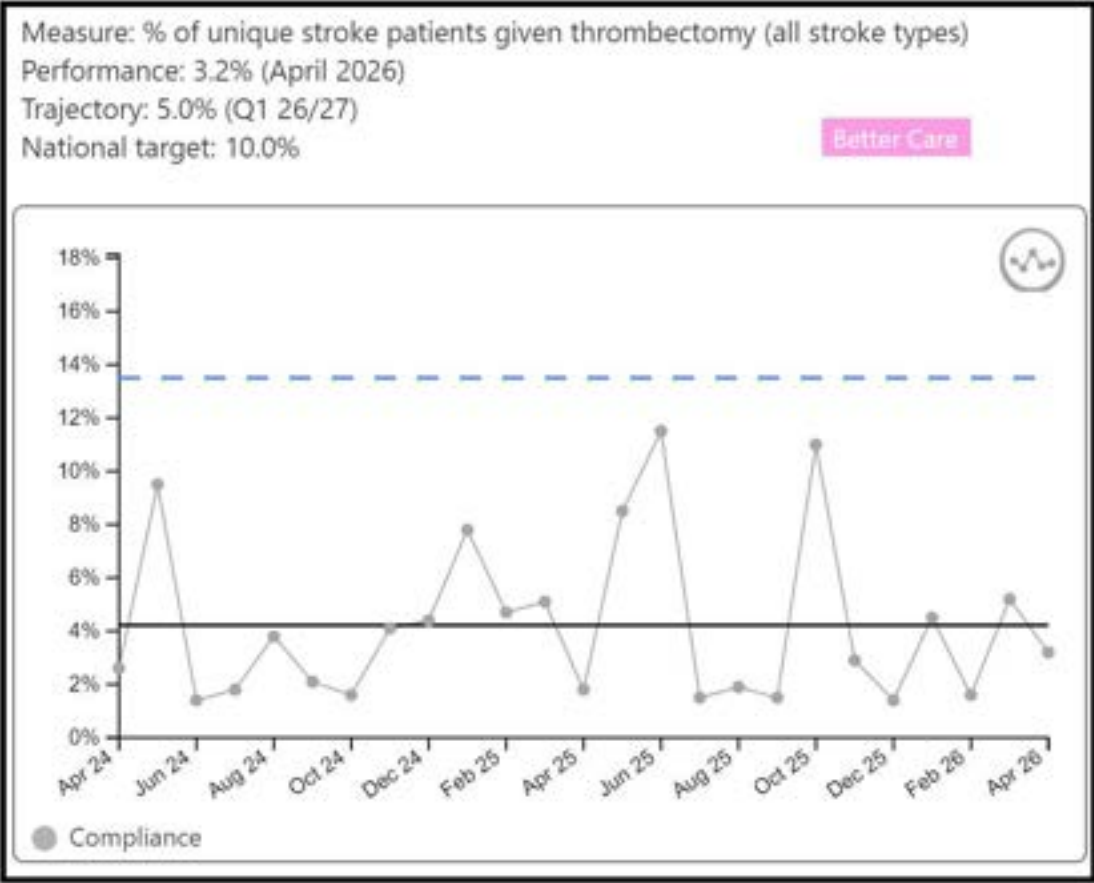


**Insights and Actions**

- Stroke time to scan: The percentage of patients scanned within 20 minutes of clock start has been included within the 26/27 NHS Wales Performance Framework and has been adopted by the Health Board as a core performance measure within the Annual Plan for 26/27. March performance of 39.2% was the highest in the held dataset (going back to Apr-24), with April performance of 25.8% still above the mean.
- Stroke 4hr target: April 4hr performance saw a significant increased to 36.7% and outside of the upper control limit, with performance above the mean for seven consecutive months, consolidated an improvement trend from Oct-25. The Stroke programme now reports into the new UEC Transformation Board, and the stroke pathway improvement work is focused on optimising post-acute care to maximise patient independence through effective inpatient rehabilitation and community support following discharge. Reviews are underway to address flow challenges within the current pathway, including ensuring timely access to stroke beds, alongside a review of CT imaging processes and the adoption of perfusion scanning to support faster diagnosis and treatment decisions.



Urgent & Emergency Care System

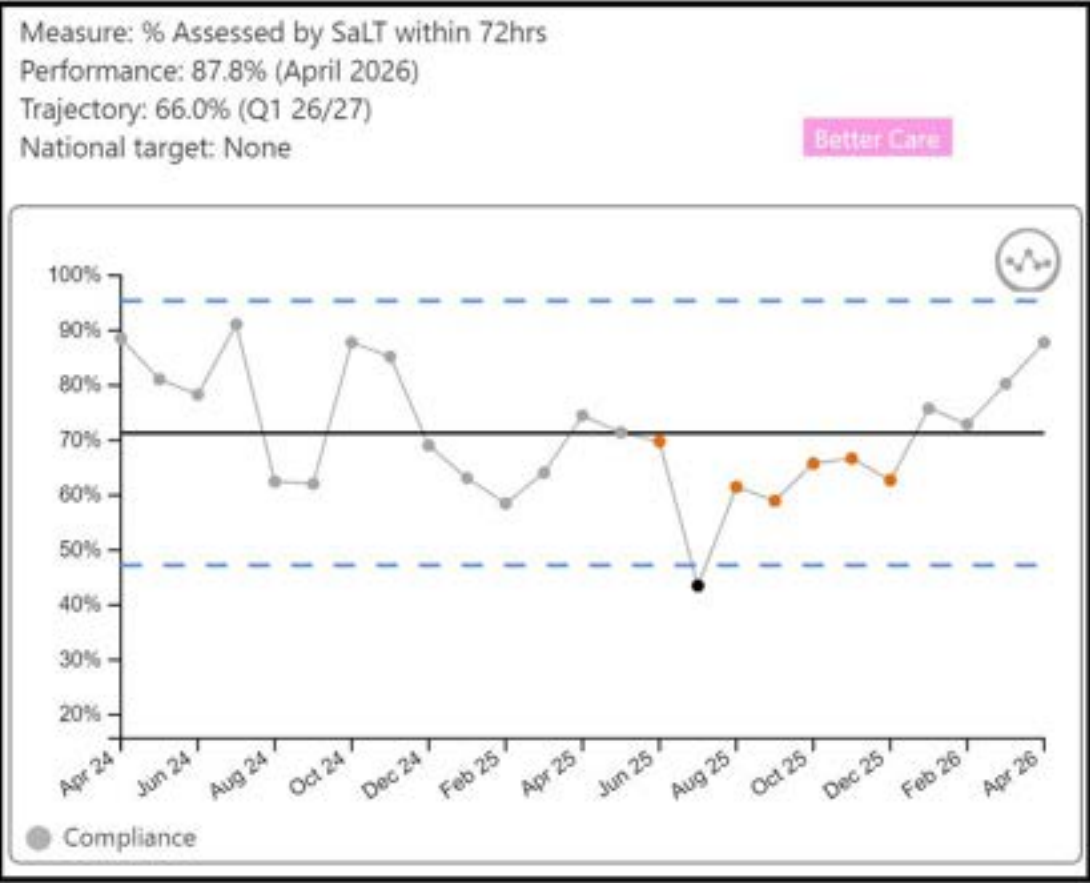
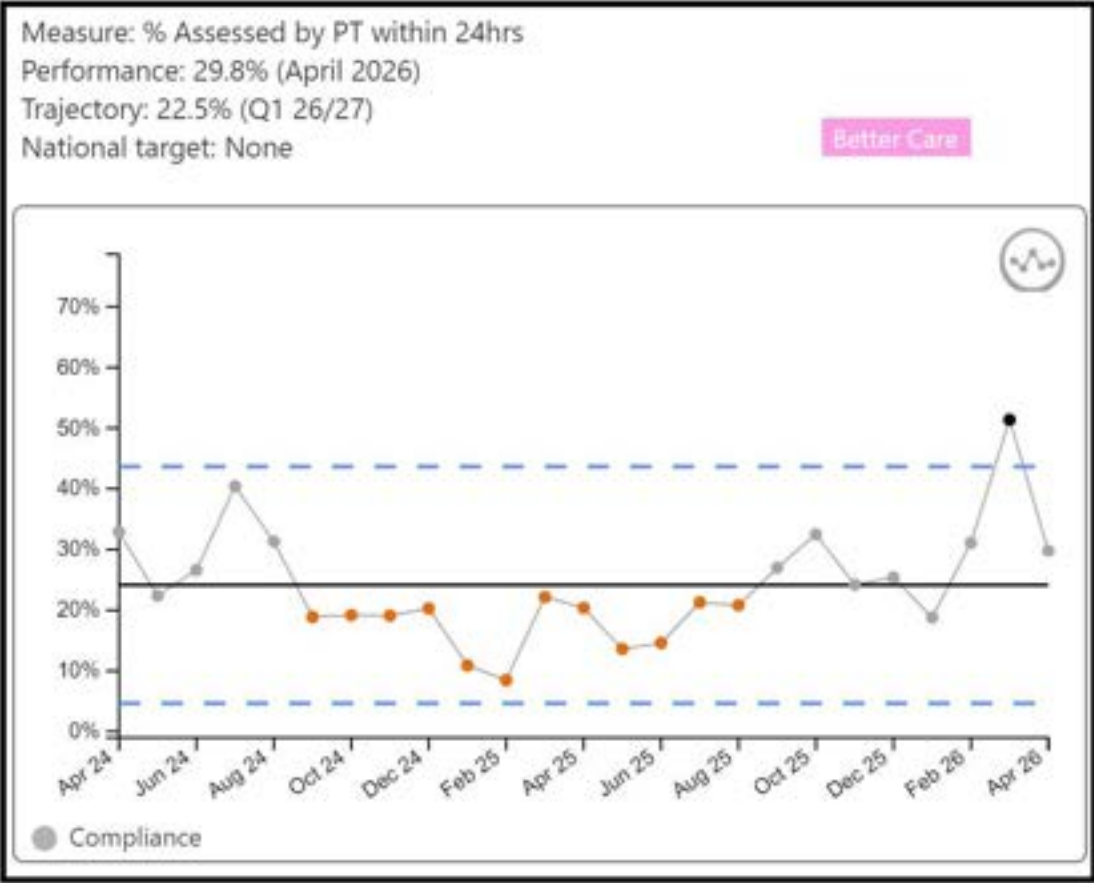


**Insights and Actions**

- Stroke thrombectomy: Thrombectomy rates are improved in the latest two reportable months however there remains no overall variation in performance. Thrombectomy commissioning and data capture has been discussed between ABUHB and NHS P&I. NHS P&I are liaising with the JCC around commissioning approach and particularly hours of service provided from Southmead (NBT), an extension to which could assist in improving rates further. The internal stroke improvement plan linked to improving thrombolysis rates is underway and will have linked benefit to thrombectomy where applicable, with shared learning from other Health Boards who have introduced and significantly improved thrombolysis rates.
- Please note that for all Stroke performance data, technical difficulties with the SSNAP server mean have resulted in complications with the national dashboard and thus there has been a delay in the publication of May data.



Urgent & Emergency Care System



**Insights and Actions**

- Stroke therapies: Occupational (previous page) and Physiotherapy assessment within 24hrs both saw significant improvements in March, reaching 45.6% and 51.5% respectively and the highest levels recorded in our dataset from April 2024. Whilst there was a decrease in April, performance remains above the mean and the Q1 trajectory. Speech and Language assessment within 72hrs continued its improvement trend since the low of Jul 25 with the past four reportable months all above the mean and significantly above the Q1 trajectory. A multidisciplinary improvement workshop will be held during Q2, bringing together Urgent Care, hospital flow teams, diagnostics, WAST, stroke services and rehabilitation teams to identify opportunities to improve pathway timeliness. This will inform the development of a detailed improvement plan with defined targets and interventions, alongside work to reduce length of stay within the YYF rehabilitation unit and develop a case for enhanced dedicated inpatient rehabilitation capacity.



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



| Theme                              | Delivery Expectation                                                                                                                       | ABUHB commitment | In month performance against trajectory         | Variance | Assurance |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------|----------|-----------|
| Cancer, Planned Care & Diagnostics | 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | 75%<br>Mar-27    | 57%<br>May-26<br>(May-26 Trajectory: 64.9%)     |          |           |
|                                    | % of urgent suspected cancer patients diagnosed within 28 days from point of suspicion                                                     | 75%<br>Mar-27    | 75.8%<br>May-26<br>(May-26 Trajectory: 72.5%)   |          |           |
|                                    | Reduction in backlog of patients waiting over 62 days (SCP)                                                                                | 170<br>Mar-27    | 335<br>May-26<br>(May-26 Trajectory: 350)       |          |           |
|                                    | Reduction in backlog of patients waiting over 104 days (SCP)                                                                               | 50<br>Mar-27     | 95<br>May-26<br>(May-26 Trajectory: 105)        |          |           |
|                                    | Numbers of patients waiting over 104 weeks (all stages)                                                                                    | 2,291<br>Mar-27  | 384<br>Jun-26<br>(Jun-26 Trajectory: 625)       |          |           |
|                                    | Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic                                                    | 0<br>Mar-27      | 1,468<br>Jun-26<br>(Jun-26 Trajectory: 3,048)   |          |           |
|                                    | Number of patients waiting over 52 weeks for Outpatients                                                                                   | 3,012<br>Mar-27  | 1,235<br>Jun-26<br>(Jun-26 Trajectory: 1,919)   |          |           |
|                                    | Number of patients waiting over 26 weeks for Outpatients                                                                                   | 18,306<br>Mar-27 | 10,322<br>Jun-26<br>(Jun-26 Trajectory: 11,620) |          |           |
|                                    | Reduction in referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally                                   | 6,600<br>Mar-27  | 6,964<br>Jun-26<br>(Jun-26 Trajectory: 6,750)   |          |           |



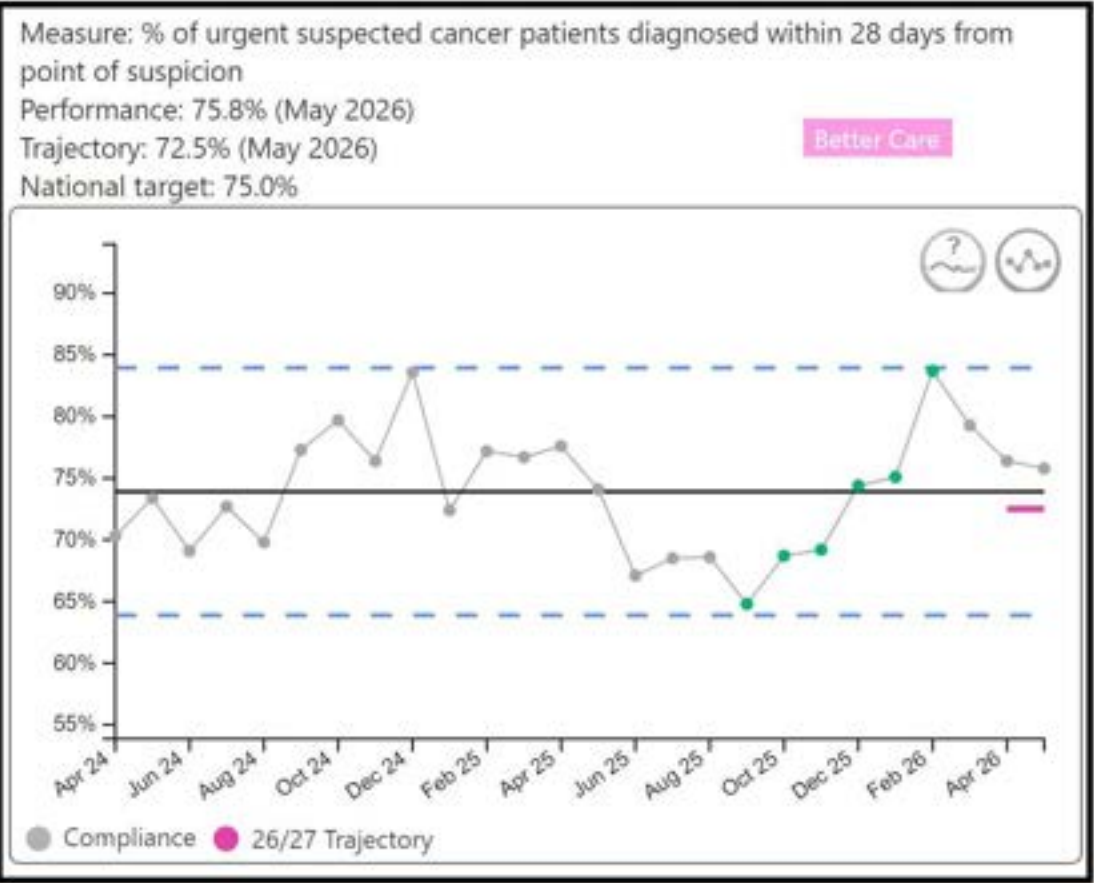
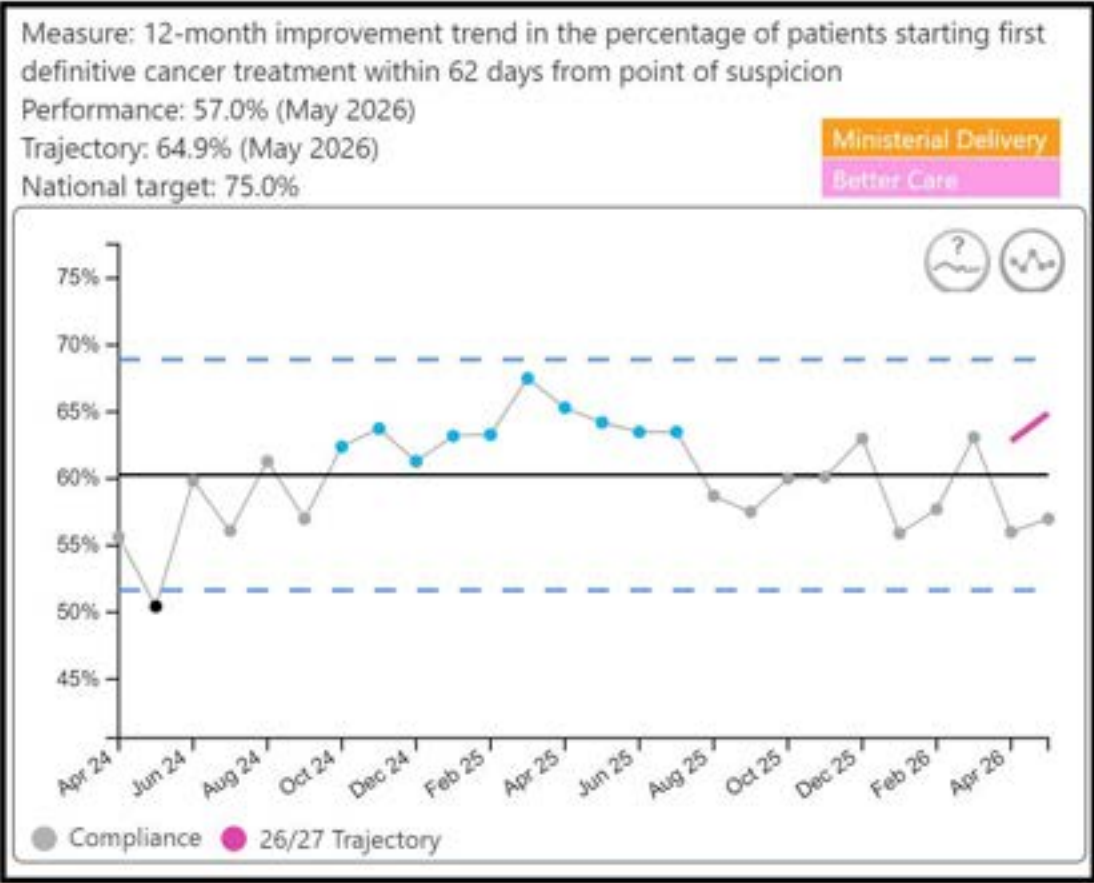
| Theme                              | Delivery Expectation                                                                   | ABUHB commitment | In month performance against trajectory     | Variance | Assurance |
|------------------------------------|----------------------------------------------------------------------------------------|------------------|---------------------------------------------|----------|-----------|
| Cancer, Planned Care & Diagnostics | Monitoring of DNA rates Outpatient clinics                                             | 5%<br>Mar-27     | 5.8%<br>Jun-26<br>(Jun-26 Trajectory: 5%)   |          |           |
|                                    | Reduction in the number of patients waiting 100% past Outpatient follow-up target date | 23,606<br>Mar-27 | 31,708<br>Jun-26<br>(Q1 Trajectory: 29,150) |          |           |
|                                    | Increase in the rate of See On Symptom and Patient Initiated Follow-ups                | 15%<br>Mar-27    | 12.1%<br>Jun-26<br>(Q1 Trajectory: 13.5%)   |          |           |
|                                    | Number of adults waiting more than 14 weeks for all audiology pathways                 | 7,385<br>Mar-27  | 5,894<br>Jun-26<br>(Q1 Trajectory: 5,988)   |          |           |
|                                    | Number of children waiting more than 6 weeks for all audiology pathways                | 1,762<br>Mar-27  | 1,222<br>Jun-26<br>(Q1 Trajectory: 1,177)   |          |           |
|                                    | No patient waiting more than 14 weeks for a therapeutic assessment                     | 830<br>Mar-27    | 442<br>Jun-26<br>(Q1 Trajectory: 395)       |          |           |



| Theme                              | Delivery Expectation                                                            | ABUHB commitment | In month performance against trajectory   | Variance | Assurance |
|------------------------------------|---------------------------------------------------------------------------------|------------------|-------------------------------------------|----------|-----------|
| Cancer, Planned Care & Diagnostics | Theatre Utilisation: late starts to less than 20%                               | 25%<br>Mar-27    | 40.4%<br>Jun-26<br>(Q1 Trajectory: 35%)   |          |           |
|                                    | Theatre Utilisation: early finishes to less than 10%                            | 15%<br>Mar-27    | 26.7%<br>Jun-26<br>(Q1 Trajectory: 22.5%) |          |           |
|                                    | Theatre Utilisation: session utilisation to 85%                                 | 85%<br>Mar-27    | 81.7%<br>Jun-26<br>(Q1 Trajectory: 85%)   |          |           |
|                                    | Deliver improvements in day surgery rates, measured through BADS day case rates | 55%<br>Mar-26    | 75.7%<br>Mar-26<br>(Q4 Trajectory: 55%)   |          |           |



Cancer

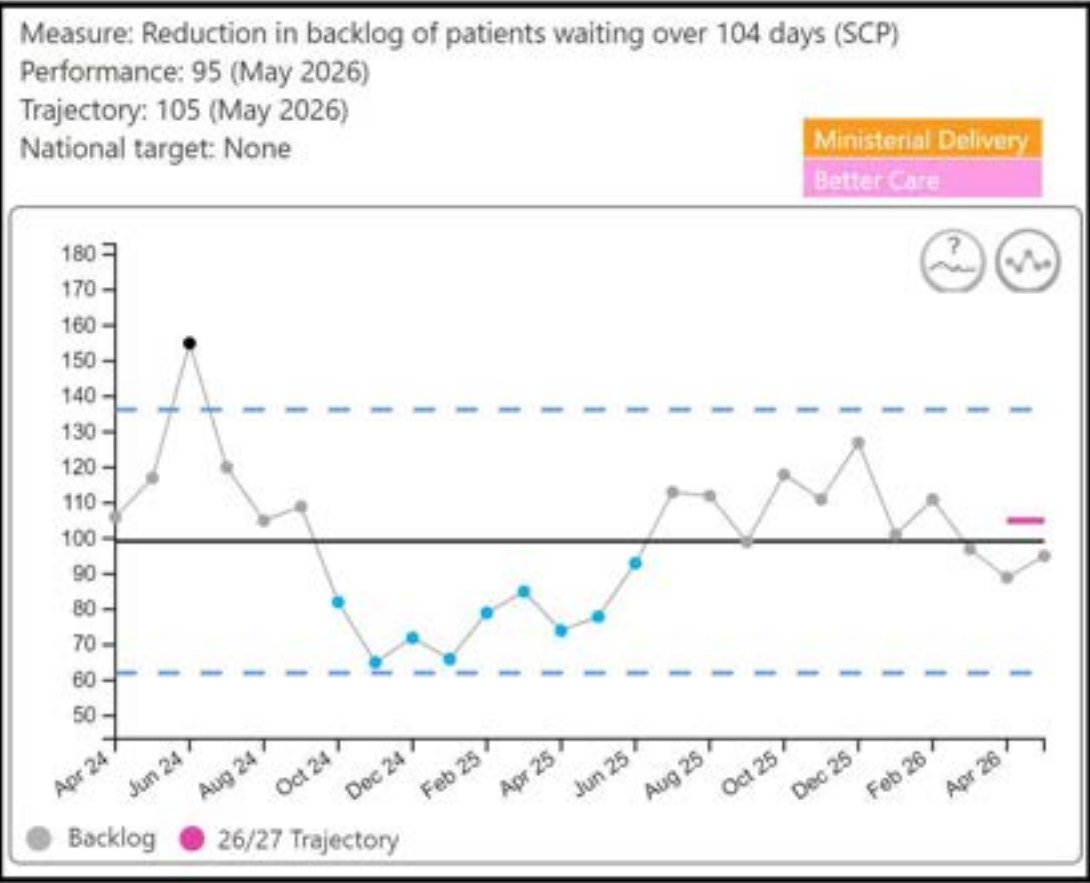
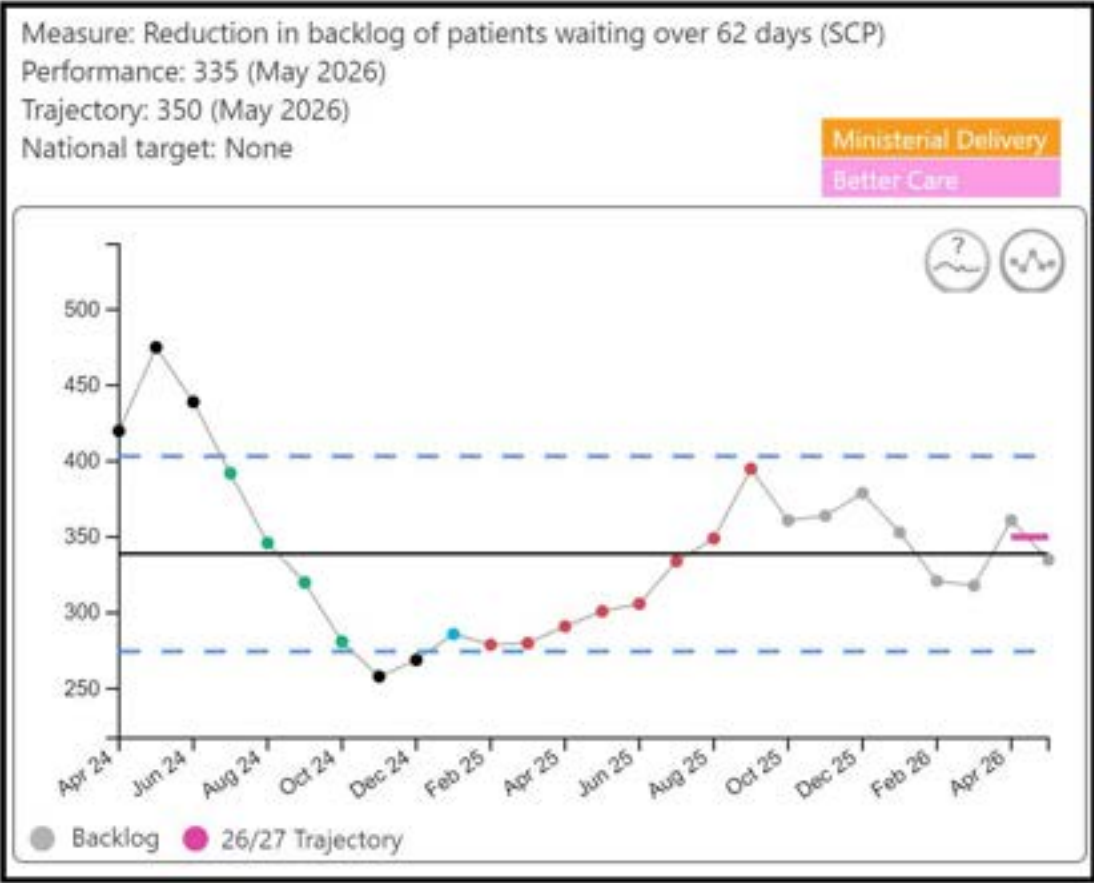


**Insights and Actions**

- SCP compliance: Performance remained below the mean in May, with compliance at 57%. IMTP plan for May was 362 treatments, of which 127 would be breaches and 235 SCP achieved. Treatments were slightly lower than planned (-35), as well as higher than planned breaches (+24), leading to a reduced compliance of 57% and the IMTP trajectory of 64.9% not being met. The majority of tumour sites showed below trajectory compliance for May, with only Skin and Haematology performance above trajectory. Of note, LGI saw a significant drop in compliance, almost halving from 28.1% in April to 15.8% in May. While breach numbers were as planned, overall treatments were reduced causing an overall drop in compliance below the 41.8% trajectory. In colorectal services, a detailed action plan has been developed to support improvements in patient pathways and SCP compliance, supported by the establishment of a recovery action planning group to focus on key areas for improvement. A particular priority is addressing significant challenges at the first diagnostic stage of the pathway.
- 28 day diagnosis compliance: following a significant period of improvement in the second half of 2025/26, remains above the mean (74%) into 2026/27. May performance is 75.8%, comfortably achieving the trajectory of 72.5%.



Cancer



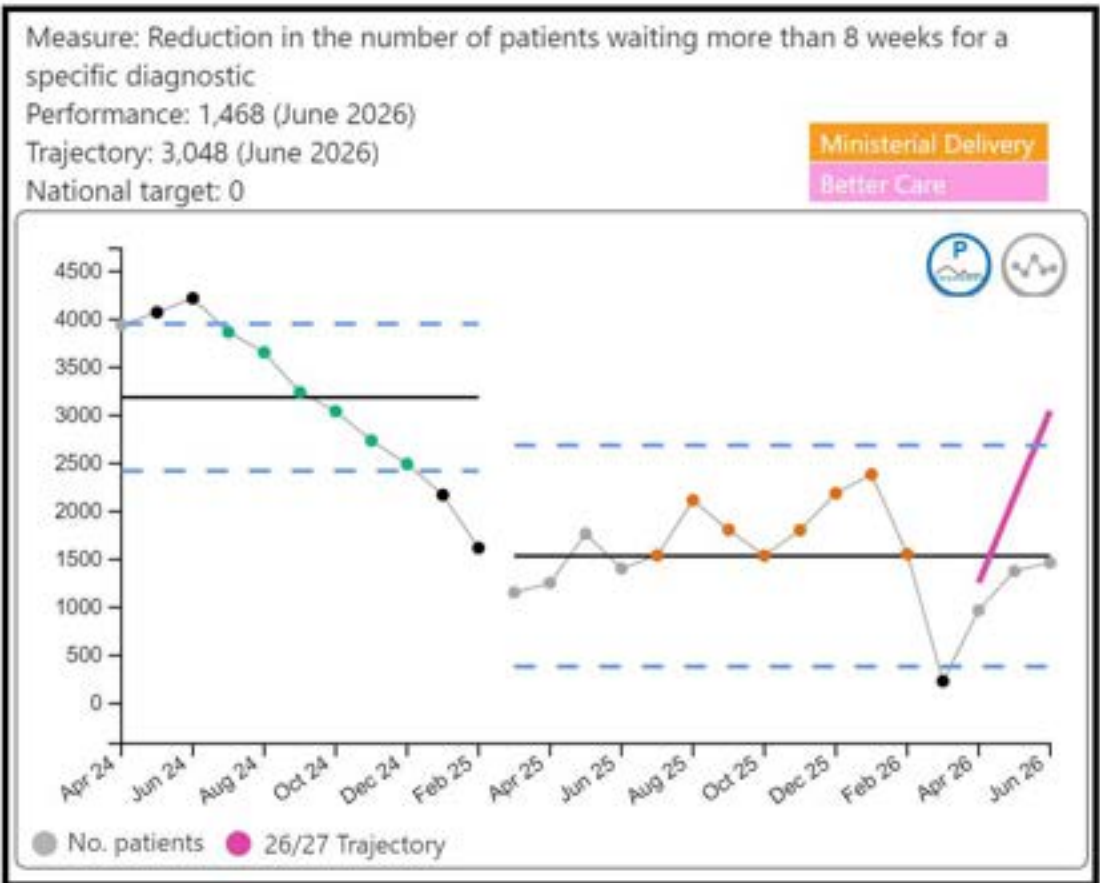
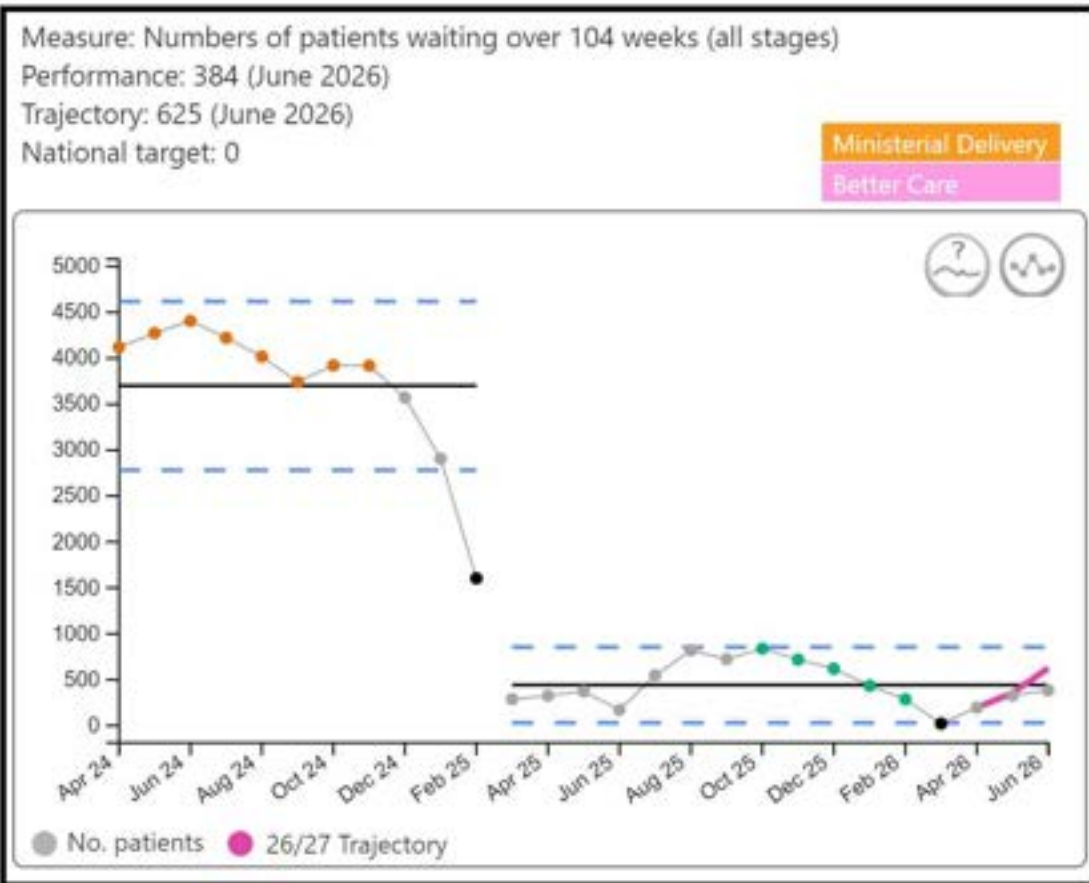
**Insights and Actions**

- 62 day backlog: The 62 day backlog showed a prolonged period of deterioration from Feb-25 until Sep-25, increasing by around 100 patients. This has been steadily decreasing since, reaching a 9-month low in Mar-26. May performance is just below the mean at 335 and has surpassed the IMTP trajectory of 335. The commitment for the 62 day backlog is to be 10% of the SCP Census, aspiring to 5% of the SCP Census. The SCP Census has broadly mirrored the 62 day backlog trend, increasing through 25/26 reaching a high of ~3,900 in July, and then decreasing to sit at 2,773 as of May, the lowest since Nov-22. The backlog of 335 therefore represents 12.1% of the total PTL. There remains a continued focus to reduce the backlog in the three tumour sites the make up over 75% of the entire 62 day backlog (Lower GI, Upper GI and Urology).
- 104 day backlog: The 104 day backlog has been largely stable at just above the mean (98) for the past 8 months, even in the context of an SCP Census that has been subject to significant fluctuation. The last 3 months have seen performance drop back below the mean, with 95 patients in May surpassing the IMTP trajectory of 105. The commitment for the 104 day backlog is to be no more than 3% of the SCP Census, which has been exceeded in April with 3.4% of the SCP Census waiting over 104 days.





Planned Care & Diagnostics



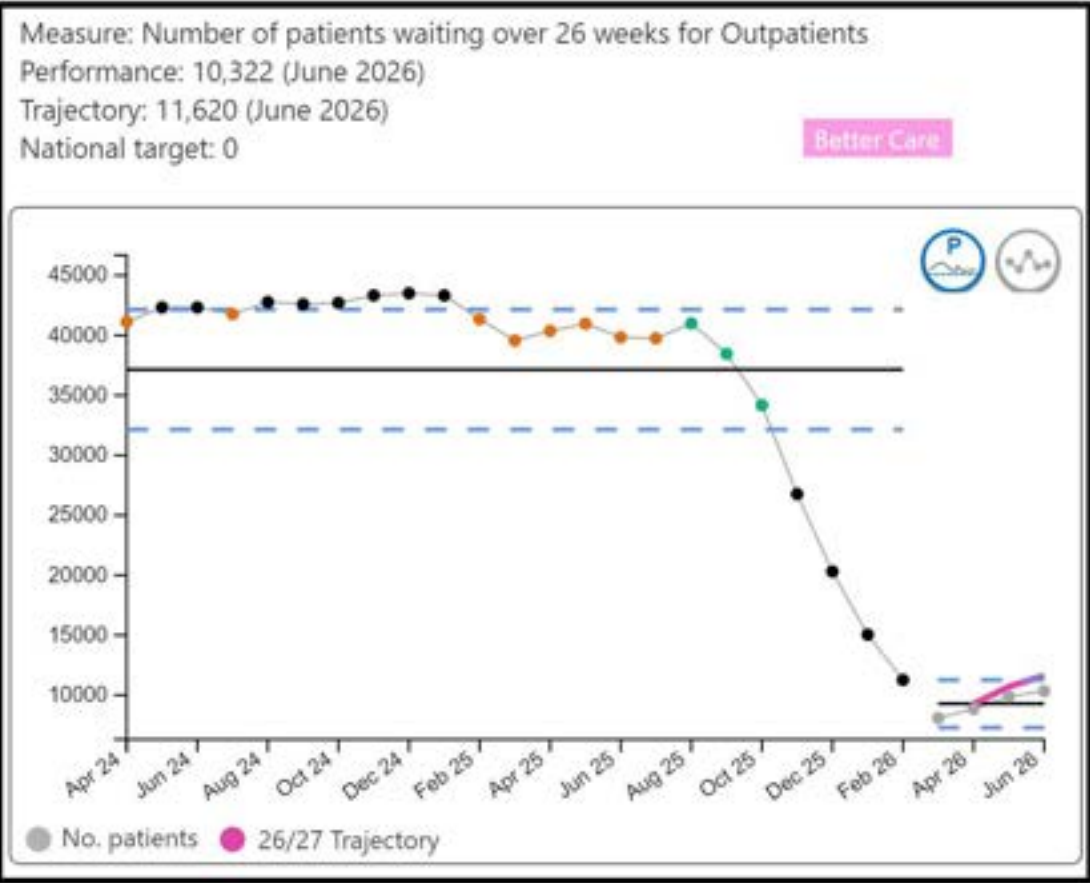
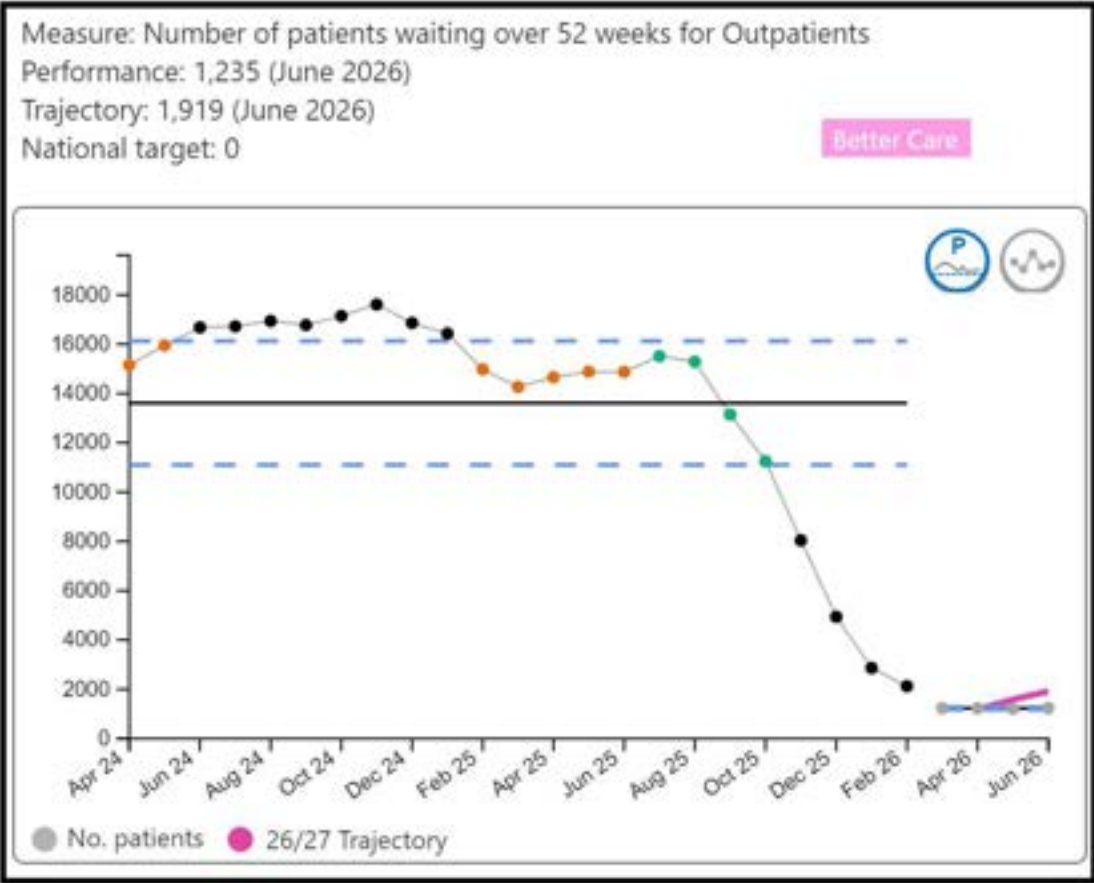
**Insights and Actions**

- 104 weeks RTT: There was a significant achievement in reducing planned care waits over 104 weeks to 23 at the end of the 25/26, the lowest number since April 2020. As of Q1 26/27 breach numbers deviated significantly from trajectory in June. The vast majority of the gap to trajectory is within Orthopaedics, with Arthroplasty & 'Other' (e.g. not Arthroplasty or Spines) 91 and 111 under trajectory, respectively. Following the national 'Planned Care Recovery' letter sent to Health Boards on 30<sup>th</sup> June, plans are being developed to eliminate 104 week waits as well as assessing the capacity gaps per specialty against a 78 week wait standard. A regional approach to delivery forms a core part of the planning.
- Diagnostics: Following the receipt of additional funding in the latter part of 25/26, March saw the Health Board deliver an extraordinary reduction in 8 weeks breaches, reducing from 1,557 in February to a year end position of 233. The first quarter of 26/27 has seen breach numbers increase although at a lower rate than forecast. The trajectory will be refreshed by modality at the end of Q1 to account for the phasing of the solutions required to deliver against the Health Board's Annual Plan ambition of delivering to zero 8 week breaches by the end of 26/27.





Planned Care & Diagnostics

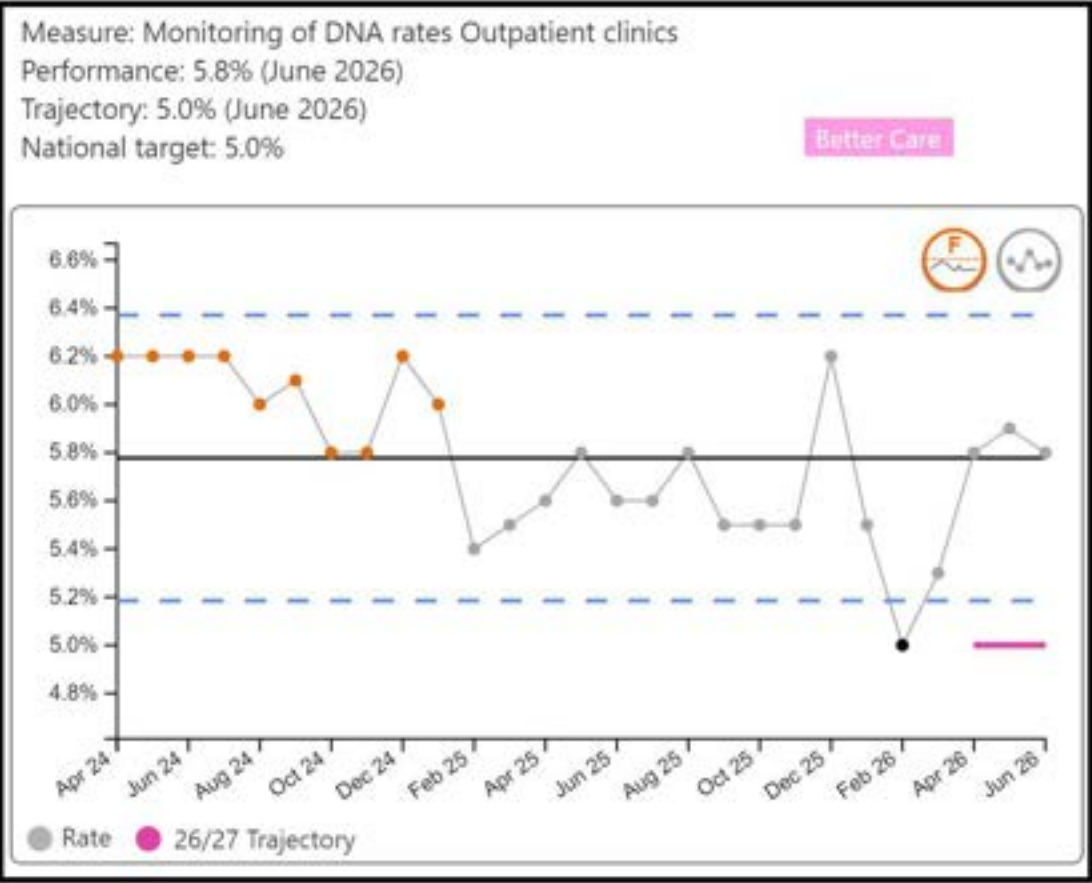
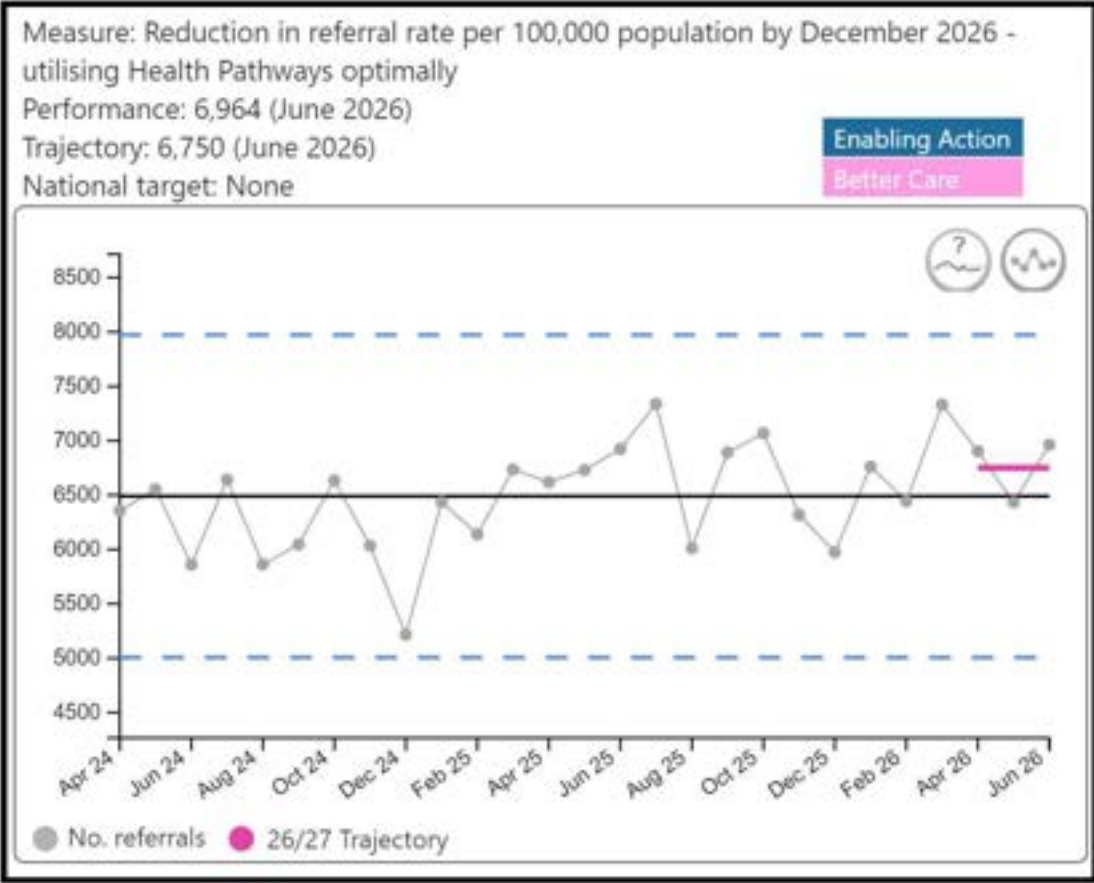


**Insights and Actions**

- 26 & 52 week new Outpatient: The charts for patients waiting over 52 and 26 weeks for a new outpatient appointment show the impact that the national outpatient insourcing programme, which delivered 33,202 additional appoints against a plan of 33,612, had on these two measures. This is clearly positive and has meant that the entire RTT waiting list decreased from 128,270 to 101,373 over the course of 25/26. However, there have been additional pressures created on specific services at diagnostic, therapies and follow up stages. Like with 104wk RTT, these forecasts have been recently updated to account for lower than forecast year end delivery and updated assumptions, and have been formally adopted by the Health Board to track against through 26/27. 52 week breaches have deviated very little from the 25/26 year end position of 1,228, and Divisional plans are being developed to assess what would be required to deliver to zero for this measure (with a focus on delivering the improvement through efficiencies and productivity schemes). 26 week breaches are currently delivering under trajectory, with the breach growth currently at around 70% of that which was forecast.



Planned Care & Diagnostics



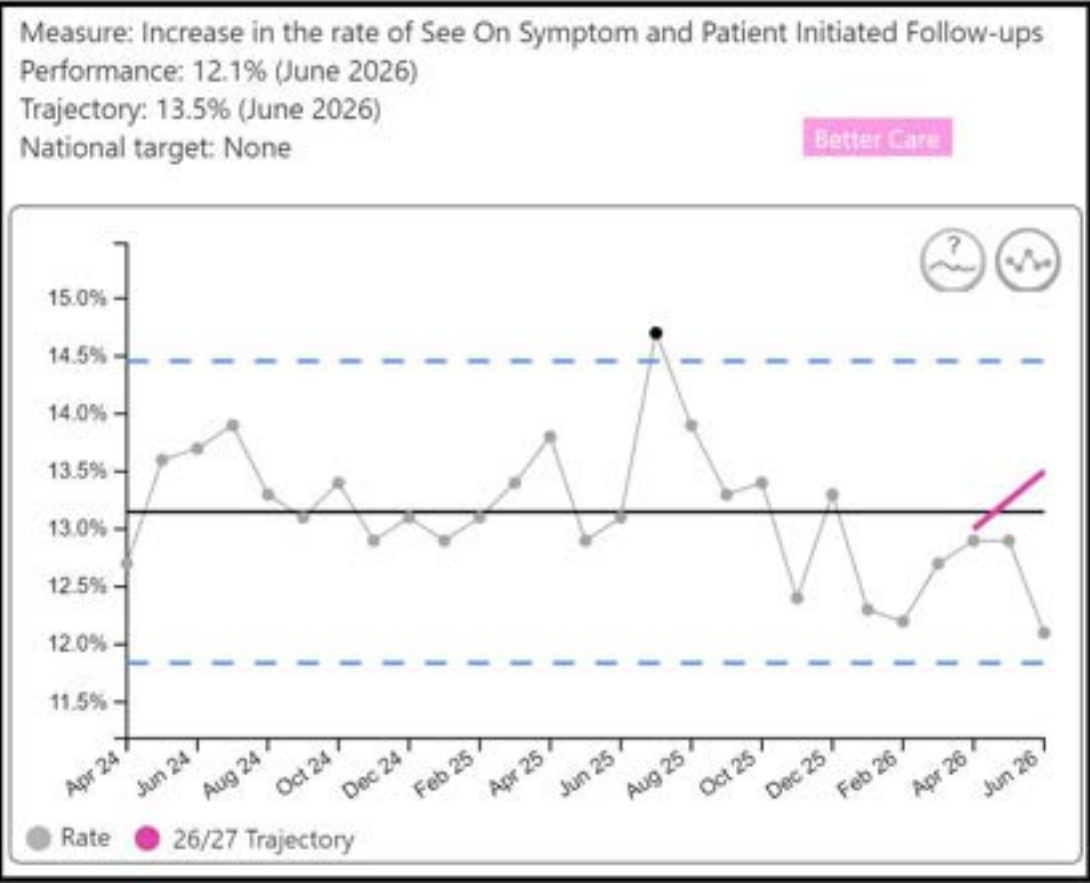
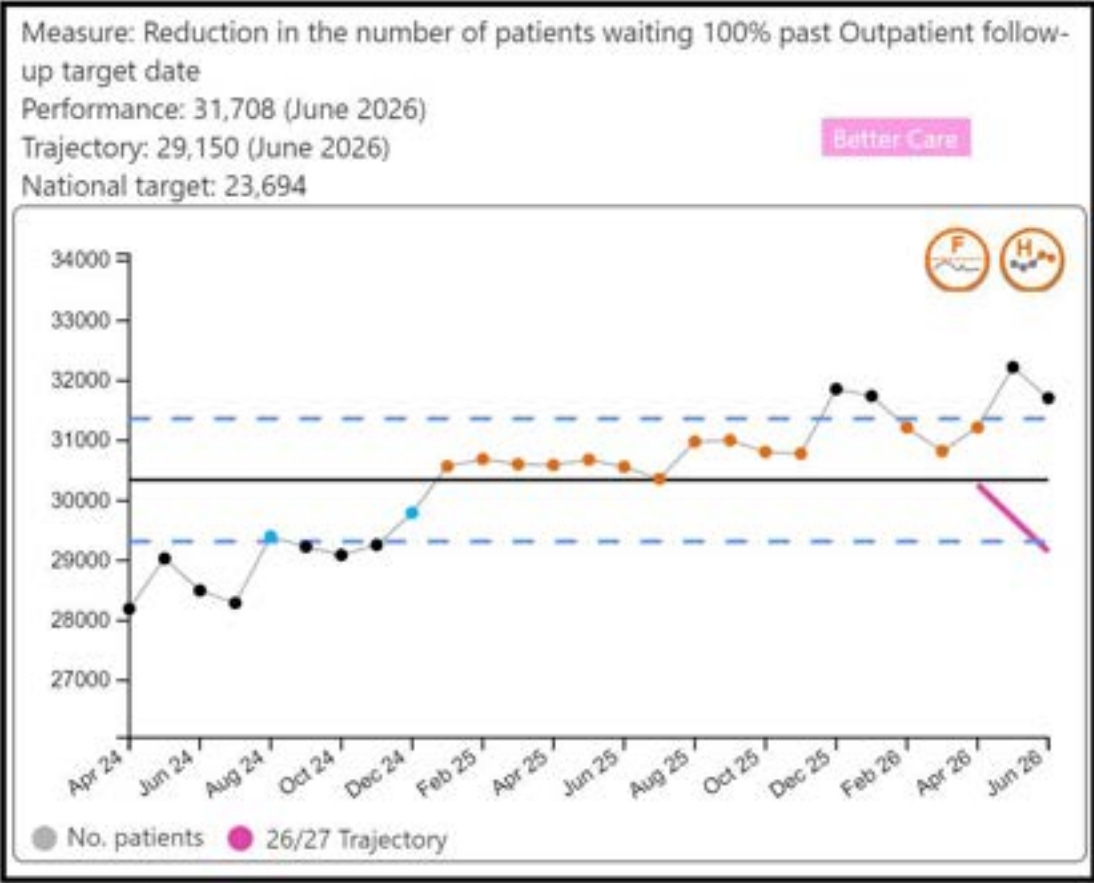
**Insights and Actions**

- Referral rates: A new Enabling Action for 26/27 is a reduction in Primary Care Planned Care referral rates. This rate has been on a sustained, upwards trajectory since 21/22. There are several actions which seek to aid in demand management, including Health Pathways, Interface GPs and E-Advice. Work is underway to develop an intelligence-led referral optimisation programme, using linked primary and secondary care data to identify unwarranted variation in referral patterns and support more effective clinical decision-making. The project will combine enhanced analytics, implementation of national requirements, greater use of Health Pathways and Advice & Guidance services, and targeted education and engagement to improve referral quality, reduce variation, and ensure patients access the most appropriate care pathway.

DNA/CNA rates: Performance in February achieved a 2025/26 low of 4.9%, representing the lowest DNA rate on record (data available from April 2019). Q1 performance has returned towards the mean. Select directorates are working with DDaT trialling using algorithms to identify patients at highest risk of DNA to allow interventions to support attendance (used in Endoscopy, and Diabetes undertaking pilot). Rate is below/close to target in many areas therefore focus is on areas with high DNA rates.



Planned Care & Diagnostics

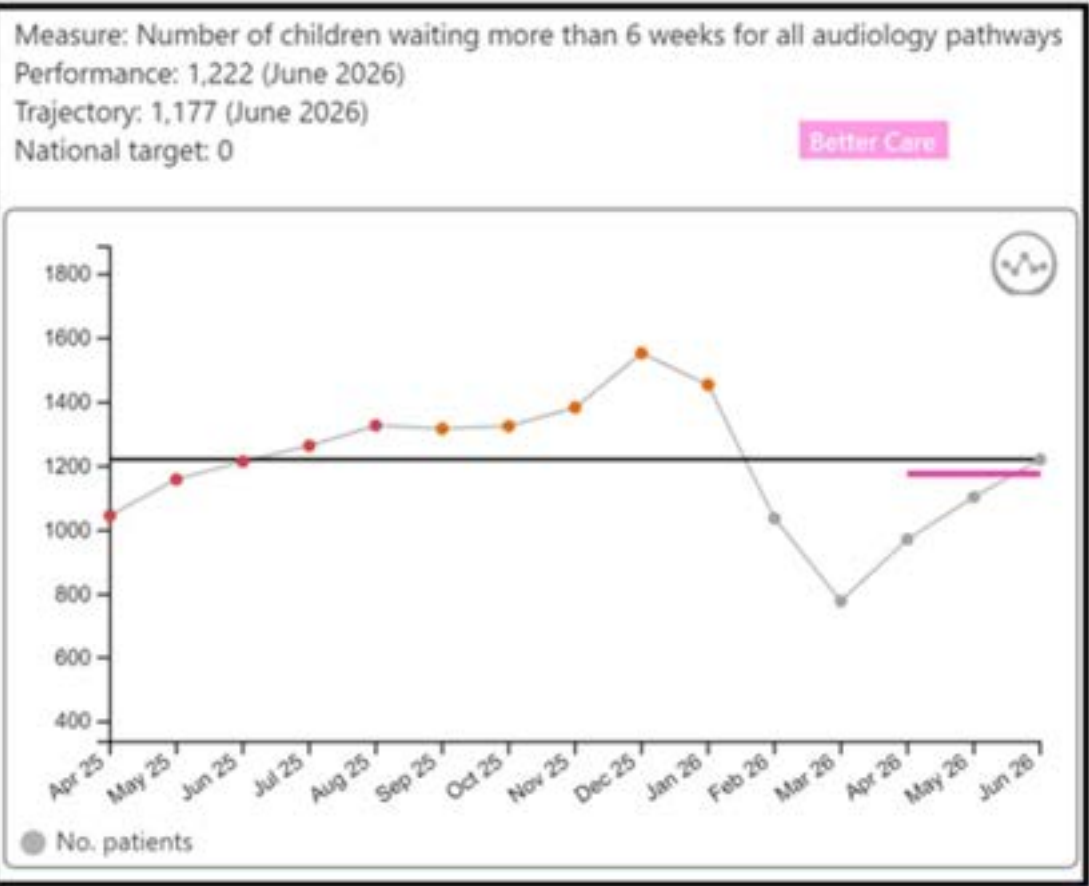
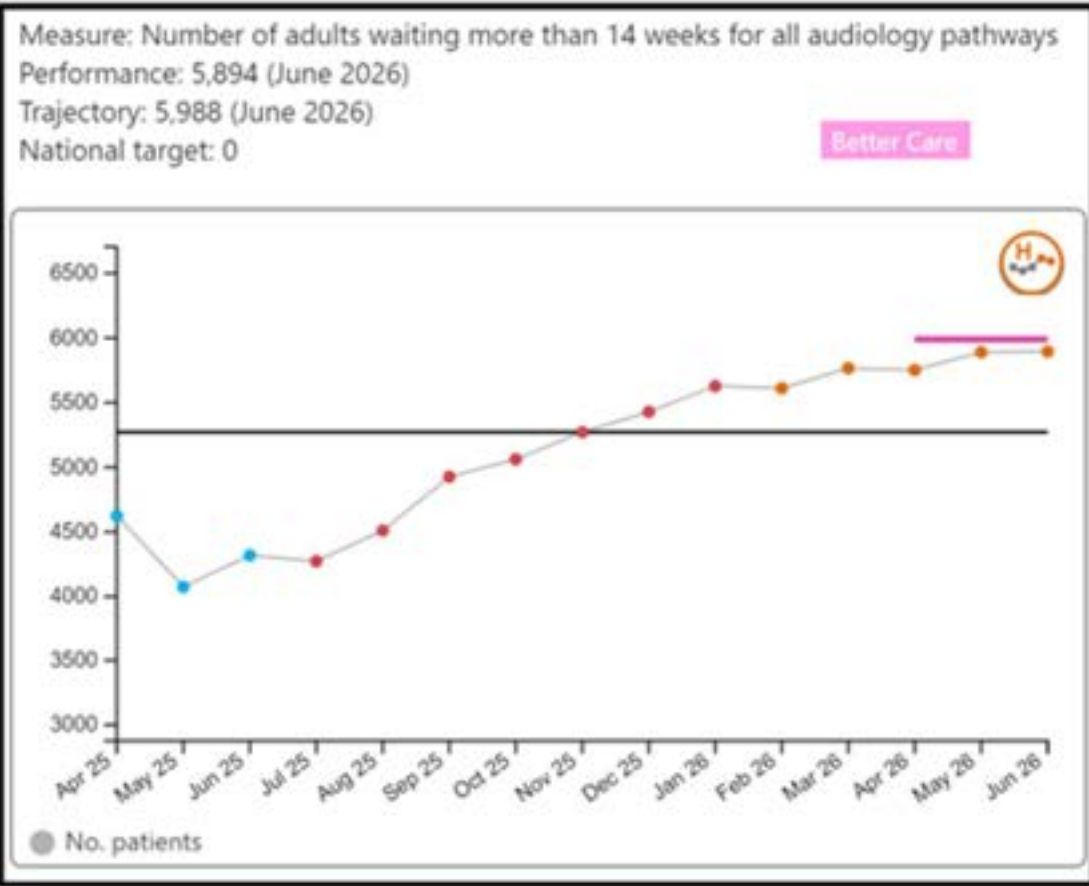


**Insights and Actions**

- The delayed follow up waiting list remains high, although the Health Board has committed to delivering against the national expectation of reducing the size of this list by 25%. The increase in May was in part a casualty of the OP insourcing programme from 25/26, as there is a not insignificant cohort of patients who were seen by insourced consultants and placed onto a follow up pathway but are now with the service to manage and, in some cases, are beyond their follow up target date. This cohort and additional demand were not accounted for when the trajectory was calculated during the Annual Planning process. Improving rates of See On Symptom (SOS) and Patient Initiated Follow Up (PIFU) will be central to effectively reducing the volume of delayed follow ups. SOS and PIFU support a shift towards clinically led, patient-initiated follow-up, ensuring care is accessed when it is needed rather than through routine scheduling. Together, they reduce unnecessary outpatient appointments, improve access for higher-priority patients, and free up capacity across services. June performance decreased although remains within the expected range. The outpatient transformation team have undertaken an exercise with Directorates to confirm current pathways in place and ensure awareness throughout clinical teams of local and CIN pathways. The focus for this year is on retrospective application of protocols.



Planned Care & Diagnostics



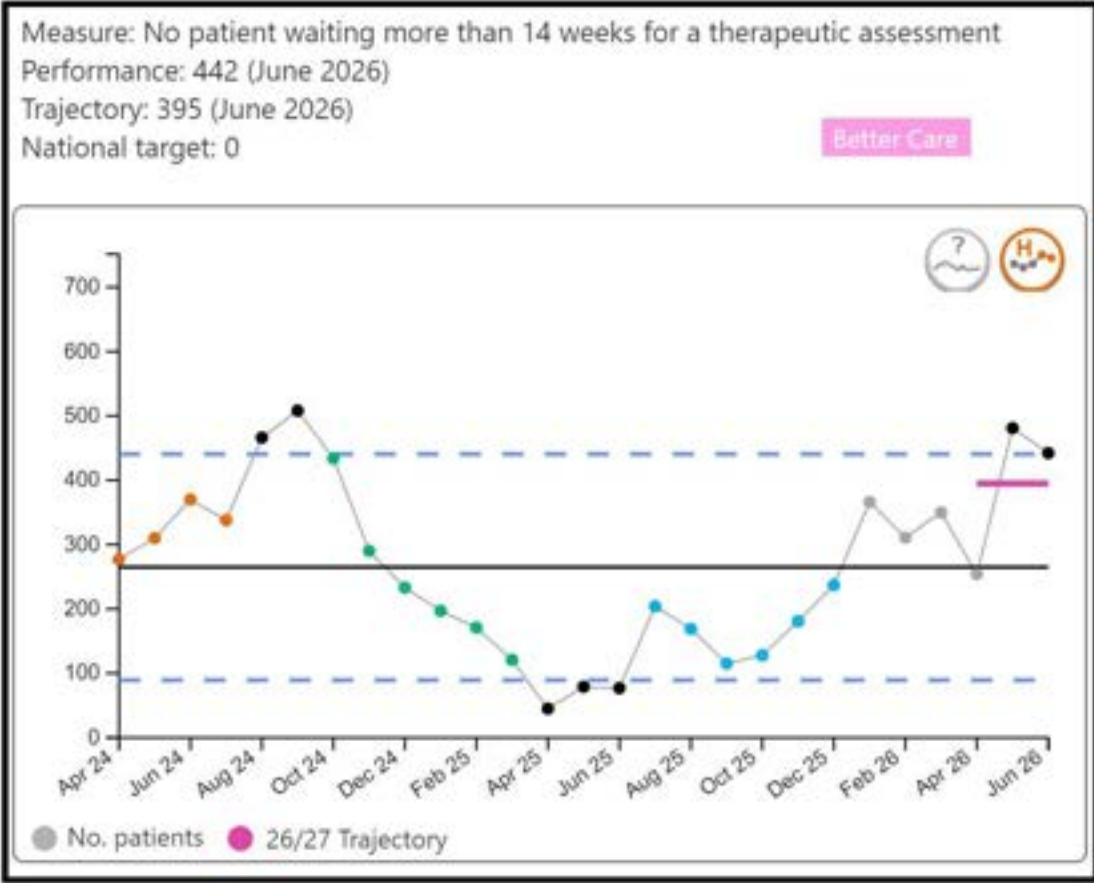
**Insights and Actions**

- Audiology: Adult pathway breaches are currently rising in line with forecast. The national OP insourcing programme has placed additional demand placed on the service as a result of the activity undertaken within ENT, which has front loaded the rate of demand to the Adult Hearing New (AHN) and diagnostic pathways. Audiology has also faced workforce challenges, including long-term sickness absence of a Band 4 Associate Audiologist, redesign of a Band 6 Adult post to a split Adult/Paediatric role, and a Band 4 maternity leave. These changes have reduced capacity, particularly within two adult pathways (AHN and AHE). A request for maternity cover has been submitted but remains pending Finance approval. For paediatric pathways, some additional, end of year funding enabled a significant reduction in waiting list breaches. The cessation of this has seen breaches climb again through the first quarter, broadly in line with forecast. A recently published external audit reported that the Audiology service at ABUHB met the overall national audit target (85%) and chieived required performance in 8 out of 9 standards, with strong practice noted in areas such as aural rehabilitation, collaboration, and links with specialist services. However, it reported some shortcomings on access standards, with key issues including long waiting times, challenges managing referrals, limited repair capacity in outreach settings, and insufficient access to ear care. Overall, it reported that, while the service performs well, addressing access, capacity, and outcome measurement is critical to improving quality and sustainability.





Planned Care & Diagnostics

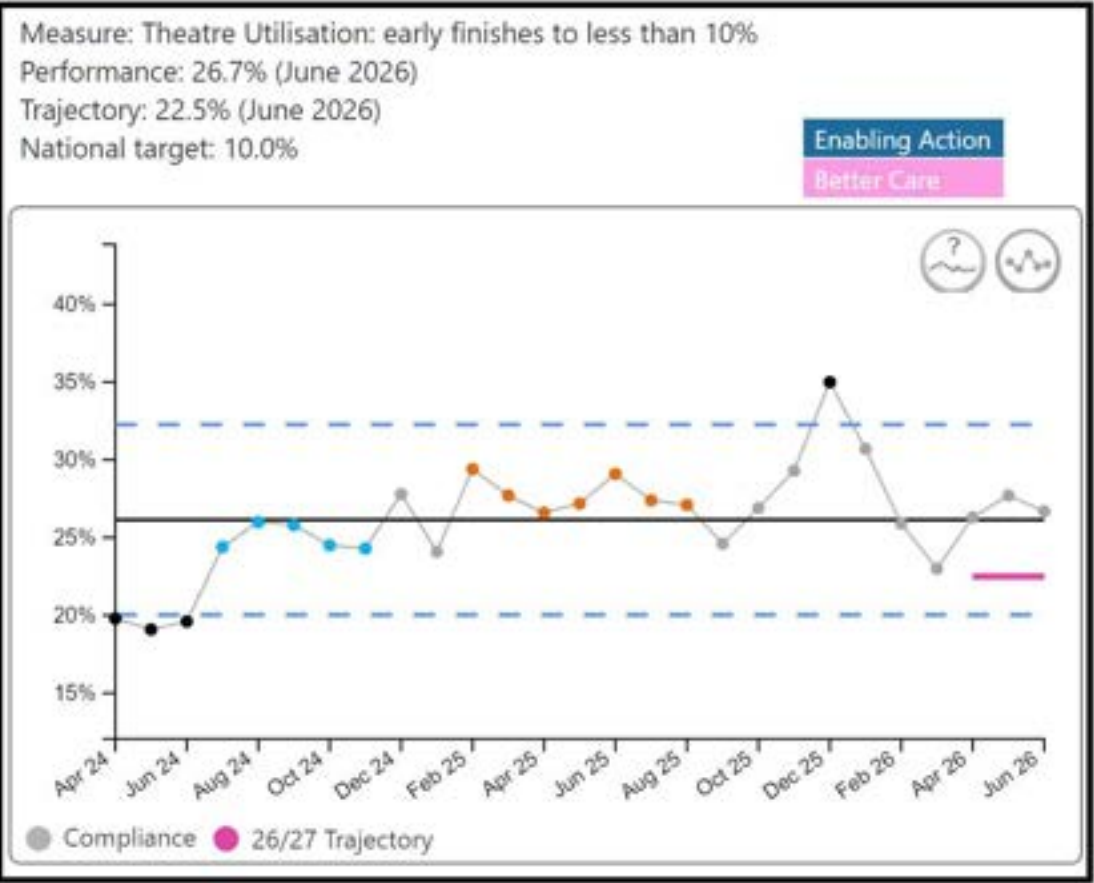
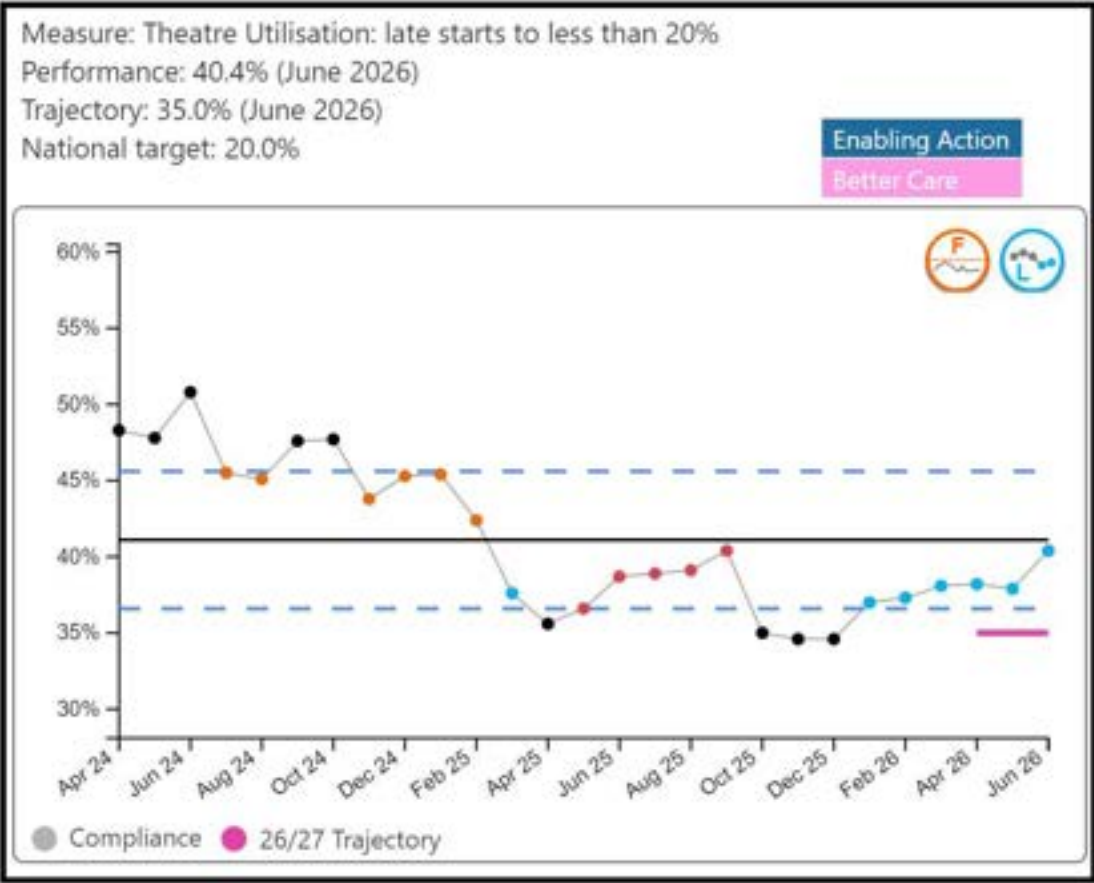


**Insights and Actions**

- Therapies: Therapies 14wk breaches spiked in May with breach volumes in excess of the Q1 trajectory, with Dietetics (84 breaches) and Physiotherapy (376 breaches) making up the vast majority. June saw these reduce slightly (-15 in Dietetics and -29 in Physio), however the total breach volume is in excess of Q1 trajectory. In Dietetics, capacity challenges continue within Paediatric and Gastroenterology Dietetics, driven by increasing demand and workforce pressures. In Paediatric Dietetics, rising referrals for restrictive eating disorders and growth in home enteral feeding caseloads have increased service pressures despite recent recruitment. Service improvements, including more flexible clinic templates, are being implemented to increase capacity and reduce waits. Gastroenterology Dietetics continues to experience sustained demand exceeding available capacity. Additional actions include a hard-booking pilot for Oncology patients to improve clinic utilisation and minimise delays for high-risk patients, alongside planned recruitment within Diabetes services which will support the expansion of clinic capacity. Physiotherapy services continue to experience capacity pressures across Musculoskeletal (MSK), Neurology and Urology pathways, driven by sustained growth in referrals, workforce vacancies and service pressures. Although spinal and knee backlogs have reduced, capacity has been redirected to support the clearance of long-waiting Orthopaedic patients, creating additional pressure within MSK services. With the potential for continued support for 104 work, there is a risk this could be exacerbated further.



Planned Care & Diagnostics



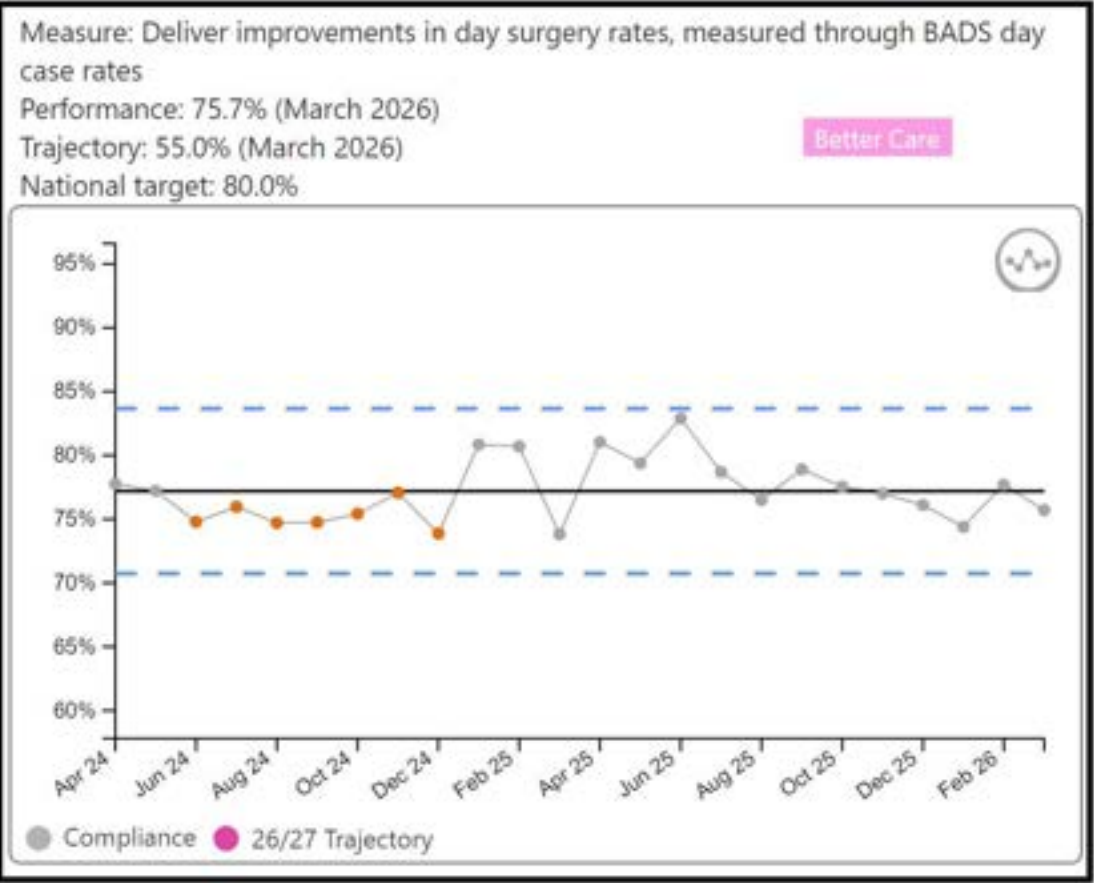
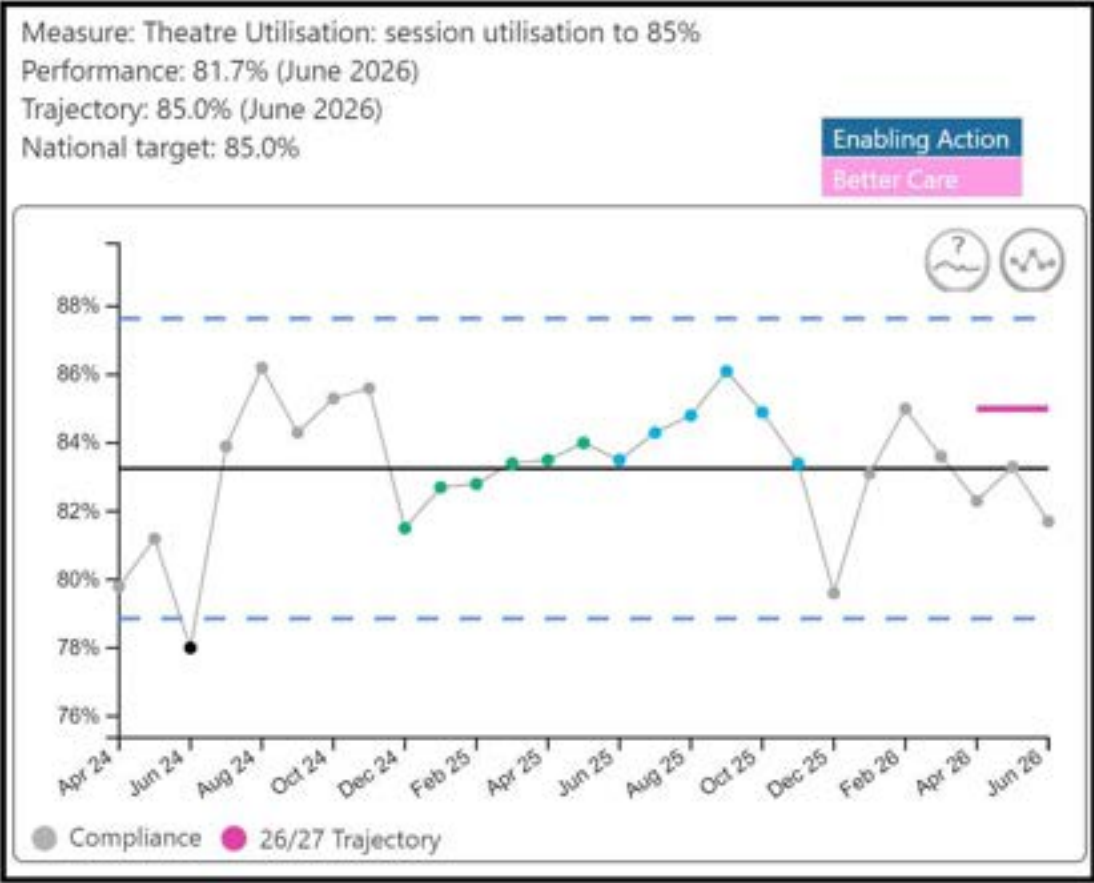
**Insights and Actions**

- The newly established Theatres Optimisation Programme Group met for the first time in May, with Theatres a key priority for the Health Board. It is a whole-system programme to build on improvements in theatre efficiency while addressing remaining challenges across the organisation. The work will align with both the Planned Care Programme Board and the Value and Sustainability Board, with streamlined reporting and a clear focus on shared priorities. It will be delivered through key workstreams including workforce, theatre productivity, right procedure/right place, and surgical hub accreditation, underpinned by consistent metrics and KPIs. A central aim is to simplify the wide range of existing data into a single, reliable set of measures to support decision-making and track improvement.
- Theatres late starts & early finishes: Late start performance has improved over the past 25 months but remains marginally above the Q1 26/27 trajectory. Early finishes are now reported under the >60 minutes measure to bring in line with the WG definition that has been issued as part of the Planning Framework for 26/27. Current performance remains above the Q1 trajectory.





Planned Care & Diagnostics



**Insights and Actions**

- Session utilisation: Performance has been relatively close to the national standard of 85% since July 2024. Effective utilisation will be a key focus of the Theatres Optimisation Programme Group. A decrease in June performance was anticipated, expected due to disruption from the heatwave and declaration of critical incident.
- British Association of Day Surgery (BADS) rates: BADS rates continue to track closely to the national standard of 80%. Through the annual planning process for 26/27, the treatment demand and capacity plans indicate that Day Case treatments are set to increase by 7.7% (set it the context of an overall treatment increase of 2.7%). In the Plan the Health Board has committed to attaining the 80% standard by the end of the year. Final April data is expected at the end of July.

Section 2.1: Mental Health Access Performance Summary



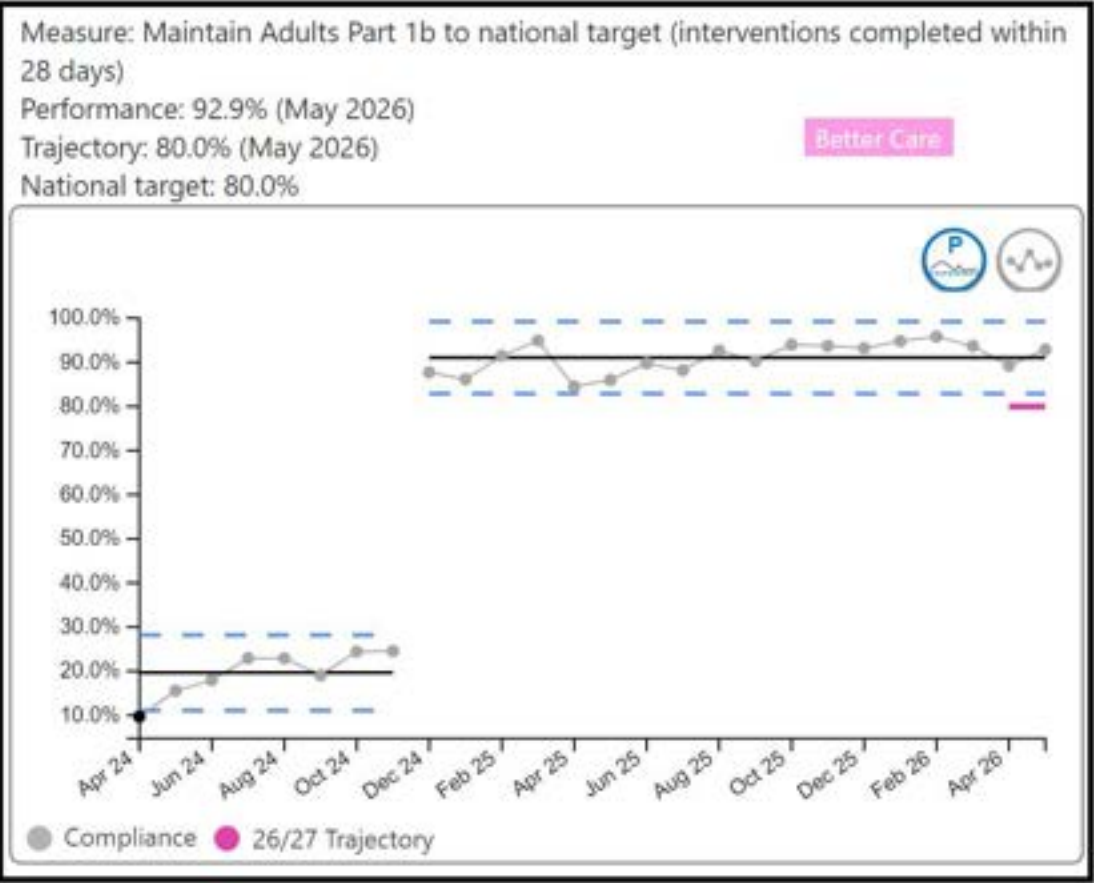
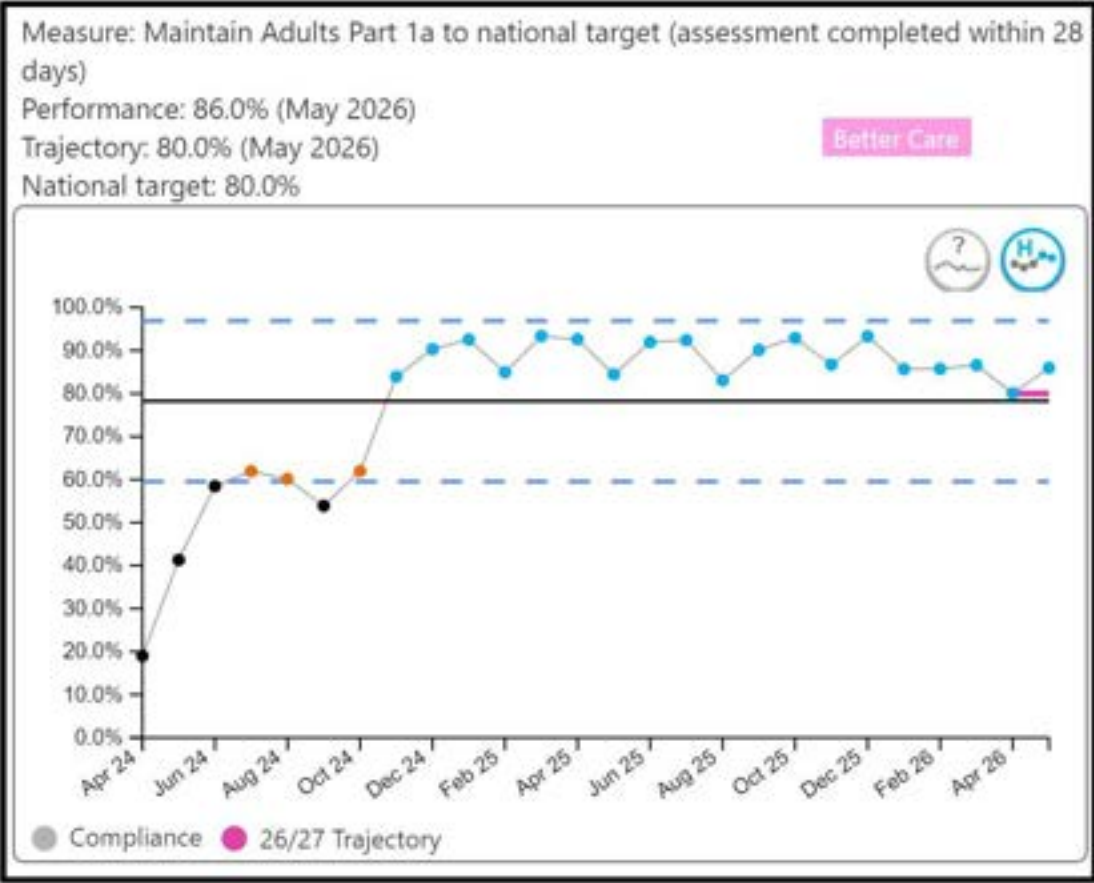
| Theme                | Delivery Expectation                                                                                                        | ABUHB commitment | In month performance against trajectory     | Variance | Assurance |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|----------|-----------|
| Mental Health Access | Maintain Adults Part 1a to national target (assessment completed within 28 days)                                            | 80%<br>Mar-27    | 86%<br>May-26<br>(May-26 Trajectory: 80%)   |          |           |
|                      | Maintain Adults Part 1b to national target (interventions completed within 28 days)                                         | 80%<br>Mar-27    | 92.9%<br>May-26<br>(May-26 Trajectory: 80%) |          |           |
|                      | Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)                                   | 90%<br>Mar-27    | 85.3%<br>May-26<br>(May-26 Trajectory: 90%) |          |           |
|                      | Maintain rate of psychological therapy received within 26 weeks                                                             | 62%<br>Mar-27    | 55.1%<br>May-26<br>(May-26 Trajectory: 52%) |          |           |
|                      | Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs. | 59<br>Mar-27     | 0<br>May-26<br>(Q1 Trajectory: 0)           |          |           |
|                      | Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral                                           | 80%<br>Mar-27    | 94.9%<br>May-26<br>(May-26 Trajectory: 80%) |          |           |
|                      | Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)                                     | 80%<br>Mar-27    | 100%<br>May-26<br>(May-26 Trajectory: 80%)  |          |           |
|                      | Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)                                   | 80%<br>Mar-27    | 88.9%<br>May-26<br>(May-26 Trajectory: 80%) |          |           |
|                      | Maintain CAMHS Part 2 national target compliance                                                                            | 90%<br>Mar-27    | 100%<br>May-26<br>(May-26 Trajectory: 90%)  |          |           |



| Theme                | Delivery Expectation                                     | ABUHB commitment | In month performance against trajectory     | Variance | Assurance |
|----------------------|----------------------------------------------------------|------------------|---------------------------------------------|----------|-----------|
| Mental Health Access | Improvement in Neurodevelopment waiting times compliance | 60%<br>Mar-27    | 47.7%<br>May-26<br>(May-26 Trajectory: 60%) |          |           |



Mental Health

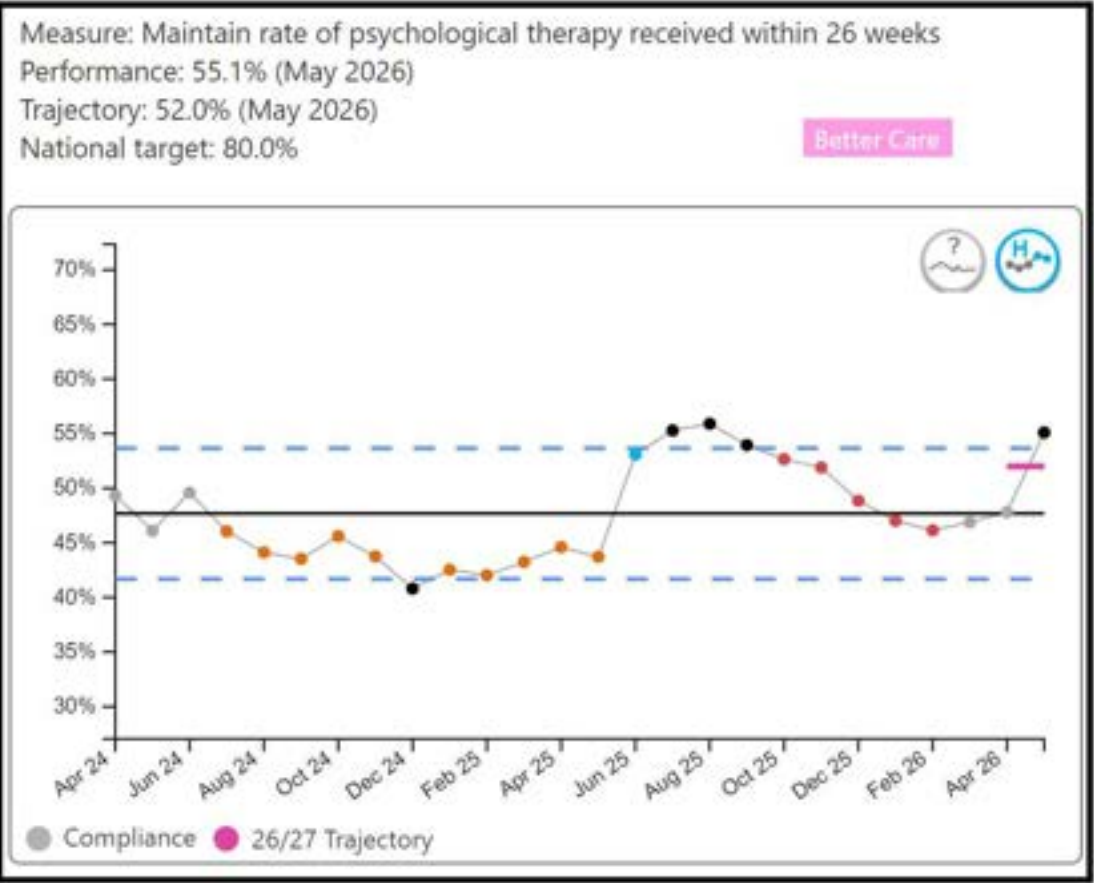
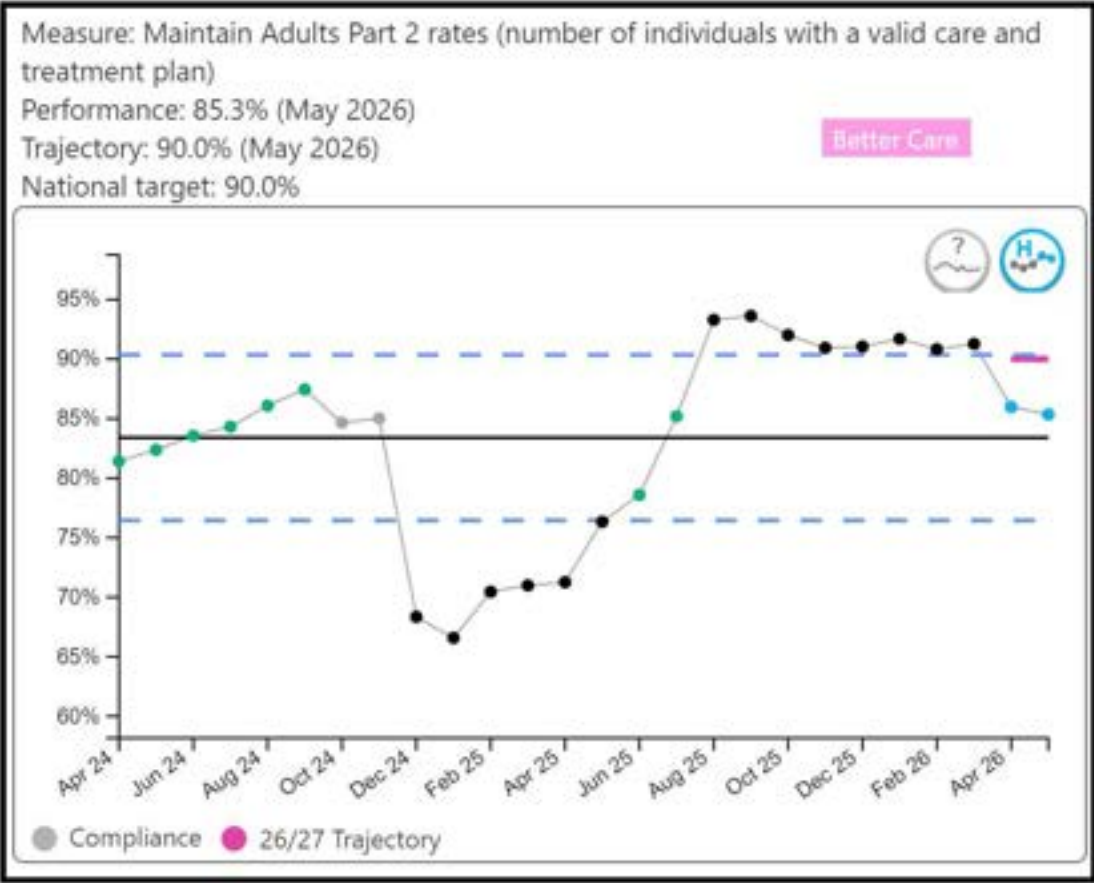


**Insights and Actions**

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



Mental Health



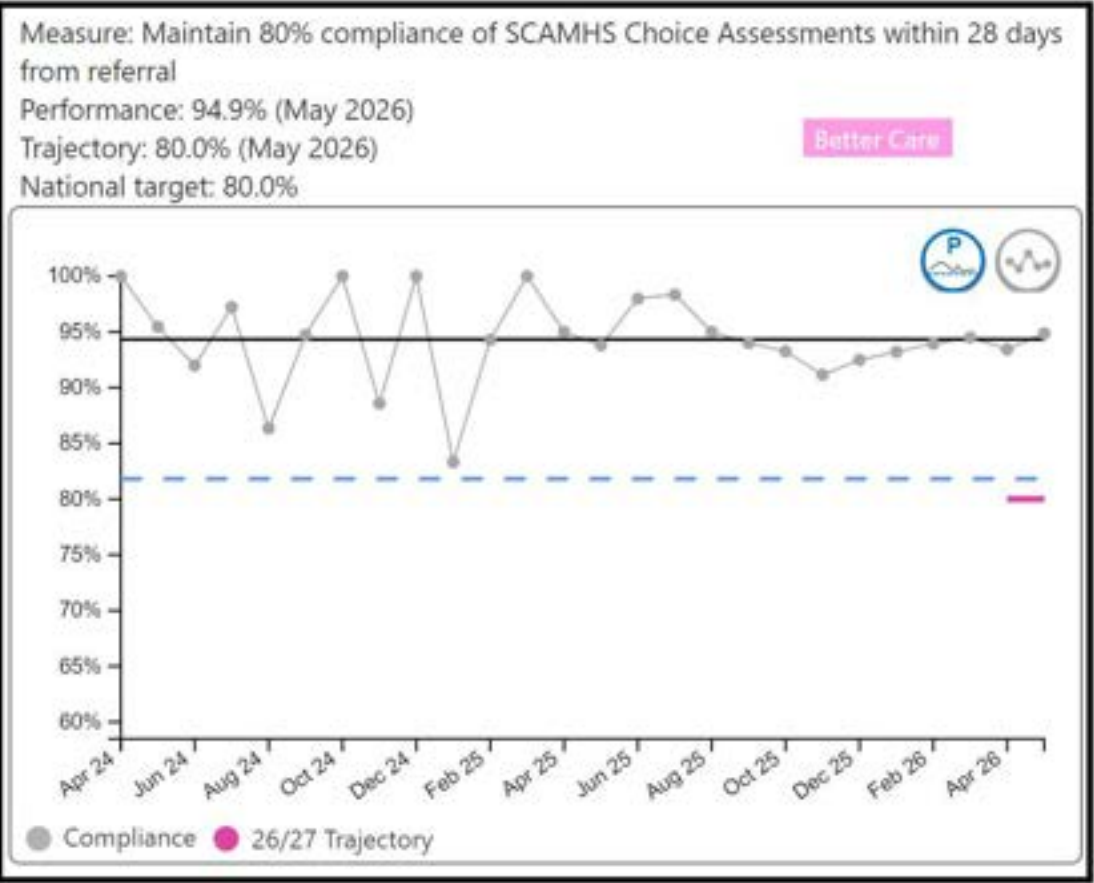
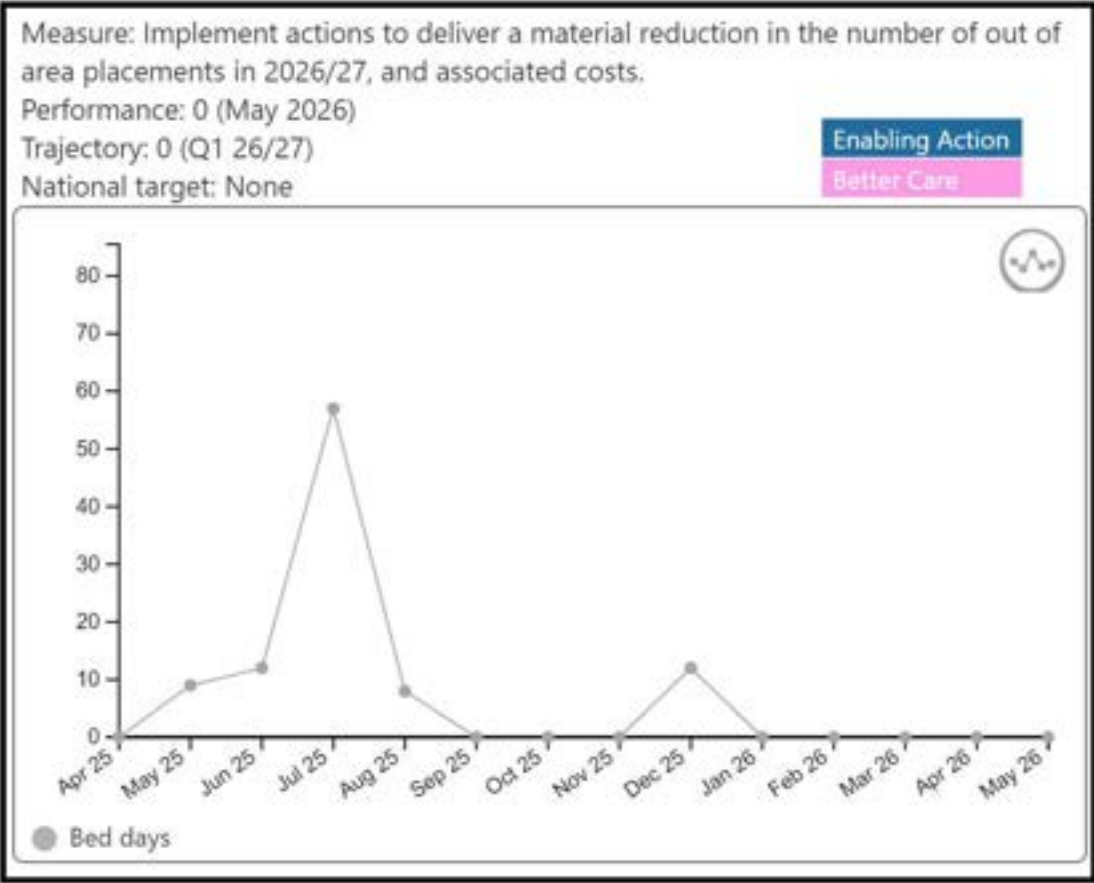
**Insights and Actions**

- Adults Part 2: Part 2 performance has decreased slightly below trajectory for the past two months, with the Division commencing a targeted piece of work over the next quarter to ensure compliance returns. Data cleansing remains in progress, however the volume of new Care and Treatment Plans (CTPs) and discharges from CTPs is expected to stabilise.
- Psychological Therapies: The Divisional recovery plan, which aims to improve performance to 62% by the end of the year, has delivered the first, marked improvement in performance for some time with the May performance of 55.1% and exceeding the trajectory of 52%. The AB Mathematical Modelling team, in conjunction with Cardiff University, are hosting a Masters student to work with the service over the summer of a project for an MSc dissertation. This project will develop a simulation model of adult psychological therapy pathways across the seven CMHTs in Gwent to understand the factors driving long waits and assess the impact of alternative service designs on patient flow and access to treatment. The model will test options such as different triage and treatment arrangements, changes to care coordination, workforce reconfiguration, and the effects of non-engagement and drop-out rates, to identify the staffing and service model required to achieve the Welsh Government target of 80% of patients starting treatment within 26 weeks.





Mental Health



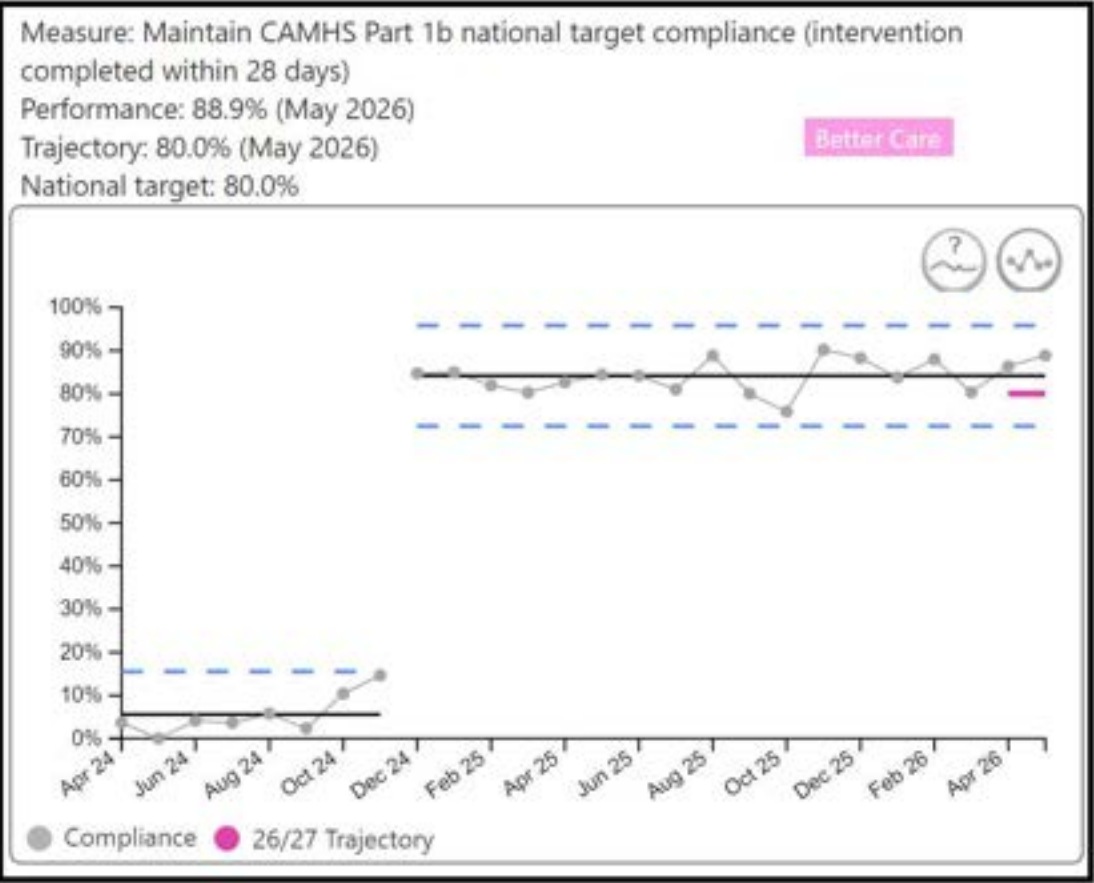
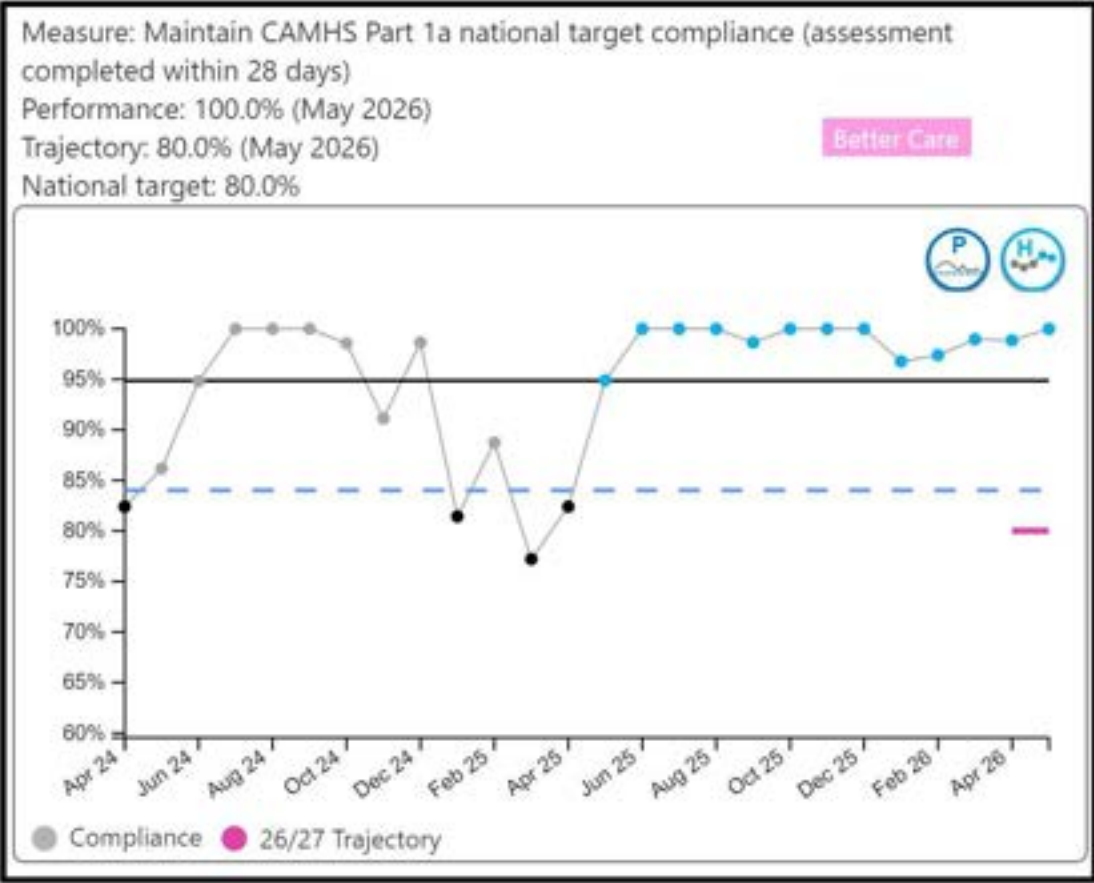
**Insights and Actions**

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





Mental Health

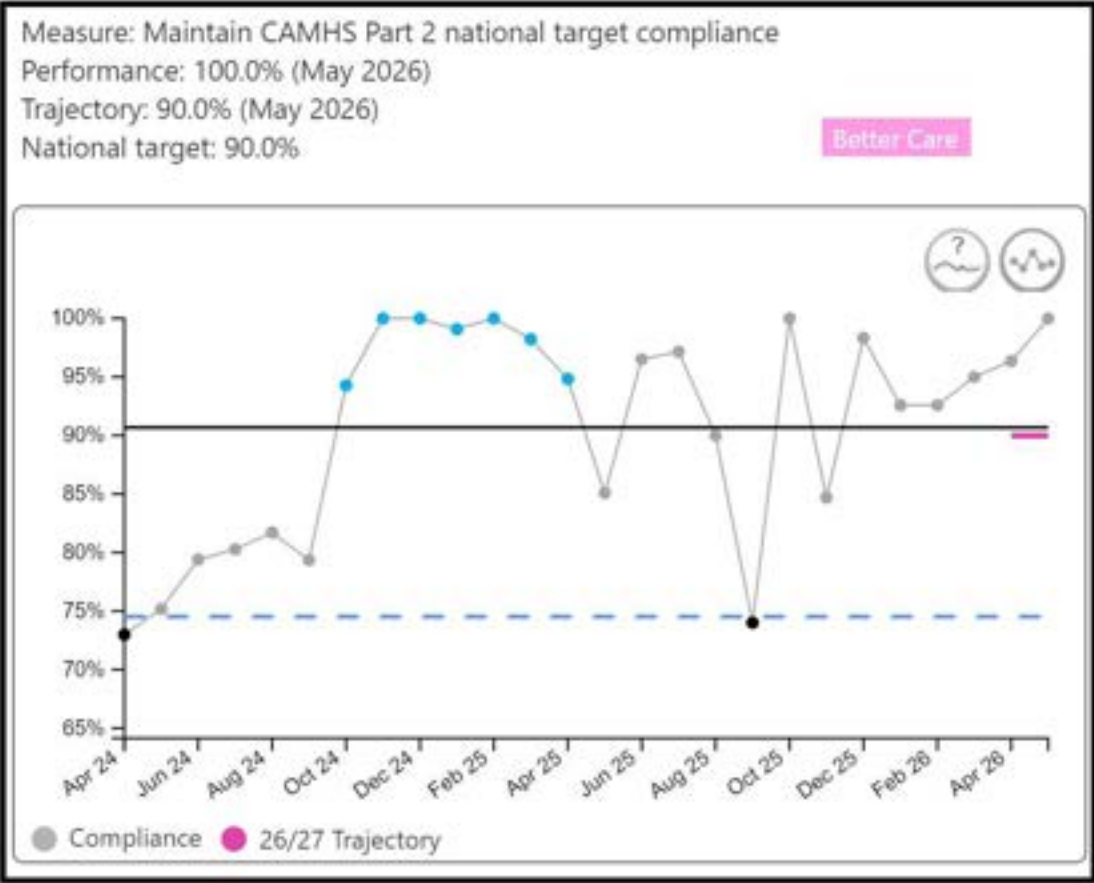


**Insights and Actions**

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



Mental Health



**Insights and Actions**

- CAMHS Part 2: Following some issues in Q3 25/26, Part 2 compliance in CAMHS has remained well above the national standard.
- CAMHS ND: Following a period of extensive challenge within the service, whereby it has prioritised keeping the longest waits under 52 weeks at the cost of the <26 week compliance measure, the Health Board has received some national funding from the Neurodivergence Improvement Programme (NDIP). The finances will be used to address the shortfall funding to support the current staffing, as well as for additional workforce to create greater capacity to help meet the demands on the service. There are several improvements that will support the funding, focused on reducing demand entering RTT pathways and improving service efficiency. Measures include introducing a two-tier triage model to ensure all referrals are reviewed within seven days, expanding group-based and parent-supported interventions to reduce reliance on individual appointments, and providing needs-led early support to divert appropriate children away from diagnostic and therapy waiting lists. The service will also implement review monitoring in place of repeat assessments where needs have not materially changed, helping to release capacity and improve access for those requiring assessment and intervention.



The Health Board’s People Plan, 2025 -2030 supports our purpose and ambition by putting people at the heart of everything we do; creating the conditions for them to thrive, and enabling us to deliver outstanding, compassionate care while tackling health inequalities and building healthier futures for all.

A key part of our revised plan will be ensuring our people have the skills, confidence, and opportunities to support our communities in living healthier lives, embedding prevention as a core part of how we work and strengthening our role in reducing inequalities for future generation.

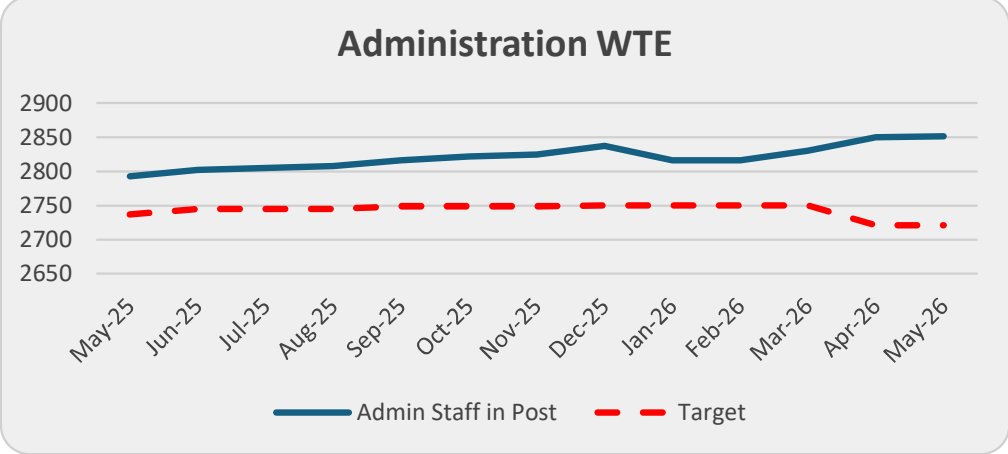
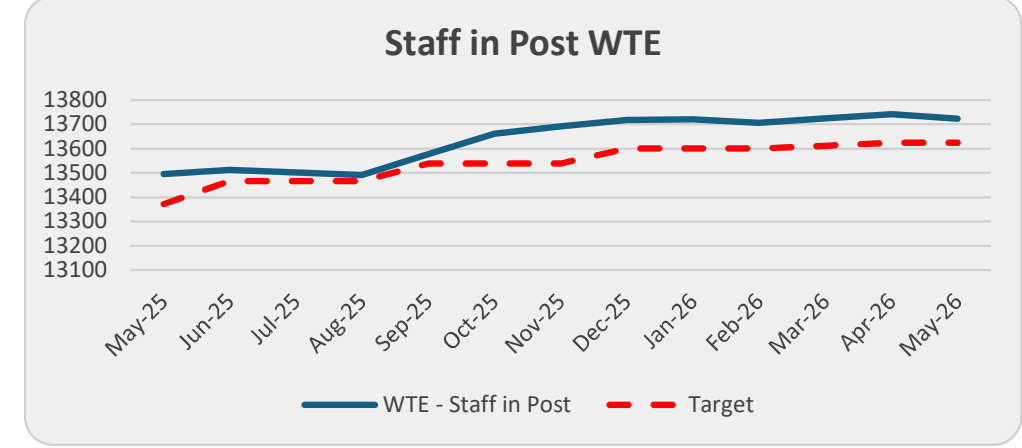
**Reporting Period end of May 2026**

# People Plan 2025-2030





Staff in Post



Performance Summary

Staff in post as of end of May 2026 totalled 13724 wte against an identified staffing establishment of 13,970 wte with relatively no change in position since March 2026. Therefore, there remains 246 vacancies which is 1.8% vacancy factor. The staff in post remains slightly higher than the IMTP mainly due transfer of managed practices staff and data cleansing of staff coding included in the originally workforce trajectories. The Establishment Control Project has now been completed for non medical staff and will become a more prominent feature, providing greater assurance regarding workforce establishment data and trajectory monitoring. Changes by staff groups since 1<sup>st</sup> April 2026:

- Nursing and Midwifery increase of 13 wte due to recruitment
- Health Care Support Workers numbers decreased by 13 wte
- Other workforce staff groups remained consistent

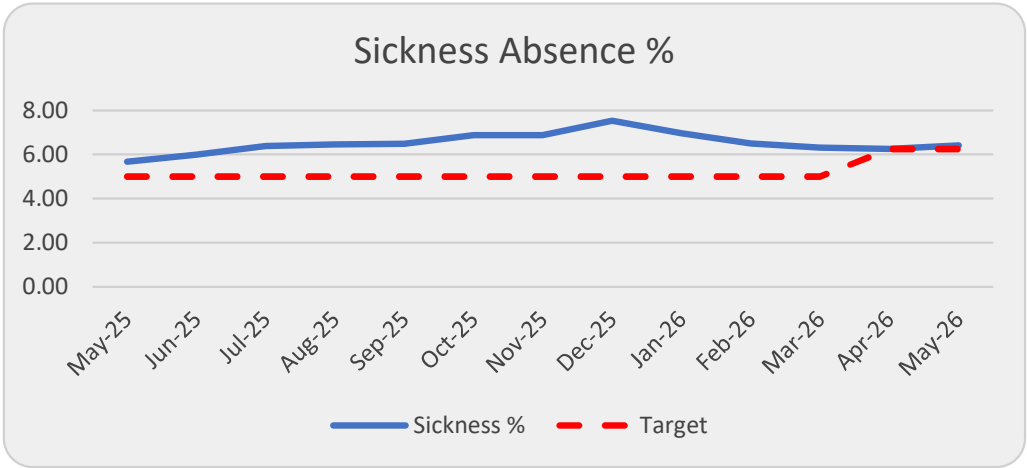
The targets in graph reflect the IMTP for 26/27 as it stands to date. Since this period last year there has been an overall increase of 228 wte, attributed to:

- Nursing and Midwifery: +152 WTE (recruitment and vacancy fill)
- Managed practice transfer: +58 WTE
- Medical and Dental: +15.34 WTE (including 4 WTE recruitment of consultants and increased specialty registrars)
- Pharmacy and Psychology: +17.48 WTE (service initiatives)
- Allied Health Professions: +20 WTE (service initiatives)
- Additional Clinical Services: −58.02 WTE (incrementally decrease over past year, turnover stable – potential not being fully recruited to and reflecting in higher bank usage reflecting increases in high bank usage).



Sickness

Enabling Action



Performance Summary

Sickness Absence peaked in December 25 (6.96% - 955 WTE) which follows a typical seasonal trend. In May 26, sickness absence was 6.41% (880wte), which was higher than the 5.67% absence rate reported in the same reference period last year.

70% of sickness is long term which has increased from 4.07% to 4.47% in May 26. Short term sickness has decreased from 2.19% to 1.94%

The target of 6.25% was set as part of the IMTP performance framework 2026/2027.

Key observations – 3 highest staff groups rate changes in the last quarter:

1. Additional Clinical Services (HCSWs) – 8.73% a continued decrease from 10.74% reported at the start of the first quarter
2. Estates and Ancillary – 9.75% a decrease from 9.95% reported at the start of the quarter but broadly similar to yearly run rates
3. Nursing and Midwifery – 6.91% remained slightly increased from 6.43% in the first quarter

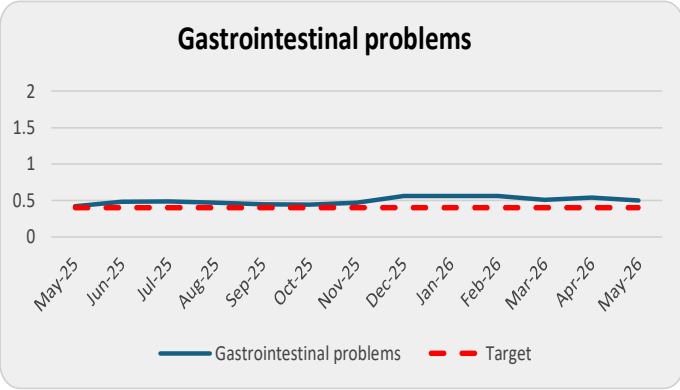
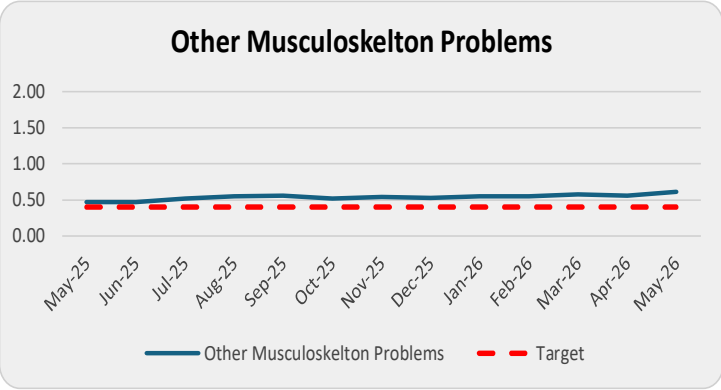
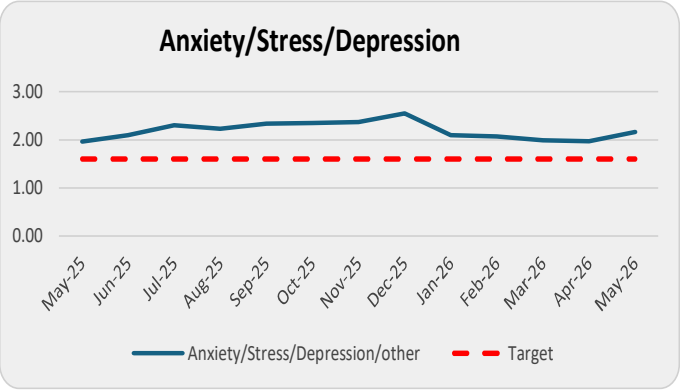
The target in graph was set as part of the IMTP performance framework for 2026/27.

Sickness Absence is a key priority for us with a project plan in development (in partnership with TUs), in conjunction with the actions of our People Plan (2025-2030) to focus on main reasons for absence with the aim of supporting a sustainable reduction in absence.





Top Sickness Reasons
 Enabling Action



Performance Summary

**Anxiety/Stress/Depression** remains the top reason for absence, levels remaining consistent since January 2026 at 2% with a slight increase in May to 2.16%

**Musculoskeletal Problems** the 2<sup>nd</sup> highest reason remained relatively unchanged at 0.6 % above the target of 0.4%.

**Gastrointestinal problems** has replaced Coughs and Colds in past quarter as the 3<sup>rd</sup> highest reason. with a rate of 0.5 % and above the target of 0.4%

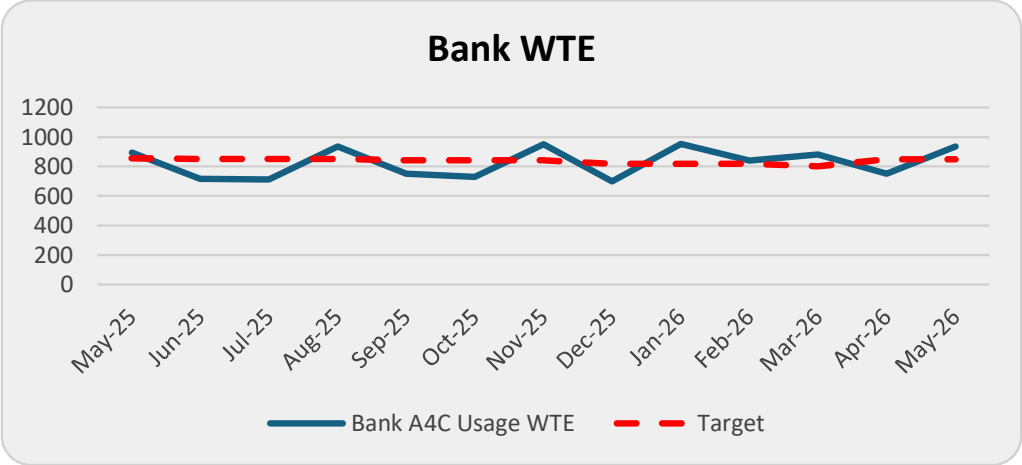
The Health and Wellbeing Service continues to increase the support options available for staff including psychological therapy, counselling and self-help guidance tools. In addition, our “Wellbeing Matters” Programme provides advice and support to those suffering with physical conditions (e.g. back problems). The Health Board have also introduced an Employee Assistance Programme to support access to wellbeing support, which has reduced waiting times for our internal staff wellbeing service. The target in each graph was set as part of the IMTP 2026/27.





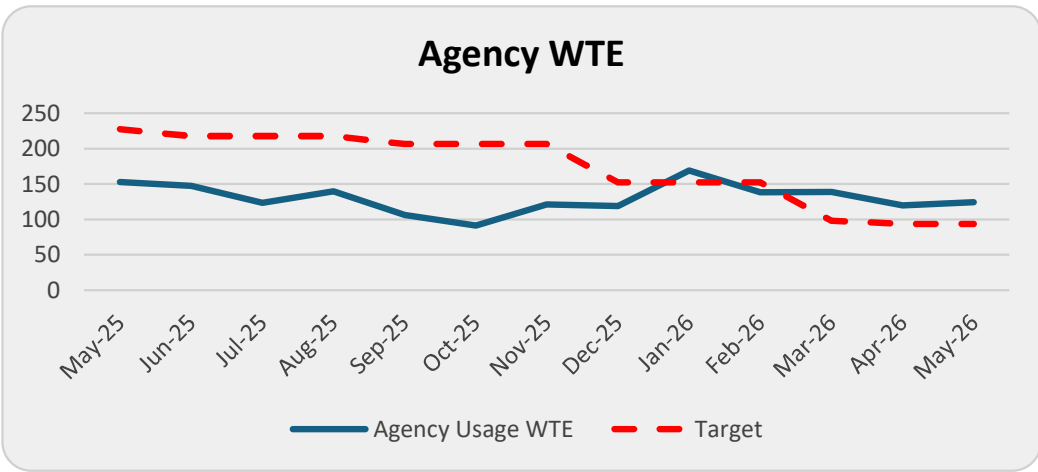
Variable Pay Bank

Enabling Action



Variable Pay Agency

Enabling Action



Performance Summary

The Variable Pay Programme, recognising the importance of recruitment and retention, continues to progress and explore opportunities to reduce variable pay.

In May, bank usage was 934.3 wte compared with 880 wte recorded in March, representing an increase of 53 wte. Bank usage is 85.31 wte above target.

In May 26 the three highest users were HCSW 511.16 wte (55%), Nursing & Midwifery 290.44 wte (31%) and Facilities 100.50 wte (11%). Highest reason for usage is Vacancies 262.06 wte (28%)

The target in graph was set as part of the IMTP 2026/27 performance targets

Performance Summary

Agency usage has decreased again in the last quarter to 124.7wte from 138.87 wte - a decrease of 44 wte since January 26.

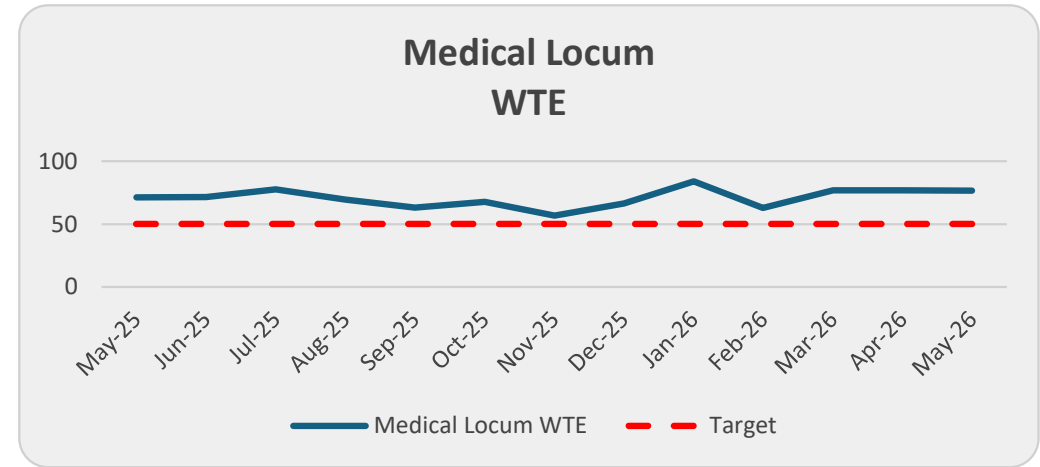
In May 26 21.54 wte (17%) were used for HCSW and 103.12 wte (83%) for Nursing and Midwifery. The top three reasons for Agency usage are Sickness 34.99 wte (28%), Enhanced Care 23.00 wte (18%) and Vacancies 22.77 wte (18%)

The target in graph was set as part of the IMTP 2026/27 performance targets This approach aligns with our broader goals of zero agency contract for specific staff groups and MDS enabling actions.



Variable Pay Medical Locum

Enabling Action



Performance Summary

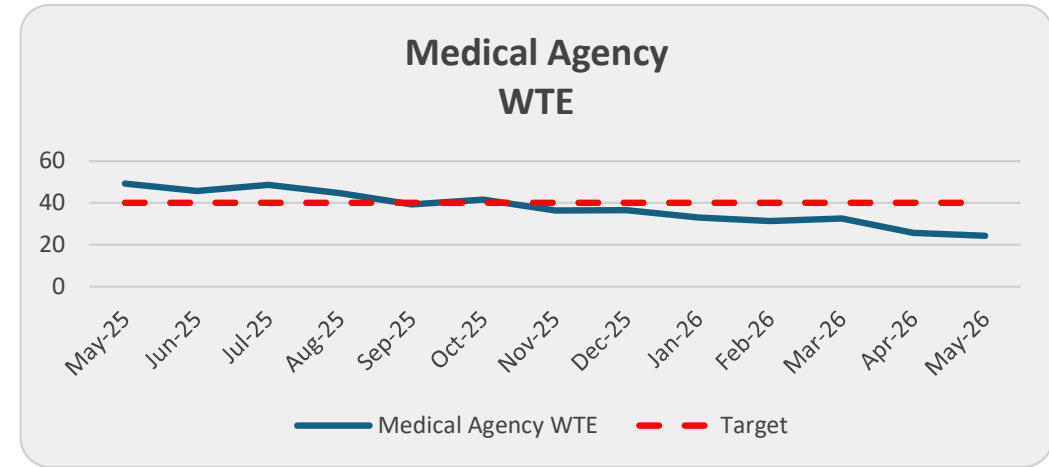
Current locum usage has remained consistent in the last quarter at 76.63 wte. The highest reason for combined locum and agency usage continues to be attributed to vacancies- 53.42 wte (53%).

There is ongoing work with the development of a Medical Workforce Strategy and the introduction of medical e-Systems to support reducing reliance on variable pay.

Target in graph was estimated as part of the IMTP performance framework for 2026/27.

Variable Pay Medical Agency

Enabling Action



Performance Summary

Medical Agency had a sustained reduction from October 2025 from 40 wte and continues to reduce to 24.17 wte in May.

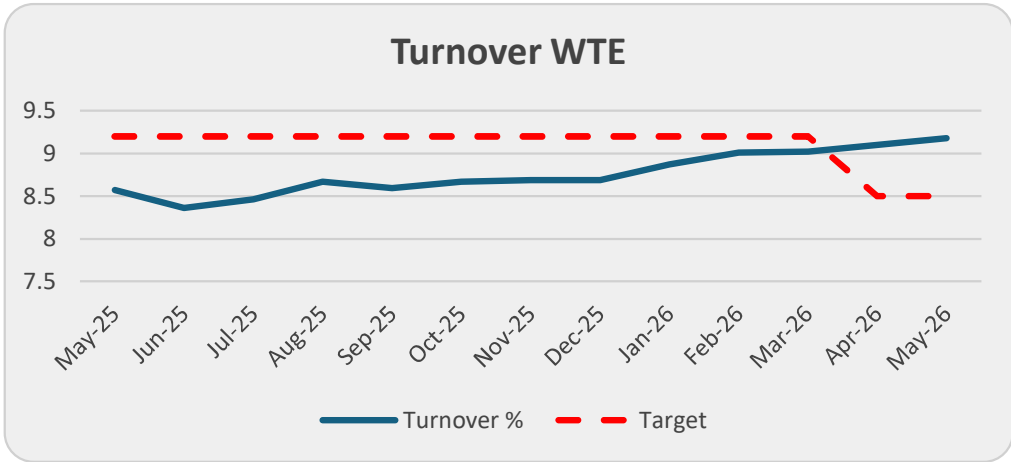
There has been positive progress with direct engagement (DE) with a baseline of 32% in Nov 25 which has increased to 81% in May 26.

There is ongoing work with the development of a Medical Workforce Strategy and the introduction of medical E-Systems to support this work.

Target in graph was set as part of the IMTP performance for 2026/27.



Turnover

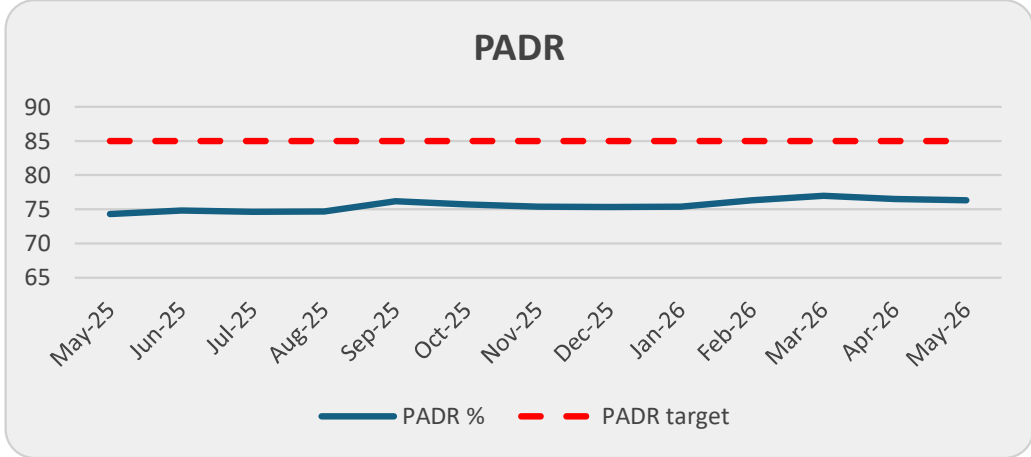


Performance Summary

Turnover rate has increased slightly since March 26 from 9.02% to 9.18% and an increase from the 8.57% recorded last year. Nursing & Midwifery have the lowest turnover rate of 6.91% whilst Estates & Ancillary have the highest turnover rate of 12.95%. The Stability Rate is 91.67%, the Health Board has retained 14,424 staff.

The target in graph was set as part of the IMTP for 2026/27

PADR



Performance Summary

PADR compliance has improved in March to 76.31 % from the 76.9% reported in March 26.

A further review of PADR compliance demonstrates a positive position, with 84.58% of staff having received a PADR review within the last 15 months.

Work continue towards achieving 85% All Wales target through divisional reporting, renewed tools and training for managers.



Job Planning
 Enabling Action



Performance Summary

**Job Planning** - Job planning compliance for the consultant workforce is 52.7% a decrease from the 55.1.4% reported in March 2026. A key factor is job plans falling out of the 12 month compliance period and ongoing complexities being worked through with directorates.

To support the targeted job planning compliance, key actions include integrating progress updates into Divisional Performance Reviews, conducting targeted deep dives, and withholding vacancy approvals until up-to-date consultant job plans are in place. Pay-impacting changes and study leave funding will also be restricted unless job plans are current or under appeal.

Deep dives with divisional management were undertaken in January 2026 to review compliance levels, action plans and support required.

The target in graph was set as part of the IMTP performance framework for 2026/27.

Performance Summary

**Job Planning** – Job planning compliance is current 50.9% an increase of 2% since March 2026.

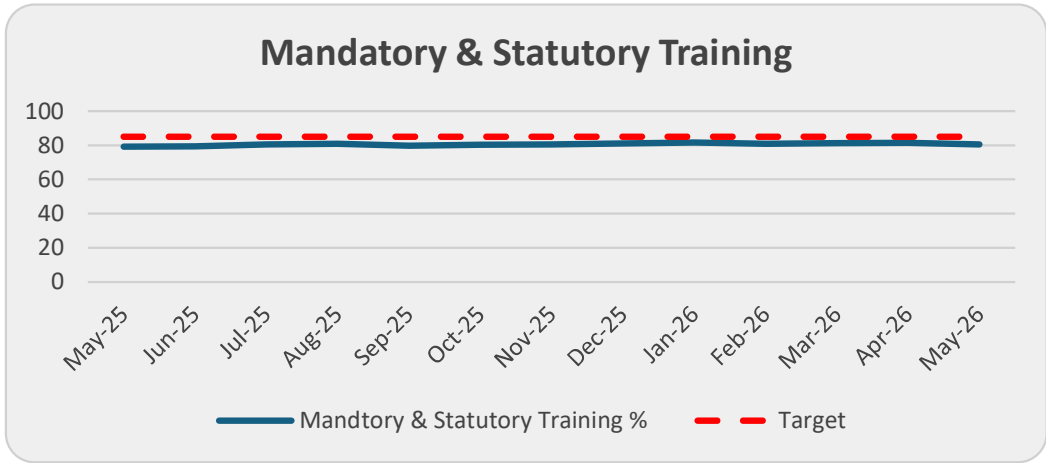
The same actions are being undertaken to improve SAS Job Planning as Consultants.

The Medical Workforce E-System Team remains actively engaged with directorates to support sustained improvements in compliance for consultant and SAS and to ensure that completed job plans are reviewed and updated as necessary prior to their expiry, maintaining continuity going forward.

The target in graph was set as part of the IMTP performance framework 2026/27.



Mandatory Training



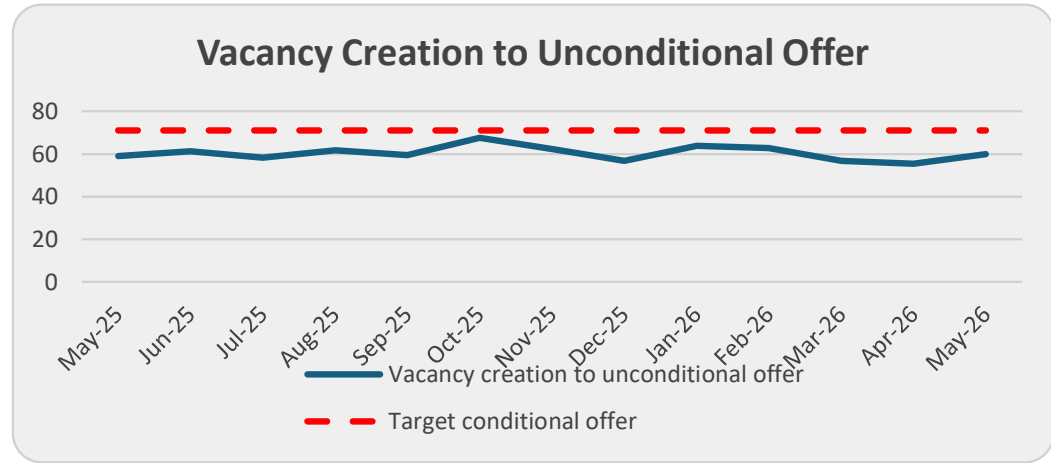
Performance Summary

Mandatory & Statutory Training has remained level at circa 81% which is 4% off the target. There are 5 Divisions/Corporate Services that have reached/higher than the target of 85%.

As previously reported, new statutory and mandatory courses have created some variation to the previous benchmarking reporting rates.

A national review of Statutory and Mandatory training has commenced, facilitated by HEIW.

Time to Hire



Performance Summary

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 59.9 days.

This target will continue to be stretched further to reduce the time to hire and optimise recruitment start dates.

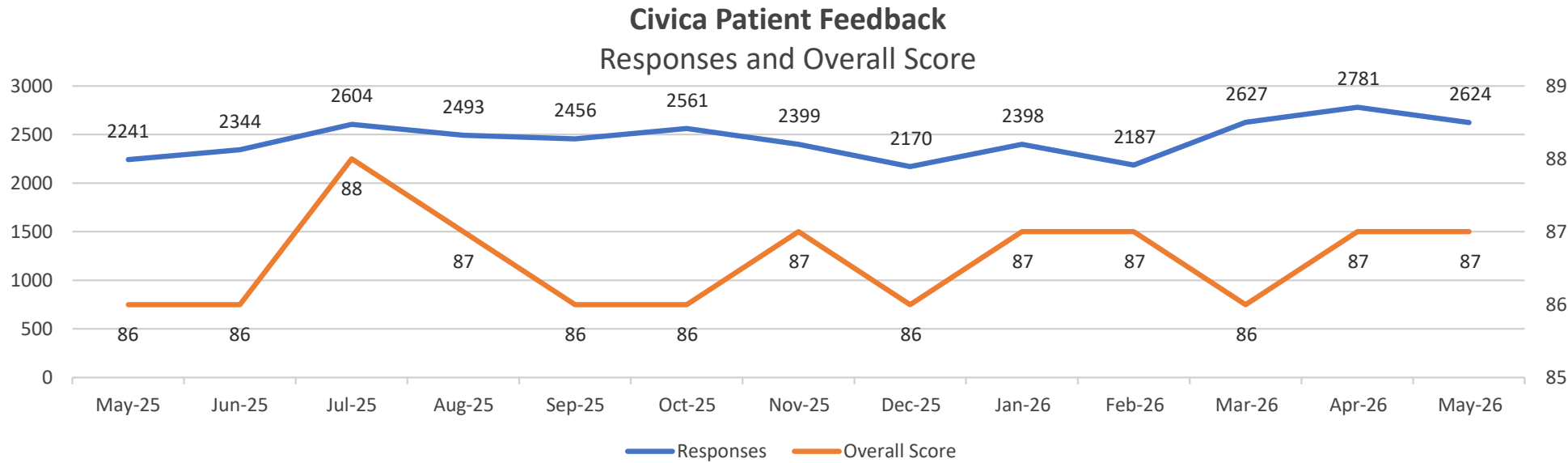






Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Patient Experience CIVICA

Graph 1– Overview of CIVICA responses and satisfaction score from May 2025 to May 2026



**Listening & Learning - What we are Hearing**

- 2624 feedback responses have been received for May 26 so far. April 2026 remains the highest month to date (now 2781). Since the last report a total of 29 additional responses have been noted over 7 separate months (since July).
- The new Cancer Treatment Survey continues to show a very positive response rate via SMS. 72 responses for May 26 to date.
- Work continues on the All-Wales National Endoscopy Survey to be sent via CIVICA SMS.
- The National Survey regarding the new Listening to People’s process was launched April 2026 – with one response for May, although only a few questions on the survey were answered.
- All Wales Research Survey now shared in preparation for implementation on 1<sup>st</sup> June 2026. This is first survey to show on the CIVICA system in multiple languages.
- The overall Satisfaction Score for May is 87% (all surveys) which is unchanged from April.

**Listening & Learning - What we are Doing**

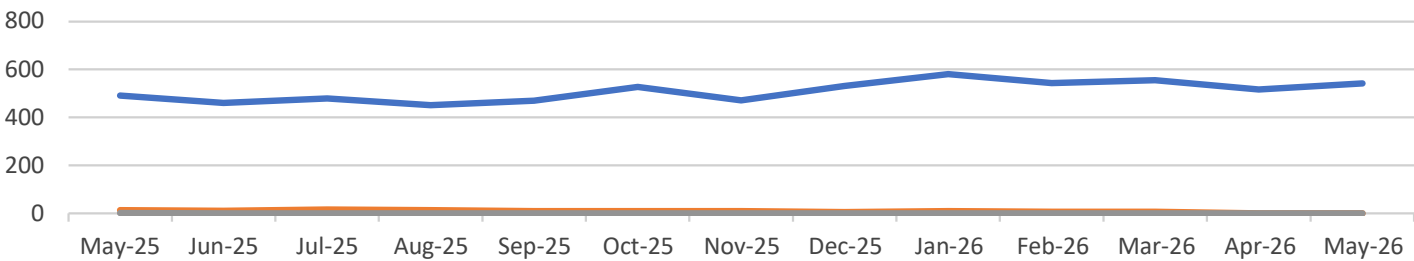
- Bespoke reporting continues on themes and patient comments that crossover all the Divisions
- Work continues to implement additional languages and BSL for the PES and Maternity National Surveys, this will also extend to the new Listening to People Survey and Endoscopy. Also work on an Easy Read version of survey.
- Rollout continues across all Divisions, especially teams working across sites and within outpatient departments. Also work underway reviewing the Women’s Hubs. Plans also continue to support areas with little or no feedback during 2025.





Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Patient Advice & Liaison Service (PALS) (May 25-May 26)

Total Contacts Received by PALS



|                        | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Enquiries              | 490    | 460    | 478    | 451    | 469    | 526    | 470    | 531    | 581    | 542    | 554    | 516    | 541    |
| Early Resolution       | 13     | 10     | 16     | 13     | 9      | 8      | 9      | 4      | 9      | 6      | 6      | 0      | 0      |
| Escalated to complaint | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |

| Themes                                    | Count |
|-------------------------------------------|-------|
| Communication Issues (including Language) | 3170  |
| Access (to Services)                      | 1490  |
| Appointments                              | 531   |
| Clinical treatment/ Assessment            | 259   |
| Discharge issues                          | 146   |
| Complaints Handling                       | 87    |
| Post death concerns                       | 84    |
| Record Keeping                            | 80    |
| Tests and Investigation Results           | 57    |

What the Data Tells Us

- 6,609 enquiries; May-26 541 (+10% YoY)
- Comms/language: 3,170 (~48%)
- Access + appointments: 2,021 (~31%)

Learning & Improvements

- Communicate earlier to reduce repeat contact
- Focus signposting on access and appointments
- Standardise early-resolution recording for LTP

Successes

- Managed sustained demand
- Only 1 PTR in 13 months

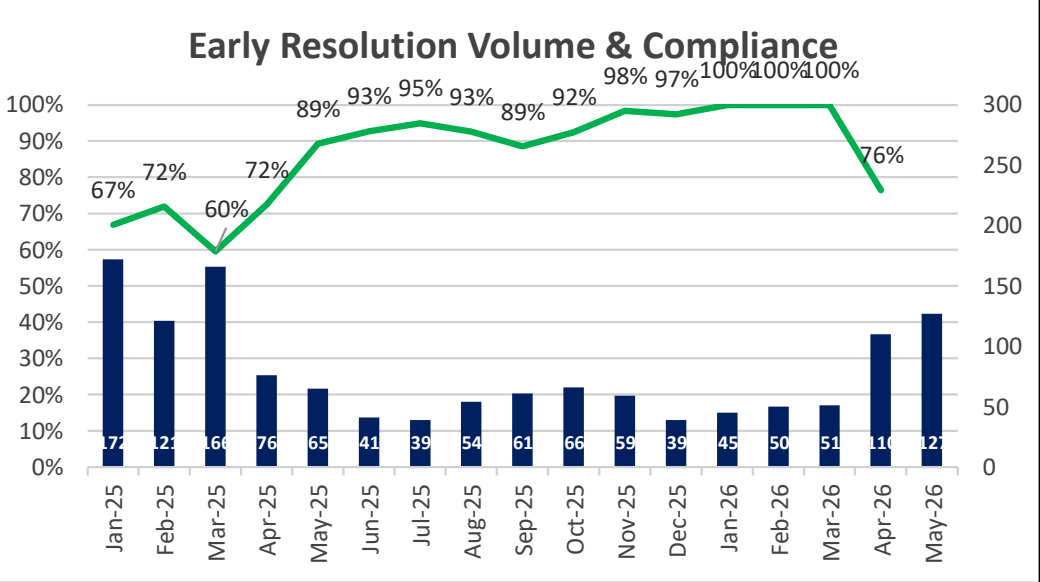
Challenges

- Comms/language remains largest theme
- Access and appointments drive demand
- Timely clinical updates support closure

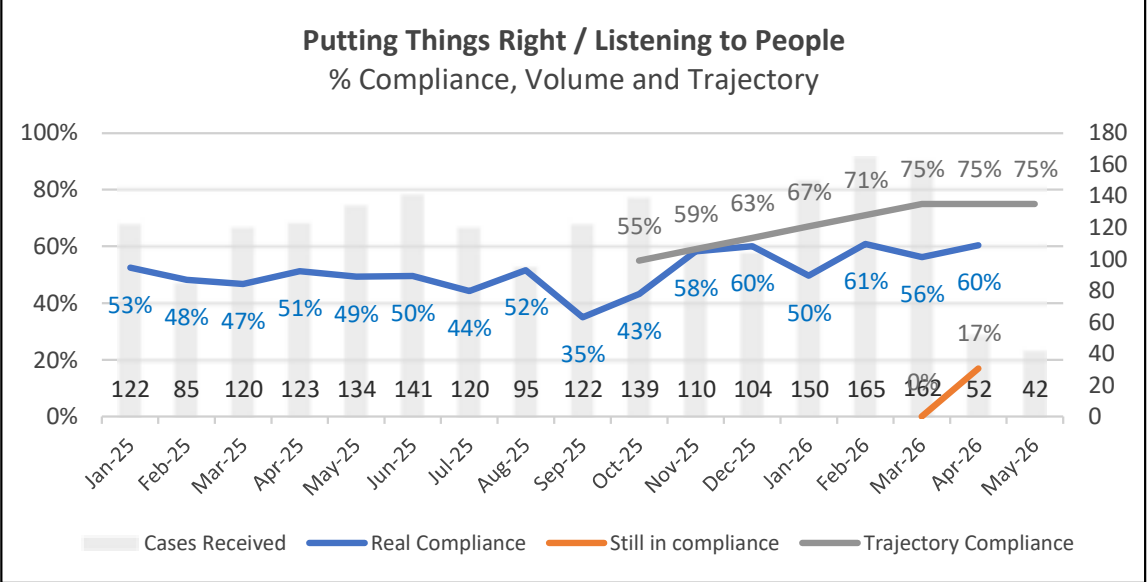


Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Putting Things Right

Graph 1- Early Resolution Performance



Graph 2 – Putting Things Right Performance



**Graph 1** Early Resolution activity has increased significantly, reflecting implementation of the Listening to People framework and a shift towards earlier, proportionate handling of concerns. A reduction in compliance was seen in April (76.4%), primarily driven by a marked increase in volume alongside transition to new regulatory processes. Performance is being actively managed, with a focus on stabilising compliance while sustaining higher levels of activity and embedding the new approach across divisions.

**Graph 2** shows formal complaints activity, compliance, cases remaining within statutory timescales, and the improvement trajectory. Compliance should be considered in the context of revised statutory timeframes (30, 60, 90, 120, 6 months). A proportion of cases remain appropriately within compliance, with 17% of April cases still progressing within expected timeframes rather than representing delay.

**Key Themes and Learning –**  
Clinical treatment/assessment remains the most common theme (56% across April and May) Communication continues to be a significant contributing factor (13%) Appointments reduced from 10.6% to 8.3%. Access to services doubled from 2.6% to 5.2%. Discharge issues also increased from 1.1% to 3.1%.

Improvements-

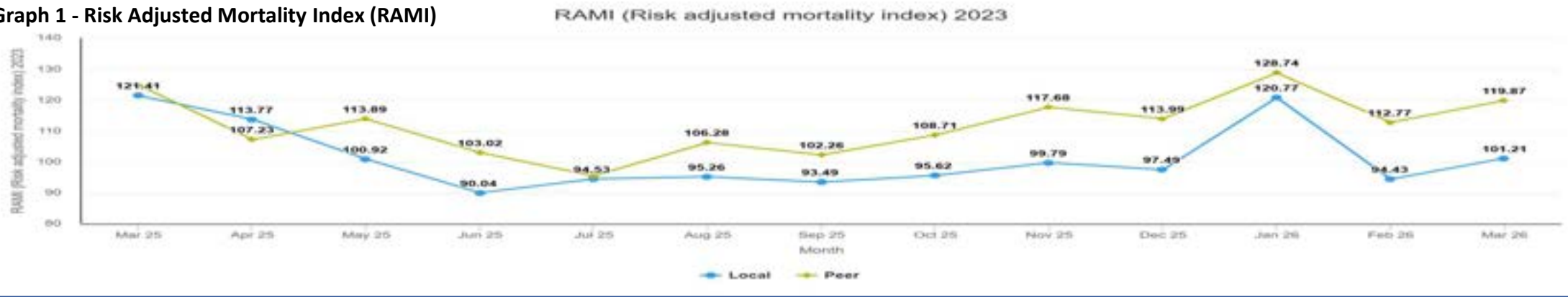
The Listening to People framework has been successfully implemented from 1 April 2026, strengthening focus on early resolution and proportionate handling. Timeliness of responses has improved, with a reduction in overdue cases through targeted oversight. Divisions are demonstrating increased ownership, with more consistent use of early resolution pathways. Support from the central team continues to strengthen governance, improve quality of responses, and ensure learning is translated into service improvement





Pillar 2 – Patient Safety Including Incident Reporting - Mortality

Graph 1 - Risk Adjusted Mortality Index (RAMI)



Ministerial Delivery

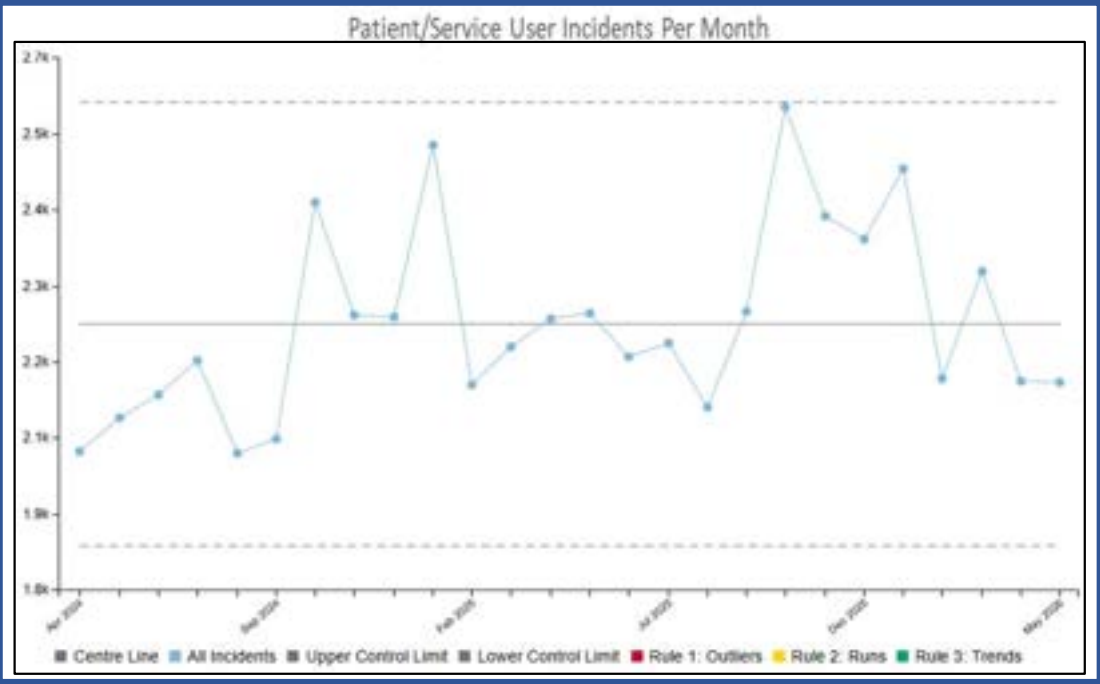
**Graph 1** – The Health Board’s full year RAMI for 2025/26 was 99.97 (Q1: 101.28, Q2: 94.40, Q3: 97.58, Q4: 105.04). The increase observed in Q4 was consistent with trends seen across the All-Wales peer group. RAMI adjusts for patient risk factors, including age, diagnosis, co-morbidities and other clinical characteristics, enabling more meaningful comparisons of mortality outcomes between healthcare organisations. RAMI has shown sustained year-on-year improvement since 2023, indicating that the number of observed deaths has remained lower than would be expected based on the case mix of patients treated.

**Graph 2** – Ministerial priorities have included reporting the rolling mortality rate. This data reflects all-cause mortality within the Health Board. The graph shows hospital deaths recorded by the Health Board. In 2025, deaths were on average 15% lower than previous years. Seasonal variation is evident, with consistent spikes in December and January each year.

**Learning and Improvement** – The Learning from Deaths Report will continue to support understanding of mortality reporting through structured reviews, deep dives and case-note analysis of mortality outliers to identify learning and improvement opportunities. Continued collaboration with coding teams will strengthen the quality, completeness and timeliness of clinical coding, ensuring robust and reliable mortality metrics. In April 2026, the Health Board ranked 2nd within its All-Wales peer group, reflecting continued strong performance relative to comparable NHS organisations in Wales.



Pillar 2 – Patient Safety Including Incident Reporting – RL Datix Incidents Overview



**Incident Volume and Harm:** Patient/service user incidents remain within expected variation. The latest monthly position shows a reduction from the October–January peaks, with April and May below the centre line, indicating current stability rather than a sustained upward trend.

The harm profile continues to be dominated by no/low harm incidents. Moderate harm remains comparatively low and severe/catastrophic/death incidents are small in number. The reduction in Catastrophic/Death grading reflects improved review and validation of incidents where patients have sadly died, with harm assessed from the perspective of healthcare contribution. QMG and divisional assurance reports indicate that the priority is not simply volume, but timeliness and quality of review: open/unreviewed incidents, data quality, documentation, risk-assessment consistency and closure of older cases require continued oversight.

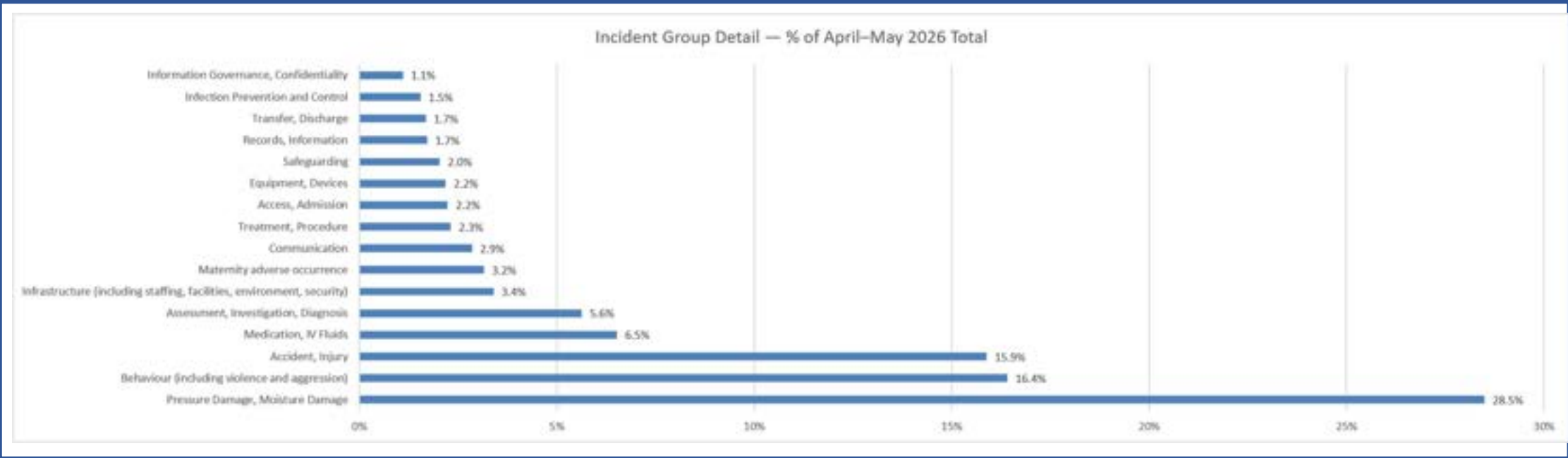
Learning & Improvement -

Continue monthly divisional monitoring, supported by the Quality and Patient Safety Application and Datix 10@10 review, to identify variation early, validate harm consistently and escalate overdue/high-risk cases. Reinforce local ownership of incident closure, triangulate incidents with complaints, patient experience, audit and inspection findings, and share cross-divisional learning on recurring themes including medicines safety, falls/pressure damage, documentation and risk assessment.





Pillar 2 – Patient Safety Including Incident Reporting – RL Datix Incidents Category



The data presented above is extracted from RL Datix and provides a high level overview of the most common 'Classification' of incidents. Classification, represents the highest tier of description, with 'category' and 'sub-category' providing a more granular description of an incident. The data presented is from April to May 2026.

**Incident category analysis:** Pressure damage/moisture damage is the largest classification (28.5%), followed by behaviour including violence and aggression (16.4%) and accident/injury (15.9%). Together, these three areas account for around 61% of reported incidents.

**Pressure damage:** 71.6% relate to pressure ulcers present before admission and 28.4% to deterioration during care, reinforcing the importance of early assessment, documentation and prevention planning.

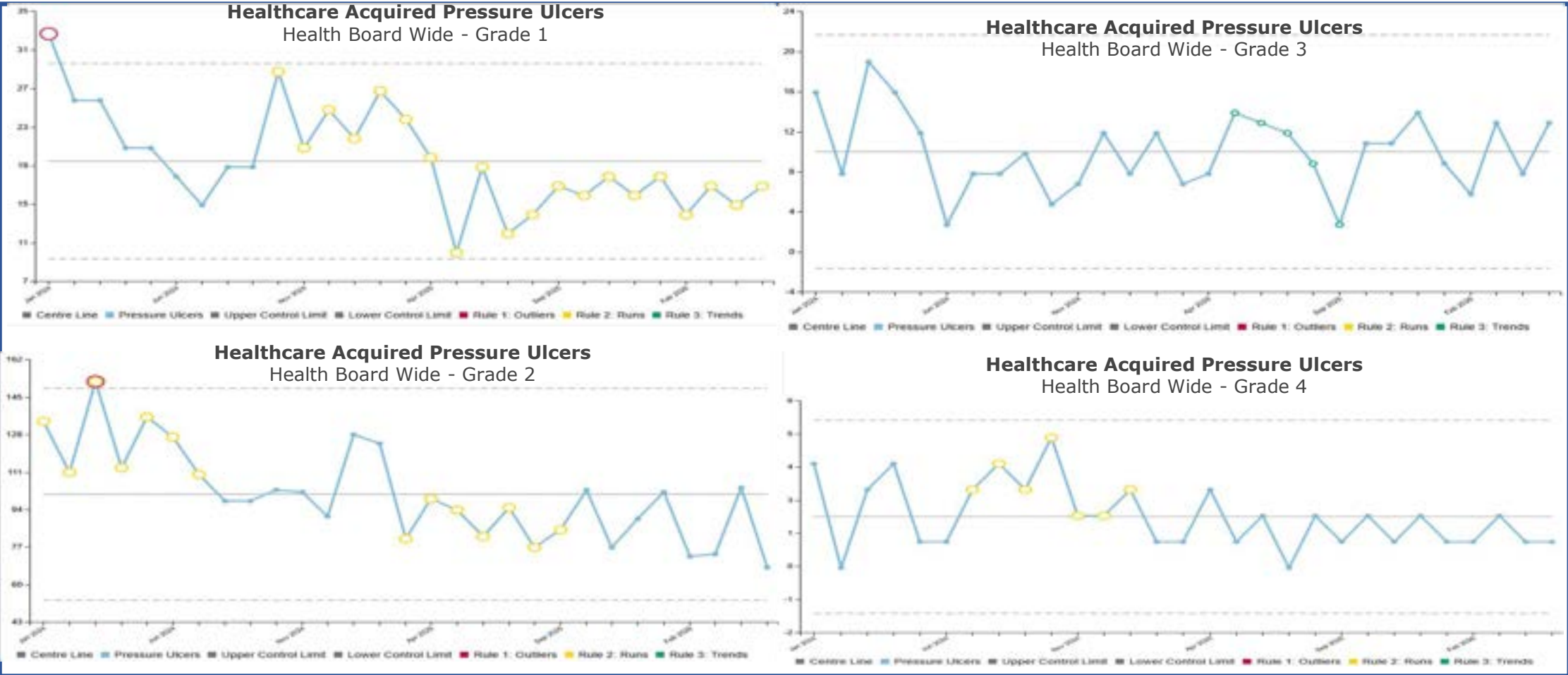
**Accident/injury:** 75% relate to slips, trips and falls, linking directly to the falls improvement work covered on the following page.

**Behaviour:** Self-harm has reduced from 52% in Q4 2025/26 to 16.7% in April/May 2026. Aggressive/threatening behaviour (28%) and physical assault (27%) remain key themes, supporting continued focus on violence prevention, de-escalation and staff safety.

Overall, the data shows a broadly stable incident reporting profile, with clear priority areas for continued improvement. Pressure damage, falls-related harm and behaviour-related incidents remain the main themes, reinforcing the need for sustained focus on early risk assessment, prevention, timely review, learning and closure. The reduction in self-harm incidents is positive, but ongoing attention is required to violence prevention, de-escalation and staff safety.



Pillar 2 – Patient Safety Including Incident Reporting – Pressure Ulcers

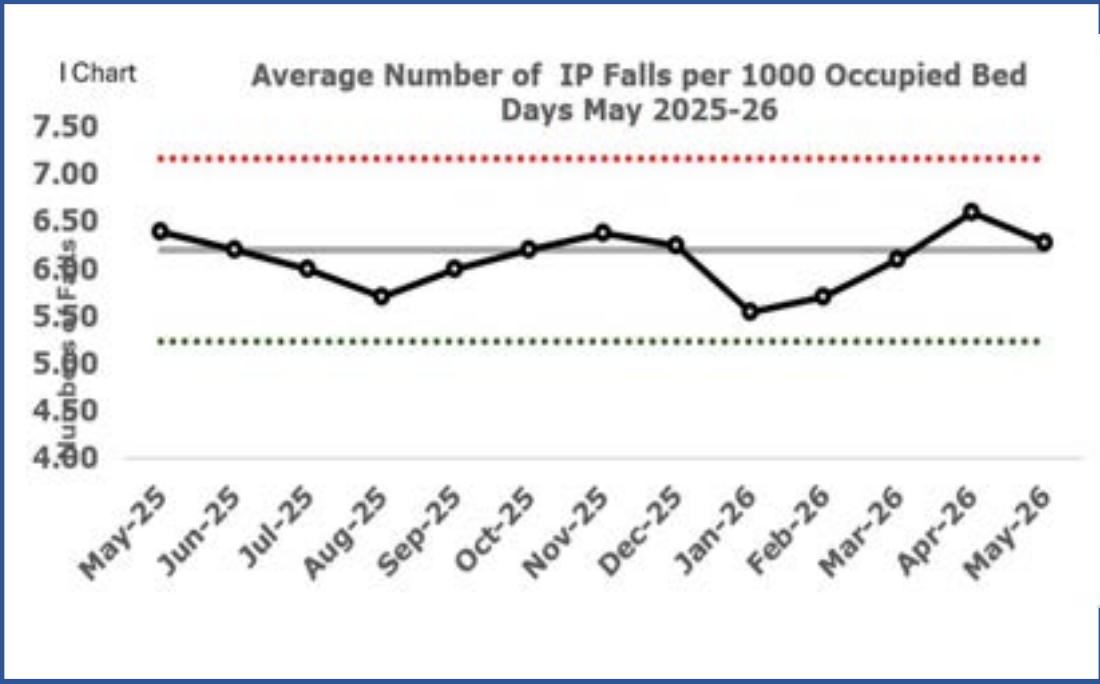
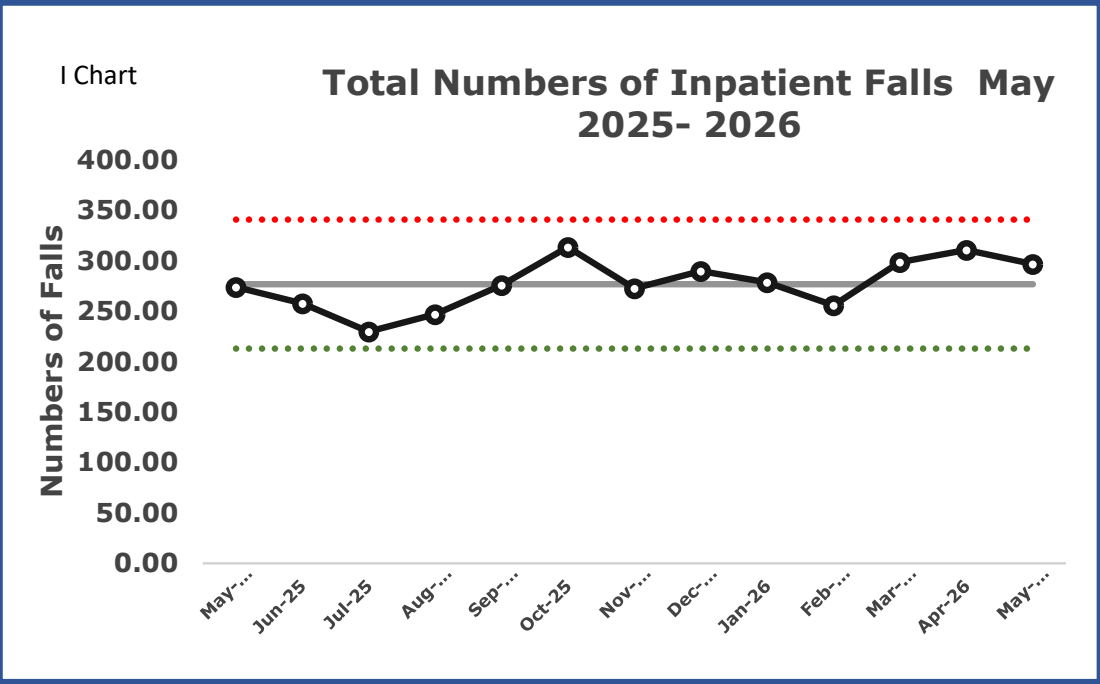


The majority of Pressure Ulcers recorded are category 2 (partial-thickness skin loss where the epidermis (outer layer of skin) or dermis (deeper layer of skin), or both, are damaged). Within Grade 1 HAPU there has been a shift with all months since April 2025 falling below the mean, which coincides with the Director of Nursing establishing a professional standards group. The expected trend of increases during winter months can be seen in both grade 1 & 2.

| Issue                     | Action                                                                                                                  | Learning and Improvement                                                                                                         |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Open “no value” incidents | Process reviewed by Complex Care relating to grade 1 and 2 pressure damage occurring within a non-commissioned service. | Number of cases reviewed monthly at the collaborative, contributing to a significant reduction in cases across the Health Board. |



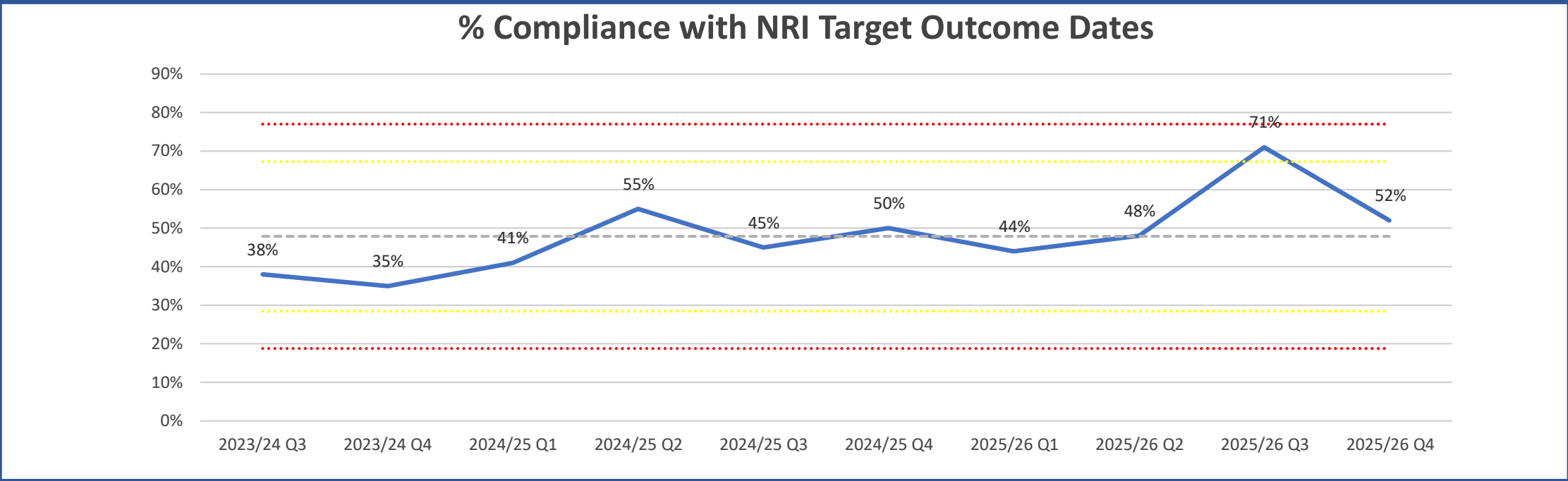
Pillar 2 – Patient Safety Including Incident Reporting – Falls



- Q1, May 2026 has seen a return to a downwards trajectory in falls per 1,000 Occupied Bed days (OBDs), with a decrease from 6.60 to 6.27. This figure is a return to a value that is below the National average (6.6) and represents a 5% reduction from April 2026.
- For the given period of analysis, the mean average value of reported fall incidents is 277. The second month of Q1 has seen a marginal downwards trajectory.
- Falls reported incidents decreased from 311 in April 2026 to 297 in May 2026 (4.5%), 14 incidents, 7% above the HB mean average for the given year (277).
- At the time of reporting under the criteria of Managers' interim measure of harm 73% of incidents for May 2026 were identified as no or low harm 1.35% moderate. At the time of collating that data 24.24% were awaiting a confirmed Managers attributed value of harm.
- May 25-26 data is representative of what may be considered a stable system with predictable variation. Ongoing improvement actions are required to promote a sustained downwards trajectory with reduced variation.



Pillar 2 – Patient Safety Including Incident Reporting – Nationally Reportable Incidents



At the end of April there were a total of **52** open cases, with **40** number of cases within the compliance window. The number of cases overdue by:

- 6-12 months is 4
- 3-6 months is 3
- 0-3 months is 5

Compliance for closure within the NHS P&I target closure date has exceeded 75% in both April and May 2026.

**Learning and Improvement:**

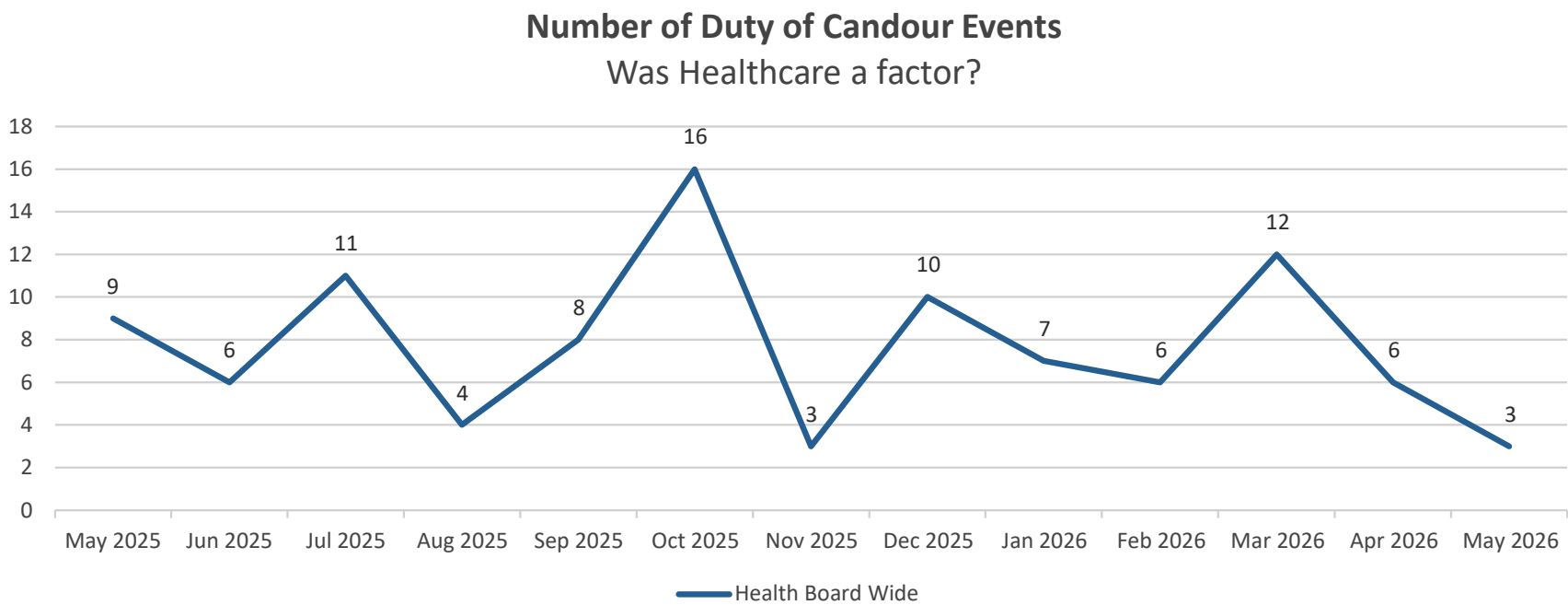
A recent PQSOC paper highlighted the notable improvements made in reducing the number of open overdue NRI cases in the Health Board. An improvement plan that will take place across 2026/27 which aims to address areas of improvement across all stages of the NRI process has been developed. The corporate PSI team has undertaken a review of the PSI investigation process, with the aim of ensuring that quality patient safety and robust governance are embedded throughout the process; This has been presented to the clinical executive team and will be presented to QMG in March.

The corporate PSI Team has been meeting with the F+T Division to review their PSI process. This work is ongoing.



Pillar 2 – Patient Safety Including Incident Reporting – - Duty of Candour

Graph 1 – Duty of Candour Events



The number of Duty of Candour events continues to vary month to month, reflecting the point at which management reviews confirm whether Duty of Candour thresholds are met. This remains an evolving position, with data accurate as of 1 June 2026 and subject to change as reviews are completed.

**Learning and Improvement**

Duty of Candour incidents are being actively monitored through the daily incident review meeting, providing corporate oversight of potential serious incidents and concerns.

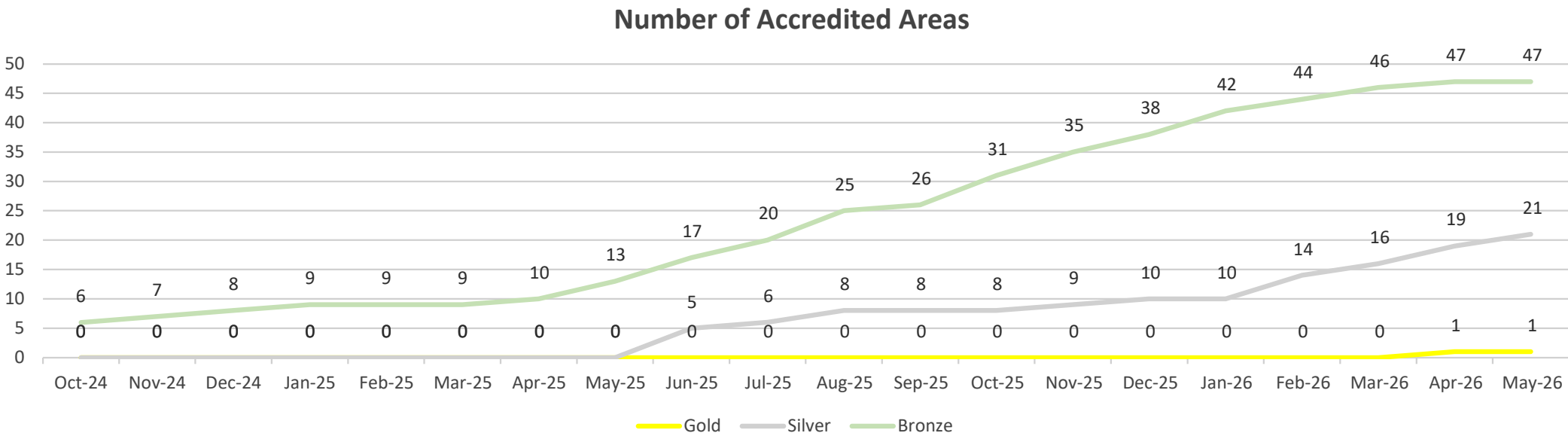
This approach:

- Supports early identification of Duty of Candour and redress requirements
- Ensures timely escalation where there is risk of delay
- Strengthens consistency in decision-making across divisions
- An evaluation of delays in formal harm reviews is underway as part of the 2025/26 improvement plan, with a focus on improving timeliness and process reliability.



Pillar 3 Clinical Effectiveness – Ward Accreditation

Graph 1- Ward accreditation status over time



Quality Improvement Projects through ward accreditation

- One area had a silver peer review deferred to improve IPAC standards.
- May 2026 saw a community ward and outpatient clinic achieve silver accreditation.

| Issue                           | Action                                               | Learning and Improvement                                                |
|---------------------------------|------------------------------------------------------|-------------------------------------------------------------------------|
| Community roll out in progress. | District nursing and complex care now participating. | Health visiting testing audits.<br>School nursing in audit build stage. |
|                                 |                                                      |                                                                         |





Pillar 4 - Health, Safety, Security and Compliance

Graph 1- RIDDOR % Compliance

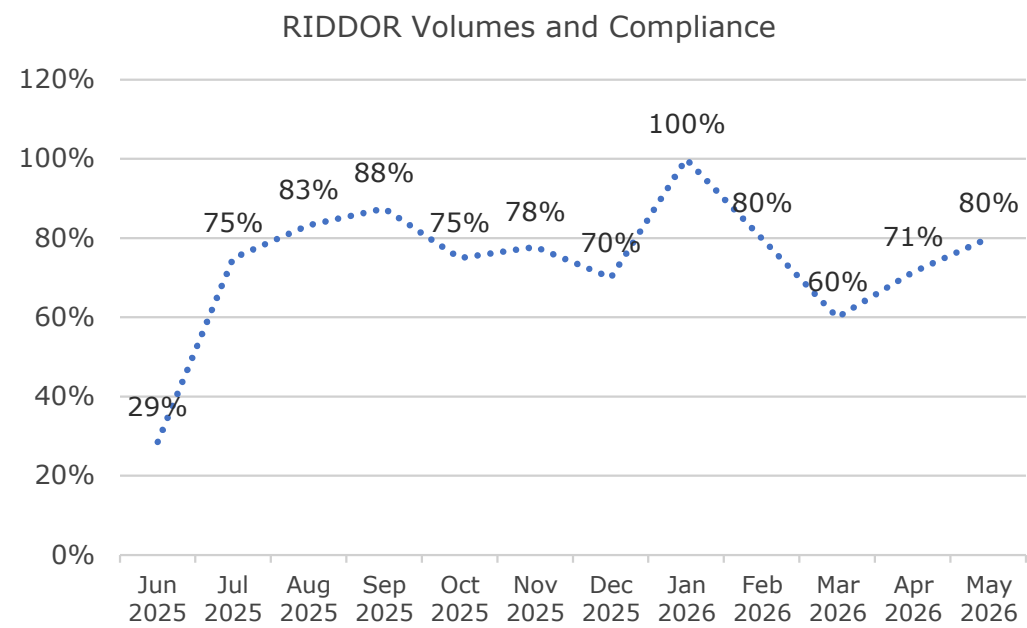


Table 1 - Health and Safety Training Compliance

| Statutory & Mandatory Training Compliance | Dec 2025 | Jan 2026 | Feb 2026 | Mar 2026 | Apr 2026 | May 2026 |
|-------------------------------------------|----------|----------|----------|----------|----------|----------|
| Health and Safety                         | 87.1%    | 87.0%    | 87.2%    | 87.5%    | 87.1%    | 86.8%    |
| Fire Safety                               | 82.4%    | 82.2%    | 82.4%    | 83.5%    | 84.3%    | 84.1%    |
| Manual Handling                           | 66.0%    | 65.4%    | 64.8%    | 64.5%    | 64.3%    | 63.2%    |
| Violence Prevention & Reduction           | 85.7%    | 85.2%    | 85.3%    | 85.5%    | 85.2%    | 85.0%    |

Table 2 – Top 4 staff incident categories

| Staff Health and Safety Incident Reporting | Dec 2025 | Jan 2026 | Feb 2026 | Mar 2026 | Apr 2026 | May 2026 |
|--------------------------------------------|----------|----------|----------|----------|----------|----------|
| Physical Assault                           | 91       | 88       | 83       | 107      | 120      | 95       |
| Contact with needles or medical sharps     | 24       | 23       | 10       | 21       | 16       | 23       |
| Verbal Assault                             | 14       | 11       | 20       | 16       | 21       | 17       |
| Slip, trip or fall                         | 7        | 28       | 16       | 8        | 14       | 9        |

| Issue                                                 | Action                                                              |                                                                                                                       | Learning and Improvement                                                                                                                                    |
|-------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Violence towards staff                                | Violence Prevention & Reduction Strategic Plan approved by Board    | Under-reporting and normalisation of abuse                                                                            | The VPR Strategic Plan sets out objectives to improve reporting and culture                                                                                 |
| Needlestick & sharps                                  | Reduction in number of injuries in Q4 2025/26                       | Poor practice relating to safe disposal of sharps identified as a contributory factor to injuries                     | QI project to reduce needlestick and sharps injuries to commence in Q2 26/27 in conjunction with H&S, IPaC and Occupational Health                          |
| Winter slips, trips and falls                         | Winter falls thematic review conducted by Corporate Health & Safety | Slips, trips and falls in Q4 25/26 significantly above the quarterly average and data for the same period in Q4 24/25 | Areas for improvement identified within the thematic review to be shared with Facilities Division                                                           |
| RIDDOR reporting compliance with the legal timeframes | RIDDOR SOP revised                                                  | Timely reporting and investigation of incidents to determine an outcome on RIDDOR                                     | RIDDOR Awareness eLearning Training to be implemented in Q2 26/27. Submission to Core Learning Committee in June 2026 to mandate this training for managers |
| Manual Handling Training                              | Manual handling training programme developed for 2026/27            | Backlog of staff requiring the 2-day People Handling Foundation Training                                              | Focus on supporting Cascade Trainers (Transfer Specialists) to ensure update training is delivered locally                                                  |



Pillar Five - Infection Prevention & Control (May 2026)

Table 1 – Healthcare Associated Infections per 100,000 populations

|                   | C. difficile | MRSA bacteraemia | MSSA bacteraemia | E. coli bacteraemia | Klebsiella sp bacteraemia | P. aeruginosa bacteraemia |
|-------------------|--------------|------------------|------------------|---------------------|---------------------------|---------------------------|
| Aneurin Bevan UHB | 32.82        | 4.97             | 31.82            | 52.71               | 18.89                     | 4.97                      |
| Wales             | 40.37        | 3                | 27.42            | 61.03               | 20.09                     | 4.88                      |

Table 2 – Healthcare Associated Infections Count of specimens

|                   | C. difficile | MRSA bacteraemia | MSSA bacteraemia | E. coli bacteraemia | Klebsiella sp bacteraemia | P. aeruginosa bacteraemia |
|-------------------|--------------|------------------|------------------|---------------------|---------------------------|---------------------------|
| Aneurin Bevan UHB | 33           | 5                | 32               | 53                  | 19                        | 5                         |
| Wales             | 215          | 10               | 146              | 325                 | 107                       | 20                        |

C difficile infection

33 cases of C difficile reported from April 2026 to May 2026. This is 5 less than the equivalent period 2025/26. This is a HB rate of 32.82 per 100,000 population

- < than same period last FY
- = same period last FY
- > than same period last FY

Staph Aureus blood stream infection

37 cases of Staph Aureus BSI reported from April 2026 to May 2026. This is 9 more than the equivalent period 2025/26. This is a HB rate of 36.80 per 100,000 population

E coli blood stream infection

53 cases of E coli BSI reported from April 2026 to May 2026. This is 4 less than the equivalent period 2025/26. This is a HB rate of 52.71 per 100,000 population

Klebsiella blood stream infection

19 cases of Klebsiella BSI reported from April 2026 to May 2026. This is 1 more than the equivalent period 2025/26. This is a HB rate of 18.89 per 100,000 population

Pseudomonas blood stream infection

5 cases of Pseudomonas BSI reported from April 2026 to May 2026. This is 3 less than the equivalent period 2025/26. This is a HB rate of 4.97 per 100,000 population



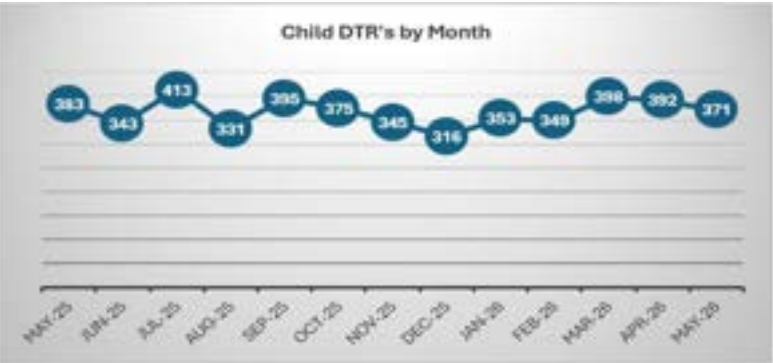
## Pillar Five - Infection Prevention & Control

| Themes & Trends                                                                                                                                                                           | Successes                                                                                                                                                                                                                                                                                                                   | Challenges                                                                                                                                                                                                                                                               | Learning & Improvement                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C difficile</b><br>15 cases identified in May, April and May data combined equates to 5 less than the equivalent period 2025/26.                                                       | Enhanced proactive cleaning started on some of our ELGH and GUH<br><br>No clusters identified with genomic sequencing link                                                                                                                                                                                                  | Timely isolation at community ward within RGH due to enhanced care<br><br>Ongoing vacancies and sickness within facilities team<br><br>Capacity to allow for full ward decant cleans                                                                                     | Checking of mattress and decontamination of near patient equipment<br><br>C5E ward HPV cleaned in response to PII<br><br>Sample collection not required to look for clearance                                                                                                                                                                                                   |
| <b>Staph Aureus blood stream infections (MRSA/MSSA)</b><br><br>13 cases reported for May which includes 2 MRSA<br>8 patients identified linked to community 5 linked to hospital acquired | Erase developed for the cleaning of patient skin prior to venepuncture<br><br>Engagement from 2 medical wards to start QI for line care currently in the process of scoping staff knowledge<br><br>ANTT paper developed with a recommendation to re establish ANTT working group. Divisional data included in May dashboard | 1 HAI MRSA linked to administration of insulin<br>1 CAI MRSA linked to community acquired pneumonia<br><br>Recall of skin prep products for cannulation<br><br>ESR job profiles not linked to ANTT competency requirement making reporting re ANTT compliance difficult. | Cleaning of skin prior to venepuncture not robust across the HB<br><br>Divisions supporting the ANTT working group to review training compliance and observational audits re practice<br><br>Assurance gained care packs are promoted within all TVS training, and the importance of wound hygiene etc. TVN team reviewing patient information leaflet to support best practice |
| <b>Gram Negative blood stream infections</b><br><br>Yearly comparison 4 less E coli, 1 more Klebsiella, 3 less pseudomonas reported than previous year                                    | Paper developed for E coli largest source urinary tract infection<br>Currently lowest rate in Wales for E coli                                                                                                                                                                                                              | Welsh Nursing records do not reflect all the HOUNIDI care bundle                                                                                                                                                                                                         | Urine samples rejected within lab due to wrong container – correct sample pot promoted to support focusing of treatment plan                                                                                                                                                                                                                                                    |



Safeguarding

Graph 1 – Child Duty to Report



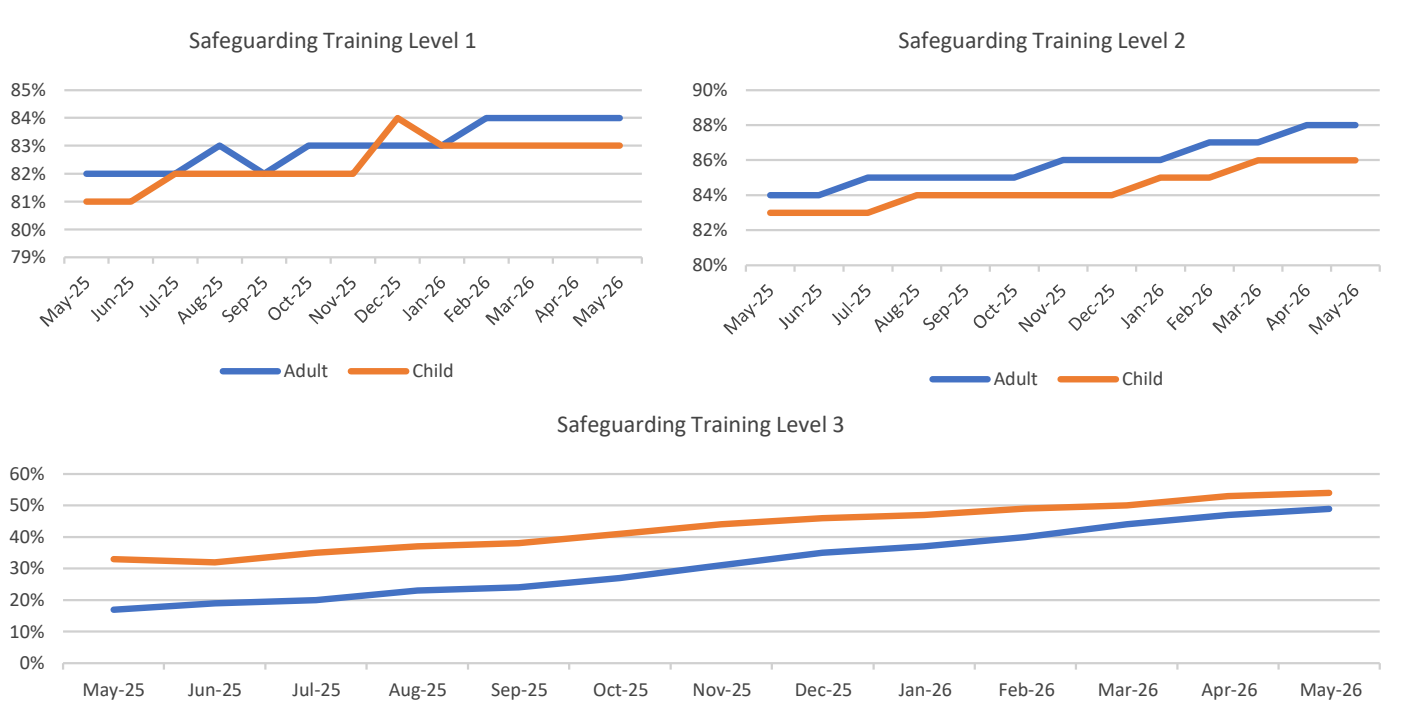
Graph 2 – Adult Duty to Report



Graph 3 – Advice & Support Calls to Safeguarding Service



Table 1 - Child and Adult Safeguarding training compliance (levels 1, 2 & 3)



**Child Duty to Report:**  
Child Duty to Report (DTR) activity shows mild quarter-on-quarter variation but remains largely stable, demonstrating continued vigilance by frontline staff. Despite this, the volume and complexity of cases continue to challenge Corporate Safeguarding capacity, reinforcing the need for sustained workforce capability and system resilience.

**Adult Duty To Report**  
Adult Duty to Report (DTR) activity has stabilised over the past three quarters, reflecting the embedding of Level 3 safeguarding training into practice. While overall volumes remain steady, cases are often complex and involve multiple risk factors. Effective multi-agency working continues to support positive outcomes; however, the complexity of cases places ongoing pressure on safeguarding capacity and resources.

**Safeguarding Training:**  
Compliance with Level 1 and 2 is at or close to the 85% target. Thirteen months into a three-year implementation programme for Level 3 Safeguarding, this data highlights that the current training offer is meeting demand and we are on schedule to meet 85% compliance by April 2028. The loss of non-recurrent funding at the end of 2025/26 means that continued provision of the required level of training is a challenge to the Corporate Safeguarding Team but should be achieved from within existing funding this financial year. Discussions will be required about the sustainability of the delivery model for 2027/28





The 2026/27 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board’s performance against them.

Jun-26  
 Performance against key financial targets 2025/26  
 +Adverse / ( ) Favourable

| Target                                                                                                                                                                                                                  | Unit    | Current Month | Year to Date | Year-end Forecast | Movement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|--------------|-------------------|----------|
| <b>Revenue financial target</b><br>To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. This confirms the YTD and forecast variance.                               | £'000   | 4,164         | 13,926       | 41,630            | ↔        |
| <b>Capital financial target</b><br>To ensure net Capital Spend does not exceed the Capital Resource Limit. This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend. | £'000   | £3.297        | £6.932       | 0                 | ↔        |
|                                                                                                                                                                                                                         | £31.025 | 11%           | 22%          |                   |          |
| <b>Public Sector Payment Policy</b><br>To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)                                                                        | %       | 96.8%         | 97.0%        | >95%              | ●        |
| <b>Savings</b><br>The 2026/27 IMTP submitted identified £44.9m of savings which included, division identified schemes of £13.2m, QIA and workforce savings of £14.7m, and pipeline savings of £17m.                     | £'000   | 2,564         | 4,570        | 44,937            | ↔        |

| Target                                                                                                                                                                                             | Unit  | Cash Guideline | Actual | Variance | Rating |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|--------|----------|--------|
| <b>Cash</b><br>The Health Board must not end any month with an overdrawn cash balance. Welsh Government also sets an advisory maximum month-end cash balance of £6m, which should not be exceeded. | £'000 | 6,000          | 4,493  | 1,507    | ●      |

The 2026/27 financial year to date budget performance as at month 03 is an adverse variance of **£13.926m**. This position is in line with the Month 01 MMR month 03 profile for 2026/27. The deficit movement each month reduces later in the year due to the profile of savings achievement expected.

In Month 03 the forecast position is a **reported forecast of £41.6m deficit**. This is in line with Month 2.

This position relies on full savings achievement of £44.9m.

There remain risks associated with this forecast position, primarily relating to anticipated funding from WG for DPIf, wage awards and ESR increased contributions.

In addition to the current forecast new cost pressures are emerging which require an **ADDITIONAL £4m** mitigating actions to be found to maintain the current forecast deficit

| ABUHB 2026/27                                 | Forecast £m   |
|-----------------------------------------------|---------------|
| Starting Deficit                              | 18.32         |
| UL Adjustments                                | 19.87         |
| <b>OPENING UL DEFICIT</b>                     | <b>38.19</b>  |
| Savings (Green/Amber)                         | -21.14        |
| Sacings QIA to deliver                        | -6.80         |
| Further Savings to find (2+%)                 | -17.00        |
| <b>TOTAL SAVINGS</b>                          | <b>-44.94</b> |
| <b>FUNDING UPLIFT (&amp; DPIF)</b>            | <b>-24.74</b> |
| Demand & Inflation                            | 37.56         |
| National Pressures                            | 4.43          |
| Local Quality Priorities                      | 1.15          |
| Performance Delivery                          | 4.05          |
| Winter/ONP                                    | 3.00          |
| <b>TOTAL COSTS</b>                            | <b>50.19</b>  |
| <b>FORECAST DEFICIT (BEFORE WRP)</b>          | <b>18.70</b>  |
| Welsh Risk Pool (WRP)                         | 25.00         |
| <b>Forecast DEFICIT 26/27 @ Plan &amp; M1</b> | <b>43.70</b>  |
| Welsh Risk Pool - removal of risk             | -2.07         |
| <b>Forecast DEFICIT 26/27 @ M2</b>            | <b>41.63</b>  |

At month 3, savings opportunities yet to be finalised and apportioned to divisions total: **£11m**.

To remain in line with Welsh Government reporting requirements the Health Board has reported the **full achievement of the £45m target, £11m of which are a risk**.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Appendix 1

## Q1 progress against Enabling Actions







| Delivery Area                                                | Enabling Action                                                                                                                                       | Adoption | Baseline                                                                                                                                                                                                                                                                                                                                                                                                                | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Community Capacity                                  | Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions | F        | Waiting list, referral and appointment function of the APP live.                                                                                                                                                                                                                                                                                                                                                        | Engagement with the NHS Wales App team continues to support the development of a roadmap for inclusion of additional priority functionality. ABUHB NHS Wales App assurance group in place. ABUHB has over 158k patients registered on the app with over 865k repeat prescriptions ordered since the app went live.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Improving Value, Optimising Outcomes, & Minimising Variation | Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health                                  | F        | Increased fragility-fracture identification and treatment rates. Coding review, outcome tracking, and service evaluation are underway, with stable staffing.                                                                                                                                                                                                                                                            | <p>The service has delivered sustained improvements:</p> <ul style="list-style-type: none"><li>• Fracture identification rates: Increased from 24% (2020) to 77% (2025). Q1 (2026) – 20% expected identified and treatment provided to 80%, expected was 50%, above the national benchmark.</li><li>• Treatment uptake: 60% of patients now receive appropriate bone-protective therapy. 2026 – 80% treatment.</li><li>• Medication compliance: Strong alignment with nationally benchmarked standards – 60%, national benchmark = 25%</li></ul> <p>Additionally, notable improvements have been achieved in the care of pelvic fracture patients.</p> <p>Next steps to ensure sustainability and resilience and develop the partnership with Primary care to provide long-term and integrated osteoporosis care.</p> |
|                                                              | Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation                                                 | P        | The Windows Server 2012 upgrade programme complete, with remaining servers covered by extended security updates while work begins on the 2016 upgrade and associated SQL Server updates. Cyber resilience continues to improve through incident-response exercises, expanded SIEM visibility, rollout of next-generation firewalls, and strengthened oversight via the Network and Information Systems Assurance Group. | Robust planning is in place to update unsupported server and end user operating systems. A shadow IT audit has taken place and will enhance DDaT asset management procedures. New technology is being used to identify Internet of Things (IoT) devices on the network. DDaT has a Cyber response plan and tests it with table top exercises to ensure it is rehearsed, reviewed and improved. DHCW Cyber Resilience Unit (CRU) audit ABUHB asset management and Cyber response planning and preparations annually.                                                                                                                                                                                                                                                                                                   |



# Appendix 1: Enabling Actions

| Delivery Area              | Enabling Action                                                                                                                                                                                                         | Adoption | Baseline                                                                                                                                                                                                                                                                                                                                                     | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximising Value for Money | Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value | F        | Oversight via Non Pay Board in our Value and Sustainability Programme. The theatre innovation group is reviewing national and local non-pay opportunities—such as sutures, energy devices, stapling, and orthopaedic products.                                                                                                                               | ABUHB are fully aligned with this requirement and actively support the implementation of Value and Sustainability Board recommendations. We engage with all national procurement opportunities and clinically endorsed product standardisation programmes, alongside local initiatives, to maximise uptake of mandated product choices, drive market share, and secure the best product efficiencies and value for the organisation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                            | Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas                       | F        | <p>ABUHB continues to have the highest uptake of established biosimilars in Wales. A review of generic contract medicines has been undertaken.</p> <p>Direct Oral Anticoagulants - 93% for Primary Care, 95% for WP10(HP)</p> <p>Blood Glucose Testing Strips(92%)</p> <p>Sodium-Glucose Co-Transporter-2 (SGLT2) 81% for Primary Care, 88% for WP10(HP)</p> | <ol style="list-style-type: none"> <li>1) ABUHB continues to have the highest uptake of established biosimilars in Wales. For the newer biosimilars, a switch to aflibercept has been completed. Golimumab switch in progress with change to Gobivaz on next homecare delivery.</li> <li>2) A review of generic contract medicines has been undertaken. Discussions are taking place with haematology regarding switch of eltrombopag from WP10HP to homecare to maximise the contract price.</li> <li>3) ABUHB continues to see a growth of generic apixaban and rivaroxaban as a % of DOACs (93% primary care, 95% WP10HP Dec25 data).</li> <li>4) ABUHB has the third lowest prescribing of bath and shower emollients in Wales (primary care) WP10HP use is 4th lowest.</li> <li>5) ABUHB has the highest performance of blood glucose strips &lt;£10 (primary care 91.5% Dec 25 data)</li> <li>6) ABUHB has the second highest use of generic dapagliflozin of all SGLT2is (primary care 80.8% WP10 88% Dec25 data).</li> </ol> <p>A Type 2 Diabetes position statement relating to recommendation 5 and 6 has been issued to staff and circulated to primary care.</p> |



| Delivery Area              | Enabling Action                                                                                                                                                                              | Adoption | Baseline                                                                                                                                                                                            | Progress this period                                                                                                                                                                                                                   |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximising Value for Money | Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate                                       | F        | Estates rationalisation workstream priorities agreed and include St Woolos, NHH, Monmouth, Aber Valley                                                                                              | Currently developing estates rationalisation plan to support estate utilisation and rationalisation                                                                                                                                    |
|                            | CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care | F        | Oversight via the Continuing Healthcare Board in our Value and Sustainability Programme includes ongoing monitoring, legal case progress, and unresolved eligibility issues with Local Authorities. | Progress is ongoing in implementing the Value & Sustainability Board recommendations, with systematic reviews of high-cost and 1:1 packages underway and the Care Cube benchmarking tool being implemented to drive improved outcomes. |



| Delivery Area                  | Enabling Action                                                                                                                                                                                                    | Adoption | Baseline                                                                        | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental Health                  | Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs                                                                        | F        | 0                                                                               | 25/26 baseline was 98 OoAP bed days (aligned to national definition), at a cost of £86,450. Annual plan ambition is to deliver the reduction and hold to zero across the year. As of M02 return, there are zero reported OoAP bed days in 26/27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Population Health & Prevention | Ensure progress of the focused Diabetes High Value High Impact pathway                                                                                                                                             | F        | All 8 care processes: 44.3%<br>Foot surveillance: 66.4%<br>Urine albumin: 66.0% | The Urine ACR project has closed, with over half of participating practices achieving a >5% improvement in compliance at six months. The Foot Care project has distributed education materials across Secondary Care and all 68 ABUHB practices, with baseline data established. Follow-up analysis and pathway improvement work will continue in Q2. The Cardio-Renal (SGLT2i) Optimisation project has closed, screening 21,000+ patients, completing 2,218 reviews, and initiating 1,445 patients on SGLT2i therapy. This is estimated to avoid 110 hospital admissions and deliver £2m+ in efficiencies over four years. The Gestational Diabetes project has established two workstreams focused on pre-conception care and postnatal follow-up. Early data shows only 43% compliance with follow-up testing within three months of delivery, with improvement work planned through Q2 and Q3. For Transition to Adult Services, pathway mapping and scoping have been completed. Demand and capacity pressures remain a challenge, and Q2–Q3 activity will focus on identifying improvement opportunities within existing resources. |
| Productivity                   | Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position | F        | TPF model and methodology is still under development awaiting update            | No update at Q1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



| Delivery Area         | Enabling Action                                                                                                                                                                                                                                       | Adoption | Baseline                                                                                                 | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Timely Access to Care | Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: Cataract 90% of lists to have 7 Cataracts per list by end of Q2                                                                 | P        | Cataracts – 6.83 per list                                                                                | <p>There are no specific identifiers within ORMIS to routinely distinguish theatre lists that were undertaken exclusively for High Volume Low Complexity (HVLC) procedures. Consequently, the information provided has been derived by analysing the number of procedures undertaken on each theatre list and identifying HVLC activity using the GIRFT coding methodology. It should be noted that procedures have been identified using the primary procedure recorded within ORMIS rather than coded episodes. As the GIRFT methodology utilises a more comprehensive approach based on combinations of procedure codes, some variation may exist between these figures and those produced through episode-based clinical coding outputs.</p> <p>These caveats aside, analysis shows mean cases per list through the first quarter is 6.38 (Apr), 6.67 (May) and 6.6 (Jun). June performance represents 60% having 7 cataracts per list.</p> |
|                       | Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: Arthroplasty 90% of lists to have 4 Primary joints per day                                                                      | P        | Arthroplasty – 3.6 per list                                                                              | <p>These caveats aside, analysis shows mean cases per list through the first quarter is 3.42 (Apr), 3.56 (May) and 4.15 (Jun). June performance represents 69.23% having 4+ joints per list.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                       | Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/ gallbladders by end of Q2 | P        | General Surgery – awaiting relevant codes from National Team in order to be able to accurately baseline. | <p>The General Surgery GIRFT HVLC pathway coding recipes were shared with the Health Board in April by the national team, and the outputs from the analysis are still under being validated. As such the Health Board is unable to report performance data at this stage.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



| Delivery Area         | Enabling Action                                                                                                                                                          | Adoption | Baseline                                           | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Timely Access to Care | Theatre session utilisation is improved to achieve GiRFT standard of: 85% late starts (>15 mins)                                                                         | P        | Late starts – 37.0%                                | Late start performance reduced to 37.9% as of May, against a Q1 trajectory of 35%. June in month position showing 39.8% although this is not a validated, final position. Theatre Optimisation Group established to identify and deliver efficiency and productivity opportunities across the theatres portfolio. Analysis commenced around start times data to ascertain unavoidable or potentially avoidable late starts.                                                                                                                                                                                       |
|                       | Theatre session utilisation is improved to achieve GiRFT standard of: 85% early finishes (>60 minutes)                                                                   | P        | Early finishes – 30.7%                             | Early finishes performance was 27.7% in May, against a Q1 trajectory of 22.5%. June in month position showing 27.1% although this is not a validated, final position. Theatre Optimisation Group established to identify and deliver efficiency and productivity opportunities across the theatres portfolio.                                                                                                                                                                                                                                                                                                     |
|                       | Theatre session utilisation is improved to achieve GiRFT standard of: overall utilisation are reported as key KPIs to underpin the 85% standard                          | P        | Session utilisation – 83.1%                        | Session utilisation performance was 83.3% in May, against a Q1 trajectory of 85%. Rolling 12 month performance is 83.7%. June in month position is showing 81.3% although this is not a validated, final position. Theatre Optimisation Group established to identify and deliver efficiency and productivity opportunities across the theatres portfolio, including opportunity for right procedure, right place, identification of alternative options.                                                                                                                                                         |
|                       | Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer                                                                                        | P        | National Optimal Pathways continue to be followed. | National Optimal Pathways, specifically in the high volume and common cancer tumour sites, are being worked through as part of the cancer recovery groups/task and finish groups activity. It is anticipated that these groups will continue to progress NOP implementation throughout the year.                                                                                                                                                                                                                                                                                                                  |
|                       | Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally | P        | Referral rate: 900 per 100,000 population.         | Referral rate per 100k population has been on an upwards trajectory since 2021. The rate has reduced in the first full two months of 26/27 (Apr 6,904 and May 6,433), having ended 25/26 at 7,332. Q1 trajectory is 6,750. A project is currently in set up to look at the Practices with the greatest weighted variances and to understand the reasons for these comparatively higher or lower referral rates (by Speciality). There are 198 Health Pathways live (as at 26.6.26). Reduced Clinical Editor capacity 26/27 and new national administration platform is impacting Health Pathway production rates. |





| Delivery Area         | Enabling Action                                                                                                                                                                                                                                                              | Adoption | Baseline                                                                                                          | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Timely Access to Care | Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated                                                                                                                        | F        | All cohorts validated in line with the National Planned Care Policy Waiting List Validation Toolkit and Guidance. | The development of a validation strategy aligned to the National SOP is in progress with task and finish group in situ. An interim process in place until we finalise a long-term strategy. The current admin validation resource is focused on the top priorities, which includes patients seen via the insourcing work who require progression on their pathways e.g. outcomes of diagnostic tests. There are pockets of clinical validation in place, some as ad hoc and some job planned dependent upon service needs. This is being further explored as part of the strategy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                       | Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027 | N        | Baseline at GUH ED is 24.9% within 15 mins, and 24.8% across all location types.                                  | Handover 45 remains a critical priority for ABUHB, with a priority organisational focus. A 6-week UEC improvement sprint is underway, bringing together a dedicated cross-Divisional team to drive a continuous flow approach centred on “Our Next Patient”. Each Division has nominated a senior operational lead with the authority and experience to focus exclusively on UEC improvement, supported by programme management, data analytics, WAST and Local Authority partners. The team is working to remove barriers to patient flow, reduce overcrowding and boarding, and improve timely access to specialist care, investigations, therapies and discharge planning. This approach aims to deliver a safer, calmer and more reliable patient experience, improve quality and safety, reduce complaints, and lower reliance on agency and bank staffing through more effective use of system capacity. Enabling this continuous flow model is critical to eliminating ambulance handover delays. For GUH ED, April and May had 832 & 781 45 min breaches respectively, with corresponding compliance rates of 46.3% and 49.7%. Q1 trajectory is 578 breaches/65% compliance. |



| Delivery Area         | Enabling Action                                                                                                                                                                                                                                                                                                              | Adoption | Baseline                                                                                                                                                                                                                                                                                                                                                               | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Timely Access to Care | Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges | P        | Criteria-led discharge has been rolled out weekly scrutiny of the longest-stay patients embedding of Optimal Hospital Flow Framework. Winter Sprint work with Local Authorities and a newly simplified discharge policy implemented.                                                                                                                                   | OHFF continues to be rolled out across the system and as part of H45 improvement activity. Staff across the Health Board are being encouraged to take a simple, consistent approach to improving patient flow by asking every patient five key questions as they move through each stage of their hospital journey. This forms part of the Ambulance Handover Improvement Drive, helping to reduce delays, support earlier decision-making, and keep patients moving safely through the system. |
|                       | Deliver medical same day emergency care (SDEC) at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents                                                                                                                                                             | P        | The Community Assessment Lounge has been extended with 76% home-discharge rate, Centralised Home First Team at the Grange expanded front-door therapy coverage. Older-person programme in place to map system needs, with frailty support delivered through community services, eLGH front-door clinicians, and a therapy-led model at the Grange University Hospital. | SDEC first approach embedded at The Grange. All medical presentations are triaged at SDEC first. 160 medical patients assessed on average per week in SDEC GUH and 105 in YYF. AMUs in eLGH sites also deliver significant ambulatory activity navigated via the SPOA.                                                                                                                                                                                                                          |



| Delivery Area         | Enabling Action                                                                                                                                                                                                                                                                                                                                                  | Adoption | Baseline                                                                                                                                                                                                                                                                                                                                                                                          | Progress this period                                                                                                                                                                                                                                                                    |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Timely Access to Care | Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management                                                                        | P        | Level 1 falls response increased to 34% up from 25%). Centralised therapist input via the Community Clinical Desk/Single Point of Access continues to strengthen falls triage and navigation. Conveyance rate baseline is 36%.                                                                                                                                                                    | Community Falls Response rate increased to 43% against 36% in previous quarter. Conveyance rate holding around 42% for falls incidents in the community that were responded to by the falls response service.                                                                           |
|                       | Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway | P        | The Community Clinical Desk pilot launched in November 2025 (based within the Single Point of Access Hub), assessing over 200 patients with more than 60% supported to remain at home. Running through Q4, the Multidisciplinary Team model is proving effective, with most referrals via Welsh Ambulance Services APPNAV/C3 Stack, and work underway with the LMC to explore expanding its scope | Single point of access established, with around 9K contacts navigated to community services, urgent primary care, SDEC and secondary care services per month. Plans in development to re-establish a clinical desk to improve utilisation of community pathways for our frailty cohort. |



| Delivery Area         | Enabling Action                                                                                                                                                                                                                                                                                                                                                                                                                                   | Adoption | Baseline                                                                                                                                                                                                                                                                                                                                                                                          | Progress this period                                                                                                                                                                                                                                                                                                                                  |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Timely Access to Care | Deliver acute frailty services at the front door of hospitals in line with all principles set out in the six goals for urgent and emergency care programme Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals                                                                                                                                                                                                                   | P        | The Community Assessment Lounge has been extended with 76% home-discharge rate, Centralised Home First Team at the Grange expanded front-door therapy coverage. Older-person programme in place to map system needs, with frailty support delivered through community services, eLGH front door clinicians, and a therapy-led model at the Grange University Hospital.                            | Acute Frailty service model established in communities via CRT. CRT is accessible via SPOA and provides in-reach to acute sites. Older person pathway plans developed to further streamline the model and planned to test concept in Q3. Community assessment lounge introduced at GUH with CRT / COTE support. Acute Frailty response also in place. |
|                       | Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. | P        | The Community Clinical Desk pilot launched in November 2025 (based within the Single Point of Access Hub), assessing over 200 patients with more than 60% supported to remain at home. Running through Q4, the Multidisciplinary Team model is proving effective, with most referrals via Welsh Ambulance Services APPNAV/C3 Stack, and work underway with the LMC to explore expanding its scope | Single point of access established, with around 9K contacts navigated to community services, urgent primary care, SDEC and secondary care services per month. Plans in development to re-establish a clinical desk to improve utilisation of community pathways for our frailty cohort.                                                               |



| Delivery Area          | Enabling Action                                                                                                                                                                                                               | Adoption | Baseline                                                                                                                                                                                | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workforce Productivity | Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular                                                                                                                     | F        | Recruitment campaigns and a focus on retention and sickness actions ongoing. Current delivery balanced against volume of additional workstreams prioritised against these urgent areas. | We have consistently reduced agency spend over the last 3 years, eradicating off contract usage and only using HCSW agency by way of escalation. Through planned recruitment and retention initiatives, we are forecasting zero RN vacancies (in rostered areas) and have introduced site pools through student streamlining to further reduce variable pay costs and promote substantive employment. Further work is ongoing to support a reduction in sickness absence to support a healthy workforce. We have implemented establishment controls and roster efficiency tools to improve roster management. |
|                        | Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure                                             | F        | Q3 position projects with full-year spend 13.5% below last year                                                                                                                         | In the last quarter, agency has sustained a downward trend where 125 wte were used as opposed to 139 wte in March. Top reasons for agency include sickness, enhanced care and vacancies. Likewise, medical agency has also continued to decrease from 32 wte to 24 wte.                                                                                                                                                                                                                                                                                                                                       |
|                        | Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans | P        | Consultant job planning compliance 53.4% as of Jan-26.                                                                                                                                  | Consultant job planning is currently 52.7% which is 32.30% below the target of 85%. The rate is variable across divisions with Urgent care, meeting the 85% target. A 10 point action plan is in place to support, led by the Executive Medical Director to improve performance.                                                                                                                                                                                                                                                                                                                              |



| Delivery Area          | Enabling Action                                                                                                                                                                                                                                        | Adoption | Baseline                                                                                                                                                                                                  | Progress this period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workforce Productivity | Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026 | F        | Partially achieved 25/26 through strong recruitment, retention, and sickness-reduction efforts. Risk remains regarding additional bed capacity, levels of enhanced care, vacancies, and sickness absence. | The Health Board has not yet reduced Healthcare Support Worker (HCSW) agency usage to zero and continues to utilise 21.5 WTE agency staff within this staff group, accounting for 17% of total agency expenditure. Agency usage remains concentrated within Mental Health and Primary Care and Community services, where it is predominantly associated with enhanced care requirements and increased levels of patient observation. Work is continuing to reduce the demand for enhanced care and support delivery of the zero agency objective. Based on current trends achieving zero agency by September is unlikely. Despite this, overall agency utilisation continues to show a downward trajectory, demonstrating progress against the first element of the enabling action target. |
|                        | Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels            | F        | Sickness absence 6.96% in Jan-26.                                                                                                                                                                         | Sickness absence rates in May 26 was 6.41% and is showing an improving trajectory to meeting the 6.25% target. 70% of sickness is long term which has increased and the remainder is short term which has decreased. Anxiety and depression continues to be the main reason for sickness levels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



|                                                      |                                       |
|------------------------------------------------------|---------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                          |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                 |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Strategic Digital Transformation Plan |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Paul Solloway, Director of Digital    |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Paul Solloway, Director of Digital    |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| <b>Pwrpas yr Adroddiad</b> (dewiswch fel yn addas)<br><b>Purpose of the Report</b> (select as appropriate) |
| Ar Gyfer Penderfyniad/For Decision                                                                         |

**ADRODDIAD SCAA  
SBAR REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>Sefyllfa / Situation</u></b></p> <p>The Strategic Digital Transformation Plan has been developed as the enabling plan for delivery of the Aneurin Bevan University Health Board's 10-Year Strategy (Gwent 35). Gwent 35 sets out the Health Board's ambition that by 2035 everyone in Gwent should have the same opportunity to live a long, healthy life through the three overarching aims of Better Health, Better Care and Better Lives. The strategy identifies Digital, Innovation and Technology as one of six critical organisational success factors required to achieve these ambitions.</p> <p>Gwent 35 recognises that the Health Board faces significant challenges including an ageing population, increasing demand for services, persistent health inequalities, workforce pressures and financial constraints. The strategy highlights the need for more integrated services, improved use of data, better access to care, stronger community-based services and improved coordination across organisational boundaries to achieve sustainable improvement in population health outcomes.</p> <p>The Strategic Digital Transformation Plan provides the digital response to these challenges. It translates the ambitions of Gwent 35 into a practical programme of action by setting out how digital, data and technology will support prevention, improve access to services, enable joined-up care, strengthen decision-making through better use of information and support staff to deliver safer and more effective care. As described within the Digital Transformation Plan, Gwent 35</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

defines the "what" and "why", while the Digital Transformation Plan defines the "how".

## **Cefndir / Background**

This plan has been developed to ensure direct alignment between the three aims of Gwent 35 and the objectives of the Strategic Digital Transformation Plan:

### **Better Health**

- Supporting prevention and proactive care through improved use of data and analytics.
- Enabling our communities to manage their own health through digital tools and the NHS Wales App.
- Supporting population health management and reducing health inequalities through better information and insight.

### **Better Care**

- Delivering a Digital Health and Care Record and improved interoperability across care settings and organisational boundaries, enable information to be available where the patient is and supporting regional working.
- Providing clinicians with better access to information at the point of care.
- Reducing duplication, improving patient safety and supporting placed based care enabling care to be provided closer to home through digital services and modern clinical workflows.

### **Better Lives**

- Improving digital inclusion and ensuring our communities have the skills and confidence to engage with digital services.
- Supporting connected communities and easier access to services.
- Enabling people to access information, communicate with services and manage their care in ways that are convenient and appropriate to their needs.

The Digital Transformation Plan provides the framework through which the Health Board will strengthen its use of digital, innovation and technology, whilst also contributing to improvements in quality, workforce experience, financial sustainability, estates utilisation and environmental sustainability.

Consequently, digital transformation should not be viewed as a standalone technology programme. Rather, it is a strategic enabler underpinning delivery of Gwent 35 and supporting the Health Board's ambition to achieve Better Health, Better Care and Better Lives for the population of Gwent.

## **Asesiad / Assessment**

The Strategic Digital Transformation Plan is structured around four strategic missions:

- Digital Health & Care – Connecting People with Services
- Designing with Data to Drive Improvement
- Digital Foundations: Fit for Today, Ready for Tomorrow
- Building Organisational Capability for Digital Transformation.

The Plan sets out its vision:

"Create a digitally enabled health and care system that empowers and connects our communities, supports our workforce, and improves outcomes – delivering Better Health, Better Care and Better Lives for everyone in Gwent."

The assessment of current digital maturity demonstrates that the Health Board has significant opportunities for improvement. Maturity assessments undertaken during development of the plan identified that the Health Board is currently assessed at Level 1 for electronic health record maturity, and Level 4 for infrastructure maturity and remains below healthcare sector benchmarks across multiple data maturity domains. These findings confirm that sustained digital transformation is required if the ambitions of Gwent 35 are to be realised.

### **Strategic Missions**

The strategy establishes four interdependent missions which collectively provide the organisational framework for digital transformation.

#### **Mission 1 – Digital Health & Care: Connecting People with Services**

This mission focuses on improving access to care, supporting self-management and providing clinicians with the information and workflows required to deliver safe and effective care. Key priorities include:

- Expansion of digital services for patients and communities.
- Development of a single digital front door through the NHS Wales App.
- Progression of Digital Health and Care Record capabilities.
- Electronic prescribing and medicines management.
- Increased use of automation and responsible adoption of Artificial Intelligence.
- Improved communication between patients, carers and care providers.

This directly supports the Gwent 35 ambition to make access to services simpler, improve patient experience and deliver more coordinated care closer to home.

#### **Mission 2 – Designing with Data to Drive Improvement**

This mission seeks to improve organisational decision-making by ensuring high-quality data is available to support operational delivery, planning, service improvement and population health management.

Key deliverables include:

- Implementation of the Data, Analytics and Information Management Strategy.
- Development of the Data & Analytics Academy.
- Adoption of National Data Resource capabilities.

- Improved data governance arrangements.
- Creation of a "single version of the truth" for operational and performance reporting.
- Improved population health insights and planning capability.

The mission aligns strongly with Gwent 35's guiding principle of "Design with Data" and supports the Health Board's commitment to evidence-based decision making and reducing health inequalities.

### **Mission 3 – Digital Foundations: Fit for Today, Ready for Tomorrow**

The strategy recognises that successful digital transformation depends upon strong, secure and resilient digital foundations.

Priorities include:

- Development of a standards-based digital platform.
- Enhancement of interoperability and integration services.
- Infrastructure modernisation and network upgrades.
- Improvements to cyber security and resilience.
- Strengthening digital service management processes.
- Continued digitisation and management of health records.

These investments are intended to reduce operational risks associated with aging infrastructure and legacy systems, while supporting future development of digital health and care services.

### **Mission 4 – Building Organisational Capability for Digital Transformation**

The final mission focuses on ensuring the Health Board develops the people, governance and leadership capability necessary to sustain transformation.

Key components include:

- Development of the DDaT Operating Model.
- Workforce capability and digital skills development.
- Strengthening digital governance and assurance.
- Benefits realisation and financial oversight.
- Development of research and innovation partnerships.
- Embedding digital transformation across organisational culture.

This mission recognises that transformation is primarily about organisational change rather than technology alone and supports the workforce ambitions contained within Gwent 35.

### **Implementation Approach**

Part 3 of the plan sets out a structured implementation model designed to ensure transformation is delivered safely, sustainably and within available resources.

The implementation approach adopts a Three Horizons framework:

#### **Horizon 1 (Years 1-3) – Foundations and Immediate Priorities**

- Stabilisation and optimisation of existing services.

- Development of supporting strategies and business cases.
- Establishment of governance arrangements.
- Creation of strategic delivery partnerships.
- Preparation for large-scale transformation programmes.

## **Horizon 2 (Years 1-5) – Extending Digital Services and Joining Up Care**

- Expansion of Digital Health and Care Record capabilities.
- Increased adoption of patient-facing digital services.
- Delivery of infrastructure modernisation programmes.
- Strengthening enterprise service management models.
- Greater alignment with national digital architecture.

## **Horizon 3 (Years 3-10) – Transformation and Future-Ready Services**

- Delivery of long-term Gwent 35 ambitions.
- Improved digital, data and infrastructure maturity.
- Increased use of advanced analytics and AI.
- Development of future care models enabled by digital technologies.
- Continuous innovation and productivity improvement.

It proposes an annual review of delivery plans to ensure priorities remain aligned with organisational requirements, national policy and available resources. The phased approach provides flexibility whilst maintaining clear strategic direction and governance oversight.

### **Strategic Partnership**

The Strategic Digital Transformation Plan outlines the use of a strategic partner to fill gaps in local capabilities and to bring specific expertise and global best practice in digital transformation. This long-term trusted relationship would enable joint learning building internal knowledge and skills with clear success measures and return on investment.

### **Benefits Management Framework**

The plan would be supported by our benefits realisation framework which is a structured framework that identifies benefits of digital transformation activities, agree and benchmark metrics, review delivery of benefits and ensure evidence can be provided to the relevant Health Board assurance group and committees.

### **New Digital Service Request Framework**

A critical component of the plan will be how we capture and log requests, triage, prioritise, optimise and ensure fulfilment in line with the Digital, Data & Technology directorate governance processes.

### **Divisional Engagement Operating Model**

The delivery of the plan would be supported by bi-monthly divisional engagement meetings which would ensure service requests are reviewed, joint planning is undertaken, strategic alignment and track delivery, benefits and risks.

## Risk, Financial and Quality Assessment

The principal risks associated with delivery include funding constraints, workforce capacity, competing organisational priorities, digital exclusion, cyber threats and dependency on national programmes. These risks will be mitigated through phased implementation, robust governance arrangements, benefits realisation processes, technical design authority oversight and alignment with national standards and architecture.

Financially, the plan adopts a lifecycle investment approach, recognising that investment decisions must demonstrate value through improved patient safety, productivity, operational efficiency, risk reduction and long-term sustainability. Individual investment decisions will continue to be supported through formal business cases and existing governance arrangements.

The anticipated benefits include improved patient experience, safer care, better information sharing, increased workforce productivity, strengthened clinical decision-making, reduced duplication and improved organisational resilience. Collectively these benefits support the Health Board's strategic ambition to improve outcomes for patients, staff and communities across Gwent.

## Argymhelliad / Recommendation

The Strategic Digital Transformation Plan demonstrates how digital, data and technology will enable delivery of the Gwent 35 ambition of Better Health, Better Care and Better Lives.

The Board is asked to **approve** this plan for publication and to endorse the strategic direction, the mission-based framework and the implementation approach.

## Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

|                                                                                                              |                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg<br>Corfforaethol a Sgôr Cyfredol:<br>Corporate Risk Register<br>Reference and Score: | Not Applicable                                                                                                       |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                   | 3.4 Information Governance and<br>Communications Technology<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                   | Not Applicable<br>Choose an item.                                                                                    |



|                                                                                                                           |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                        | Digital, Data, Intelligence                                             |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><a href="#">Strategic Equality Objectives 2020-24</a> | Not Applicable<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| Gwybodaeth Ychwanegol:<br>Further Information:                                                                                                        |                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                | Not Applicable                                                                                                                                                                                                                                                                               |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                  | AI – Artificial Intelligence<br>DDAT – Digital, Data & Technology                                                                                                                                                                                                                            |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | Health Board wide consultation<br>Trade Union Partnership Forum<br>Finance Senior Team<br>Planning, Population Health & Partnerships Committee<br>Workforce & OD Divisional Team<br>Medical Leadership Group<br>Executive Team<br>Allied Health Professionals and Health Scientists<br>LLAIS |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed)                        |                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Resource Assessment:</b>                                                    | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:   |
| • <b>Workforce</b>                                                             | Not Applicable                                                                                                                                                                                                                                                                                             |
| • <b>Service Activity &amp; Performance</b>                                    | Not Applicable                                                                                                                                                                                                                                                                                             |
| • <b>Financial</b>                                                             | Not Applicable                                                                                                                                                                                                                                                                                             |
| <b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b> | <b>Yes Attached</b><br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a> |

|                                                                                                                                                                                                                                                                                                              |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <p><b>Deddf Llesiant<br/>Cenedlaethau'r Dyfodol – 5<br/>ffordd o weithio<br/>Well Being of Future<br/>Generations Act – 5 ways<br/>of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p> | <p>Not Applicable<br/>Choose an item.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|



# Strategic Digital Transformation Plan

*Putting Digital to work for Better Health, Better Care & Better Lives*

# Introduction

"Our health and care services are facing growing demand, driven by an ageing population and changing health needs across Gwent. At the same time, our communities rightly expect care to be easier to access, better connected, and focused on keeping them well, not just treating illness. Our 10-year Gwent 35 strategy sets out a clear ambition – to deliver better health, better care and better lives for everyone. This strategic digital transformation plan explains how we will use technology, data and innovation to help make that ambition a reality.

In simple terms, this plan is about making services work better for people. It means joining up information, so you don't have to repeat your story, helping staff spend more time caring and less time on paperwork, and giving people the tools they need to manage their health. Digital services will enable care to be delivered in the right place whether that is at home, in the community, or in hospital.

We know that not everyone finds digital services easy to use, so inclusion is central to our approach. We are committed to making sure that digital works for everyone, and that alternative options remain available where needed.

This plan sets out a clear and realistic path to modernise our systems, improve how we use data, and build the skills and confidence of our workforce. It is a long-term programme of change, but one focused on making a real difference to people's experience of care from the very start.

As Director of Digital, my commitment is that we will deliver this transformation in a safe, inclusive and transparent way – working alongside our staff, partners and communities to ensure digital helps us provide the care that our communities in Gwent need, now and in the future."



Paul Solloway  
Director of Digital

# Context

This 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.

It aims to translate the Gwent 35 strategy into clear, actionable digital priorities:

- Address current gaps in infrastructure, interoperability and workforce skills and competencies
- Enable a modern, integrated health and care system enabled by digital, data and technology
- Improve outcomes for our communities and the safety and efficiency of our services through data driven decision making
- Provide foundations for long term transformation

Gwent 35 sets out the "what" and "why" with this strategic digital transformation plan defining "how" technology can support our ambitions. Together with Gwent 35 it will ensure:

- Services shift from reactive to preventative
- Care becomes connected across organisational boundaries
- Decisions are informed by high-quality data
- Our health services become sustainable, equitable and future-ready

Digital transformation is not separate from Gwent 35; it is the key enabler to deliver it.

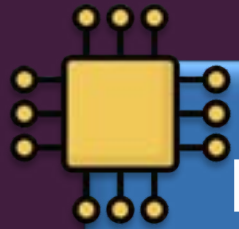
# ABUHB Strategic Digital Transformation Plan

*Putting Digital to work for Better Health, Better Care & Better Lives*

## Part 1 – Strategic Alignment: Delivering Gwent 35

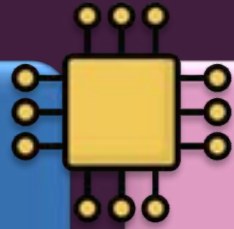


# Gwent 35 - Why Digital, Why Now



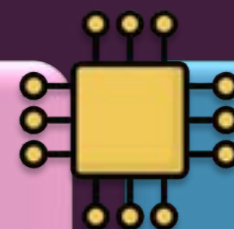
## Better Health

Use digital, innovation, and technology to provide tools to support a healthy thriving Gwent through self management and access to information



## Better Care

Ensure our services have good digital infrastructure and systems enabling high quality and effective care, providing real time information to health care professionals



## Better Lives

Equip people in our communities with the access, skills, and confidence to engage with digital services

# Gwent 35 = Digital Transformation

**Gwent 35 includes explicit digital requirements that cannot be delivered without transformation:**

- Modern, resilient digital systems across all settings
- Information flows based on national data standards enabling sharing with our partners aligned to clinical pathways.
- A single Digital Health & Care Record aligned to our principles across all care settings
- Reliable digital access for our communities and workforce
- Data-driven operations, planning and prevention
- A digitally confident and capable workforce
- Safe, secure, managed digital systems and services



**These requirements are the core components of Digital Transformation.**

# The Digital Response

**ABUHB Strategic Digital Transformation Plan:** *Putting Digital to work for Better Health, Better Care & Better Lives*

## A practical response to deliver Gwent 35.

- Translate strategic ambition into clear digital objectives.
- Address gaps in infrastructure, data, capability and governance.
- Build a modern digital health & care record and supporting platform.
- Ensure digital services are safe, reliable, inclusive and trusted.

**This is not a separate digital programme — it *is* a key enabler to make Gwent 35 a reality**

## Gwent 35 means Digital Transformation



# Digital Transformation – Strategic Risks



## Investment & fragmented funding

Funding below recognised benchmarks, reliance on one-off projects limits sustainability



## Balancing National with Regional & Local Need

Aligning national direction with regional collaboration & local service adaptation



## Interoperability gaps & legacy systems

Disconnected systems & outdated technology hinders delivery of care



## Workforce Digital Capability & Confidence

The challenge of building digital knowledge & skills at all levels to enable digital adoption



## The Pace of Change and Emerging AI

Managing accelerating digital change and the safe use of appropriate AI technologies



## Digital Exclusion & Equity Risks

Moving care online risks widening inequalities so inclusion strategies are vital

# Digital Transformation – Pillars of Quality & Safety

## Safe Care

**Now:** Safety relies on individuals remembering tasks and manual checks.

**Future:** Digital systems prompt the right actions and close the loop, giving clinicians & families confidence.



## Timely Care

**Now:** Delays happen because information sits in silos & handovers fail.

**Future:** Information flows automatically, handovers become seamless, information moves where care happens



## Effective Care

**Now:** Clinicians juggle multiple systems and re-enter data repeatedly.

**Future:** A unified digital view with structured documentation and decision support makes care consistent & reliable.



## Efficient Care

**Now:** Discharge means hours of paperwork and duplicated effort.

**Future:** Automated workflows frees time for care, speeding up discharge and reducing waste.



## Equitable Care

**Now:** Inequalities persist because we can't see who needs help the most.

**Future:** Data-driven insight targets support to those at greatest risk, closing gaps in care.



## Person-centred Care

**Now:** People often work around the system to get things done.

**Future:** Digital services fit around people's lives, with one trusted front door for appointments, care plans, and messaging.



# What will feel different – for our communities

**NOW:** Often have unnecessary travel, waiting and repetition of their history



**FUTURE:** Easier access to care, tell their story once, right service first time

**NOW:** Care is often designed around the organisation delivering it



**FUTURE:** Data used to tailor support, tools to support shared decision making across pathways

**NOW:** Missing information can cause errors and delays in care



**FUTURE:** Digital supporting safer care, early intervention and improved outcomes



# What will feel different – for our workforce

**NOW:** Paper / multiple systems and duplicate data entry



**FUTURE:** Right information at the right time with full patient history supporting continuity of care

**NOW:** Fragmented digital and paper records do not support delivery of safe patient care



**FUTURE:** Digital services flag patient risks and deterioration, errors are reduced

**NOW:** Digital services often add to workload and provide poor experience



**FUTURE:** Tools work with our staff, not against them – we will remove the “Digital Friction”

# What has been achieved already

Over 150,000 in our communities have registered with the NHS Wales App with 773,000 repeat prescriptions ordered and 79,000 appointments booked.

Workforce productivity gains through releasing clinical and administrative time through automation, digital workflows and reduced duplication.

Improved digital resilience and service continuity, through supported platforms, improved governance and reduced reliance on legacy systems.

We are increasingly using our data to drive improvements in how services use information to provide better care and plan services.

Digital services supporting reduced time to triage – 16.7% reduction across all sites. Reduced reception bottlenecks; improved operational resilience.

eReferrals solution has been implemented for Ophthalmology improved referral safety & traceability.  
93% of all referrals now digital.

Improved patient experience and empowerment through prostate cancer app providing faster access to test results and access to trusted information.

The implementation of the new blood transfusion system has realised a significant reduction in manual data entry by up to 60%; Improved regulatory compliance.

The implementation of digital maternity services has delivered a 90% reduction in paper use and support those who are pregnant through use of a digital app.

# Our Current Digital Maturity

- This Strategic Digital Transformation Plan has been supported by three maturity assessments to baseline our current digital, data and technology capabilities
- As we progress with the delivery of this plan future assessments will provide evidence that we are moving in the right direction

## Electronic Medical Record Adoption Model

- Assesses maturity of health record digitisation from Level 1 to Level 7
- Health Board scored a level 1 in 2024
- Key gaps identified included availability of electronic medicines prescribing and a single clinical data repository

## Infrastructure Adoption Model

- Assesses maturity of our digital technologies from Level 1 to Level 7
- Health Board scored a level 4 in 2025
- Key gaps included improvements to performance reporting, and asset management

## Data Orchard Maturity Matrix

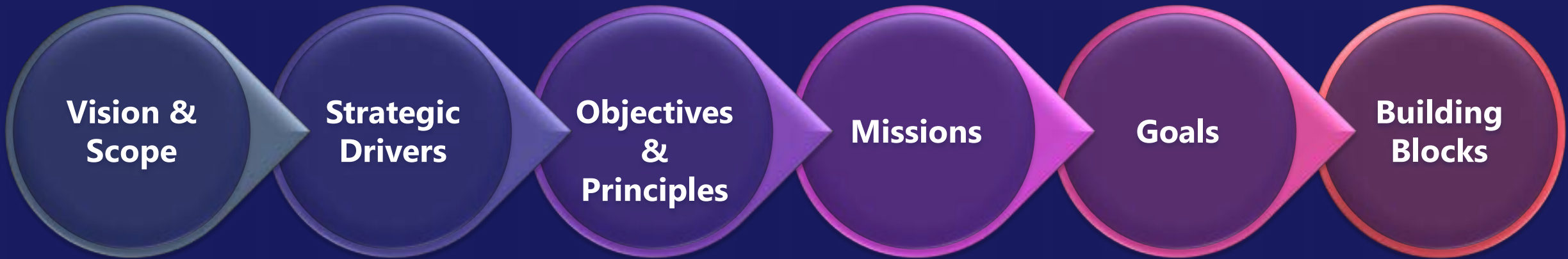
- Assesses maturity of our data and was completed in 2025
- Currently below health care sector benchmark for all areas (Uses, Data, Analysis, Leadership, Culture, Tools and Skills)
- Data & Analytics Academy will drive improvements

# ABUHB Strategic Digital Transformation Plan

*Putting Digital to work for Better Health, Better Care & Better Lives*

## Part 2 – Strategic Response

# The Digital Strategic Response to Gwent 35



# Strategic Response: Our vision

“Create a digitally enabled health and care system that empowers and connects our communities, supports our workforce, and improves outcomes – delivering **Better Health, Better Care, and Better Lives** for everyone in Gwent”



# Strategic Response: Scope

- Aligns with Gwent 35 ambition in a challenging context (financial / political)
- Defines organisational capabilities for digital transformation
- Mission & goal framework to ensure delivery
- A balanced approach to managing digital priorities (innovation / business as usual / removing legacy)



# Drivers: Digital & Data Strategy for Health & Social Care in Wales (Welsh Government 2023)

## Digital Skills

Developing our workforce with the skills and confidence to make the most of digital services

## Digital Economy

Partnerships with Health & Social Care providers, academia and private sector to create added value and strengthen the economy of Wales

## Data & Collaboration

Ensure high quality data is available to inform every part of health and social care delivery supporting digital services

## Digital Infrastructure & Connectivity

Developing secure, stable and sustainable foundation for seamless sharing of health and social care data

## User Centred Services

Deliver high quality digital services designed around the needs of our communities, professionals and services

## Digital Inclusion

Equip users with the access, skills and confidence to engage with digital health and social care services

# Strategic Digital Objectives



**Enrich workforce  
experience**

**Engage people &  
patients**

**Reshape clinical &  
operational workflows**

**Maximise the  
opportunities of  
innovation**

Improve teamwork &  
make working lives easier

Empower our communities  
to work with digital tools to  
manage their health & care

Joined-up workflows for  
safer care using digital  
health records

Future fit for new digital  
technologies

# Strategic Response: Principles

Start with people, not technology

Maximise & maintain high availability of digital systems

Safety and interoperability must be built in from the start

Digital drives improvements in continuity of care

Make data useful, not just available

Create skilled & empowered digital teams – “digitally run / clinically led”

Reduce burden before adding new digital capabilities

Embed governance, security & ethics in everything we design & deliver

Digital where it helps, human where it matters - Inclusion is non-negotiable



# Strategic Response: 4 Missions



# ABUHB Digital Transformation Strategy Driver Diagram





## **Mission 1: Digital Health & Care - Connecting People with Services**

Creating a seamless, inclusive digital experience that empowers individuals & strengthens relationships between patients, professionals & services.

### **Goal 1: Empowering patients**

*Using digital technology to make it easier for people to access support, manage their health and stay informed.*

- Further scale and spread of digital services supporting our communities
- Supporting Single Point of Access for patient communication
- Support NHS Wales App as the long-term Digital Front Door for communities
- Provide support for digitally excluded patients

### **Goal 2:**

#### **Supporting Clinicians and Care Partners**

*Providing clinicians with the information and workflows needed for safer, more efficient care across hospital, community and home.*

- Deliver priority programmes: the Mental Health & Community Services Electronic Patient Record
- Develop and implement clinical system roadmaps – develop / replace / retire
- Implement Electronic Prescribing to improve medication safety
- Progress the Clinical Workstation roadmap to support our Health & Care Record

### **Goal 3: Making Microsoft 365 work for our staff**

*Helping teams across the Health Board make everyday work simpler, safer and more consistent through governed, reliable Microsoft 365 tools.*

- Strengthen of Microsoft 365 Community of Practice
- Safe deployment of Microsoft Copilot
- Ensuring we make best use of the platform improving productivity and efficiency across the organisation through digitisation

## **Mission 1: Digital Health & Care - Connecting People with Services**

Creating a seamless, inclusive digital experience that empowers individuals & strengthens relationships between patients, professionals & services.

### **Goal 4: Using Automation to Reduce Burden and Release Time for Care**

*Safe, scalable automation to eliminate repetitive tasks, improve data quality and free staff to focus on patient care and added value work.*

- Prioritise and deliver divisional automation requests
- Support divisional productivity & efficiency goals by increasing automation throughput in priority areas whilst ensuring safeguards in place

### **Goal 5: Responsible Use of AI to Support Workforce and Improve Care**

*Introducing AI and emerging technologies safely, ethically & transparently to support workforce, improve decisions and reduce administrative burden.*

- Establish AI governance & refresh AI policy
- Identification & prioritisation of AI opportunities that improve outcomes and solves problems
- Adoption of AI principles to guide the safe implementation

## Mission 1: Digital Health & Care - Connecting People with Services

### The Story

***"Care that adapts quickly, because everyone has what they need, when they need it."***

Gwen lives with a long-term breathing condition. Each week, she sends a short update from home, using digital tools when it suits her, with support available if needed.

If her symptoms change, the system alerts the care team. Her nurse can see all her information in one place — recent updates, medicines, test results and notes — without searching across different systems. A same-day home visit is arranged, with no need for Gwen to repeat her story.

Together, they agree a new care plan. It is updated once and shared straight away with everyone involved in her care. Behind the scenes, simple systems reduce paperwork and help staff work together smoothly and safely.

For Gwen, this feels like care built around her life. For staff, it means less admin and more time to care.



## Mission 2: Designing with Data to drive Improvement

To capture and transform health data into actionable information for preventing ill health, better care, services, planning and research.

### Goal 1: Improving data governance & workforce data capability

*Deliver a strategic, structured approach to managing and using data across the Health Board.*

- Deliver the Data, Analytics & Information Management Strategy establishing Data & Analytics academy and strengthening governance
- Improve our assessed data maturity level over original baseline
- Make progress towards "one version of the truth"

### Goal 2: Leveraging National Platforms & Cloud Infrastructure

*Maximise the value of national data platforms and cloud technologies to enable joined up, scalable, and secure data use.*

- Continue migration of Health Board datasets to the National Data Resource
- Strengthen skills & readiness for adoption of new tools
- Deliver use cases that support planning, operational insights and population health
- Use national platforms safely to enable regional sharing and with our health partners

### Goal 3: Making Design Central to Digital Delivery

*Ensuring every digital investment is coherent, safe and built to last.*

- Apply a consistent, approach to designing digital services to avoid duplication, complexity and technical debt
- Ensure digital changes follow shared principles that support joined-up care
- Ensure solutions are safe, sustainable and always aligned to strategic direction

## Mission 2: Designing with Data to drive Improvement

### The Story

***“Care improves earlier, because need is visible before crisis.”***

Margaret is 79 and lives alone in a valley community. She rarely goes to hospital, but in recent winters she has become more breathless and unsteady. On its own, nothing about her care stands out — but when information is brought together, a clearer picture emerges.

Across the local area, joined-up data from GP services, community care, hospitals and wider factors shows a pattern: more breathing problems, more falls, and fewer people taking up routine care. This is about communities, not individuals, but it helps guide action.

As this information is available and trusted, services can respond earlier. More community respiratory clinics are set up, falls prevention support is increased where it is most needed, and information is shared in ways that suit people who may not use digital services.

When Margaret needs help, it comes sooner and closer to home — often a local review instead of an emergency call. For staff, this means better decisions and less guesswork. For leaders, it means resources are used fairly and based on evidence.



**Mission 3: Digital Technology Foundations - Fit for Today, Ready for Tomorrow**

Modern, reliable, scalable - the digital technology essentials that make everything else possible

**Goal 1: Building the Digital Platform for Joined-Up Services**

*Developing the secure, scalable infrastructure needed to support our health and care services.*

- Alignment with national target architecture and future government decision on Electronic Health Record for NHS Wales
- Further development of Health Board digital platform as the foundation of a standards based open architecture for seamless sharing of information
- Continue to develop integration services so clinical information is available at the point of care when needed

**Goal 2:**

**Keeping Scanning Resilient While We Go Fully Digital**

*To maintain and evolve the Health Board's successful scanning programme as a critical enabler of digital transformation*

- Scanning of Mental Health and Community Records
- Solution for continuation forms to avoid paper being created
- Future strategy for scanning and physical storage of paper records
- Organisational assurance in relation to records management practices



**Mission 3: Digital Technology Foundations - Fit for Today, Ready for Tomorrow**

Modern, reliable, scalable - the digital technology essentials that make everything else possible

**Goal 3: Embedding a Structured Service Management Model**

*Introduce a consistent, Health-Board-wide approach to supporting and improving all digital services.*

- Development and approval of organisational digital support models
- Strengthen service standards & support processes to achieve the Service Desk Institute 4-star accredited Service Desk
- Continued adoption of our service support application providing a front door for digital support and requests promoting increasing self-service
- Ensure all systems are monitored, supported and improved to provide a proactive service

**Goal 4: Modernise our infrastructure & connectivity**

*Plan and modernise our infrastructure so digital services are cyber secure, reliable and ready for the future.*

Without modern, cyber resilient, reliable and scalable digital foundations, the Health Board cannot deliver safe care, align with national target architecture, or support the transformation set out in Gwent 35.

- Strengthen cyber resilience and compliance with the Cyber Assurance Framework and legislation
- Publish Infrastructure Strategy & Modernisation Plan
- Deliver a sequenced, affordable roadmap for infrastructure upgrades and replacements
- Modernise fixed and wireless networks

## Mission 3: Digital Technology Foundations - Fit for Today, Ready for Tomorrow

### The Story

**“Simple and safe for clinicians - thanks to strong digital basics that keep care coordinated across settings..”**

Jayne a junior doctor starts their day with a clear, joined-up view of the patients they are supporting — all in one place and always up to date.

When a patient's condition changes, Jayne is alerted early and can act quickly. Information from GP records, community services and hospital care flows together securely, so they don't need to switch systems or repeat work. Notes are recorded once and shared automatically, keeping everyone involved remains informed.

Digital services are reliable and fast; Jayne only has to login once to access all the information she needs and access is available in all locations through the Wi-Fi networks.

Digital workflow and pathways mean less paperwork, fewer handovers and more time with patients. These strong digital foundations and supported by proactive technical support to ensure Jayne can focus on delivering safe, timely care.



## **Mission 4: Building Organisational Capability for Digital Transformation**

From Bedside & Back-Office to Board:  
empowering our people, strengthening  
governance, and enabling digital change at  
scale

### **Goal 1: Building the DDaT Operating Model**

*A unified operating model that connects every part of the Digital, Data & Technology (DDaT) service into a single, coherent lifecycle aligned with the national digital operating blueprint*

- Approve and implement the DDaT Operating Model Blueprint
- Strengthen DDaT lifecycle from request to disposal to improve decision-making, governance and service planning
- Improve engagement with divisions and clinical leaders
- Professionalise the DDaT workforce through capability development, professional registration and accreditation

### **Goal 2: Building Workforce Capability for Digital Transformation**

*Ensuring every member of staff - from bedside to Board - has the confidence, skills and support to use digital tools safely, consistently and effectively.*

- Deliver the Digital Workforce Strategy & Plan
- Strengthen digital inclusion and skills support for staff across all roles
- Establish digital communities of practice with improved training and support
- Build digital confidence at every level, meeting staff at their current level of experience

**Mission 4: Building Organisational Capability for Digital Transformation**  
From Bedside & Back-Office to Board:  
empowering our people, strengthening  
governance, and enabling digital change at  
scale

**Goal 3: Digital Governance & Assurance**  
*Embed governance, assurance, and financial  
control into every stage of digital transformation*

- Governance & Assurance Framework
- Ensure assurance provided to Board & its Committees on Information Security & Health Records legislation
- Ensure financial control, procurement compliance and digital sustainability is managed through the Business Assurance Framework
- Continue to identify and realise digital benefits through benefits realisation framework
- Foundation for ensuring financial efficiency and cost reduction

**Goal 4: Embedding Digital Innovation and support for Research**  
*Enabling responsible innovation that strengthens  
care and supports research and development  
participation*

- Alignment with Strategic Collaborative Innovation Group
- Research-Ready Digital Platform – to create a digital health record environment that meets standards & enables trial participation
- Develop partnerships with our universities on digital transformation initiatives
- Minimise climate impact of digital through carbon reduction

## Mission 4: Building Organisational Capability for Digital Transformation

### The Story

***“Designing with people, not for them — and building the confidence to make digital change safe and sustainable.”***

When a new booking system is developed, it starts by understanding real experiences — on wards, in clinics and in the community.

Staff and patients help shape how it works, so it fits everyday care. Teams test and improve solutions in real settings, using evidence rather than assumptions.

From the start, checks for safety, privacy and security help make sure systems are reliable and built to last. As there are clear standards and skilled teams in place, new ideas are easier to introduce and scale safely.

For staff, this means digital change feels something they help shape, not something done to them. For leaders, it provides confidence that services are safe, well-managed and delivering real benefits. This is how strong digital foundations turn plans into lasting improvements in care.





## Vision

## Missions

## Goals

### ABUHB Digital Transformation Plan:

create a digitally enabled health and care system that empowers & connects our communities, supports our workforce, and improves outcomes — delivering Better health, Better care, and Better lives for everyone in Gwent.

#### 1: Digital Health & Care - Connecting People with Services

Creating a seamless, inclusive digital experience that empowers individuals & strengthens relationships between patients, professionals & services.

Empowering patients.

Supporting clinicians and care partners

Making Microsoft 365 work for our staff

Using automation to reduce burden and release time for care

Responsible use of AI to support workforce and improve care

#### 2: Designing with Data to Drive Improvement

To capture and transform health data into actionable information for preventing ill health, better care, services, planning and research.

Improving data governance & workforce data capability

Leveraging national platforms & cloud infrastructure

Making design central to digital delivery

#### 3: Digital Foundations: Fit for Today, Ready for Tomorrow

Modern, reliable, scalable — the digital technology essentials that make everything else possible

Building the digital platform for joined-up services

Keep scanning resilient while we go fully digital

Embedding a structured service management model

Modernise our infrastructure and connectivity

#### 4: Building Organisational Capability for Digital Transformation

From Band 2 to Board: empowering people, strengthening governance, and enabling digital change at scale

Building the DDAT operating model

Building workforce capability for digital transformation

Digital governance and assurance

Embedding digital innovation & support for research,

## ABUHB Digital Transformation Strategy Driver Diagram



# ABUHB Digital Transformation Plan



*Putting Digital to work for Better  
Health, Better Care & Better Lives*

## Part 3 – Implementation

# Implementation: From Plans to Action

- **The first deliverables** – supporting plans and business cases and activities that define scope, cost, sequencing and risk. They are not optional extras; they create clarity and readiness for delivery:
  - **Provide the basis for clear ownership with multidisciplinary support** - ensures enabling products are robust and actionable.
  - **Prepare for scale and cost** - these plans will reveal the true investment, capacity and trade-offs required for transformation.
- **DDaT Operating Model is critical** - a unified lifecycle for design, governance and delivery underpins success adopting agile based approaches where value is delivered iteratively.

This disciplined approach turns strategic ambition into a practical, affordable and sustainable programme of change.

# How we will deliver safely and sustainably

- **Nationally aligned**
- **Clear standards**
- **Strong assurance - good governance**
- **Phased delivery (3 Horizons)**
- **Regional partnership working where is synergies between organisations**



# Three Horizons – What does it mean?

## Horizon 1 – Foundations & Immediate Priorities (Years 1-3)

- Current programme delivery
- Stabilise & optimise environments to maintain services
- Develop essential strategies & plans
- Establish a strategic partnership to support delivery

## Horizon 2 – Extending Digital Services & Joining Up Care (Years 1-5)

- Investment shifts to DHCR capabilities
- Patient-facing services
- National alignment
- Enterprise service support model delivery
- Infrastructure roadmap delivery

## Horizon 3 – Transformation & Future-Ready Services (Years 3-10)

- Gwent 35 delivery
- Enhance digital maturity of workforce
- Improve maturity of data and infrastructure
- New technologies and innovation - AI adoption

- **Financial model across horizons:** iterative business cases with lifecycle total cost of ownership, zero-sum strategic partnership, consolidation and simplification.
- **Benefits tracked across all horizons** via Benefits Realisation Framework & Committee oversight – focus on safety, productivity, and operational benefits.

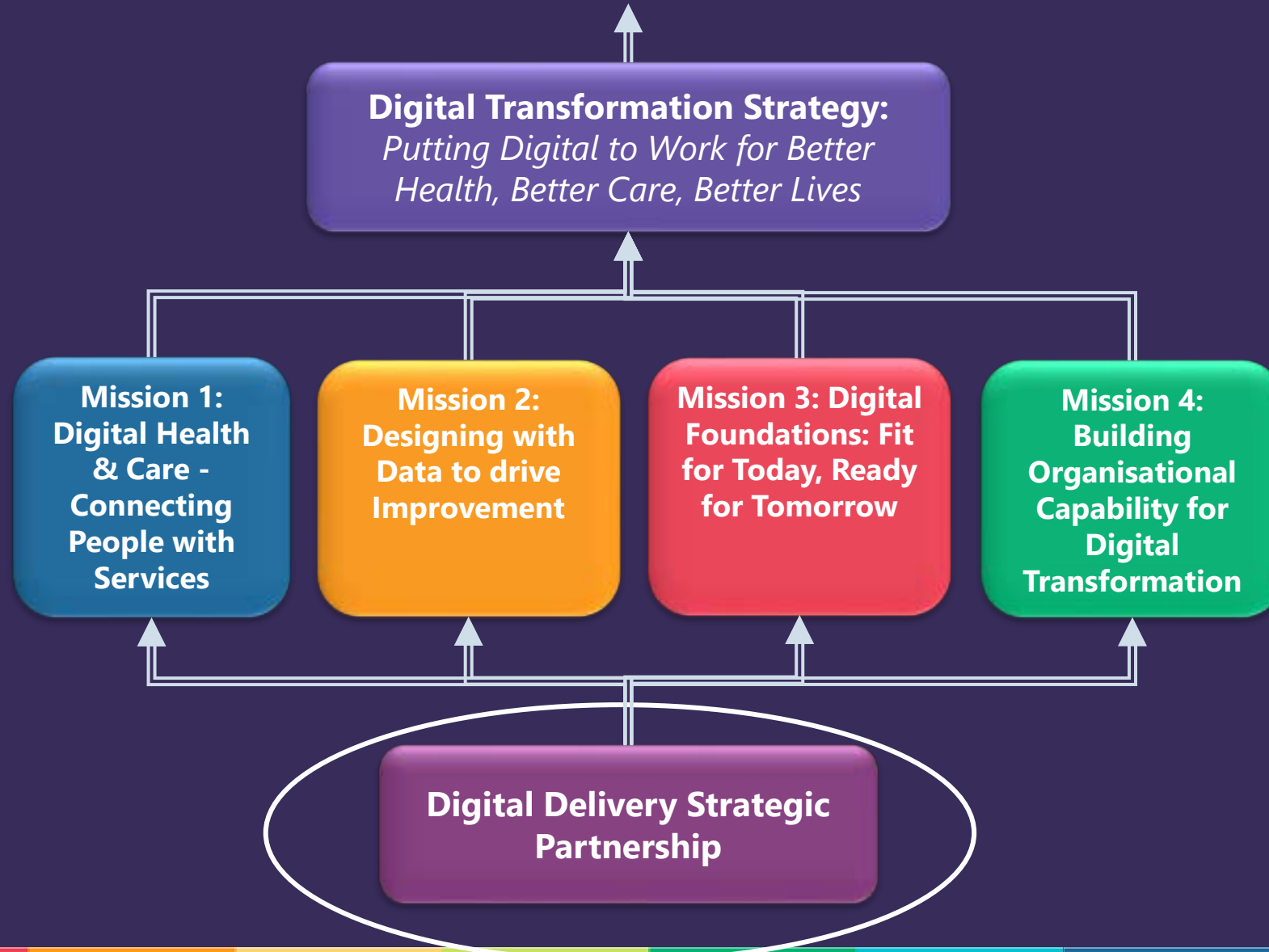
# Delivery Plan - Three Horizons Delivery Approach

## Purpose:

- Provide structure and flexibility – avoid rigid year-by-year scheduling.
- Reviewed annually to reflect organisational priorities and national direction.
- In year work identified in Integrated Medium-Term Plan and Digital Annual Plan

## Key Characteristics:

- Overlapping stages, not strictly sequential.
- Dependencies explicit and managed.
- Ensures we always working towards our objectives
- Enables safe adaptation as conditions change.





# Features of a Strategic Partnership



"A strategic partnership is an agreement between two business entities to share expertise, resources or competencies for mutual benefit."

"A strategic partnership will fill a gap in your own capabilities or create a synergy that increases organisational potential."

"Scale and complexity of digital transformation cannot be delivered alone, would bring expertise and global best practice"

"Significant footprint in Wales supporting the Health Board as an anchor institution with strong corporate social responsibility"

# Benefits Management Framework

The framework turns programme change into sustained, measurable value by making every benefit clear, owned, evidenced and reviewed.



## Six-stage benefits lifecycle

Plan before business case, track through go-live, then evaluate and sustain after closure.



| Governance                                                                                      | SRO                                         | Programme Manager                       | Business Change                          | Benefit Owners                       | Dis-benefits                                           |
|-------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|------------------------------------------|--------------------------------------|--------------------------------------------------------|
| Clear roles keep benefits reliable, aligned to programme plans and visible to Programme Boards. | Approves strategy, plans, maps and reviews. | Develops strategy and realisation plan. | Maps, quantifies, maintains and reports. | Own profiles and report realisation. | Record, review and actively mitigate negative impacts. |

# Measuring Success - How we'll know digital transformation is delivering Better Health, Better Care & Better Lives

## Mission 1 – Digital Health & Care: Connecting People with services

- Uptake & equity of patient-facing digital services
- Digital Health & Care Record Maturity (EMRAM Level 4/6 – currently level 1)
- PROMs/PREMs surfaced in workflow
- Reduced burden through automation
- Safe, governed use of AI

## Mission 2 – Designing with Data to Drive Improvement

- Information sharing across the organisation and with our partners
- Reduction in manual reporting
- Single version of the truth for our operational services
- Use of NDR linked datasets for planning & population health

## Mission 3 – Digital Foundations: Fit for Today, Ready for Tomorrow

- Reliability & performance of live services
- Reduction in service risks
- INFRAM progression from level 4 & high levels of cyber resilience
- Scanning completeness & 24-hour scan-to-view
- Removal of paper records and storage areas

## Mission 4 – Building Organisational Capability for Digital Transformation

- Workforce digital confidence & capability improves
- Adoption of the DDaT Operating Model
- Strength of governance
- Compliance with standards (records, security, procurement)

# New Digital Service Request Framework

## NDSR pathway

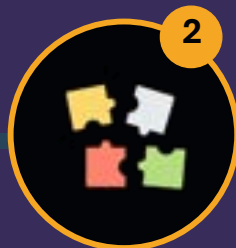
### Visible records

Seren · Planner · Tracker ·  
dashboards



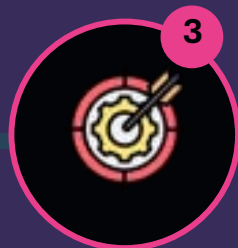
### Capture & log

Seren / Halo central  
record



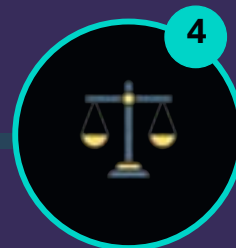
### Triage & align

Redirect business as  
usual; raise checks



### Prioritise

Score urgency, benefit  
and value



### Decide

Optimisation : scope,  
proceed or pause



### Fulfil & close

Assign team; update  
and close

## Decision controls



### Governance

Weekly Triage · bi-monthly  
Divisional Engagement Meetings ·  
monthly Digital Prioritisation &  
Optimisation Meetings · Quarterly  
DDAT Group



### Assurance pathways

Clinical safety, cyber security,  
information governance,  
technical standards, data  
standards and procurement



### Artificial Intelligence route

Standard request process plus AI  
Sub-Group review and tracker

# Divisional Engagement Operating Model

A repeatable forum for each division to align digital priorities, review NDSRs, assure portfolio delivery and agree clear actions and decisions.

**Divisional engagement model** Keeps engagement consistent while allowing each division to focus on its own portfolio.

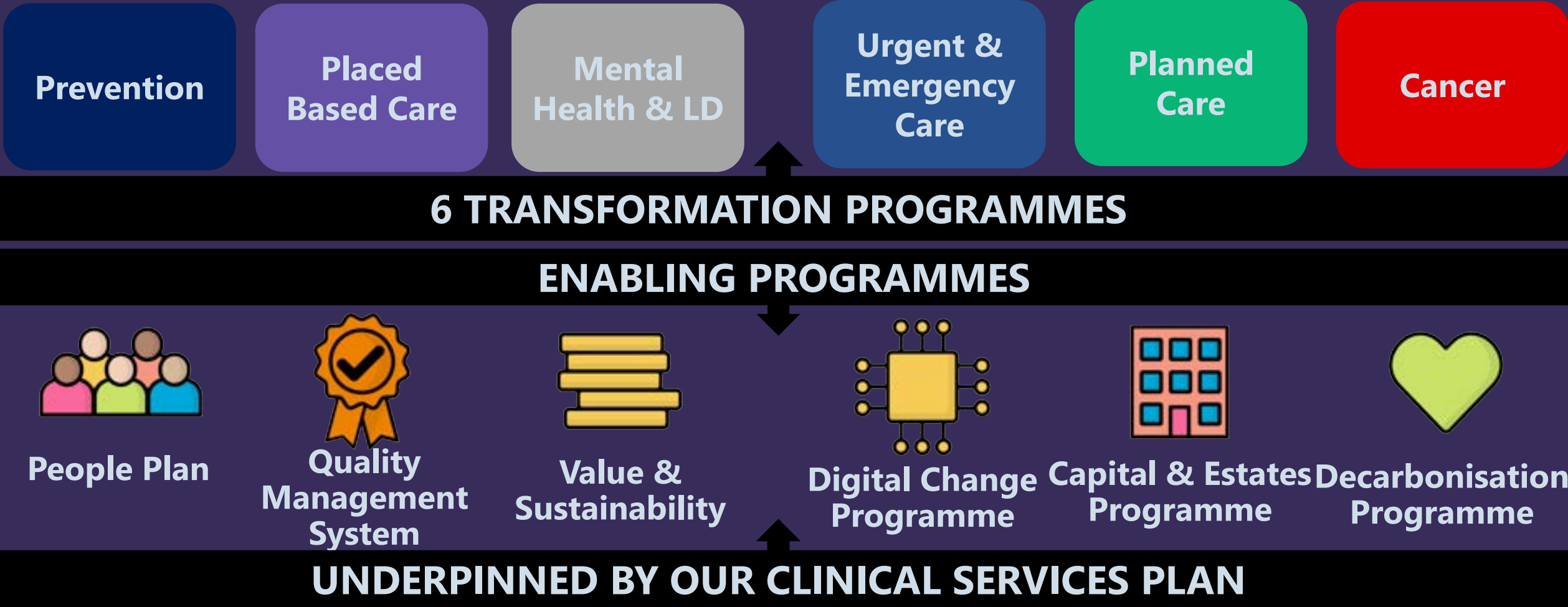


## Divisional Engagement Meeting remit at a glance

|                                                                                                   |                                                                                                              |                                                                                                                 |                                                                                                      |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Service requests</b><br>Review requests, test alignment and feasibility, and input to scoring. | <b>Joint planning</b><br>Build trust, share priorities and identify risks, barriers and opportunities early. | <b>Strategic alignment</b><br>Link divisional digital plans to the IMTP, digital strategy and external drivers. | <b>Governance</b><br>Track delivery, benefits and exceptions; escalate support needs where required. |
| <b>Accountability</b><br>Service Delivery and Portfolio Progress Sub-Group.                       | <b>Membership</b><br>Chair or Vice Chair, Division representatives and DDaT leads.                           | <b>Decision quorum</b><br>Chair or Vice Chair plus two Division and two DDaT members.                           | <b>Outputs</b><br>Actions, decisions, priorities and portfolio updates.                              |

# Alignment with Gwent 35 Programme

The digital change programme will provide regular updates to each of the transformation programmes on progress against our strategic plans and how digital technologies and services can support addressing challenges and delivery of key priorities





# Financial Landscape

- We see Digital as a **lifecycle investment** – costs and value will unfold across the **Three Horizons**.
- Given the challenging financial context, we need to ensure digital investment is aligned to risk reduction, patient safety, productivity / efficiency and cash releasing savings, some examples are shown below:
  - Investment in automation will release staff time from repetitive tasks
  - Providing our communities with tools to support managing their own health and wellbeing will keep them out of hospital
  - Our digital medicines programme will reduce clinical incidents and drug spend
  - Digitising our paper records will reduce scanning and storage costs
  - Digital technologies supporting our Urgent & Emergency Care System will improve patient flow and support timely discharge to community settings or to home



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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board



Digidol, Data a Thechnoleg  
Bwrdd Iechyd Prifysgol Aneurin Bevan  
Aneurin Bevan University Health Board  
Digital, Data & Technology

*Putting Digital to work for Better Health, Better Care & Better Lives*



## Agenda Item

# Aneurin Bevan University Health Board

## Highlight Report from the South East Wales Regional Joint Committee (20 July 2026)

|                                                                                                                                                                          |                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                                                                                                                          | 29/07/2026                                                                             |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>                                                                                                                          | Open/ Public<br>Not Applicable                                                         |
| <b>Awdur yr Adroddiad /<br/>Report Author</b><br><i>If you do not wish for your name to be included in the public domain, please only include your job title</i>         | Gareth Watts, Director of Corporate Governance/Board Secretary – Cwm Taf Morgannwg UHB |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b><br><i>If you do not wish for your name to be included in the public domain, please only include your job title</i> | Chief Executive – Aneurin Bevan University Health Board                                |
| <b>Noddwr Gweithredol yr Adroddiad /<br/>Report Executive Sponsor</b>                                                                                                    | Chief Executive – Aneurin Bevan University Health Board                                |
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b>                                                                                                                          | For Noting                                                                             |

### Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

| Committee / Group /<br>Individuals        | Date       | Outcome                                                                                                                                                  |
|-------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| South East Wales Regional Joint Committee | 20/07/2026 | Approved the Regional Orthopaedic Plan and approved onward submission of the Llantrisant Health Park OBC/FBC through constituent Health Board governance |



|                            |            |                                                                                              |
|----------------------------|------------|----------------------------------------------------------------------------------------------|
|                            |            | arrangements and then to Welsh Government, subject to each organisation's approval process.  |
| Regional Development Group | 10/07/2026 | Approved the supporting regional work programme and papers for progression to the Committee. |

#### Acronyms / Glossary of Terms

|        |                                           |
|--------|-------------------------------------------|
| SEWRJC | South East Wales Regional Joint Committee |
| LHP    | Llantrisant Health Park                   |

## 1. Introduction

- 1.1 This report has been prepared to provide the Board with details of the key issues considered by the SEWRJC at its public meeting on 20 July 2026. The meeting was recorded and the public-facing session considered minutes and actions, the Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC, and the regional work programme progress highlight report.
- 1.2 Key highlights from the meeting are reported in section 3.

## 2. Purpose of this Meeting

- 2.1 The SEWRJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.

## 3. Highlight Report

|                         |                                                                                                                                                                                                                                                                               |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Alert / Escalate</b> | No items were identified for escalation to Boards on this occasion. The Committee did, however, note key delivery risks and dependencies associated with ongoing regional work that will require continued oversight through individual Health Board governance arrangements. |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Advise</b></p> | <p><b>Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC:</b> The Committee considered the public-facing report alongside acknowledgement that the detailed OBC/FBC had been considered through the private/confidential governance route because it contains commercially sensitive financial, procurement and delivery assumptions.</p> <p>The Committee noted that the LHP OBC/FBC forms a key enabling component of the Regional Orthopaedic Plan, supporting the proposed use of Llantrisant Health Park to increase regional lower limb arthroplasty capacity, accelerate backlog reduction and contribute to a more sustainable regional service model. The Committee also noted key delivery dependencies including workforce capacity, digital and data requirements, funding, pathway standardisation and shared regional governance arrangements.</p> <p>Following discussion, the Committee approved onward submission of the OBC/FBC through Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Board governance arrangements and then to Welsh Government, subject to each organisation's own approval process. The Committee also approved the Regional Orthopaedic Plan as the regional route map for recovery, stabilisation and long-term sustainability.</p> <p><b>Powys implications and engagement:</b> The Committee noted the implications for Powys residents who currently travel into provider Health Boards for hip and knee replacements, and the importance of ensuring ongoing engagement with the Powys population alongside engagement with provider Health Board communities.</p> |
| <p><b>Assure</b></p> | <p><b>Regional planning and delivery assurance:</b> The Committee received assurance that the Orthopaedic Plan has been clinically led and supported by operational, workforce, finance and planning colleagues across the region.</p> <p>The plan describes a phased approach: optimising existing facilities and services; using Llantrisant Health Park to accelerate backlog reduction; and establishing a sustainable regional model for lower limb arthroplasty services.</p> <p>The Committee recognised that the approach is both about increasing capacity through LHP and making better use of existing resources, including efficiency opportunities that support movement towards demand and capacity equilibrium. Key risks and dependencies acknowledged included workforce availability, digital and data requirements, capital and revenue</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | <p>funding, pathway standardisation, shared regional governance arrangements and continued leadership support.</p> <p><b>Regional work programme progress:</b> The Committee noted significant progress on the Regional Orthopaedic Plan, including consistent demand and capacity modelling, workforce baselining, financial modelling and consistent pre-assessment pathway development.</p> <p>Regional cataract services delivered more than 25,000 procedures in the last financial year, nearly 600 ahead of plan, with the total waiting list reduced by approximately 10,000 cases.</p> <p>Progress was also reported on diagnostics, including securing a supplier to support radiology and endoscopy delivery at the Regional Diagnostic Hub aligned to Llantrisant Health Park; pathology work on standardisation and shared information; and procurement of an organisational design partner, which is in the final stages to support maturation of regional structures, Board development and ways of working.</p> |
| <b>Inform</b> | <p>The unconfirmed minutes of the meeting held on 24 February 2026 were approved as a true and accurate record.</p> <p>There were no open actions on the action log and no additional declarations of interest were raised.</p> <p>The Chair also recorded thanks to Suzanne Rankin for her leadership of Cardiff and Vale within the SEWRJC and for her contribution to regional collaboration across South East Wales.</p> <p>The next meeting of the SEWRJC is scheduled for 3 September 2026 at 2.00pm.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### 3. Assessment

| Objectives / Strategy                                                                                                                  |                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> | A Healthier Wales                                                                                                                                                   |
|                                                                                                                                        | <p>If more than one applies please list below:</p> <p>The work also has relevance to a More Equal Wales, A Prosperous Wales, A Wales of Cohesive Communities, A</p> |





|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>                                                                                                                                      | Wales of Vibrant Culture & Thriving Welsh Language and A Globally Responsible Wales.                                                                                                                                                         |
| <b>Dolen i Hwyluswyr Ansawdd</b><br>( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) /<br><b>Link to Enablers of Quality</b><br>( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> ) | Whole-systems Perspective<br><br>If more than one applies please list below:<br>The programme also supports Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.                                   |
| <b>Dolen i Feysydd Ansawdd</b><br>( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) /<br><b>Link to Domains of Quality</b><br>( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )    | Equitable<br><br>If more than one applies please list below:<br>The work has relevance to Equitable, Timely, Effective, Efficient, Safe and Person-centred domains of quality.                                                               |
| <b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>                                                                                                                     | Yes - Reduce<br><br>If more than one applies please list below:<br>The regional approach is intended to make more effective use of existing capacity and estate and supports further opportunities to refine, reuse and repurpose resources. |

| Impact Assessment                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i><br><b>Quality</b><br><i>Have you undertaken a Quality Impact Assessment Screening?</i>                                                                               | Yes: <input type="checkbox"/>                                                                                                                                                                                                    | No: <input checked="" type="checkbox"/>                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                | Outcome:                                                                                                                                                                                                                         | If no, please include rationale below:<br>This Highlight Report summarises matters considered by the Committee. Quality assessment requirements will be addressed through the relevant programmes and business cases.                              |
| <b>Cydraddoldeb a'r Gymraeg</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i><br><b>Equality and Welsh Language</b><br><i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i> | Yes: <input type="checkbox"/>                                                                                                                                                                                                    | No: <input checked="" type="checkbox"/>                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                | Outcome for Equality (delete as appropriate):                                                                                                                                                                                    | If no, please include rationale below:<br><br>No for this Highlight Report. The LHP Programme has separately completed Equality and Welsh Language Impact Assessment work to support consideration of impacts, mitigations and ongoing monitoring. |
| <b>Cyfreithiol / Legal</b>                                                                                                                                                                                                                                     | Yes (Include further detail below)                                                                                                                                                                                               |                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                | The Committee noted reliance on constituent Health Board governance processes and Welsh Government consideration, alongside the need for appropriate shared regional governance arrangements.                                    |                                                                                                                                                                                                                                                    |
| <b>Enw da / Reputational</b>                                                                                                                                                                                                                                   | Yes (Include further detail below)                                                                                                                                                                                               |                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                | There are reputational implications associated with delivery of the regional programme, including public confidence in timely access to planned care and the Health Board's contribution to regional collaboration.              |                                                                                                                                                                                                                                                    |
| <b>Effaith Adnoddau</b><br><i>(Pobl / Ariannol) /</i><br><b>Resource Impact</b><br><i>(People / Financial)</i>                                                                                                                                                 | Yes (Include further detail below)                                                                                                                                                                                               |                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                | There is a requirement to resource the Committee's programmes of work. This will need to be drawn from existing resources dedicated to regional activities, alongside opportunities to reduce duplication between Health Boards. |                                                                                                                                                                                                                                                    |

#### 4. Recommendation

##### 4.1 The Board is asked to:

- **NOTE** the highlights outlined in section 3 of this report; and
- **NOTE** that the Regional Orthopaedic Plan and Llantrisant Health Park OBC/FBC will progress through constituent Health Board governance



arrangements and then to Welsh Government, subject to each organisation's own approval process.

DRAFT

|                                                      |                                                              |
|------------------------------------------------------|--------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                 |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                        |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Evaluation of the Nursing and Midwifery Strategy (2023-2026) |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Jennifer Winslade – Executive Director of Nursing            |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Kelly Downes – Deputy Director of Nursing                    |

**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 Nursing & Midwifery Strategy (2023–2026) set five ambitions to deliver safe, effective and compassionate care across Aneurin Bevan University Health Board. As the strategy period concludes, this report provides assurance on delivery, highlights key impacts, and identifies priorities to inform the refreshed 2026–2030 Nursing & Midwifery Professional Plan.

The report provides full details of the progress and key achievements across each strategic ambition.

### **Cefndir / Background**

The strategy was developed collaboratively in response to national and local policy drivers, as well as the evolving needs of both patients and staff. Its overarching purpose was to:

- Build a skilled and compassionate workforce
- Promote effective leadership and inclusivity
- Embed quality improvement and innovation
- Strengthen a culture of research
- Enhance professional identity and influence

To achieve these aims, five Strategic Ambitions were identified:

1. Staff Development and Career Progression
2. Excellence in Leadership at All Levels
3. Quality Improvement, Innovation and Learning
4. Research and Innovation
5. Professional Identity and Influence

Delivery of the strategy has been overseen by the Executive Director of Nursing and driven locally by Divisional Nurses.

Since implementation, further national drivers have shaped and strengthened the direction of the strategy. These include:

- The National Position Statement on Nursing Preceptorship and Restorative Clinical Supervision (2024)
- The HEIW Professional Framework for Enhanced, Advanced and Consultant Practice (2024)
- The NMC Principles for Advanced Practice (2025)

These developments have continued to inform priorities and ensure alignment with national expectations, regulatory requirements and the ongoing evolution of professional nursing practice.

The strategy period also coincided with wider recognition of the contribution of internationally educated nurses to the NHS workforce, who have been part of the NHS since its inception in 1948. Locally, the Health Board continued to value and celebrate the nursing workforce through internal communications (including International Nurses Day), alongside delivery of international nurse recruitment activity that has supported workforce sustainability and integration of internationally educated nurses during the strategy period.

## **Asesiad / Assessment**

### **Overall Delivery**

There is strong evidence that the strategy has been successfully delivered, with consistent progress across all five ambitions. Divisional nurse priorities — workforce capability, leadership, equity and quality care — remain embedded and continue to guide professional leadership and service development.

### **Key Strategic Achievements**

- **Workforce development and wellbeing:**  
A standardised, values-based induction and preceptorship offer is now embedded across nursing, midwifery and support staff. Appraisal quality has improved through a revised PADR aligned to the four pillars of practice. Reflective Clinical Supervision capacity has expanded significantly, strengthening wellbeing, retention and professional support.



- **Leadership capability and culture:**

A clear, end-to-end leadership pipeline is established, supported by JOE, LEAD6, the Leadership Academy and Alumni. Compassionate, inclusive leadership behaviours are increasingly evident, with demonstrable progression into senior roles and national recognition.

- **Quality improvement and innovation:**

Nursing and midwifery now sit at the centre of organisational improvement. Quality improvement capability has grown substantially, with measurable patient safety benefits, widespread frontline engagement, and strong assurance through Team Accreditation from ward to board.

- **Enhanced, advanced and consultant practice:**

Governance and standardisation have strengthened in line with national frameworks. Advanced practice roles have expanded across multiple specialties, alongside growth in consultant nurse roles, supporting service transformation and workforce sustainability.

- **Research, digital maturity and professional influence:**

Nursing and midwifery now have increased research leadership, visibility and output. Digital enablement has progressed through nurse-led dashboards, digital accreditation assurance, maternity digital records and preparation for EPMA. Professional identity and voice have been strengthened through conferences, awards, publications and expanded leadership forums.

## Ongoing Challenges

- Workforce pressures and service demand have at times affected consistency of care delivery.
- Further work is required to embed equity consistently at scale.
- Sustainability and standardisation are critical to avoid variation as initiatives mature.

## Recommendation

The Board is asked to:

1. Note the successful delivery of the 2023–2026 Nursing, Midwifery and SCHPN Strategy, with clear evidence of strengthened leadership, workforce development, quality improvement capability and professional voice.
2. Agree that the next phase should focus on consolidation, sustainability and consistency of delivery across leadership, supervision, accreditation, digital reporting and professional forums.
3. Support the development of a refreshed Nursing & Midwifery Professional Plan (2026–2030) aligned to national priorities, workforce need and future service and digital transformation.





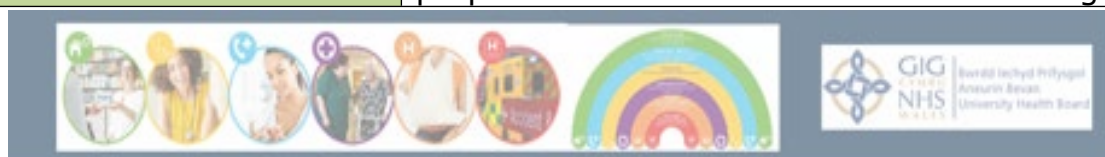
4. Support continued emphasis on workforce wellbeing, equity of access to development and strong ward-to-board assurance.



| <b>Amcanion: (rhaid cwblhau)</b><br><b>Objectives: (must be completed)</b>                                                    |                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                    |                                                                                         |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | 2. Safe Care<br>All Health & Care Standards Apply<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Choose an item.                                                                         |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Workforce and Culture                                                                   |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                |

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

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b>          |                                                                                                                                                     |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                | <b>Is EIA Required and included with this paper</b><br><b>No does not meet requirements</b>                                                         |
| <b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment</b> (EIA) completed | An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. |



|                                                                                                                                                                                                                                                                                                       |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                       | If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a> |
| <b>Deddf Llesiant<br/>Cenedlaethau'r Dyfodol – 5<br/>ffordd o weithio<br/>Well Being of Future<br/>Generations Act – 5 ways<br/>of working</b><br><br><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> | Choose an item.<br>Choose an item.                                                                                          |

A Profession of Excellence



A Lifetime of Compassion

# Nursing & Midwifery Strategy 2023-2026

## Evaluation Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board



# Background

The Nursing & Midwifery Strategy (2023–2026) set out five strategic ambitions to deliver excellence through safe, effective and compassionate care across Aneurin Bevan University Health Board (ABUHB). As the three-year period concludes this paper sets out a comprehensive review of progress which is needed to build on achievements, address remaining gaps, and respond to evolving patient and workforce needs for the 2026–2030 Nursing, Midwifery & SPCHN Plan.

The strategy was developed collaboratively in response to national and local policy drivers, as well as the evolving needs of both patients and staff. Its overarching purpose was to:

- Build a skilled and compassionate workforce
- Promote effective leadership and inclusivity
- Embed quality improvement and innovation
- Strengthen a culture of research
- Enhance professional identity and influence

To achieve these aims, five Strategic Ambitions were identified:

1. Staff Development and Career Progression
2. Excellence in Leadership at All Levels
3. Quality Improvement, Innovation and Learning
4. Research and Innovation
5. Professional Identity and Influence

Delivery of the strategy has been overseen by the Executive Director of Nursing and driven locally by Divisional Nurses. Since implementation, further national drivers have shaped and strengthened the direction of the strategy. These include:

- The National Position Statement on Nursing Preceptorship and Restorative Clinical Supervision (2024)
- The HEIW Professional Framework for Enhanced, Advanced and Consultant Practice (2024)
- The NMC Principles for Advanced Practice (2025)

These developments have continued to inform priorities and ensure alignment with national expectations, regulatory requirements and the ongoing evolution of professional nursing practice.

The strategy period aligned with wider recognition of internationally educated nurses' contribution to the NHS (in place since 1948) and ABUHB's ongoing international recruitment activity supporting workforce sustainability

# Divisional Nursing Priorities

The Nursing & Midwifery Strategy included clear divisional priorities which aimed to provide focused, consistent professional leadership that strengthened the workforce and ensured the delivery of high-quality, compassionate care. The four core Divisional Nurse priorities identified are:

## Priority 1

To create and develop a kind, compassionate, competent and skilled workforce within a supportive and learning environment.

## Priority 2

To promote the profession of nursing and midwifery to future generations by exploring new initiatives and exemplary practice within the framework of the Nursing Strategy.

## Priority 3

To provide equity for Nursing & Midwifery amongst peer professions.

## Priority 4

To deliver outstanding, quality care with kindness and compassion where and when our patients/clients need it.



# Divisional Nursing Priorities

---

## Priority 1

To create and develop a kind, compassionate, competent and skilled workforce within a supportive and learning environment.

Divisions consistently described the creation of supportive learning environments, underpinned by:

- Psychologically safe spaces
- Reflective practice and civility initiatives
- Structured training and continuous learning
- Leadership development and multi-skilling
- Learning from incidents and service feedback

These interventions collectively strengthened workforce competence, confidence, and compassion.

# Divisional Nursing Priorities

## Priority 2

To promote the profession of nursing and midwifery to future generations by exploring new initiatives and exemplary practice within the framework of the Nursing Strategy.

Divisions actively championed nursing and midwifery through:

- Engagement with schools, colleges and universities
- Attendance at career fairs and recruitment events
- Intergenerational workstreams
- Showcasing clinical roles and innovative practice

This work helped raise the profile of the professions and support future workforce pipelines.

# Divisional Nursing Priorities

---

## Priority 3

To provide equity for Nursing & Midwifery amongst peer professions.

While progress is being made, divisions recognised that work remains to fully achieve equity. Key developments included:

- Increased awareness of diversity and inclusion needs
- More equitable recruitment practices
- Diversifying the workforce

However, some challenges persist, particularly around limited senior leadership capacity and inconsistent structures to drive equity at scale.

# Divisional Nursing Priorities

## Priority 4

To deliver outstanding, quality care with kindness and compassion where and when our patients/clients need it.

The divisions have demonstrated clear examples of compassionate, personalised care through:

- Bereavement and spiritual support services
- PALS and patient-feedback systems
- Robust patient experience feedback

However, despite these strengths, divisions recognised that workforce pressures, demand, and flow issues have at times made it difficult to consistently deliver timely care.

# Strategic Ambition



**A Profession of Excellence, a Lifetime of Compassion**





## Ambition 1: Staff Development & Career Progression

Overall, significant and wide-ranging progress has been made in strengthening the nursing and midwifery workforce across ABUHB. With stable appraisal completion rates supported by improved quality through a new PADR addendum aligned to the four pillars of practice, providing clearer development planning and career visibility for advanced and consultant practice. Leadership and professional development pathways have expanded through JOE, LEAD6, the Leadership Academy and Alumni networks, supported by coaching, mentoring, secondments and structured advanced and consultant practice governance.

Standardised, compassionate induction and preceptorship offers are now embedded across staff groups, with strong evidence of positive experience, confidence-building and retention. Reflective Clinical Supervision and advocacy infrastructures have been significantly strengthened, improving access to wellbeing and professional support.

Opportunities for networking, research engagement, quality improvement, and talent development have increased, alongside visible investment in wellbeing, recognition and education. Collectively, these developments demonstrate a maturing, integrated approach to workforce development that is improving consistency, capability, engagement and sustainability, while strengthening foundations for future succession planning and service transformation.



# Spotlight on Key Achievements: Induction

Significant progress has been made in developing and delivering a standardised and compassionate induction experience across professional groups. Collaborative student welcome days are now established across all three years of training, including Year 1 welcome events, Year 2 simulation and clinical skills updates, and Year 3 leadership and reflective practice sessions, delivered in partnership with the PEF Team.

The Nursing Core Induction launched in October 2025 now runs four times per year, aligned with the streamlining output. A mop-up induction has also been introduced to ensure all new starters, including new registrants across surgery, medicine, MH/LD, community/primary care, paediatrics (day 1 only) and clinical support services, receive a consistent welcome linked to the Journey of Excellence (JOE) preceptorship programme.

Induction schedules have been standardised and extended across more staff groups. Preceptor midwives complete a dedicated two-week induction aligned to the All Wales PROMPT and Once for Wales preceptorship pathway, supported by full rotational posts enabling development and progression to Band 6. Healthcare Support Workers similarly benefit from a standardised induction programme.

Overall, there is clear evidence of a more consistent, values-based and career-focused induction approach across the nursing and midwifery workforce, with strengthened collaboration and alignment to professional development pathways.



# Spotlight on Key Achievements: Enhanced, Advanced & Consultant Practice

The Nurse Consultant Forum has been re-established, with a key aim of providing strategic oversight for the implementation of the HEIW Framework for Enhanced, Advanced and Consultant Practice. A comprehensive action plan is being rapidly progressed to address the recommendations of the framework, with strong progress evident. As part of this work, the action plan has strengthened governance arrangements and improved standardisation across enhanced, advanced and consultant-level practice, ensuring consistent approaches to role development, deployment and assurance.

Most recently, the Health Board has been selected as one of three Welsh Health Boards to test the NMC's emerging principles of advanced practice, contributing valuable feedback to support the development of future NMC standards in this area.

There has been a notable expansion in advanced practice roles, with an increase of 25.8 WTE across a range of specialties, including:

- Trauma & Orthopaedics
- CAMHS
- Paediatrics
- Respiratory
- Acute Medicine
- Frailty

In addition, the number of Consultant Nurse posts has increased from **6.5 WTE to 10 WTE**, with new roles established in:

- Dermatology
- Frailty
- Mental Health
- Primary Care Measures

This growth demonstrates a strengthened commitment to advanced and consultant-level practice, supporting service transformation, improved patient pathways, enhanced governance and workforce sustainability across the Health Board.



# Spotlight on key achievements: Restorative Clinical Supervision

Significant progress has been made in embedding Reflective Clinical Supervision (RCS) across nursing and midwifery, with a clear ABUHB model, governance arrangements and SOP now in place. Supervisory capacity has expanded substantially, including over 100 trained RCS supervisors, 15 Train-the-Trainer educators enabling local divisional delivery, 35 Professional Nurse Advocates, and 280 nurses completing ESR RESTORE training.

Collectively, these developments demonstrate a marked increase in accessibility, sustainability and organisational capability for reflective supervision compared to the start of the strategy period, providing a strong platform for consistent embedment across services.

**I'm grateful to my mentors for shaping both my personal and professional growth. ABUHB embodies supportive and inclusive environment, and this is essential for nurses to thrive. When colleagues treat each other with compassion, respect, and kindness, it fosters a culture of trust and continuous learning.**



#2

### Excellence in Leadership at all Levels

We will lead and manage in a professional and consistent way, supporting staff and promoting their wellbeing, building a strong and positive leadership culture at all levels.



## Ambition 2: Excellence in Leadership at all Levels

A clear and structured leadership development pathway is now established across nursing and midwifery, spanning early career through to senior leadership. Programmes including JOE, LEAD6, the Leadership Academy (Bands 7–8), bespoke Band 8b development and a strengthened Alumni network provide a stepwise route supported by individualised learning, coaching and action learning. The Academy and Alumni have been repositioned as a visible leadership movement, creating a sustainable leadership supply, role-model ambassadors and a strong culture of inclusive, values-based leadership, with national recognition at the CNO Conference 2025. Wellbeing and psychological safety are embedded throughout all leadership activity, alongside expanded access to Reflective Clinical Supervision, flexible working, compassionate leadership practices, and debrief support. Collectively, these developments demonstrate a maturing, integrated approach to leadership and wellbeing that is strengthening capability, confidence and sustainability across the workforce.

### Spotlight on Key Achievements

#### Leadership Academy

The Leadership Academy currently has its 8<sup>th</sup> cohort with 93 graduates to date. The graduates are invited to join a community of practice through the Alumni with 9 meetings held to date including sessions on Psychological safety, leadership through Lego, Leadership Journey of Divisional Nurse, Recruitment & Retention in Nursing in Wales, Coaching masterclass, HEIW Nurse Leadership opportunities within Wales, EDON Leadership Journey.

Feedback describes a real shift towards compassion and inclusivity in leadership behaviours, with exceptional highly recommend scores indicating an environment where people feel safe, included and supported. The Academy is for rising stars and such has supported career progression for 30% of graduates to date.



## Ambition 3: Quality Improvement, Innovation and Learning

Quality improvement and innovation are now firmly embedded within nursing and midwifery practice at ABUHB. The relocation of ABCi into the Nursing Directorate has positioned nursing leadership at the centre of organisational improvement activity, directly shaping QI culture and priorities. The Quality Improvement Capability Strategic approach (2025–2028) establishes a clear vision of ABUHB as a learning organisation, aligning strongly with the Nursing & Midwifery ambition to lead improvement and innovation. Nurses and midwives are central to this work, with 47 trained QI Coaches (including 22 nurses/midwives), QI embedded within leadership development programmes, and over 700 staff trained in improvement methodology. Nursing-led QI has delivered measurable patient benefits, including an 80% reduction in avoidable cardiac arrests, reduced paediatric waiting times, and sustained elimination of theatre Never Events. Hundreds of ward-level Bronze and Silver projects demonstrate frontline teams improving what matters locally.

National award recognition, participation in national collaboratives, and system-wide structures such as the QI Faculty, divisional QI Leads, Ward Accreditation and Human Factors integration further evidence that nursing and midwifery are actively promoting and leading improvement, directly contributing to excellence in patient safety, outcomes and experience.



# Spotlight on Key Achievements: Team Accreditation Quality Improvement Impact

During the 2023–2026 Nursing Strategy period, the Team Accreditation programme has provided a structured, evidence-based framework to improve quality, safety and patient experience while building local improvement capability and nursing leadership. Introduced in August 2023 as a pilot at Ysbyty Aneurin Bevan, the programme was refined and subsequently expanded through three phased roll-out stages, engaging 162 clinical areas and teams across the organisation, with 46 achieving Bronze accreditation and 16 achieving Silver recognition to date.

Teams have delivered a wide range of nurse-led quality improvement initiatives focused on patient flow and efficiency, communication and patient experience, patient safety and reliability of care, and workforce development. Collectively, these improvements demonstrate that accreditation has moved beyond individual projects to embed continuous improvement into everyday practice, reduce unwarranted variation, strengthen accountability for quality and safety at team level and provide assurance from ward to board, contributing directly to the Nursing Strategy ambition of delivering safe, high-quality, patient-centred and efficient care.





# Ambition 4: Research and Innovation

Strong progress has been made in establishing the leadership, governance and cultural foundations to advance nursing and midwifery research across ABUHB. Nursing now has formal representation on the Health Board Research Strategy Group, supported by strengthened executive oversight, improved visibility of research pathways and a growing Research Champions Programme that is helping normalise research as part of everyday clinical practice. Senior nurses are increasingly engaged in research governance and appraisal discussions, while advanced nurse networks are supporting the translation of evidence into practice. Nurses and midwives are contributing to an expanding portfolio of publications, professional outputs and national and international conference presentations, demonstrating practice leadership across a range of clinical specialties. Collectively, this has increased awareness of research opportunities, participation in training and research activity, and progress toward embedding a sustainable, research-active culture within the professions.

Nurses and midwives have made progressive strides in leading digital enablement, with strengthening foundations in place to support more data-driven, transparent and efficient models of care. Nursing leadership has driven the development of nurse-led digital audits aligned to accreditation standards, bringing these together within a Ward Accreditation Dashboard to support improved visibility of quality, compliance and emerging risks from ward to board. While still in its early stages, this work has begun to strengthen consistency of reporting, encourage engagement with digital systems at ward level and reduce reliance on manual processes. In parallel, midwifery leadership has been strengthened through the establishment of a Digital Lead Midwife role, supporting the implementation of end-to-end electronic maternity records and contributing to national digitisation work across Wales. Nursing leaders are also playing a central role in the preparation for Trust-wide implementation of Electronic Prescribing and Medicines Administration (EPMA), planned for 2026. Underpinning this progress, the commissioning of the Qlik analytics platform through nursing leadership provides a single, reliable digital environment for quality and patient safety data, enhancing ward-to-board communication and laying clear foundations for nurses and midwives to increasingly lead, influence and embed digital maturity across services.

## Spotlight on Key Achievements: Digital Enablement in Practice

The introduction of nurse-led dashboards has improved visibility of quality and safety, supporting clearer ward-to-board conversations and more informed clinical oversight. Accreditation dashboards provide a concise, consistent view of compliance and improvement activity, enabling teams to monitor progress and identify issues earlier. Within midwifery, the implementation of BadgerNet has strengthened continuity of care through a single digital maternity record, supporting safer information sharing, improved documentation and a better experience for women and families.

#4

### Research & Innovation

We will demonstrate a commitment to sharing knowledge and expertise, increasing research and quality improvement embedding a culture of inter-professional evidenced based practice. We will raise the profile and contribution of the profession to advancements in care, and improving outcomes for our patients.

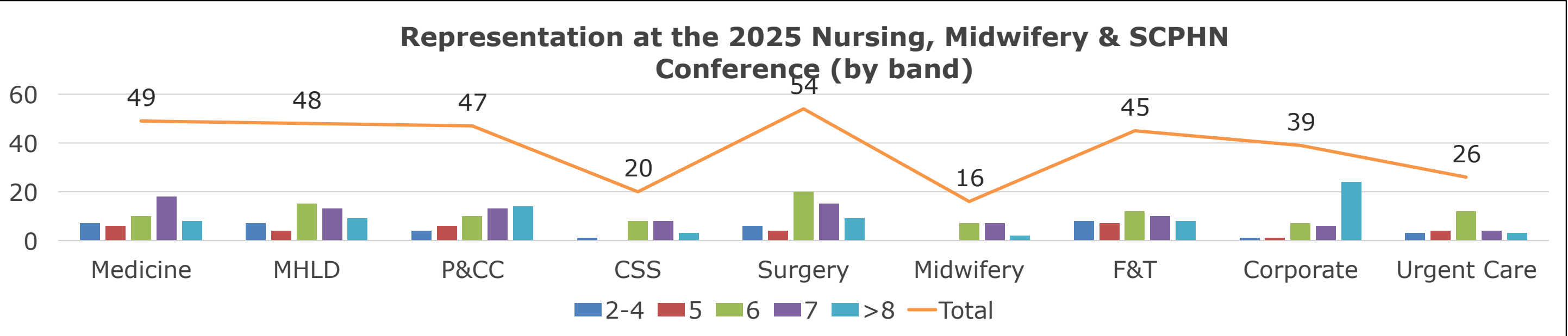


# Ambition 5: Professional Identity

## Spotlight on Key Achievements: Nursing, Midwifery & SCPHN Conferences

Over the three-year strategy period, three Annual Nursing & Midwifery Conferences were delivered, becoming a cornerstone for professional development, networking and celebration across ABUHB. The conferences evolved in focus from professional values and compassionate care (2023), to innovation and creativity in practice (2024), and co-production and patient autonomy (2025), with the latter expanding access to include Healthcare Support Workers and introducing a dedicated award. Attendance remained strong, with 270 delegates in 2023, 250 in 2024 (supported by a hybrid model due to venue constraints), and a significant increase to 348 delegates in 2025. Senior leadership presence was consistently visible, including attendance from the CNO, CEO and Executive Director of Nursing. In addition, two conferences were delivered to recognise and celebrate staff supporting student nurses and midwives, alongside the inaugural Assistant Practitioner Conference, further broadening representation, recognition and networking opportunities.

Delegate feedback was exceptionally positive, with a mean recommendation score of 99.1% across all events. Collectively, the conferences strengthened professional pride, showcased innovation and research and increased visibility of nursing and midwifery contributions locally and nationally.



#5

### Professional Identity & Influence

We will be proud of our professional identity, empowering all to flourish in an environment of inclusivity which reflects the diversity of the communities we serve, championing compassionate patient care and providing a strong nursing and midwifery voice to influence service delivery.



## **Spotlight on Key Achievements: Recognition Through Awards and Publications**

Over the three-year strategy period, ABUHB nurses and midwives have achieved significant local, national and international recognition, reflecting a strong culture of excellence, innovation and leadership. Colleagues have been recognised through prestigious awards including the RCN Wales Nurse of the Year, Queen's and King's Honours Lists, CNO Excellence Awards, Queen's Nursing Institute Awards, Student Nursing Times Awards, Burdett Nursing Awards and Nursing Times Workforce Awards, highlighting excellence across clinical practice, education, leadership and workforce development. ABUHB has consistently performed strongly at the RCN Wales Nurse of the Year Awards, securing winners and multiple category runner-ups each year.

Nursing and midwifery staff have also demonstrated strong professional presence through publications and conference contributions, presenting at major national and international forums and authoring peer-reviewed articles and clinical guidance across specialties including continence, vascular health, cardiac rehabilitation and emergency care. Community engagement through public talks and webinars has further supported the translation of evidence into practice. Collectively, these achievements have raised the profile of ABUHB nursing and midwifery, strengthened professional pride, and reinforced the organisation's reputation as a national and international influencer in nursing innovation, quality improvement, recruitment and retention.



## Spotlight on Key Achievements: Strong Nursing and Midwifery Voice in Shaping and Influencing Service Delivery

Strong progress has been made toward strengthening voice, pride and belonging across the nursing and midwifery workforce. The restructuring of the Senior Leadership Forums to formally include Band 8a nursing and midwifery leaders has broadened engagement significantly, with attendance now exceeding 65 senior leaders across professions. This expanded reach has strengthened visibility of the Corporate Nursing Directorate and improved direct access to the Executive Director of Nursing, creating a more connected and responsive leadership community. The structured format—featuring communication updates, shared learning, and workshop-based discussion—continues to support senior leaders to feel informed, engaged, and able to influence organisational direction.

Alongside the senior forums, Band 7 forums have been developed within Divisions and have naturally grown to become cross-divisional, enhancing leadership connectivity and shared learning at this key level. Plans are currently underway to establish a formal organisational Band 7 forum, which will provide a consistent platform for engagement, development and collective voice across the organisation.

Senior leaders are increasingly present at key professional events such as the ABUHB Nursing and Midwifery Conference and Celebrating Success events, reinforcing professional identity and visibility. Organisational celebrations—including International Nurses Day, International Day of the Midwife, and ABUHB-led recognition events—continue to foster pride and public celebration of the professions. In addition, the delivery of high-quality induction and preceptorship programmes supports new colleagues to feel welcomed and anchored within the organisation from day one. Collectively, these developments demonstrate sustained advancement toward a culture where nurses and midwives feel valued, heard, and proud to belong to ABUHB.

Feedback from senior clinical leaders indicates that increased visibility, engagement and inclusion are being experienced at ward level. One ward manager described this cultural change as transformative: *"I've truly loved being visible, heard and valued in spaces I once felt invisible"* (Selin Thomas, Ward Manager).

# Conclusion

The Nursing, Midwifery & SCPHN Strategy 2023–2026 has delivered substantial and sustained progress against its ambitions. Leadership capability, workforce development, quality improvement, professional identity and innovation have all been strengthened, with many initiatives now embedded as core organisational practice.

Where objectives were not fully achieved, particularly around consistency of training needs analysis and formal succession planning, these gaps are clearly understood and provide a focused agenda for the next strategy period.

The organisation enters the 2026–2030 strategy cycle strengthening foundations with mature leadership structures and a confident professional workforce, well placed to respond to future workforce, service and digital challenges.

|                                                      |                                                    |
|------------------------------------------------------|----------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                       |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                              |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Nursing & Midwifery Professional Plan 2026-2030    |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Jennifer Winslade<br>Executive Director of Nursing |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Kelly Downes<br>Deputy Director of Nursing         |

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

## **ADRODDIAD SCAA**

### **SBAR REPORT**

#### **Sefyllfa / Situation**

The Nursing and Midwifery Professional Plan 2026–2030 sets out the Health Board’s strategic direction for the nursing and midwifery professions over the next five years.

The Plan has been developed to strengthen professional standards, workforce capability, leadership, governance and assurance, whilst supporting delivery of safe, compassionate, person-centred care aligned to organisational and national priorities.

The Plan has been approved by the Executive Committee, Trade Union Partnership Forum and People & Culture Committee, and is now presented to the Board for endorsement.

#### **Cefndir / Background**

The Plan builds on the 2023–2026 Nursing & Midwifery Strategy and responds directly to extensive engagement with nurses, midwives and professional leaders across Aneurin Bevan University Health Board.





It is fully aligned with key national and local frameworks, including:

- Chief Nursing Officer for Wales Strategic Vision for Nursing & Midwifery 2025–2030
- HEIW Strategic Nursing Workforce Plan 2025–2030
- Gwent 35: Our Ten-Year Strategy
- ABUHB People Plan and Quality Strategy

The workforce voice highlighted a number of key consistent themes: feeling valued and heard; access to restorative professional support; leadership development and role clarity; equity of access to education and research; population-focused care; digital capability; and strong professional governance.

The Plan covers a workforce of approximately 4,500 registered nurses, 2,600 nursing support workers and 340 midwives, operating across acute, community and specialist services.

### **Asesiad / Assessment**

The Plan articulates a clear vision and purpose, supported by eight interconnected priorities, delivering a coherent and deliverable framework for professional nursing and midwifery development from 2026–2030.

Each priority is supported by defined actions, measures, outcomes and timelines, enabling transparent monitoring and assurance.

A Professional Assurance Framework underpins delivery, strengthening line-of-sight from ward to Board through consistent divisional assurance reporting, RAG-rated oversight, and triangulation of quality, workforce, education, research and wellbeing indicators.

The Plan explicitly embeds statutory and professional obligations, including:

- NMC registration, revalidation and scope of practice
- Mandatory and statutory training
- Safeguarding, infection prevention, health and safety
- Information governance and data protection
- Equality, human rights, duty of candour and raising concerns

Delivery is phased from strengthening our foundations (2026) through to maturity and sustainability (by 2029/30), aligned to national trajectories and organisational capacity.

Overall, the Plan provides credible assurance that professional standards, workforce sustainability and quality governance will be strengthened in parallel.

The Plan has benefited from contributions across Health Board specialities, including Digital, Public Health, Safeguarding, Infection Prevention and Control, Quality and Patient Experience, Workforce and Organisational Development,



Divisional Nursing Teams, and Education and Development. It has also been shared for information, discussion and feedback through key Health Board forums, including the Strategic Nursing and Midwifery Workforce Group, Nursing and Midwifery Professional Forum, Executive Committee, Trade Union Partnership Forum and People & Culture Committee.

### **Argymhelliad / Recommendation**

The Board is asked to:

1. Note the content and direction of the Professional Nursing and Midwifery Plan 2026–2030.
2. Support the Plan as the overarching professional framework for nursing and midwifery across the Health Board.
3. Note the extensive engagement that has shaped the Plan.
4. Support implementation through existing governance, quality and workforce assurance arrangements, with progress reported via agreed professional and divisional assurance mechanisms.
5. Endorse the Plan for implementation.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

|                                                                                                                               |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                    |                                                                                                                      |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | Governance, Leadership and Accountability<br>3.1 Safe and Clinically Effective Care<br>7.1 Workforce<br>2. Safe Care |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Choose an item.                                                                                                      |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Experience Quality and Safety                                                                                        |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Improve the wellbeing and engagement of our staff<br>Choose an item.<br>Choose an item.                              |



## 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)

**Asesiad Effaith  
Cydraddoldeb  
Equality Impact  
Assessment** (EIA) completed

### Is EIA Required and included with this paper

Choose an item.

An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact [ABB.EDI@wales.nhs.uk](mailto:ABB.EDI@wales.nhs.uk)

**Deddf Llesiant  
Cenedlaethau'r Dyfodol – 5  
ffordd o weithio  
Well Being of Future  
Generations Act – 5 ways  
of working**

Choose an item.  
Choose an item.

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





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# **Nursing & Midwifery Professional Plan 2026-2030**

**Care in Our Leadership : Excellence in Our Delivery**



**Kindness, Integrity and Respect in Everything We Do**

# Foreword

As Executive Director of Nursing, I am proud to introduce the Nursing, Midwifery and Specialist Community Public Health Nurse (SCHPN) Professional Plan for Aneurin Bevan University Health Board. (ABUHB). Developed with and for our Nursing, Midwifery and SCPHN workforce, this Plan reflects the professionalism, compassion and unwavering commitment demonstrated by our teams every day across our services.

Building on the firm foundations of our 2023–2026 Strategy, this Plan responds directly to what our nurses and midwives have told us matters most: feeling valued and genuinely listened to; having a clear professional identity and role clarity; access to meaningful development opportunities; protected time to reflect, learn and grow; and confidence that their professional voice shapes decisions about care. These insights have been central to shaping our priorities and ambitions for the years ahead.

Our nursing and midwifery workforce is one of our greatest strengths. With approximately 4550 registered nurses, supported by approximately 2,600 nursing support workers and around 340 midwives, our teams deliver care across acute, community and specialist settings, serving the diverse communities of Gwent. The depth and breadth of professional expertise, combined with our workforce's cultural and linguistic diversity and strong commitment to bilingual practice, enables us to provide inclusive, person-centred and culturally competent care.

This Plan is closely aligned with key national and local priorities, including the Chief Nursing Officer for Wales Strategic Vision for Nursing and Midwifery 2025–2030. Together, these frameworks place education, restorative clinical supervision, research and lifelong learning at the heart of developing a resilient, adaptable and future-ready workforce. They support staff wellbeing, professional development and excellence in practice, and are underpinned by our Quality Strategy, which champions compassionate leadership, staff wellbeing and a culture of continuous improvement to deliver safe, high-quality care.

At its heart, this Plan is about strengthening the profile, reputation and collective voice of nursing and midwifery within ABUHB, upholding the highest professional standards, and ensuring our workforce feels supported, empowered and equipped to deliver safe, compassionate and forward-looking care. Through collective leadership and shared commitment, I am confident this Plan will make a meaningful difference for our staff and for the people and communities we serve.

Jennifer Winslade  
Executive Director of Nursing



# Executive Summary

From 2026 to 2030, ABUHB will deliver a clear and achievable plan to advance nursing and midwifery as safety-critical, research-informed professions.

Our ambition is to develop a highly skilled, compassionate, and confident workforce that leads innovation, improves outcomes and delivers consistently high-quality care for our population.

This Plan focuses on creating a professional environment in which staff feel valued, supported and empowered to maintain high standards and continuously improve. By working collectively and drawing on the strengths of our diverse workforce, we will deliver sustainable improvements for patients, families and communities across Gwent. It sets a clear direction for action, encouraging professionalism, integrity and collective responsibility, while strengthening professional pride and the quality of care across the organisation.

This Plan commits us to:

- Raising the profile, visibility and reputation of nursing and midwifery within ABUHB and our communities, ensuring our professions are recognised as central to the health system. We will promote the positive impact of our clinical teams and foster pride and confidence among staff, patients and the public.
- Clearly defining and valuing the full range of nursing and midwifery roles, from support roles to advanced and consultant practice. We will recognise the contribution of every role, support career progression, and enable all staff to develop and reach their potential.
- Strengthening professional standards, governance and the collective professional voice through clear leadership, accountability and engagement. Nurses and midwives will be central to decision-making and empowered to advocate effectively for patients, services and colleagues.
- Embedding research, digital capability and reflective practice at every level to drive evidence-based improvement and support continuous learning, equipping staff to adapt and excel in a rapidly changing healthcare landscape.
- Developing a future-focused, resilient and bilingual workforce that responds to changing population needs, ensuring services are accessible, inclusive and responsive while supporting staff wellbeing and adaptability.

Delivery will be driven through 8 interconnected priorities, underpinned by a strong Professional Assurance Framework, clear governance arrangements and measurable outcomes, with leadership embedded at every level. This is an ambitious but achievable Plan, shaped by workforce insight and aligned to national standards. It will enable nursing and midwifery professionals to develop confident, compassionate leadership, lead positive change, build a lasting legacy and inspire future generations.

Together, we will shape the next phase of healthcare in Gwent with professionalism, kindness, integrity and respect.



# National, Professional and Local Alignment

## National Direction and Strategic Vision

|                                                                                                                                                    |                                                                                                                                                             |                                                                                                                                |                                                                                                                    |                                                                                                         |                                                                                                                                                                                                              |                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">HEIW Strategic Nursing Workforce Plan for Wales 2025–2030</a>                                                                          | <a href="#">HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice (2023)</a>                                                  | <a href="#">PRIORITY 11 - Improving research skills for nursing, midwifery and allied health professions</a>                   | <a href="#">Chief Nursing Officer for Wales: Strategic Vision for Nursing and Midwifery 2025–2030</a>              | <a href="#">Welsh Government: A Healthier Wales – Our Workforce Strategy for Health and Social Care</a> | <a href="#">Quality Statement for Maternity and Neonatal Services</a>                                                                                                                                        | <a href="#">Community by Design - Primary Care One</a>                                                                                                            |
| Focuses on a sustainable, skilled and supported workforce capable of meeting rising demand, population ageing, complexity and health inequalities. | Provides a consistent national approach to advanced practice capability, education and governance, supporting role clarity, quality and career progression. | Delivering a plan to strengthen capacity of nurses, midwives and AHPs for maximum impact on research, development and delivery | Together setting national direction for leadership, advanced practice, quality, equity and service transformation. |                                                                                                         | Outlining standards for the delivery of safe, high-quality, equitable and compassionate care, ensuring women, babies and families receive the right care, at the right time, in the right place, every time. | Delivers integrated, prevention-focused care closer to home, enabling people and communities to stay well through timely, coordinated and person-centred support. |

## Professional Regulation, Education and Leadership

|                                                                                                                                     |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                   |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <a href="#">Nursing and Midwifery Council (NMC) Strategy 2025–2027 – Building a New NMC</a>                                         | <a href="#">RCN Education Strategy for Wales (March 2026)</a>                                                                                                                                                                                      | <a href="#">Nurse Staffing Levels (Wales) Act (2016)</a>                                                                                                                                                                          | <a href="#">Royal College of Midwives</a>                              |
| Sets expectations for regulation, public protection, equity, and professional leadership, underpinning safe and effective practice. | Prioritises high-quality pre-registration education, improved student support, protected learning time, equitable access to development, and expanded post-registration, advanced and specialist education to support retention and safe staffing. | The Nurse Staffing Levels (Wales) Act 2016 places a legal duty on health boards to ensure there are enough registered nurses to deliver safe, effective and compassionate care, based on patient need and professional judgement. | Professional standards and workforce priorities for maternity services |

## Organisational

|                                                                                                                                        |                                                       |                                                                                                                                                                                |                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Gwent 35: Our Ten Year Strategy - Aneurin Bevan University Health Board</a>                                                | <a href="#">ABUHB Values and Behaviours Framework</a> | <a href="#">ABUHB People Plan 2025–2028</a>                                                                                                                                    | <a href="#">ABUHB Quality Strategy 2023-2026</a>                                                                                                                                                                                                  |
| Focused on prevention, reducing inequalities and care closer to home, underpinned by <i>Better Health, Better Care, Better Lives</i> . | Kindness, Integrity & Respect                         | Places staff at the heart of delivery through wellbeing, inclusive and compassionate leadership, being an employer of choice, and workforce sustainability and transformation. | Focuses on delivering safe, compassionate and continuously improving care by strengthening quality governance, learning from experience, reducing unwarranted variation and putting people, safety and outcomes at the heart of everything we do. |

Through extensive engagement with nurses and midwives across ABUHB, we captured a strong collective voice that shaped this Plan. Listening to workforce experiences, priorities and aspirations has informed our direction and reinforced the importance of keeping those closest to patient care at the heart of our decisions.

**Welsh Language and Culture**

There was recognition of the importance of Welsh language and cultural safety as part of professional identity and high-quality care.



**Feeling Valued, Heard and Supported**

There was a strong sense of professional pride described alongside the reality of increasing workload, acuity and administrative burden. There was a strong call for psychological safety, consistent access to Restorative Clinical Supervision, and equitable professional support.

**Innovation and Future Models of Care**

There was a clear desire to innovate but identified barriers including time, digital infrastructure and clarity around how ideas are progressed. There was support for nurse-led clinics, outreach models- and enhanced community services.



**Leadership, Identity and Role Clarity**

Variation in leadership development opportunities and a lack of clarity around some professional roles was highlighted. There was strong appetite for structured career pathways from Bands 2–8, supported by coaching, shadowing and meaningful appraisal. Some specialist and community roles were felt to be insufficiently understood or recognised.

**Our Collective Voice**

**Prevention, Population Health and Community Impact**

There was an expressed strong commitment to prevention and population focused care, particularly in early years, maternity & women’s health, frailty and community services. Preventative work was often felt to be overshadowed by operational pressures.



**Education, Research and Data**

A clear desire to deliver evidence-based care was evident but limited protected time for learning, research and quality improvement noted. There was enthusiasm for becoming a research active workforce, with better access to data, dashboards- and research opportunities beyond academic roles.





"It is essential that nurses feel their ideas, expertise and lived clinical experience are actively sought, listened to and acted upon"

"I have loved my career and would like to use my knowledge and experience to support this new era of leadership"

"I have been very supported by ABUHB in my leadership development"

"I feel empowered within my role"

"I would like to be involved in shaping and implementing the nursing & Midwifery plan"

"Care closer to home with skilled, confident staff would improve outcomes and staff experience"

"Early intervention and prevention reduce crises, admissions and long-term harm"

"Let nurses have a voice at all levels, not just be told what is happening"

"Thank you for giving staff the opportunity to give their views"

"I am passionate about delivering the right care, to the right person, at the right time"

"Shadowing and development opportunities have been incredibly valuable"

"Digital systems should save time, not take nurses away from bedside care"

"Protected time for education and research is essential – without it, this work just cannot happen"

"Research needs to be embedded in everyday practice, not seen as an optional extra"

"The questionnaire for the nursing & midwifery plan has made me feel listened to"

"Psychological safety on wards – listening to what makes staff feel safe and what doesn't – is key to improving care"

"Great clinicians do not automatically become great leaders – we need proper preparation and development"

"Providing high-quality care is what motivates me"

"Dashboards and real-time data would help teams use information meaningfully to improve care"

"If we don't look after staff wellbeing, we cannot deliver great care"





# Vision and Purpose

## **Our Vision**

To deliver safe, compassionate, person-centred care, recognised for professional excellence and grounded in Kindness, Integrity and Respect, committed to delivering high-quality care in ways that support environmental sustainability and the wellbeing of future generations.

Our vision is underpinned by a resilient, reflective and research informed workforce, committed to continuous improvement and professional growth.

By intentionally creating supportive, enabling environments where people feel valued, challenged and supported, we will empower our teams to realise their potential, adapt, innovate and consistently provide the highest standards of care in a rapidly evolving population healthcare landscape.

## **Our Purpose**

To lead, enable, and champion high-quality nursing and midwifery practice across all settings by ensuring the right skills, systems, and safety culture are in place.

This is achieved by promoting excellence, teamwork, continuous development and a compassionate environment, so nurses and midwives are prepared for evolving healthcare needs and can consistently deliver safe, person-centred care of the highest standards.

# Our Eight Interconnected Priorities



**Priority One:**  
Valued, Respected and  
Empowered Workforce

**Priority Two:**  
Empowered Leadership  
and Professional Identity

**Priority Three:**  
Education, Research and  
Data Driven Excellence

**Priority Four:**  
Population Focused and  
Preventative Care

**Priority Five:**  
Innovation and  
Workforce Models

**Priority Six:**  
Quality, Safety and  
Professional Governance

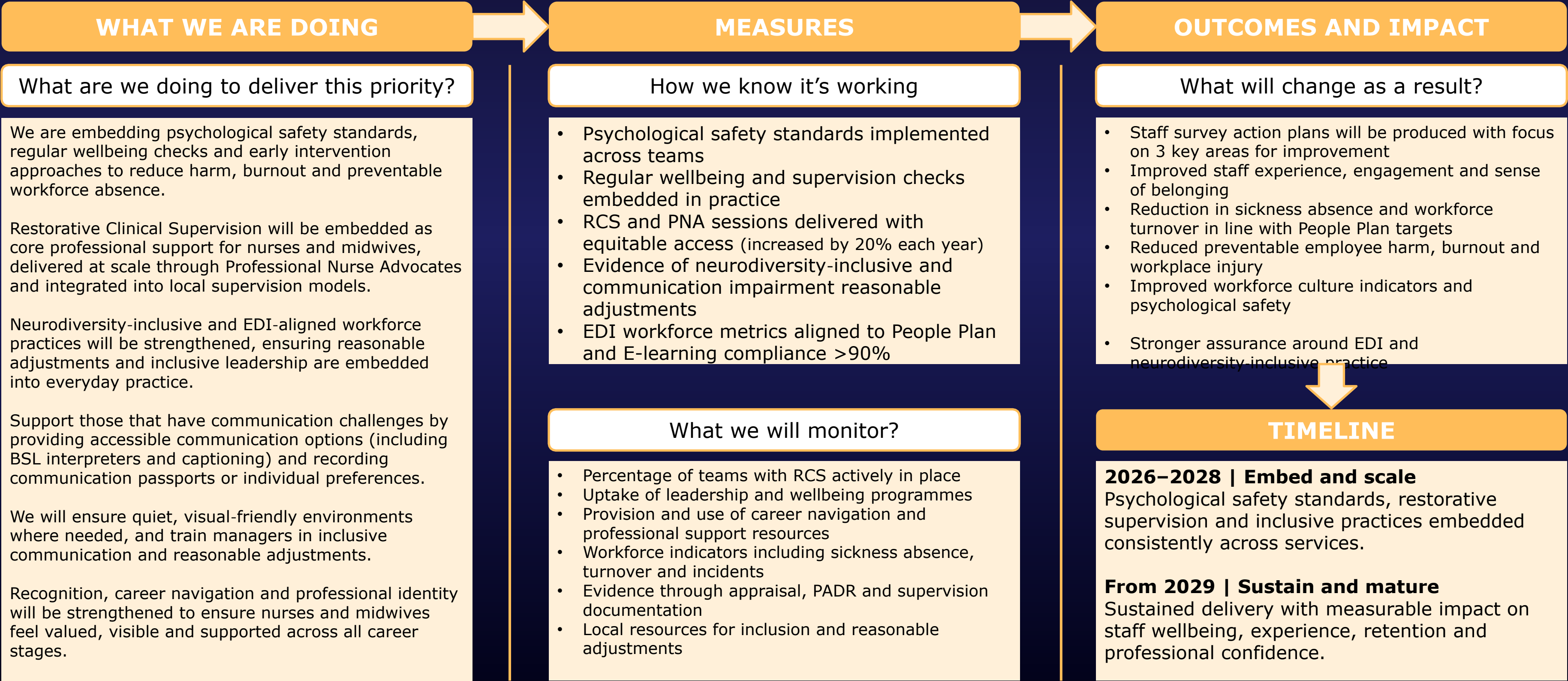
**Priority Seven:**  
Digital Transformation  
and Intelligent Practice

**Priority Eight:**  
Compassionate Person-  
Centred and Culturally  
Safe Care

Priority  
1

Valued, Respected and Empowered Workforce

We will ensure every nurse and midwife feels valued, supported and safe to belong and grow. Restorative Clinical Supervision will be embedded as a core professional support, delivered at scale through Professional Nurse Advocates, Clinical Supervisors for Midwives and integrated into local supervision models.

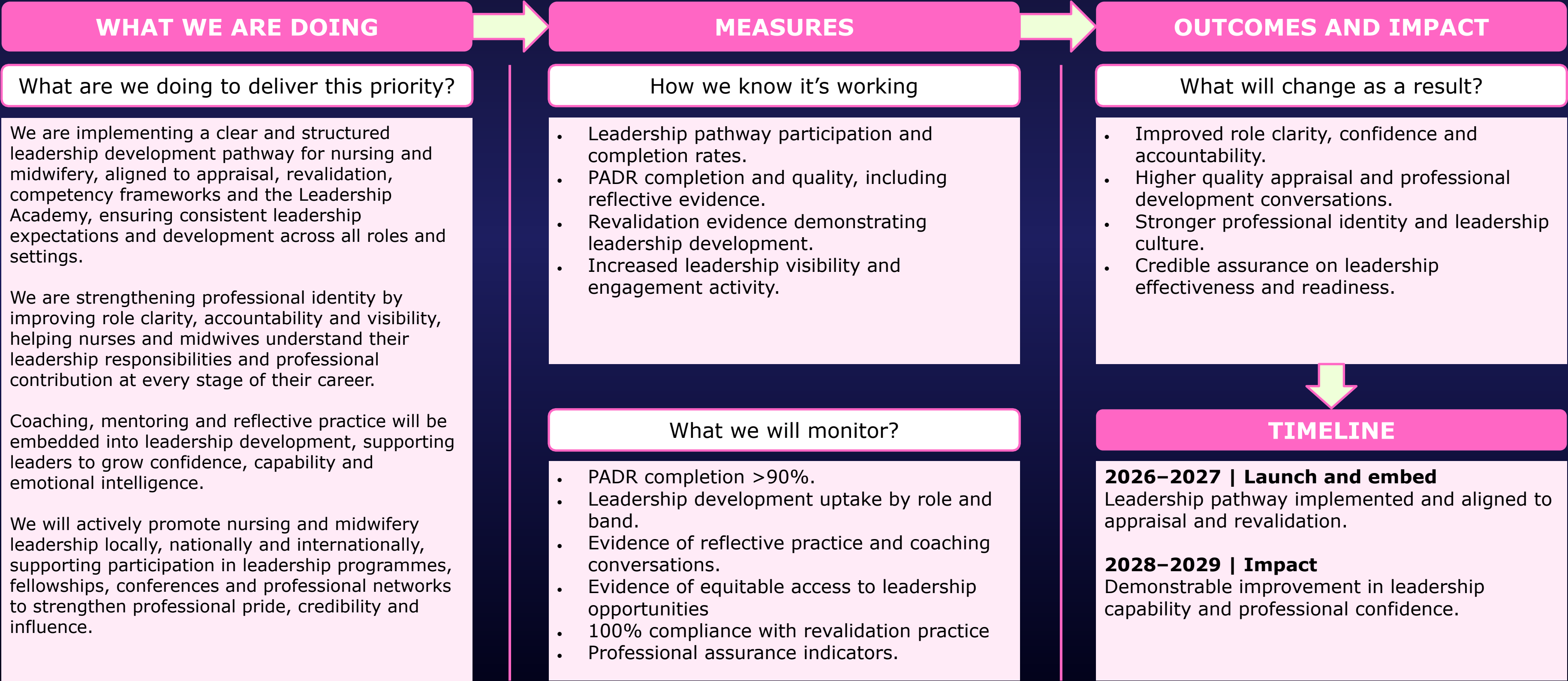




Priority  
2

# Empowered Leadership and Professional Identity

We will strengthen leadership identity, role clarity and visibility through a structured leadership pathway aligned to personal development appraisals, competency frameworks and the Leadership Academy. Nursing and midwifery roles will be actively promoted to strengthen professional pride, public perception and professional reputation. Opportunities to engage in international leadership programmes, conferences, fellowships, exchanges and global networks will be supported, alongside participation in global health research collaborations.



Priority  
3

Education, Research and Data Driven Excellence

In line with the RCN Education Plan and the Welsh Government Research PRIORITY Action Plan, we will embed lifelong learning, digital fluency and research informed practice across all career stages. This will be achieved through close collaboration with Higher Education Institutions (HEIs), professional bodies, and other education providers, ensuring that nurses and midwives have access to a diverse range of educational opportunities, from undergraduate and postgraduate programmes to continuing professional development and clinical placements. Research capability will be strengthened at all levels, with particular focus on advanced and consultant practice, clinical academic pathways and embedding research in everyday care, supported by partnerships with HEIs and specialist training organisations. We will also integrate global public health and global citizenship into CPD pathways, develop partnerships with international universities and health systems for shared curricula, research and digital simulation, and uphold ethical international recruitment with strong pastoral support.

WHAT WE ARE DOING

What are we doing to deliver this priority?

- We are embedding equitable access to education, learning and continuing professional development (CPD) across all roles, career stages and settings, ensuring opportunities are fair, transparent and aligned to service needs.
- We will strengthen research capability by embedding research and quality improvement activity into everyday practice, appraisal processes and professional objectives.
- Clinical academic pathways will be developed and promoted, including advanced and consultant practice roles, supporting nurses and midwives to lead innovation, evaluation and improvement.
- We are building strong partnerships with Higher Education Institutions (HEIs), professional bodies and specialist training providers to support high-quality education governance, digital fluency and research-informed practice.
- Increasing awareness of Research Training Programmes available for Nurses and Midwives
- Ensure opportunities to complete mandatory and statutory training

MEASURES

How we know it's working

- CPD uptake by role and band.
- Research activity embedded in appraisal and objectives.
- An increase in the number of Research Champions
- Diverse representation
- Education governance and quality assurance metrics.
- Data literacy and digital awareness sessions delivered.

What will we monitor?

- Education programme reviews and evaluations.
- Research and QI participation rates (>10% increase each year within each division).
- Increased clinical academic pathway uptake.
- Education and training assurance indicators.
- Increase Research Champions
- Increase uptake of Research modules and training courses.
- Mandatory & Statutory training compliance >90%

OUTCOMES AND IMPACT

What will change as a result?

- Improved equity of access to learning and development.
- Increased confidence, capability and research engagement.
- Stronger education governance and assurance.
- Improved quality and safety of care.



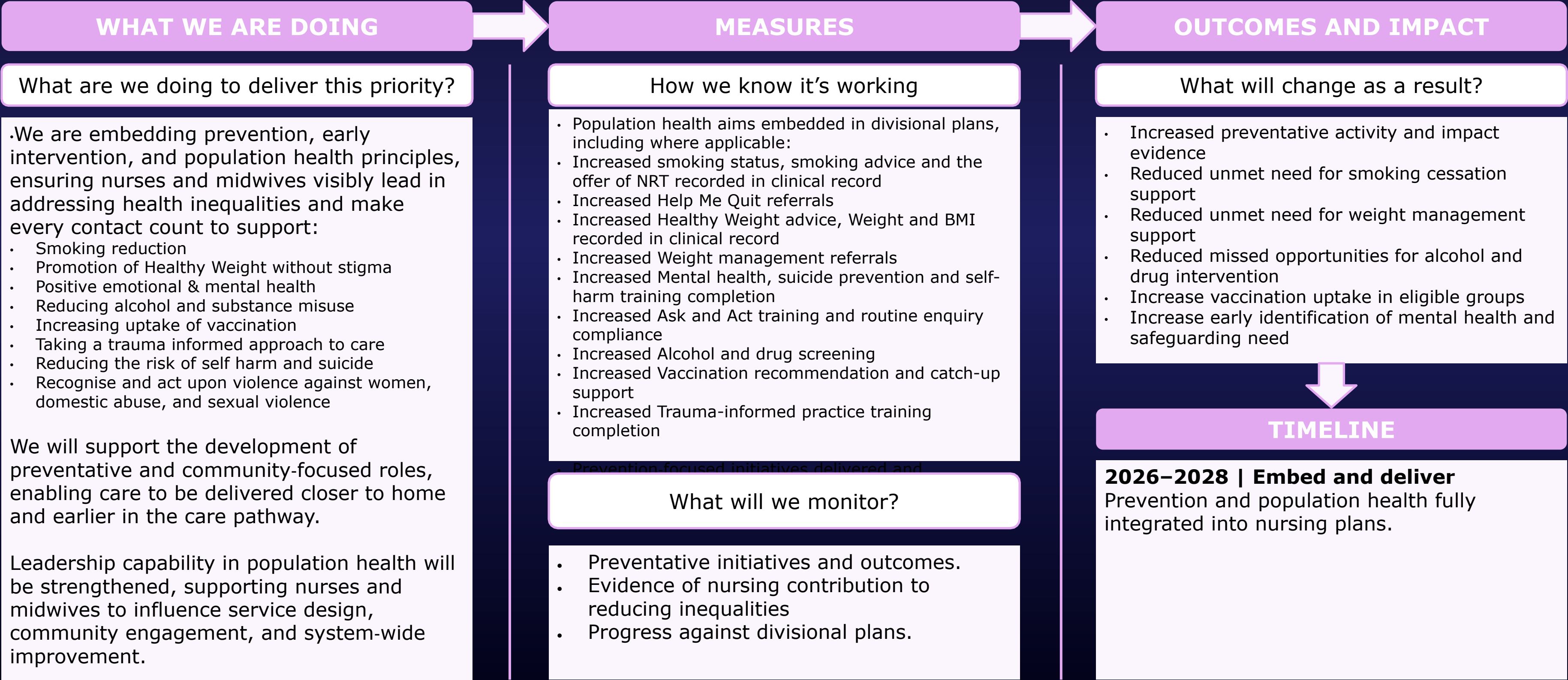
TIMELINE

**2026–2029 | Embed and strengthen**  
Sustained delivery of education, research and data-driven practice.

Priority4

Population Focused and Preventative Care

We will strengthen prevention, make every contact count (MECC) and population health approaches across services, ensuring nursing and midwifery expertise shapes local and systemwide responses to health inequality. We will also draw on international evidence and global learning to inform work on inequality, prevention and early years.



Priority  
5

Innovation and Workforce Models

We will support safe innovation, including nurse-led clinics, enhanced community models and expanded advanced and consultant practice roles. Innovation will be underpinned by clear professional standards, role definitions and strong clinical governance. We will develop flexible workforce models that maximise professional skills, improve access to care and support care closer to home. Successful models will be evaluated, shared and embedded to improve quality, sustainability and outcomes

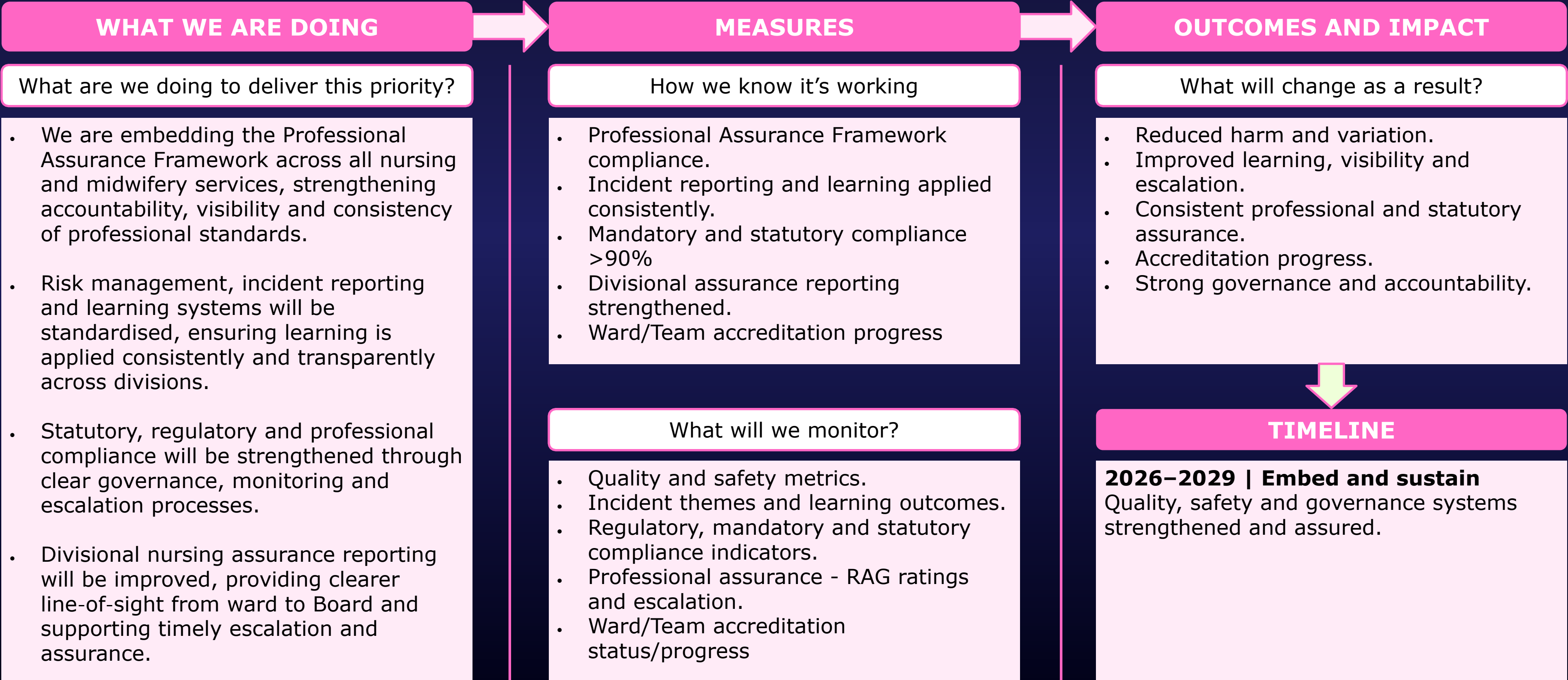




Priority  
6

Quality, Safety and Professional Governance

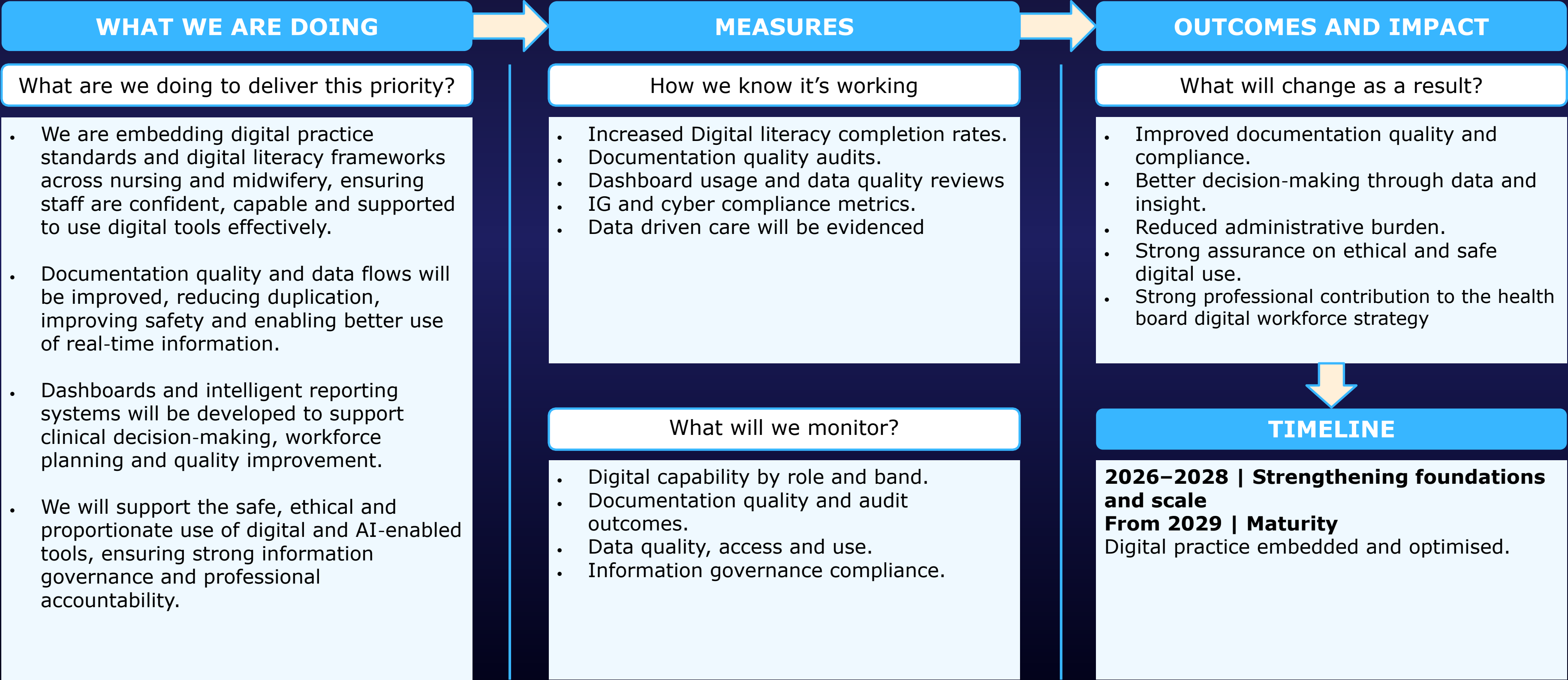
Professional standards, assurance and accountability will be strengthened through a Professional Assurance Framework, Team Accreditation and clear professional accountability. This will improve visibility of risk, support learning and drive continuous improvement across services, supported by a strong collective professional voice. Nurses and midwives will consistently uphold the highest standards of professional conduct, appearance and behaviour, in line with their professional codes, organisational values and statutory responsibilities, to deliver safe, compassionate and high-quality care.



Priority  
7

Digital Transformation and Intelligent Practice

We will strengthen digital confidence and capability across the workforce, embedding the effective use of data to support decision-making, streamline processes and improve the quality and safety of patient care.

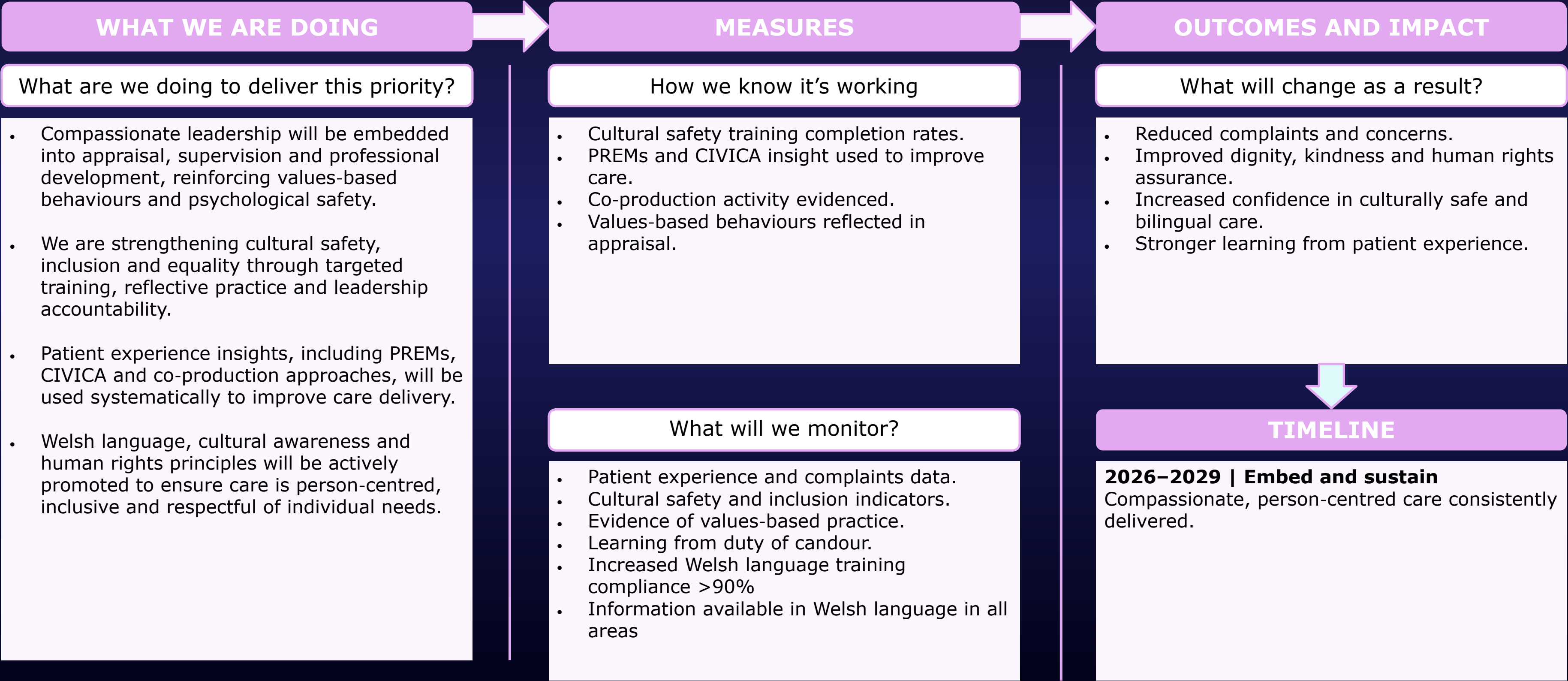




Priority  
8

Compassionate Person-Centred and Culturally Safe Care

We will embed compassionate leadership, Welsh language and cultural safety into everyday practice, education and leadership development. This will be supported by global health perspectives, strengthened intercultural competence, and alignment with Welsh Government anti-racism and humanitarian principles.



# Outcomes Framework

| Priority                                                | Key Actions (What we are doing)                                                       | Measures (How we know)                                                                                                                                                                                                                                     | Outcomes / Impact                                                                                                                                                                                                                                     | Timeline (When achieved)                                                                         |
|---------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 1. Valued, Respected & Empowered Workforce              | Embed psychological safety, RCS, EDI, inclusive adjustments, career navigation        | <ul style="list-style-type: none"><li>• % teams with RCS</li><li>• Leadership/wellbeing uptake</li><li>• Workforce indicators (sickness, turnover, incidents)</li><li>• Appraisal/PADR evidence</li><li>• EDI metrics (&gt;90% compliance)</li></ul>       | <ul style="list-style-type: none"><li>• Improved staff experience &amp; belonging</li><li>• Reduced sickness absence &amp; turnover</li><li>• Reduced harm/burnout</li><li>• Improved psychological safety</li><li>• Stronger EDI assurance</li></ul> | <b>2026–2028:</b> Embed & scale<br><b>From 2029:</b> Sustained impact on wellbeing and retention |
| 2. Leadership & Professional Identity                   | Leadership pathways, role clarity, coaching, national/international opportunities     | <ul style="list-style-type: none"><li>• PADR completion (&gt;90%)</li><li>• Leadership uptake by band</li><li>• Revalidation compliance (100%)</li><li>• Reflective practice evidence</li><li>• Leadership visibility activity</li></ul>                   | <ul style="list-style-type: none"><li>• Improved role clarity &amp; confidence</li><li>• Higher-quality appraisal conversations</li><li>• Stronger leadership culture</li><li>• Credible assurance on leadership capability</li></ul>                 | <b>2026–2027:</b> Launch & embed<br><b>2028–2029:</b> Demonstrable leadership impact             |
| 3. Education, Research & Data Excellence                | CPD access, research in practice, academic pathways, HEI partnerships                 | <ul style="list-style-type: none"><li>• CPD uptake (by role/band)</li><li>• Research participation (&gt;10% annual increase)</li><li>• Mandatory training (&gt;90%)</li><li>• Research champions increase</li><li>• Education governance metrics</li></ul> | <ul style="list-style-type: none"><li>• Improved equity of access to learning</li><li>• Increased research engagement &amp; capability</li><li>• Stronger education governance</li><li>• Improved quality and safety of care</li></ul>                | <b>2026–2029:</b> Embed and strengthen sustained delivery                                        |
| 4. Population Focused & Preventative Care               | MECC, early intervention, community roles, population health leadership               | <ul style="list-style-type: none"><li>• Smoking, weight, mental health, screening indicators</li><li>• Vaccination uptake</li><li>• Training compliance (Ask &amp; Act, trauma-informed)</li><li>• Divisional plan progress</li></ul>                      | <ul style="list-style-type: none"><li>• Increased preventative interventions</li><li>• Reduced unmet need (smoking, weight, substance misuse)</li><li>• Increased vaccination uptake</li><li>• Improved early identification of need</li></ul>        | <b>2026–2028:</b> Embed and deliver prevention model                                             |
| 5. Innovation & Workforce Models                        | Redesign pathways, expand advanced roles, nurse-led services, flexible workforce      | <ul style="list-style-type: none"><li>• Vacancy &amp; turnover rates</li><li>• Variable pay reduction</li><li>• Workforce model evaluations</li><li>• Access &amp; flow metrics</li><li>• Governance indicators</li></ul>                                  | <ul style="list-style-type: none"><li>• Improved access, flow and efficiency</li><li>• Workforce flexibility &amp; sustainability</li><li>• Safe, evaluated innovation</li><li>• Reduced hospital demand through community care</li></ul>             | <b>2026–2029:</b> Develop and scale innovation                                                   |
| 6. Quality, Safety & Professional Governance            | Embed Professional Assurance Framework, standardise reporting, strengthen compliance  | <ul style="list-style-type: none"><li>• Professional assurance compliance</li><li>• Incident reporting &amp; learning</li><li>• Mandatory compliance (&gt;90%)</li><li>• Accreditation progress</li><li>• Assurance RAG ratings</li></ul>                  | <ul style="list-style-type: none"><li>• Reduced harm &amp; variation</li><li>• Improved learning and escalation</li><li>• Strong governance &amp; accountability</li><li>• Consistent professional assurance</li></ul>                                | <b>2026–2029:</b> Embed and sustain governance systems                                           |
| 7. Digital Transformation & Intelligent Practice        | Digital literacy, documentation improvement, dashboards, AI-enabled tools             | <ul style="list-style-type: none"><li>• Digital literacy completion</li><li>• Documentation audits</li><li>• Dashboard usage</li><li>• IG compliance</li><li>• Data quality metrics</li></ul>                                                              | <ul style="list-style-type: none"><li>• Improved documentation quality</li><li>• Better decision-making via data</li><li>• Reduced administrative burden</li><li>• Strong IG and digital assurance</li></ul>                                          | <b>2026–2028:</b> Foundation & scale<br><b>From 2029:</b> Digital maturity                       |
| 8. Compassionate, Person-Centred & Culturally Safe Care | Embed compassionate leadership, cultural safety, PREMs, co-production, Welsh language | <ul style="list-style-type: none"><li>• Cultural safety training rates</li><li>• PREMs/CIVICA feedback usage</li><li>• Complaints &amp; patient experience data</li><li>• Welsh language compliance (&gt;90%)</li></ul>                                    | <ul style="list-style-type: none"><li>• Reduced complaints</li><li>• Improved dignity and human rights assurance</li><li>• Increased confidence in culturally safe care</li><li>• Stronger learning from patient experience</li></ul>                 | <b>2026–2029:</b> Embed and sustain person-centred care                                          |

# Our Statutory and Professional Obligations

Aside from the 8 priorities, nurses and midwives have a number of statutory and professional obligations arising from legislation, regulation and national policy. Key obligations include:

## Nursing and Midwifery Council (NMC) Registration and Revalidation

Nurses and midwives must be registered with the NMC, practice in line with The Code, and complete revalidation every three years, including CPD, reflective accounts and confirmation of fitness to practice.

## Professional Standards and Scope of Practice

Practice must remain within individual competence and scope, comply with NMC standards, and uphold duties of confidentiality, record keeping, consent, safeguarding and raising concerns.

## Mandatory Training and Competence

There is a duty to maintain mandatory and statutory training (e.g. resuscitation, safeguarding, infection prevention, information governance, equality and diversity) to remain safe and fit for practice.

## Safeguarding Duties

Nurses and midwives have statutory responsibilities under UK safeguarding legislation to protect children and adults at risk, recognise abuse or neglect, and escalate concerns appropriately.

## Health, Safety and Infection Prevention

Under Health and Safety legislation, staff must take reasonable care for their own safety and that of others, comply with infection prevention and control requirements, and use equipment safely.

## Information Governance and Data Protection

Practice must comply with data protection legislation (UK GDPR and Data Protection Act), ensuring lawful, confidential and secure handling of personal and patient information.

## Equality, Human Rights and Dignity

Nurses and midwives must comply with equality and human rights legislation, ensuring non-discriminatory person-centred care that respects dignity, autonomy and cultural safety.

## Whistleblowing and Raising Concerns

Nurses and midwives have a statutory duty to raise concerns about unsafe practice, poor care or wrongdoing, protected under whistleblowing legislation.

## Duty of Quality & Candour

There is a professional and organisational obligation to deliver high-quality, safe and effective care, and to be open and honest when things go wrong, including timely communication, sincere apologies, reflective learning, and continuous improvement to prevent recurrence.

## Public Accountability as Registrants

Nurses and midwives are personally accountable to the public for their practice as registered professionals. Registration with the NMC carries a duty to: act in the public interest at all times, uphold professional standards, behaviour and integrity, both in and outside of direct care, be accountable for decisions, actions and omissions, speak up and raise concerns to protect patients and the public and maintain competence, insight and fitness to practice.

These responsibilities apply regardless of role, seniority or setting and sit alongside organisational accountability and governance arrangements.

# Delivering the Plan

Delivery of this Plan will be phased, governed and measurable, ensuring ambition is matched by realism and accountability. It will be delivered through the eight interconnected priorities supported by a Professional Assurance Framework, clear governance and measurable outcomes, maintaining a consistent focus on professional standards and statutory responsibilities alongside workforce development and innovation.

## Key Enablers



Clear governance and oversight through the Executive Director of Nursing and established professional and quality forums; a Professional Assurance Framework aligning quality, workforce, education, research and wellbeing metrics; integration with appraisal, workforce planning, education commissioning and leadership development; and strong partnership working with HEIW, universities, professional bodies and system partners. Delivery will be supported by a consistent “line of sight” from Board expectations to divisional implementation, ensuring professional voice and front-line insight shape priorities and learning.



To strengthen governance readiness and provide structured assurance, delivery will be monitored through a consistent professional assurance model. This includes structured reporting on patient safety and clinical risk; quality and standards of care; explicit assurance against professional standards and the NMC Code; workforce, culture and staffing indicators; education, capability and competence (including mandatory training); risk, issues and escalations; and improvement, transformation and innovation, culminating in an overall divisional assurance statement with a RAG rating.



Progress will be monitored through a small number of high-level indicators, including: team accreditation status, workforce experience, retention and professional support measures; compliance with professional standards, appraisal and revalidation; access to and uptake of restorative clinical supervision and PNA support; research participation, education outcomes and leadership development; and quality, safety and patient experience indicators. These indicators will be triangulated with divisional assurance narratives to ensure both quantitative and qualitative assurance is visible and actionable.



Annual review and reporting will ensure transparency, learning and continuous improvement. This will include a clear annual narrative describing progress against each of the eight priorities, evidence of impact for patients and staff, and specific assurance that statutory and professional obligations are being maintained and strengthened through the Professional Assurance Framework and governance processes.



# What Success Will Look Like by 2030

By 2030, nursing and midwifery within ABUHB will be recognised as highly confident, visible and influential as a profession, delivering high-quality care and shaping the future of services for the people of Gwent. Success will be defined not only by workforce experience and professional pride, but by demonstrable assurance that our practice is safe, evidence-based, culturally safe, digitally enabled and consistently compliant with professional regulation and statutory obligations.

Success will be evidenced through colleagues reporting that they feel **valued, heard and supported**, with **consistent access** to **restorative clinical supervision** and **meaningful appraisal**. This will include **clear, equitable access** to **Restorative Clinical Supervision** embedded at scale through **Professional Nurse Advocates** and **local supervision models**, strengthening **psychological safety, reflective practice** and **professional confidence** across **all settings**.

There will be **clear, well-understood career pathways** from support roles to consultant practice, with improved recruitment, retention and succession planning. Role clarity will be strengthened across bands and fields of practice, including specialist, community, advanced and consultant roles, so that colleagues can see credible progression routes, develop professional identity and feel confident that their contribution is recognised and valued.

ABUHB will be a **research-active workforce**, with increased participation in research, quality improvement and clinical academic pathways, particularly within advanced and consultant roles. Research and evidence will be embedded in everyday care, supported by stronger partnerships with education providers and better access to data, dashboards and research opportunities beyond academic roles.

**Professional standards and governance** will be demonstrably strong, with a collective professional voice that influences organisational decision-making and actively shapes the quality, safety and improvement agenda. This will be evidenced through team accreditation, consistent professional assurance reporting, improved risk visibility, strengthened incident learning, and a unified Professional Assurance Framework that aligns quality, workforce, education, research and wellbeing metrics into a coherent governance narrative.

**Public perception and reputation** of nursing and midwifery will be improved and sustained, with the professions recognised as skilled, safety-critical contributors to the health system. The positive impact of clinical teams will be visible across teams – demonstrated through accreditation status, supporting pride and confidence among staff, patients and the public.

**Digital confidence and capability** will be evident at every level, with improved documentation quality, stronger data quality and a workforce that uses real-time intelligence to support safe decision-making, reduce administrative burden and enhance patient care. Success will include routine use of accessible dashboards and improved confidence in digital practice as a professional expectation.

# What Success Will Look Like by 2030

A workforce delivering compassionate, culturally safe, bilingual and accessible care will be demonstrated through consistent attention to Welsh language, inclusion, values-based practice and communication needs, with cultural safety embedded as a core element of person-centred care. A resilient, future-focused workforce will lead prevention, innovation and visible nursing and midwifery contribution to population health and reducing inequalities

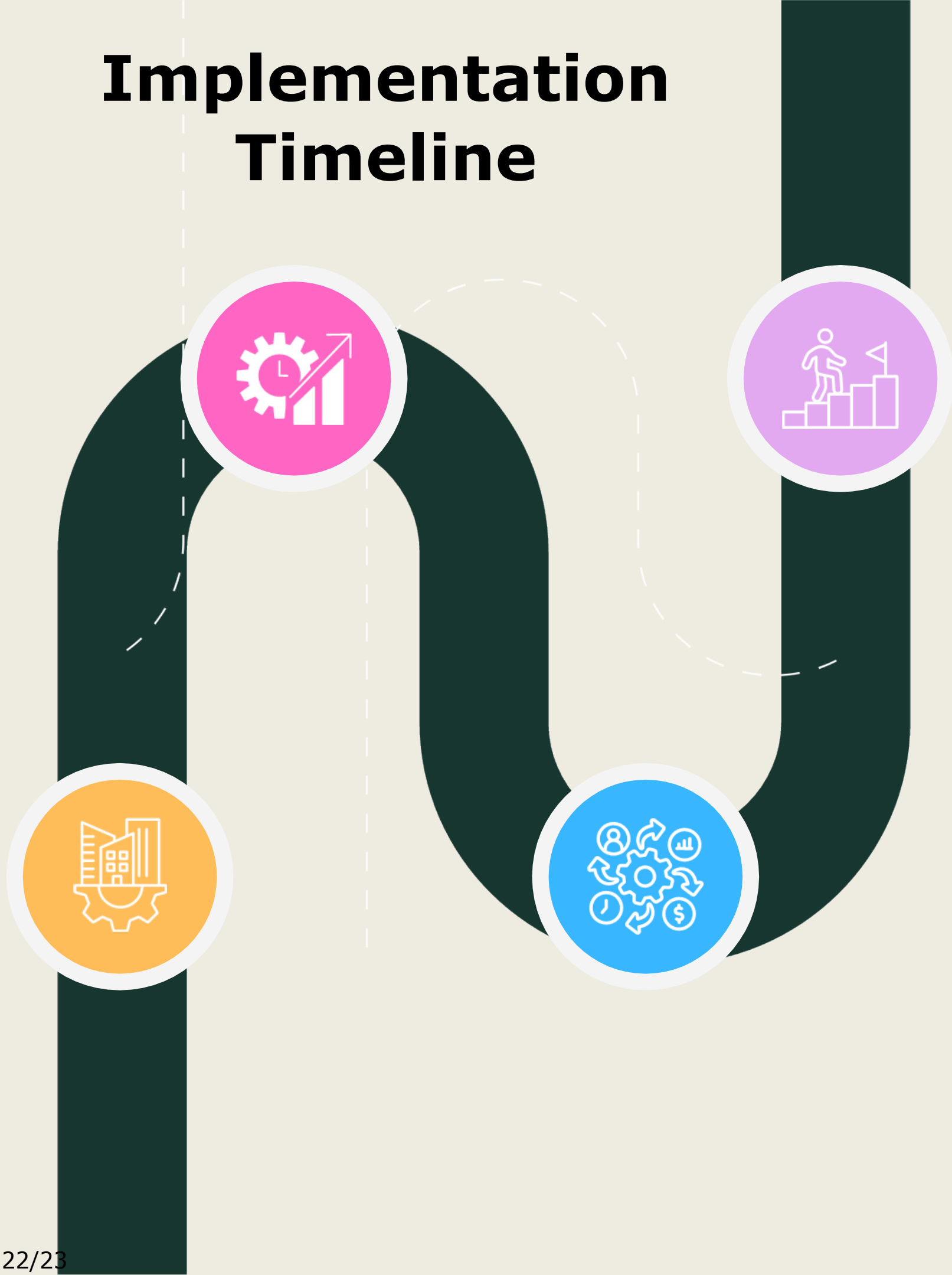
Critically, success by 2030 will also mean consistent and demonstrable compliance with statutory and professional obligations, with assurance embedded into everyday practice and governance processes. This will include:

- Sustained NMC registration and revalidation compliance
- Practice consistently within competence and scope with high-quality record keeping, consent, confidentiality and safeguarding practice
- Mandatory/statutory training maintained as a professional duty
- Clear safeguarding practice aligned to statutory requirements
- Consistent health, safety and infection prevention compliance
- Robust information governance and secure handling of personal/patient data
- Visible adherence to equity, human rights and dignity
- Consistent duty of candour behaviours
- Confidence to raise concerns and escalate risk, supported by whistleblowing protections
- Consistent use of reasonable adjustments and communication support.

In addition, success will be reflected through nurses and midwives participating in global learning communities, exchanges, research or leadership programmes; ethical international recruitment pathways with robust professional support; visible contribution to global nursing debates, publications and shared learning; and increased cultural competence, global citizenship and international collaboration across teams.



# Implementation Timeline



The phased delivery of this Plan reflects the trajectory set out in the Chief Nursing Officer for Wales Strategic Vision for Nursing and Midwifery 2025–2030, moving from foundation and enablement, through system-wide embedment, to demonstrable impact and long-term sustainability.

01

**2026:**  
**Strengthening Foundations**

We will build on the work that has already been achieved through the previous Nursing & Midwifery strategy. We will launch the Professional Assurance Framework, strengthen preceptorship, mentorship, coaching and supervision; introduce leadership pathways; implement the CPD and research framework; embed baseline digital practice standards; and begin roll-out of real-time dashboards. This foundational year will also establish consistent divisional assurance reporting and RAG-rated oversight so that professional standards, statutory obligations, and workforce support are visible, measurable and acted upon early.

02

**2027:**  
**Scale & Embed**

We will expand advanced practice governance; embed digital capability and population health programmes; spread innovation pilots across divisions; and refine divisional review cycles based on learning. This year will focus on consistency and equity: ensuring access to development, supervision and role clarity is not variable by site, specialty or service, and that improvements are demonstrably linked to professional assurance and patient outcomes.

03

**2028:**  
**Maturity & Impact**

We will evidence measurable improvement in retention, quality and digital capability, strengthen cross-divisional learning, and publish an evaluation of culture and compassionate leadership impact. This year will focus on demonstrating sustained improvement through the agreed indicators and assurance narrative, including evidence of strengthened statutory compliance (mandatory training, safeguarding, IG, duty of candour, raising concerns), and improved confidence in professional identity, leadership and research-informed practice.

04

**2029:**  
**Sustainability & Transition**

We will complete a full evaluation of outcomes, sustain successful models, address residual gaps and co-design the next strategic cycle. This will include a clear summary of what has been embedded, what requires further work, and how the next cycle will maintain the professional assurance mechanisms and statutory compliance while strengthening future workforce capability and service transformation.

# Conclusion

This Plan sets out a clear and ambitious roadmap for strengthening nursing and midwifery across ABUHB. Grounded in the collective voice of our workforce, aligned to national professional direction, and with a strong emphasis on practical deliverability, it commits us to building a resilient, reflective, research-informed and future-focused nursing and midwifery workforce.

It sets the expectation that our professions will not only lead innovation and improvement but will do so with consistent values-based practice, clear governance, and visible professional accountability.

At its heart, this Plan recognises and values the extraordinary contribution made every day by our nurses and midwives. Their skill, compassion, professionalism and commitment are central to the care we provide and the trust our communities place in us. This means developing professionals who are supported, adaptable and equipped to meet evolving healthcare challenges, fostering continuous learning and innovation, and ensuring that safe, compassionate and high-quality care is provided both now and for generations to come.

It also means ensuring that statutory and professional obligations remain central to how we define excellence. NMC registration and revalidation, safe practice within competence, safeguarding, mandatory training, information governance, equality and human rights, duty of candour, infection prevention and control, and the confidence to raise concerns are not “add-ons”; they are essential and measurable components of public protection, professional integrity and public trust.

By delivering the eight interconnected priorities through a phased plan, underpinned by a unified Professional Assurance Framework and structured governance oversight, ABUHB will strengthen professional identity, improve staff experience, and raise the visibility and voice of nursing and midwifery. In doing so, we will deliver measurable improvements for patients, families and communities across Gwent. Together, we will shape the way that we deliver healthcare with professionalism, integrity and respect - proud of our professions and confident in the difference our nurses and midwives make every day.

|                                                      |                                                                   |
|------------------------------------------------------|-------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                      |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                             |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | <b>Communications and Engagement Annual Report 2025/26</b>        |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Nicola Prygodzicz, Chief Executive Officer                        |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Karen Newman, Assistant Director of Communications and Engagement |

**Pwrpas yr Adroddiad  
Purpose of the Report**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

To provide assurance to the Board on the Health Board's Communications and Engagement activities during 2025/26.

**Cefndir / Background**

The Annual Report outlines Communications and Engagement activity over the past 12 months, set against another challenging year for the NHS. During this period, clear, trusted and effective communication has been central to maintaining confidence with staff, patients and communities across Gwent.

The report reflects delivery against the Health Board's Communications and Engagement priorities and demonstrates how this work supports the 'Gwent35' 10-year strategy. It also builds on the continued delivery of the Communications and Engagement Strategy, with a strong emphasis on human-focused storytelling, insight-led engagement and accessible public information.

Throughout the year, the Communications and Engagement Team has supported the organisation to navigate operational pressures, critical incidents, service change engagement and increased public scrutiny, while maintaining a visible focus on staff experience, health prevention, public confidence and community trust.

## Assessment

The 2025/26 Annual Report shows strong, sustained progress across the Communications and Engagement function, demonstrating its resilience and continued development. Over the past year, there has been a greater focus on using data to target activity effectively, alongside a stronger and more visible presence within local communities.

Key highlights of this year's progress include:

- **Internal Communications:** Internal communications activity focused on helping staff stay informed, supported and connected during a period of continued pressure. The intranet remained a key platform, attracting around 15,000 unique users per month, supported by targeted all-staff emails, weekly round-ups and screensaver messaging. Face-to-face engagement through a strengthened business partner model and executive engagement activity increased visibility and two-way dialogue. Four 'Catch-up with Nicola' sessions and more than 80 executive engagement sessions supported accessible leadership and staff connection.
- **Staff Recognition:** Staff recognition continued to be a core priority, with 688 nominations received for the 2025 Staff Recognition Awards and strong engagement with long service events, Patient Choice Awards and staff spotlight features. Communications activity also supported national initiatives such as the NHS Wales Staff Survey, contributing to a record 5,039 responses (32.5%), the highest completion rate to date.
- **Social Media and Digital Reach:** Public-facing digital channels continued to grow, with overall social media following reaching **174,917** and content achieving **29.5 million post views** during the year. The team published **1,907 posts**, handled nearly **30,000 inbox queries**, and generated more than **1.5 million video views**.
- **Website:** The Health Board website recorded **1.3 million annual views**, with Careers, The Grange University Hospital and Sexual Health pages among the most visited. Continued development of the **Gwent Health Guide** improved clarity around service access, increasing monthly views and supporting appropriate use of urgent and emergency care services.
- **Campaigns and Public Messaging:** A strong programme of campaigns supported prevention, screening and public confidence priorities. These included cancer prevention and screening, vaccination, medicines waste reduction, women's health and sepsis awareness. Campaigns were grounded in lived experience and data, delivering measurable reach and engagement while supporting system sustainability. Notably, the 'Only Order What You Need' campaign contributed to the lowest prescription growth rate in Wales.
- **Media and Press Activity:** The team managed more than **400 press enquiries** and issued **37 press releases**, including high-profile and

complex issues, supporting transparency and reputation management.

- **Community Engagement:** The team delivered extensive face-to-face engagement across Gwent, working with over **100 external organisations**, visiting **200+ venues**, and increasing the proportion of men engaged from 25% to 34%. Engagement activity provided consistent insight into public concerns, particularly around access, waiting times and navigation of services, while also demonstrating strong trust in staff and care quality once accessed.
- **Employer Engagement:** Following last year's successful pilot in Newport, engagement with employers expanded across all five boroughs. Businesses such as Coleg Gwent, Caerphilly Council, Melin Homes, and the 2 Sisters Food Group hosted on-site Health Board sessions to improve reach among working-age adults – particularly men. Employer engagement expanded further, with **24 employers** engaged this year, supporting workforce wellbeing and improved awareness of NHS services. Nye's Community Champions continued to grow, with **196 active Champions** supporting message sharing, trust-building and feedback across communities. The WhatsApp Update Service also expanded, now reaching over **800 followers**.

Overall, the report highlights a responsive, values-driven function, with a clear commitment to building trust through open, honest and people-centred communication.

### Argymhelliad / Recommendation

The Board is asked to note the progress with the Communications and Engagement agenda over the past 12 months and to consider the future priorities set out at the end of the report.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

|                                                                                            |                                                                         |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | N/A                                                                     |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                 | Not Applicable<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><a href="#">Link to IMTP</a>                     | Choose an item.<br>All                                                  |



|                                                                                                                               |                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Experience Quality and Safety                                            |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item. |

| Gwybodaeth Ychwanegol:<br>Further Information:                                                                                                        |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                | N/A                                                                    |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                  | IMTP – Integrated Medium Term Plan<br>NCN – Neighbourhood Care Network |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | N/A                                                                    |

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





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# Aneurin Bevan University Health Board **Communications and Engagement** Annual Report 2025/26





# A message from our Chief Executive

I'm pleased to introduce our Communications and Engagement Annual Report for 2025/26.

This has been another demanding year for the NHS, and that context really matters. Throughout the year, our Communications and Engagement Team has supported the organisation to stay connected with our staff, patients and communities, at a time when clarity, trust and good communication have never been more important.

The work set out in this report reflects the priorities and direction of Gwent35, our Health Board's 10-year strategy, which we launched in December 2025. The report shows clearly how the Health Board has delivered against the Communications and Engagement priorities we set last year, while also responding directly to what our staff and communities have told us matters most to them. We've continued to strengthen the OneAB approach to staff communications, grow our digital and social media presence, and support meaningful engagement around Gwent35 and our future direction.

Over the year, the team has supported the delivery of our organisational priorities by providing timely, accurate and people-focused communications. That includes handling complex and sensitive issues, supporting the Health Board's reputation, running campaigns, engaging directly with the public and stakeholders, and celebrating the incredible work of our staff. All of this plays a vital role in maintaining confidence and understanding, both inside and outside the organisation.

Our focus on real stories and lived experiences has ensured that the voices of patients and staff remain at the heart of our work, helping us communicate in ways that feel authentic and relatable. We have also deepened our engagement with communities across Gwent, listening carefully to feedback and working alongside local partners to improve understanding of our services and how to access them.

I want to thank all the staff, patients and family members who've supported and shaped this work. Together, we're making sure voices across Gwent are heard, people feel informed and involved, and our communities remain at the heart of everything we do.



**Nicola Prygodzicz**  
Chief Executive





# Our Year In Numbers

## Social Media Following



## Social Media Engagements



## Public Email Enquiries

10,068  
Emails Received



## Press Office

400+ Press Enquiries Received  
37 Press Releases Sent



## Website

1.3 Million Total Annual Views

### Most Visited Pages

- Careers in ABUHB  
284K Views
- Sexual Health  
38k Views
- Grange University Hospital  
34k Views



## Internal Communications

9 million +  
AB Pulse Intranet  
page views

91  
All staff  
emails

58  
Executive  
drop-in sessions



## Community Engagement

3060  
Conversations

206  
Venues Visited

166  
Stakeholder  
Emails

76  
WhatsApp  
Messages





# Our Year in Pictures



# What **the public** told us this year we should improve on

Throughout 2025/26, people shared lots of fantastic feedback and positive experiences from across the Health Board. People also shared their concerns and frustrations with us through face-to-face engagement and via our digital channels. There are 5 key areas this year that we have identified that our public feel we need to improve on.



## 1. Waiting times and access to services

(Features in approx. 35–40% of public comments and engagement feedback)  
The most common concern relates to how long people are waiting for:

- appointments, tests and treatment
- emergency and urgent care
- primary care, dental and community services

Face-to-face engagement reinforced that access to primary care is the single greatest source of frustration, with GP access described as difficult, stressful and inconsistent, and often dependent on persistence or “luck”. Across channels, these concerns reflect anxiety about delays, reliability and uncertainty about when care will be received.

## 2. Clarity and timeliness of patient information

(Approx. 20–25% of public comments and engagement feedback)  
Many concerns focus on:

- late, missing or unclear appointment letters
- short-notice cancellations or changes
- confusion about next steps or who to contact

In both online and in-person feedback, people told us that unclear or delayed information significantly affects their experience of care. This feedback is less about corporate communications and more about how information reaches patients at key moments, particularly when services change or follow-up is required.

## 3. Individual experiences of care

(Approx. 15–20% of public comments and engagement feedback)  
People frequently raise concerns linked to specific experiences, including:

- how they or a family member were treated
- feeling listened to, or not listened to
- coordination of care across services

Face-to-face conversations echoed this, with people often sharing detailed personal journeys — both positive and negative. Social media is commonly used as an immediate outlet when people feel stressed, worried or unsure, particularly if they feel their concerns have not yet been resolved.

## 4. Pressure on NHS services and its impact

(Approx. 10–15% of public comments and engagement feedback)  
There is visible concern about:

- pressures on hospitals and staff
- workforce shortages
- seasonal surges and system-wide strain

Across engagement activity, many people acknowledged how hard staff are working and expressed empathy for the challenges facing the NHS. At the same time, they shared concern about the impact these pressures have on waiting times, access and overall patient experience.

## 5. Knowing where to go for help

(Approx. 5–10% of public comments and engagement feedback)  
People often express concern about:

- which service is the right one to use
- navigating a complex health system
- getting timely advice for themselves or others

Face-to-face engagement highlighted widespread confusion about the differences between the Emergency Department, Minor Injury Units and the Grange University Hospital, when to use pharmacies, NHS 111 or GP services, and how to access mental health and vaccination services. These concerns are mirrored strongly in social media queries, underlining the importance of clear signposting and accessible guidance.





# Strengthening Public Confidence In Our Services

With some of our key priorities focussing on supporting people with information on how to access the relevant service, updates on waiting times and where to get the information they need, this section shares some of the work by the Communications and Engagement team to support these areas.



## Patient stories at the heart of our communications

Throughout the year, the Communications and Engagement team used patient stories across our social media channels to help raise awareness and understanding of Health Board services, including our Minor Injury Units. By sharing real experiences, with patients' full consent, we highlighted when and how services can be used and what people can expect from their care. These stories helped the public make informed choices, supported appropriate use of services, and reinforced our commitment to open, compassionate and patient-centred communication.

1,907 Published Posts



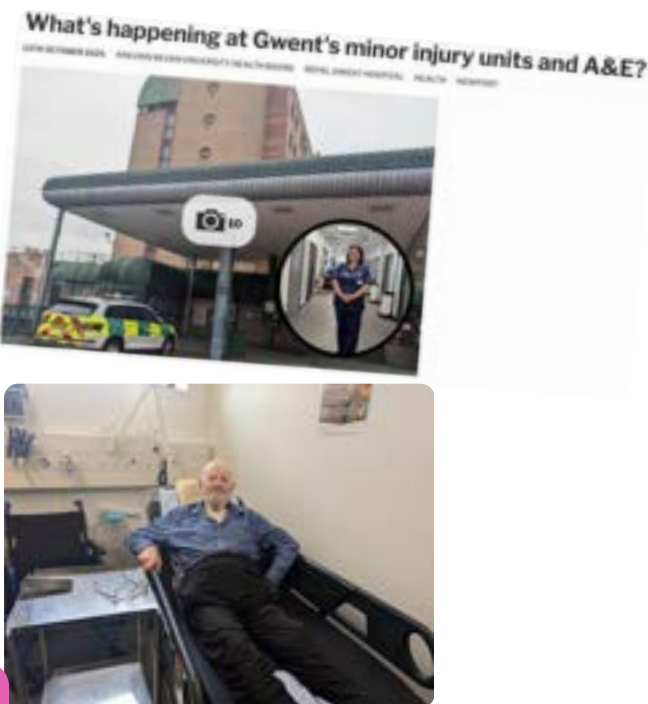
## Increasing understanding of appropriate access to urgent and emergency care

Following feedback that residents still experience difficulties in navigating our complex health system and in knowing where to go for medical help, the team undertook a number of actions to help increase understanding of our urgent and emergency care system.

### Inviting the media in

With inappropriate attendances at Minor Injury Units across Gwent a particular concern, the team invited the media into the Royal Gwent's MIU to experience these issues first-hand. During the visit, a small number of medical emergencies that should have attended ED at the Grange University Hospital, arrived at MIU to be treated, leaving staff having to provide emergency treatment to stabilise them. The South Wales Argus were able to interview multiple patients and staff about this issue and feedback from patients consistently highlighted that the care received at MIUs was outstanding and that many didn't realise the full scope of care that MIUs are able to provide.

389 Press Enquiries Handled



## Telling the story through multiple channels



As part of the MIU visit, the team produced their own content package to highlight these inappropriate attendances and the potential dangers they posed. Featuring a case study with a local patient and her husband who had attended ED at the Grange University Hospital with a broken wrist, only to be redirected to MIU, the story set out to clear up confusion about accessing urgent hospital care in Gwent.

**"I wish I'd just gone straight to a Minor Injury Unit this morning - it's only because we live close and had to drive past the Grange that I thought to go there first."** - Patient, Raymond

The story was then tailored to each channel and distributed across local press and media, the Health Board's website, social media channels and to stakeholders.

**"We absolutely understand why people rush to their nearest place - especially when the lights are on, the doors are open and they're stressed, panicking, in pain or worried about themselves or a loved one. But choosing the right place, first time, will not only save time for both patients and staff; it can often make a huge difference to patient safety and outcomes."**  
- Claire McCarthy, Consultant Nurse for Emergency Care





# Strengthening Public Confidence In Our Services

## Showcasing Improvements in Urgent Care



In response to the increasing demand for ambulances and emergency care, this year saw the introduction of a new ambulance handover initiative – named *Our Next Patient*.

As part of our work to illustrate the improvements we are making to urgent and emergency care, the Communications and Engagement team shared the initial progress of the project across a wide range of internal and external channels. As well as providing regular internal updates for staff, the initiative and its impressive data was promoted across external channels to increase public confidence in our emergency care system. We also took care to humanise these services by sharing photos of front-line staff and highlighting the positive experience of patients like 85-year-old Pauline, who was cared for in the new Community Assessment Lounge at The Grange University Hospital.

Following many negative public comments and media stories on the small size of the waiting room at our Emergency Department, the Communications and Engagement Team managed the media and kept them up-to-date on the new ED extension. All Health Board communication channels were used to celebrate the opening of the extension in December.

## Email Inboxes: Answering Concerns & Feedback

Alongside planned communications and campaigns, the Communications and Engagement Team also continued to provide a vital day-to-day email inbox customer service function on behalf of the Health Board during the year.

Each week, the team responded to hundreds of emails and messages from patients, families, staff, and members of the public, answering questions, helping people who have been unable to find information elsewhere, and directing individuals to the right services at the right time. This work often helps to resolve concerns at an early stage, supports people to navigate a complex health system, ensures feedback is shared with the appropriate teams, and recognises and celebrates positive stories and comments.

This responsive, compassionate and practical support plays a key role in building trust, improving experiences and maintaining strong relationships between the Health Board and the communities we serve.

**10,068 Email messages recieved**

## The Princess Royal Visits Maternity to Celebrate Diversity

In September 2025, the Communications and Engagement Team played a central role in delivering the first Royal Visit to The Grange University Hospital since its opening in 2020. The visit provided a significant opportunity to showcase the Health Board's commitment to inclusive, culturally competent care and to reinforce public confidence in the quality of our maternity services. The visit marked national recognition of the pioneering work being undertaken within maternity services to embed cultural awareness and inclusion into everyday care.

The visit itself included a tour of the Maternity Unit, engagement with staff leading this work, and the unveiling of a commemorative plaque to mark the occasion. For the Communications and Engagement Team, the event demonstrated the value of strategic storytelling and reputation management, using a high-profile moment to build trust, demonstrate accountability and strengthen public understanding of how the Health Board is delivering meaningful, values-led change for local families.



## Improving the Online Gwent Health Guide

In 2024, the Gwent Health Guide was developed on our website as an online tool that offers advice and signposting to services when people are unsure where to go for medical help. As a now well-established tool, this year saw a number of improvements made to the *Gwent Health Guide*'s information and layout to ensure it is as up-to-date, helpful and as easy to navigate as possible.

Streamlining the guide included offering expanded information on certain services, signposting to additional services, and enhancing the navigation to allow users to locate their desired service more efficiently.

Since enhancing these features, views on the Gwent Health Guide have increased from a monthly average of 400 to more than 550.



**5,219 Visits this year**



# Strengthening Public Confidence in Primary Care

With a large amount of community feedback around accessing primary care services such as GPs and other services our teams have worked hard on a number of different campaigns and projects to support communities in awareness of wider primary care services aside from GPs as well as launches of new centre's to strengthen primary care service offers across Gwent.

## Health and Wellbeing Centres



As part of strengthening public confidence in primary care, two new Primary Care facilities were opened this year - The Bevan Health & Wellbeing Centre in Tredegar, and the 19 Hills Health and Wellbeing Centre in Newport East.

The official openings of these centres were coordinated by the Health Baord's Communications and Engagement Team and presented opportunities to promote the Health Board's commitment to integrated, person-centred care in community settings.



Throughout these projects, the team provided regular communications support, working to illustrate the Health Board's vision to shift care from hospital settings, improve access within local communities, and invest in facilities that support healthier, more connected lives across Gwent.

## Only Order What You Need - Medicines Waste Management

To address the estimated £9.6 million annual cost of unused prescriptions in Gwent, a multi-channel communications and engagement campaign was launched this year.

Delivering measurable environmental and system-wide benefits since its launch, the Health Board achieved the lowest prescription growth rate across Wales (-1.59%), demonstrating a clear reduction in unnecessary medicines production, distribution and disposal, and therefore a reduced carbon footprint. There are now plans to roll the campaign out nationally.



436k Campaign Reach

## Growing Acceptance of Multidisciplinary Roles within Primary Care

This year, engagement feedback indicated that many patients were initially reluctant to see Advanced Nurse Practitioners (ANPs) and other multi-disciplinary roles as an alternative to GPs.

In response to this, the Communications and Engagement team focused on improving public understanding of the different roles within primary care, alongside continued communication through our website and social media channels.

As targeted explanations of primary care roles increased and awareness messaging was reinforced, patients began to report more positive experiences with ANPs and there is now clear evidence of growing confidence and acceptance. Patients have frequently described improved understanding of the multidisciplinary approach, with several reporting ANP consultations as the "best" they had experienced.



## Promoting Optometry Services



As part of a plan to raise awareness of community Optometry services and to align with our human-first, story-first approach to messaging, the team have shared case studies of patients who have successfully accessed urgent eye care at their local optometry practice. As well as this, further elements of the plan have included targeted social media messaging (achieving 252,103 impressions), posters, GP screen messaging, a series of Optometrist videos, and an increased website presence.

## Increasing Awareness of the Common Ailments Service

To raise awareness of the range of primary care options, promotion of the Common Ailments Service remained a priority. This year, activity focused on encouraging residents to visit local pharmacies for support with urinary tract infections and sore throats, helping to ease pressure on GP practices. Refreshed branding and a new suite of social media assets supported a targeted digital campaign, generating 151,158 impressions. An information pack for stakeholders was produced alongside posters distributed to all pharmacies and GP practices across the ABUHB area.



Digital improvements further extended reach, including streamlined web pages and new information videos. Since launch, the updated website page has attracted 1,908 unique users, indicating increased awareness and access to information about the service.



# Just ask... "Could it be sepsis?"

## Sepsis Awareness Campaign

Throughout the year, the team worked with a local family who tragically lost their son to sepsis to develop a targeted awareness campaign across the Health Board area.

Reaching patients, the public, staff and partners at scale, a range of printed resources were distributed across hospitals, primary care, pharmacies, prisons and community services, with increasing awareness of the campaign leading to a higher demand for resources. Hospital pharmacy teams played a key part in supporting the campaign by issuing symptom cards with discharge medications, alongside widespread use of staff-led sepsis display boards.

## Accessible Communications and Widespread Reach

Accessibility and digital reach were central to delivery, with the team working to ensure that the materials produced were as accessible and inclusive as possible. These included having key leaflets translated into six different languages, and producing easy-read documents and British Sign Language videos, with the Health Inclusion team supporting with their distribution. Alongside the wide distribution of resources across the Health Board area, messaging was also included on digital screens and screen savers.

**1,843** webpage views

**3 million** social media impressions

**10** patient case studies shared

**48,000+** printed resources distributed

Leaflets available in **6** different languages

Digital asset packs shared with **1,500** stakeholders



## A Partnership Approach

As well as collaborating with multiple teams and divisions across the Health Board, partnership working with other organisations also supported wider education. This included training integration by St John's Ambulance (Gwent) and the ABUHB prison service, collaboration with the UK Sepsis Trust, and delivery of the Sepsis Big Conversation event and in-person sepsis awareness talks.

## Geraint's Sepsis Story

A key example of the campaign's success was the sharing of Geraint Mullins' sepsis story, which highlighted how a life-threatening condition can develop rapidly from a seemingly minor infection, even in young and otherwise healthy people.

Working closely with clinical teams and the patient, the Communications and Engagement Team ensured the story was accurate, ethical and accessible, translating complex clinical information into clear, actionable public messaging. Content focused on recognising the signs of sepsis and encouraging the public to seek urgent help, reinforcing the national message to ask: "Could it be sepsis?"

## Outcomes and impact

- Multi-channel distribution across website, video and social media platforms
- Strong public engagement with patient-led safety content
- Improved visibility of sepsis symptoms and early-action messaging
- Supported wider patient safety and deterioration improvement work
- Demonstrated transparency by openly sharing lived patient experience

By amplifying authentic voices and prioritising safety-focused storytelling, the Communications and Engagement Team helped build trust, support awareness and reinforce the Health Board's commitment to learning and improvement.

## In the Headlines

The campaign achieved widespread national media coverage, including BBC Wales, ITV Wales and sector publications. Using patient case studies across a wide range of channels to demonstrate direct impact led to further media coverage and increased engagement with the campaign.

Following the success and wide reach of Geraint's sepsis story on the Health Board's channels, the team received a significant amount of media interest. With multiple requests for information and interviews with Geraint, his story gained international media traction – from BBC, to People.com! Community Pharmacist, Kyle, also featured across multiple media outlets following the Health Board's case study of the patient whose life was saved due to him spotting the signs of sepsis.



**514.3k**  
**views**



**157k**  
**views**





# Internal Communications



5,039 responses to the NHS Wales Staff Survey

Over the last year, internal communications activity has focused on helping staff stay informed, supported and connected, at a time when pressures across services have continued to be significant. The emphasis has been on clear, timely communication that reflects the realities staff are working in, while supporting understanding of organisational priorities, change and available support.

## Engaging Staff Differently

A range of non-digital communication methods have also continued to play an important role. Posters, flyers and face-to-face interactions are key towards engaging the majority of staff who do not have easy access to online communications.

During this year, a Newport pilot to produce geographical site-specific communications provided insight to help shape approaches for the coming year. Leaflet distribution during lunchtime periods resulted in more than 200 staff taking materials to read and share with colleagues. The Nevill Hall Newsletter also continued to be well received, with positive feedback from hospital staff and 600 copies distributed.

Digital engagement has also continued to develop through Viva Engage and staff groups, providing an additional space for less formal communication, information and discussion.

## Highlighting our Hardworking Staff

The Communications and Engagement Team have used staff profiles across the Health Board's channels as a core part of its approach to raise awareness of key work, boost staff morale and shine a light on great work happening across the Health Board. In addition this work also helps us in building patient confidence and strengthening Aneurin Bevan University Health Board's public reputation.

By showcasing real staff from across clinical, support and corporate roles, communications activity helps humanise services and highlight the professionalism, compassion and diversity of the workforce. These profiles offer patients and communities greater insight into who delivers their care, how services operate and the values that underpin day-to-day practice.



## Digital Channels

A key part of this has been the continued development and delivery of staff-focused content through a range of internal channels. Central to this is the staff intranet, which continues to be actively populated by colleagues across the organisation, with teams increasingly self-providing content and updates via the 'submit a news item' function. This approach has helped ensure information remains relevant, timely and correct and has provided continuous content with approximately 40 items submitted per week.

The intranet continues to attract regular engagement from staff, with typical monthly views of 15,000 unique visitors and over 800,000 views across NHS Wales, across the reporting period. The platform is now due to undergo a review, including a more detailed assessment of usage of homepage items and activity, to better understand how staff engage with content, identify high-value areas, and inform future development and prioritisation.

Alongside the intranet, all-staff newsletters, weekly round-ups and targeted emails have been used to share important updates, service developments and support available to staff, while remaining mindful of the volume of information staff receive and the risk of message fatigue. Weekly round up emails are routinely sent with around 15 to 20 of the most viewed items for staff with limited time.

Screensavers have been used to reinforce priority messages, including key campaigns such as flu vaccination and "gloves are off", helping to reach staff who do not routinely engage with digital channels and to reinforce messages in high-footfall areas.



31 staff spotlights created



15,000+ intranet users per month



# Internal Communications Cont'd

## Executive Engagement

Executive engagement remained a key priority, with staff valuing visible, accessible leadership and opportunities for two-way dialogue. More than 20 engagement activities per quarter were delivered through drop-ins, Back to the Floor activity and site visits. This approach was adapted in response to feedback, shifting away from frequent drop-ins toward more on-site team visits to better suit staff availability. These interactions gave leaders direct insight into frontline experiences while enabling staff to share feedback.

Four “Catch-up with Nicola” sessions (August, October, December, February) provided regular opportunities for staff to hear from the Chief Executive and ask questions, attracting 70–100+ attendees per session. Sessions also highlighted work across divisions, including Primary Care, Mental Health and Learning Disabilities, and Estates & Facilities, with positive feedback and scope for further development.

Five all-staff newsletters followed executive briefings to reinforce key messages, alongside weekly news round-ups offering consistent updates. All-staff emails were used selectively for time-critical or high-priority communications.



**80+ Executive Engagement Sessions**

## Communications and Engagement Business Partners

Face-to-face engagement has continued to be a priority, particularly for staff who do not routinely access digital channels. This year we continued to develop our business partner model with sites across the Health Board.

Multiple sites per week were visited by Communications and Engagement Team ‘business partners’, helping to maintain a visible and familiar communications presence across services and sites. These site visits have enabled team members to build and maintain relationships with staff and listen to their concerns and queries. All kinds of staff have also been made aware of the Health Board’s communications channels, how they can follow and receive up-to-date information, and also encouraged to share good news stories.

This business partner model has resulted in better engagement with staff, the sharing of stories that we wouldn’t have known about otherwise, and we have received feedback that staff feel more valued and listened to.



# Internal Communications Cont'd

## Recognising Staff

Recognising and celebrating staff contributions has remained central to internal communications this year. This included delivering and promoting the Staff Recognition Awards 2025, which received a record 688 nominations, alongside supporting follow-up events.

Patient Choice Awards continued as successful standalone campaigns, supported by on-site posters and social media to encourage public nominations. Long Service Awards were also marked through several events celebrating staff commitment.

Staff spotlights featured 31 colleagues across a wide range of roles and teams, proving to be highly engaging and versatile content. The Wall of Thanks has remained an effective platform for sharing appreciation and positive feedback across the organisation.

Internal communications also supported key organisational priorities, including staff retention, values and behaviours, green healthcare, and critical updates such as the January 2026 Critical Incident and the 'Our Next Patient' ambulance handover and discharge initiatives.

Additionally, communications activity supported engagement with national initiatives, including the NHS Wales Staff Survey, contributing to a record 5,039 responses (32.5%)—the highest completion rate to date and an increase on 2024.

**688 Staff Recognition Award nominations**





# Supporting Gwent to Live Well For Longer

Prevention is a key priority area for the Health Board because if we can support our communities with what they need to live well, their outcomes will be better and needs of accessing NHS services will reduce. In this section, as well as the below cancer and women's health campaign sections you can see some of our key campaign work to support our communities to live well for longer.



## "If You Smoke, I Smoke"

Hard-hitting campaign targets illegal smoking at Gwent Hospitals

With a large amount of feedback provided by patients and visitors about the challenges caused by people choosing to break the law by smoking on hospital sites, the Communications and Engagement and Public Health teams took bold action to address the issue with an unmissable signage campaign.

The campaign used powerful visuals and audio prompts to highlight the devastating effects of second-hand smoke on the region's most vulnerable patients – including children, pregnant women and people living with serious health conditions such as cancer. Smoking remains the leading cause of preventable death in Wales and is responsible for one in four cancers and many other life limiting conditions.

**"Every cigarette smoked outside our hospitals undermines our work and puts lives at risk,"** said Prof Daszkiewicz, Director of Public Health. **"We're taking a stand – for our patients, for our staff, and for public health".** The bold new signage can't be missed across the Grange University, Royal Gwent and Nevill Hall Hospitals.



## "Measles is very serious and can be fatal."

Gwent Vaccination campaigns to increase uptake on a number of different vaccines.

Vaccination remains central to Aneurin Bevan University Health Board's commitment to prevention, reducing health inequalities and keeping people well. Over the year, the Health Board delivered a comprehensive vaccination programme across Gwent, as well as reacting to increased prevalence of diseases such as measles and TB. To understand how we could best support people to take up vaccination offers we hosted the Big Gwent Vaccination Conversation to listen to our communities on what they need to make their decisions. This became the focus of this years Public Health Annual Report.

Listening to community feedback highlighted the importance of clear, trusted information in building confidence and improving uptake. In response, ABUHB strengthened its digital communications, using its website and social media channels to share timely, accessible vaccination information. This included seasonal vaccination campaigns, short explainer posts and videos, myth-busting content, clinic details and reminders, as well as patient and staff stories to reinforce key messages. We invited the media, including ITV Wales and BBC Wales into our vaccination centre. Website content was updated to provide easy-to-understand guidance on vaccinations across the life course, supporting informed decision-making and helping to address inequalities in access and understanding.





# Nearly 3500 people across Gwent take up GRO Health Offer

Empowering people with what they need to eat well is one of the best things we can do to support people to live well for longer. A healthy diet can improve someone's quality of life and reduce their risk of developing cancer, cardiovascular disease and diabetes.

In the last 12 months we are proud to have commissioned GRO Health for residents across Gwent, a personalised NHS-trusted digital health programme that brings together behavioural-change science, expert coaching and practical tools to support your overall wellbeing. As part of this work we have carried out targeted social media advertising across Gwent to promote the offer to those who are eligible. We have also launched a campaign to our staff who may also be interested in the offer.



365k Campaign Reach

## International Day for the Elimination of Violence Against Women- 'I Speak Up'

Domestic abuse affects 1 in 4 people, with the vast majority being women. White Ribbon Day is a global campaign that supports the International Day for the Elimination of Violence Against Women, that calls on men and boys to challenge harmful attitudes and behaviours, and to play an active role in ending violence against women and girls.

The Health Board is proud to stand alongside local organisations, sports clubs, and community groups to raise awareness about domestic abuse and encourage men to speak up and take action. Members of our staff including John from our Alcohol Care Team, Doug from Communications, Dan and David from our Public Health team have joined others from across Gwent and the world in collaborating in an important video on how men can 'speak up'.

[CLICK HERE](#)



Video Views 95k

## HIV Testing Week Campaign

[CLICK HERE](#)

Total Campaign Reach 1,104,292

Our campaign aimed to raise awareness across Gwent that anyone can get HIV because it does not discriminate, that anyone can test for HIV and knowing your status is key, and that living well with HIV is possible through options like PrEP and the U=U principle.



Out of House Advertising

1,027,535 Impressions

Radio Advert

42,000+ Reach

Community Engagement Events

Number of events: 4  
Conversations: 40+

Social Media

Posts: 5  
Reach: 34,757  
Link clicks: 32  
Likes: 52  
Comments: 2  
Shares: 14

## ABUHB and parkrun partner to help Gwent live well for longer

Over the recent months, we have partnered with local parkruns across Gwent to spotlight a variety of important health issues through public health campaigns. Everything from diabetes to cancer, stopping smoking and mental health.

With exercise being a key prevention activity against a number of key areas including diabetes, cardiovascular disease and cancer we have been working to support people to walk, jog and run to their local parkrun. Our spotlight events have seen communications coordinate a number of partners to attend spotlight events to talk directly with the public on a number of data driven topics in the relevant areas where impact is needed.





# Cancer Prevention and Screening Campaigns

In response to the Health Board priorities around Cancer prevention, screening and Cancer Care, the Communications and Engagement team took a focused approach on the top priority areas raised by the Cancer Board. A number of key working groups were set up in collaboration with Cancer Services, Public Health, and other services to deliver targeted campaigns based on data across Gwent. In this section, you can see some of the results of this work.

**2.9 Million Overall Cancer Campaigns Reach**  
**32,000 Social Media Comments**  
**115 Social Media Posts across all cancer campaigns**

## 1. Breast Cancer Symptoms and Screening

The campaign launched during Breast Cancer Awareness Month, focused on three core pillars: reducing risk, recognising signs and symptoms, and supporting treatment and recovery - targeting key audiences including women over 50, younger women, men, and those with a family history of breast cancer.

The campaign achieved over 316,000 reach and more than 1,000 engagements across digital platforms. Content such as symptom awareness messaging, patient stories and behind-the-scenes insights into breast services has resonated strongly with audiences, helping to normalise conversations around breast health and reduce stigma. The phased approach, moving from an intensive launch into a year-long programme of targeted monthly themes, ensures continued visibility and impact, supporting long-term behaviour change and reinforcing the importance of early detection and regular screening.

Campaign reach 316k

Campaign engagements 1.5k

## 2. Bowel Cancer Screening

Screening uptake data was analysed to identify GP clusters across Gwent with the lowest participation in bowel screening. This enabled a targeted, data-driven approach, focusing engagement on geographical areas and population groups most likely to benefit, ensuring resources were used where they could have the greatest impact.

For example, an engagement session was delivered at a Men's Shed event in Blaina, a location matching both a low uptake area and the target demographic. The session covered the FIT test, symptoms of bowel cancer, and common barriers to screening, helping improve awareness and confidence. Similarly, a 5k Your Way parkrun event is planned for the end of April during Bowel Cancer Awareness Month, bringing together partners to raise awareness and provide support in another low uptake area while promoting prevention and healthy lifestyles.



## 3. Lung Cancer – Supporting people to stop smoking

Lung cancer claims more lives than any other type of cancer, with around 90% of lung cancer cases in the UK linked to smoking. On average, half of those diagnosed may not survive beyond the first year. Through campaigns, we have been raising the awareness of the increased risk of Cancer that smoking can have, and promoting our free Help Me Quit support.

This World Smoking Day, we also supported Lisa to share her story of losing her mother to Lung Cancer due to smoking. Lisa Brock is urging people across Gwent to stop smoking, drawing on both her personal heartbreak of losing her mum to lung cancer as well as her clinical expertise as an Advanced Nurse Practitioner in Gwent.

National Media Pickup

21.6 K Video Views

**"Stop Smoking Before It's Too Late"**



Click the image to hear Lisa's story.



# Cancer Prevention and Screening Cont'd

## 4.Skin Cancer Prevention

A 79% increase in skin cancer treatment since 2019 was revealed in 2025 within the ABUHB area. This stark figure led to action around a year round campaign to support the people of Gwent to reduce their risk of skin cancer as well as be able to spot the possible early signs.

Across social media a number of key stories had a reach of over 200k users. With several local and national news providers picking up the story including BBC Radio Wales who interviewed one of our Skin Cancer Nurses.

The campaign grew from strength to strength as members of the public came forward to share their experience including Emma, a mother of two who had been a frequent sunbed user, but warns others of her experience with Skin Cancer.

Campaign reach 320k

National Media Pickup

### "It's Really Not Worth It"

Mum-of-Two Shares Sunbed Warning After Two Melanoma Diagnoses



Click the image to see Emma's Story.



## 5.HPV Uptake Campaign

The Human Papillomavirus (HPV) vaccination programme remains a vital component of the Health Board's cancer prevention strategy, protecting long-term population health by reducing the risk of HPV-related cancers.

Alongside delivery, targeted engagement has been undertaken using the Nye Bevan brand at a number of education events, helping to raise awareness and build trust with young people, parents and carers.

Work has also focused on improving accessibility, awareness and consent processes. The Integrated School Nursing team has also delivered ongoing health promotion activity in schools and across communities, alongside social media campaigns to raise awareness of HPV and its link to cancer. In addition, plans to introduce an electronic consent (e-consent) system will make it easier for parents and carers to provide timely consent, helping to remove barriers to uptake and ensure more young people are protected.

Video Views 61k



## 6.Cervical Screening

During Cervical Cancer Prevention Week (19th–25th January), a targeted programme of communications activity was delivered to support this Health Board priority. An email briefing reached 1,400 stakeholders, supported by the distribution of campaign assets to locality and NCN teams for wider community engagement. Internally, a staff intranet feature generated 575 views and promoted the newly developed cervical cancer web pages. Externally, a press release secured coverage across key local outlets, including Caerphilly Observer, Abergavenny Chronicle, South Wales Argus, and Nation Cymru, extending the reach of prevention messaging.

Social media activity across Facebook and Instagram delivered strong results, with a reach of 547k. Engagement was high (2,312 likes, 549 shares), driven particularly by patient stories, and contributed to 373 views of the new web pages. As a direct outcome, six women came forward to share their experiences, with interviews now underway. This content will support future campaigns, alongside the development of a patient focus group to ensure lived experience shapes ongoing cervical cancer communications.

Full Local Media Pickup

Campaign reach 547k

### "Brave the smear. It's so very important."

-Rachel, Cervical Cancer Survivor



Click the image to see Rachels's Story.





Promoting Cancer Care Developments

This year, we also communicated and engaged on significant steps forward in cancer care for the Gwent region, with the official openings of the Velindre @ Nevill Hall Radiotherapy Unit and the Velindre @ Nevill Hall Chemotherapy Unit.

Throughout the construction process of the new Radiotherapy Unit and development of the Chemotherapy area, the Communications and Engagement team worked in partnership with Velindre Cancer Service to ensure that the public, staff and stakeholders were well-informed to build momentum around this exciting new project. As the unit moved into its operational phase, the team provided consistent communications support, collaborating with clinical and operational staff from both organisations to deliver regular communications products across a range of internal and external channels, along with co-ordinating visits for political stakeholders and supporting the unit’s opening ceremony.



Women’s Health Hub and Campaigns

As part of the national priorities set out in the Women’s Health Plan, we adopted a targeted campaign approach. Working in partnership with public health teams and a range of health board services, we focused on key priority areas to support women’s health and wellbeing across Gwent. This section highlights some of the key campaigns delivered.

50K Overall Women’s Health Campaign Reach  
4,000+ Web page visits in its first month

1.Creating the NEW Online Hub and Branding for Women’s Health

The Gwent Women’s Health Hub is a new online resource providing accessible advice, information and signposting for women’s health concerns. Developed through a collaborative approach across communications and various health board services, the hub has been designed to ensure content is clear, consistent, and responsive to user needs. This partnership working has supported the creation of pages that better reflect the experiences and priorities of women and people accessing women’s health services across Gwent, as well as aligning to the national Women’s Health Plan.

The hub aims to improve access to reliable information and appropriate services. It is intended to empower users with the knowledge and confidence to make informed decisions about their health and wellbeing. Alongside the hub, a new brand was developed to support a variety of communication materials. We also carried out a targeted social media campaign to Gwent residents to promote the new online hub.

Overall, the platform strengthens access to trusted information and supports a more joined-up, user-focused approach to women’s health across Gwent.



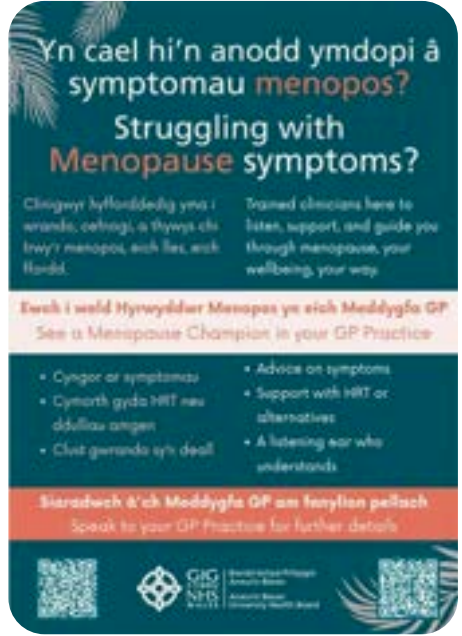


# Women's Health Hub and Campaigns

## 2.Menstrual Health Campaign

The Menstrual Health campaign has delivered a wide-reaching communications effort to improve awareness and access to information across the community. A comprehensive suite of materials was developed, including posters and leaflets, with the leaflets translated into six additional languages to ensure accessibility for diverse populations. These resources have been distributed extensively through pharmacies, GP practices, and hospital clinics, as well as via locality and NCN teams, the Health Inclusion Service, and Newport IWN to effectively reach underserved and harder-to-reach groups. Additionally, 400 posters have been placed within Newport Transport settings to further increase visibility in high-traffic public areas.

To support engagement with younger audiences, 36,000 menstrual health leaflets are also being distributed by the school nursing team across all secondary schools in Gwent. This targeted approach ensures that young people have access to accurate, age-appropriate information, helping to reduce stigma and promote positive menstrual health practices. Overall, the campaign demonstrates a coordinated, multi-channel approach to communication, maximising reach and inclusivity across communities.



## 3.Menopause Campaign

Menopause is a significant health and wellbeing issue across Gwent, affecting an estimated 42,000 women (around 14% of the population of menopausal age). Engagement with over 600 women through the Women's Health Report highlighted a clear gap between lived experience and national ambitions for care. Key issues included not feeling listened to, symptoms being dismissed, limited access to specialist services, inconsistent GP advice, and a lack of clear information and education. Women also called for stronger workplace support and more holistic care beyond HRT.

This feedback has informed a more focused communications and engagement approach to raise awareness, challenge stigma, and ensure women's voices shape service development. Alongside refreshed website content, a key development this year has been the Menopause Champions project. Trained clinicians in GP practices now provide personalised, compassionate support, including symptom advice, HRT and alternative treatment guidance, and dedicated listening support. Communications have focused on increasing awareness of the service and encouraging women to access a Menopause Champion through their GP practice.

## 4.Contraception, Postnatal Contraception and Abortion Care Communications

This work brought together a clear and joined-up approach to promoting contraception, post-natal contraception and abortion care across Gwent. It focused on helping people feel more confident about their choices by raising awareness of free NHS services, encouraging open and normalised conversations about reproductive health, and challenging common myths and stigma. The campaign used simple, trusted messages and familiar clinical voices, and was aimed at groups including young people, post-natal parents, ethnic minority communities and healthcare professionals. Content was shared through social media, videos, webpages and key awareness events.

**Endometriosis affects 1 in 10 women in Wales**

**329k Campaign Reach**

**200 Women engaged in informing future work**



# Your NHS.. ..is full of PRIDE

An Award Winning Campaign celebrating, supporting and being visible for LGBTQIA+ Staff, Patients and Communities. Created by our Communications and Engagement team and LGBTQIA+ Network. The campaign was nationally recognised at the CIPR awards, winning an Internal Communications & Culture Award.

**Our Aim..** To **celebrate, support,** and increase **visibility** of LGBTQIA+ staff, communities, and allies across Aneurin Bevan University Health Board and Gwent, fostering an inclusive NHS where everyone feels **safe, respected,** and **empowered** to be themselves.

## Pillar 1: Visibility

Posters..



Table Cloths



Bunting



Pin Badges..



Lanyards..



## Pillar 2: Support

The Pledge



Full Executive Director  
Team Endorsed and Signed

1200+ Staff  
Pledges

## Pillar 3: Education

A NEW Staff Training  
Resource Page Launched

Understanding LGBTQIA+  
Flags and Identities Resource

How to be an Ally Resource

200 Safe Space Posters

1000+ Pin Badges Distributed

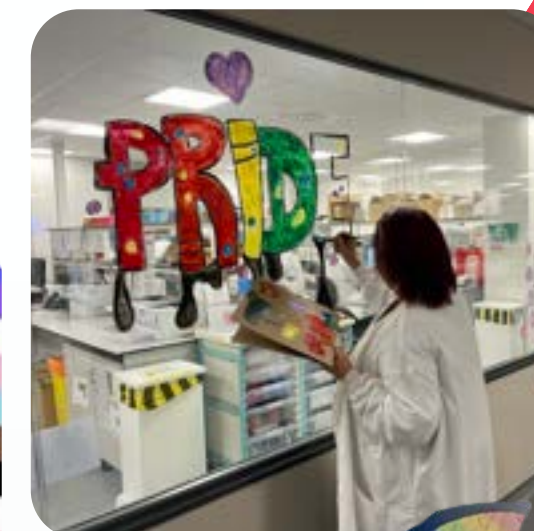
600 Pride Lanyards Distributed

100m of Bunting Displayed

6 Hospital Pride Displays

137k Social Media Reach

9 Local Pride Events Attended





# Engaging our Communities

## Out & About in our Communities

In the last year the Communications and Engagement team worked with 100+ external organisations, delivering engagement across diverse, trusted community settings. Strengthening relationships across voluntary and community sectors and demonstrated the value of face-to-face, partnership-led engagement. Many organisations were engaged with multiple times, either through repeat visits, follow-up sessions, or attendance at recurring groups, demonstrating sustained rather than one-off engagement.

Value-based engagement was delivered by using evidence from the Joint Strategic Needs Assessment (JSNA) and Framework Indicators to identify priority areas for focus. This data-led approach enabled targeted engagement activity where need is greatest, for example, Blaenau Gwent has the highest incidence of bowel cancer so bowel cancer testing kits were taken out to groups and discussions had around the importance of screening. Engagement activity focused on Health Board priorities, including Women’s Health and Cancer, working with local communities to raise awareness of key signs and symptoms, promote early diagnosis, and encourage informed participation in screening programmes.

Key aims throughout the year were to:

- Build trust, listen to lived experience, and provide face-to-face information in familiar, non-clinical settings.
- Reach a broad cross-section of the public, working alongside partners, and provide multi-agency signposting in one setting.
- Support early understanding of how health services work, promoting mental wellbeing, and to address gaps in health literacy.
- Support workforce wellbeing, increase awareness of NHS services, and strengthen prevention through workplace engagement.
- Hear directly from people with lived experience and work alongside organisations that support some of the most vulnerable communities.
- Support digitally excluded populations and provide accessible, trusted locations for health discussions.

Attending a broad mix of formal, informal and targeted events, including Carers Rights Information Day, International Day of Older Persons and PRIDE events across Gwent, supported engagement with people who may not typically access health information. This programme of activity also included community group sessions, local authority wellbeing events and roadshows, library and community hub-based sessions, Coleg Gwent events, and visits to large employers throughout the year.



## Men’s Groups

This year, the Communications and Engagement team set out to increase engagement with men, as females had consistently accounted for around 75% of the people spoken to year on year. This focus has delivered positive results, with the proportion of men engaged increasing from 25% to 34%. This was achieved by proactively targeting men’s groups and male-focused events across Gwent, including Men’s Sheds, sporting memories groups, dad-focused support groups, veterans’ groups, workplace sessions and informal community drop-ins.



A regular slot has been secured on the ‘For Dads by Dads’ Programme and visiting employers has helped reach more men and listen to their feedback.



These opportunities provided valuable insight into how men experience, perceive and access health services. A consistent message from men was that they often delay seeking help and are more likely to engage with health services only when issues become serious. Many described a tendency to “put things off” or not want to “bother” healthcare services.

**“If you have more than one issue, you need to book multiple appointments which is ridiculous.”**

Mental health was a significant underlying theme across men’s groups, although it was often raised indirectly or later in conversations once trust had been established. Issues included stress, low mood, bereavement, work pressure and social isolation. Many men said they would not approach their GP specifically about mental health and were unsure where else to seek support.

Men engaged most positively in informal, activity-led environments, where conversations could happen naturally and without pressure. Feedback highlights the importance of targeted, informal and face-to-face engagement in trusted settings. Men value practical information, clear alternatives to GP access and straightforward mental health support routes.



# Engaging our Communities

## Engagement with large employers

The programme stretched across the whole of Gwent reflecting growing demand for workplace-based engagement. The number of employers engaged increased from 15 last year to 24 in 2025/26, demonstrating the value employers place on direct support from the Health Board.

Employer settings were consistently identified as safe and convenient environments for staff to access health information that they may otherwise delay or avoid. Offering engagement within the workplace enabled meaningful conversations with employees who may not proactively seek health advice.

### During the year, the team visited:

- Public sector organisations such as local authorities, housing associations and Department for Work and Pensions teams
- Major supermarkets
- Manufacturing businesses, including Camtronics and The Compleat Food Group



A full-day engagement session was delivered at BAE Systems, Glascoed, one of the area’s largest employers. Across three locations on the site, the Communications and Engagement team spoke with 66 members of staff, providing information, answering questions and signposting to services.

Many employees reported that they only think about health services at the point of crisis, rather than seeking support earlier. There was particular interest in:

- Mental health support and crisis routes
- Menopause support
- Vaccination information
- Alternatives to GP appointments when access is limited

Mental health emerged as a dominant concern and there was strong interest in Melo and NHS 111 Option 2 as accessible mental health support options.



Difficulties accessing GP appointments were frequently raised by employees and employers, with a clear impact on work and productivity. Staff reported that they struggle to secure appointments around working hours; delaying care because they “cannot afford the time off” and cancelled or faced unpredictable appointments disrupting work patterns

Employers described primary care access not only as a health issue, but as a workforce wellbeing and productivity concern. Employer engagement demonstrated that organisations are keen to support staff wellbeing but require clear, simple health information; easily shareable mental health pathways and direct partnership with the Health Board.

This work confirmed the value of continued employer engagement as a practical way to improve awareness, early access to support, and workforce wellbeing across Gwent.

### “I thought 911 was the number you ring.”

A number of **young people-focused** events were attended in the last year, including Freshers Fairs and Health and Wellbeing Fairs at Coleg Gwent campuses across Gwent. These sessions provided valuable insight into young people’s understanding of health services, their mental wellbeing, and how they access support.

A significant finding from Coleg Gwent sessions was confusion about urgent and emergency care. Many students were unclear about the difference between 999, 111 and 911, and when to use Emergency Departments, Minor Injury Units or GPs.

### “I’d just go to hospital – I wouldn’t really know which one”

There was low awareness of NHS services beyond the GP, particularly the Common Ailment Service and pharmacy-based care. Several students said they had paid for medication they later learned could be accessed free through a pharmacy.

Students spoke openly about stress, anxiety and sleep disruption linked to exams and coursework. While most relied-on friends or family for support, few were aware of formal mental health services available to them. Once explained, resources such as ChatHealth and Melo were received positively, particularly because they did not require a GP appointment.

Despite gaps in knowledge, young people who had previously accessed Health Board services generally shared positive experiences of care and staff, with uncertainty focused more on access routes than on the care itself.

Young people responded well to interactive, face-to-face engagement, and showed strong interest in accessible mental health support when information was presented in a clear and relatable way.





# Engaging our Communities

## Inclusive and Diverse Communities

The Communications & Engagement Team worked proactively with a range of **diverse and under-represented communities** across Gwent to improve access to information, reduce health inequalities and ensure that lived experience informs service understanding and improvement. Engagement activity focused on communities who may face **additional barriers** to accessing health services due to language, culture, disability, digital exclusion, social isolation, deprivation or trust in statutory services.

Involved and connected with:

- **Ethnic minority communities**
- **People with mental health needs**
- **People experiencing homelessness or financial hardship**
- **Older people and socially isolated individuals**
- **Carers and unpaid carers**

This work was delivered through trusted partners and familiar community settings, supporting inclusive and culturally sensitive engagement. Working **in partnership with community and voluntary organisations**, such as local authorities and advocacy groups ensured engagement was accessible and meaningful. Activities included:

- Attendance at **community cafés, faith settings and cultural events**
- Engagement at **wellbeing hubs, libraries and warm spaces**
- Drop-in sessions hosted by **mental health and support organisations**
- Targeted events for **ethnic minority families and communities**
- Pop-up information sessions alongside **Integrated Wellbeing Network** partners

Communications and Engagement staff were invited to **Age Alive Wales**, a group supporting people aged 50+ from diverse communities; the **Kidcare4u Ladies group** and **Community Iftar** events, to engage with members and provide updates on health services. Engagement activity also included attendance at two **ESOL** (English for Speakers of Other Languages) classes, offering opportunities to speak with women from seldom-heard communities in Newport.

Engagement also included a meeting with the **‘Women’s Voices’** group, who highlighted that even where engagement levels may not always appear as strong as hoped, the team’s presence and work are being recognised within communities. The group emphasised that consistency is key to becoming a trusted voice. It was also noted that messages shared through engagement activity are often cascaded onwards by individuals within their own communities, extending the overall reach and impact.

Several consistent themes emerged:

**Low awareness of NHS services and access routes; Mental health and wellbeing concerns; Language, communication and system complexity** with people highlighting:

- Difficulty understanding medical language and healthcare letters
- Lack of confidence navigating complex systems
- Reliance on family members or support workers to access care

A wide range of **older persons’** groups and events were attended across Gwent, including coffee mornings, lunch clubs, sheltered accommodation, and community wellbeing sessions which provided valuable insight into the experiences, concerns and priorities of older residents.

Access to Primary Care was the most frequently raised concern. Many older people described difficulties securing GP appointments, particularly via telephone-based systems, and frustration with repeated call-backs or cancellations. Several attendees reported that the effort required to contact their GP was exhausting and discouraged them from seeking care promptly.

*“It shouldn’t be this hard to speak to a doctor when you’re unwell.”*

There was a strong and consistent preference for face-to-face and non-digital access to services. Older people repeatedly told the team they do not use online systems or apps and feel disadvantaged when services are digital-first. Engagement sessions were seen as reassuring opportunities to ask questions and receive clear explanations in person.

*“I don’t do computers, so these sessions really help. It’s good to have someone explain it instead of being told to go online.”*

Older people expressed ongoing confusion about where to go for care, particularly the difference between the Emergency Department, Minor Injury Units and other urgent care services. This uncertainty often led to anxiety or delayed decision-making.

*“I worry about going to the wrong place and wasting everyone’s time.”*

Travel, transport and access to hospital services were also significant concerns, especially for those who do not drive. Attendees spoke about distance to hospital sites, public transport challenges, parking difficulties and anxiety about hospital transport reliability. Long waiting times for tests, treatment and surgery were frequently raised, particularly for orthopaedic procedures, cataract surgery and diagnostics. Lack of communication while waiting was a common source of distress.

Despite these challenges, feedback about NHS staff and inpatient care was overwhelmingly positive. Older people regularly praised nurses, ward staff, MIU teams and specialist services for their kindness, professionalism and compassion.

*“Once you’re in, the care is excellent – the staff are wonderful.”*

Feedback from older people shows strong trust in Health Board staff and the quality of care once accessed, alongside clear frustration with access, digital exclusion, travel and system complexity. Face-to-face engagement remains particularly valuable for this population group, improving understanding, confidence and reassurance.





# Engaging our Communities

## Formal Engagement and Consultation

Over the past year, communications and engagement activity has been delivered collaboratively with the Planning Team to support two proposed service changes: the Future of Nevill Hall Hospital and Future Arrangements for Stroke Rehabilitation Services. Working together, a key focus has been to ensure local communities were fully aware of these engagement opportunities. To maximise reach and inclusivity, a coordinated programme of promotional activity was undertaken, including distribution of more than 1,000 posters across Gwent. This joint approach ensured that people who do not regularly access the Health Board’s website or social media channels were still informed and able to share their views. In addition, the Community Engagement Team attended a range of community engagement sessions, taking paper copies of proposals and surveys directly into local settings. This helped remove digital barriers to participation ensuring that people were supported to engage and share their views in a way that was accessible and convenient for them.

## Nye’s Community Champions

The Nye’s Community Champions programme continued to grow in 2025/26, with Champions acting as an important link between the Health Board and local communities. Champions play a key role in sharing health-related messages within their networks and organisations, while also providing valuable insight into people’s experiences and views.



The programme now has 196 active Champions, including local residents and a broad range of professionals such as councillors, library managers, third sector staff, members of community groups (including Women’s Institute groups and choirs), community connectors and local authority employees. Recruitment activity continued throughout the year to further expand the network.

To support wider participation, the programme has evolved to offer greater flexibility. Champions can now engage through virtual sessions featuring guest speakers on key topics – including Torfaen Advocacy Service, For Dads By Dads, and the Nobody Should Face Cancer Alone project – or by receiving newsletters to share within their communities.

Throughout the year, Champions have been provided with timely and relevant information to help them support local residents. This has included updates on the Symptom Management Service, cancer screening programmes, vaccination criteria and eligibility, and the opening of new services such as the Velindre Cancer Centre at Nevill Hall Hospital. Champions have also received practical guidance on accessing dental services and using new resources such as the online Women’s Health Hub. The programme has additionally enabled Champions to access direct support from Health Board colleagues. For example, queries about the Common Ailment Service were addressed individually by the Lead Pharmacist, and links were established to support a Champion developing a diabetes project within a housing association. This resulted in arrangements for specialist staff to deliver sessions on topics including weight management and Help Me Quit to residents.

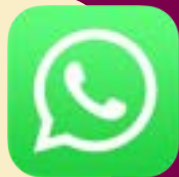
## Supporting Health Board Teams to engage with the public

The Communications and Engagement team worked closely with a range of Health Board colleagues during engagement sessions throughout the year, including the Cancer Services Team, Blaenau Gwent Wellbeing Coaches, vaccination nurses, the Symptom Management Service and the Public Health team. This collaborative approach supported meaningful conversations with the public about a wide range of services and topics, including the Try Dry App and vaccine hesitancy, ensuring people were able to access information directly from specialist teams.



### Our WhatsApp Update Service

has gained further followers since its launch last year and now has over 800 followers.



WhatsApp is an easy way for the public to share Health Board updates and information with their families and friends.



## Summary

Public sentiment during 2025/26 has remained **under strain but increasingly balanced and informed**. While frustration with access to services—particularly GP appointments, waiting times and cancellations—continues to be a dominant concern, the overall narrative has shifted away from broad criticism of the NHS towards **more nuanced and specific feedback focused on systems and processes**.

Across communities, there is **strong and consistent trust in NHS staff and the quality of care once accessed**. People increasingly distinguish between pressures on the system and the commitment and compassion of frontline teams, often expressing empathy for workforce and capacity challenges. This represents a shift from earlier, more emotionally charged dissatisfaction to **informed concern and realistic expectations**.

*“The Health board does a magnificent job considering the amount of pressure they’re under”*

Face-to-face engagement has played a key role in this change. As understanding of how services operate has improved, the public has become **more receptive to alternatives**, such as pharmacy services, Minor Injury Units and self-referral routes, and more confident navigating the system. Dialogue has become less confrontational and more constructive, with communities seeking reassurance, clarity and transparency rather than quick fixes.

Overall, while confidence remains fragile, the narrative has matured. **The public remains engaged, wants to be heard, and responds positively to honest communication and visible presence. This provides a clear opportunity to further strengthen trust through continued community engagement, clear messaging and realistic reassurance.**



# Our **Three Year** Priorities (2024–27)

We are now in the second year of our priorities, this report has reflected a variety of work against our key priorities. Of course over time things can change as the Health Board responds to a number of different things. Within the last year our presence has increased across the prevention space within Public Health, Cancer Prevention and a number of women's health areas. We have now reflected this new campaign approach as part of our key work.

## **Continuous improvement on our AB Everyone Together Communications Strategy**

To continue improving staff communications and engagement, we'll be looking to a more targeted approach to improve engagement among staff who are already interacting with communications, while also working to engage those who are less connected.

## **Data-driven, evidence-led and human focussed targeted prevention based campaigns**

Using campaign frameworks that are driven by data and lived experience to inspire behaviour change, increase screening uptake across a number of key areas and support our communities with the information they need to live well for longer.

## **Value-based communications and engagement**

We will use our resources wisely to ensure the most important and impactful content and campaigns are promoted, which demonstrate the value of our staff and services to our communities and stakeholders.

## **Explore, develop and utilise emerging technology**

We will aim to improve the reach and responsiveness of our Communications and Engagement using modern tools such as Artificial Intelligence (AI) and analytics.

## **Enhance Trust through Transparent and Proactive Communication**

Through our proactive and reactive people-focused communications and campaigns, we will build public trust in the Health Board and wider NHS – and reduce misinformation and public negativity.

## **Embed Inclusive and Culturally Sensitive Communication**

We will ensure our messages reach and resonate with all communities in Gwent, collaborating with local community groups, partners and patient voices.

## **Crisis and Incident Communication Readiness**

We will further develop our protocols and procedures to ensure fast, accurate, and coordinated responses to urgent issues.

## **Further development of TikTok**

We will focus on continuing to grow the number of Gwent residents following us on TikTok platform as we aim to reach a younger audience through this popular social media platform.







GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board



|                                                      |                                                 |
|------------------------------------------------------|-------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                    |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                           |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | <b>Key Matters from Committees of the Board</b> |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Rani Dash, Director of Corporate Governance     |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Naomi Murtagh, Board Business Manager           |

**Pwrpas yr Adroddiad  
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

In line with the Health Board's Standing Orders, a number of Board Committees and Advisory Groups have been established. This report provides, for assurance, an overview of the business undertaken by these committees during the reporting period, and highlights key matters for Board consideration, where required.

**Cefndir / Background**

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups be established. The following Committees and advisory groups have been established:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Patient Quality, Safety and Outcomes Committee
- Mental Health and Learning Disabilities Committee
- People and Culture Committee
- Remuneration and Terms of Service Committee
- Partnerships, Population Health and Planning Committee
- Finance and Performance Committee



## **Assurance Reporting**

The following Committee assurance reports for the period are included at Appendix 1:

- Audit, Risk and Assurance Committee – 19<sup>th</sup> May 2026
- Patient Quality, Safety and Outcomes Committee – 2<sup>nd</sup> June 2026
- Finance and Performance Committee – 10<sup>th</sup> June 2026
- People and Culture Committee – 15<sup>th</sup> June 2026
- Audit, Risk and Assurance Committee – 23<sup>rd</sup> June 2026
- Mental Health and Learning Disabilities Committee – 29<sup>th</sup> June 2026
- Partnerships, Population Health and Planning Committee – 30<sup>th</sup> June 2026

## **Asesiad / Assessment**

In receiving this report, the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.

## **Argymhelliad / Recommendation**

The Board is asked to NOTE for assurance this report, and the updates provided from Health Board Committees.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

|                                                                                            |                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | Not Applicable                                                                                                                                                                                          |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                 | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                                                                      |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                 | Choose an item.<br><br>There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP. |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                         | Governance                                                                                                                                                                                              |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives                           | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                                                                                                |

|                                                       |                |
|-------------------------------------------------------|----------------|
| <a href="#">Strategic Equality Objectives 2020-24</a> | Not applicable |
|-------------------------------------------------------|----------------|

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>                                                                                                |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                | Not Applicable             |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                  | Included within the report |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | Committee Chairs           |

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

## Aneurin Bevan University Health Board Key Issues Report

|                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |
|--------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Board Date:</b>       |                                                | 29th July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |
| <b>Date of Committee</b> |                                                | Tuesday 19 <sup>th</sup><br>May 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Report of:</b><br><br>Audit, Risk<br>and<br>Assurance |
| <b>Quoracy met:</b>      |                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| <b>1</b>                 | Agenda and papers                              | <a href="http://abuhb.nhs.wales/files/key-documents/audit-risk-and-assurance-committee/2026-05-15-16-55-39-final-boardbook-pdf/">abuhb.nhs.wales/files/key-documents/audit-risk-and-assurance-committee/2026-05-15-16-55-39-final-boardbook-pdf/</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
| <b>2a</b>                | Matters referred to the attention of the Board | <p><b>Improved position on historic audit recommendations:</b> The Committee noted a significant reduction in older audit recommendations, with progress made in addressing legacy actions. Continued focus is required to ensure timely delivery, particularly where actions are overdue or dependent on external factors.</p> <p><b>Use of estate and space utilisation:</b> Internal Audit identified low utilisation across parts of the estate, highlighting opportunities to improve efficiency and strengthen data-driven decision making. The Committee recognised the wider organisational implications and agreed that this should be considered across relevant committees.</p> <p><b>Delivery of audit actions:</b> While overall arrangements for tracking audit recommendations are effective, the Committee noted that a number of actions continue to be delayed, with repeated extensions. Continued scrutiny is required to ensure delivery is achieved within appropriate timescales.</p> |                                                          |
| <b>2b</b>                | Assurance                                      | <p><b>Annual accounts and external audit:</b> Audit Wales confirmed that the audit of the Annual Accounts is progressing in line with timetable, with no significant issues identified to date.</p> <p><b>Annual reporting framework:</b> The Committee received assurance that appropriate processes are in place to ensure the accuracy and consistency of data within the Annual Report and Accountability Report, with no material concerns raised through external review at this stage.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |

|    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                 | <p><b>Internal audit programme:</b> Internal Audit confirmed that delivery of the 2025–26 plan is largely complete, with the overall draft opinion remaining reasonable assurance, reflecting broadly sound governance, risk management and internal control arrangements.</p> <p><b>Counter fraud arrangements:</b> The Committee received assurance of full compliance with NHS Wales Counter Fraud Functional Standards, supported by strengthened proactive and preventative activity.</p> <p><b>External audit conclusions:</b> The External Audit Annual Report reflected previously reported findings, with no new significant issues identified and further work progressing as planned.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2c | Review of Risks | <p>The Committee reviewed key areas of risk and noted the following:</p> <p><b>Delivery of audit recommendations:</b> While progress has been made, a number of recommendations remain overdue. Delays, including those driven by external dependencies, continue to present a risk to timely improvement and mitigation of control weaknesses.</p> <p><b>Strategic risk profile:</b> A number of strategic risks remain above the Health Board’s risk appetite, reflecting ongoing system pressures and the need for sustained mitigating action.</p> <p><b>Financial sustainability:</b> The reported deficit position and mixed achievement against financial performance targets highlight continued financial pressures requiring ongoing management focus.</p> <p><b>Estates and efficiency:</b> Findings from the Space Utilisation review identified potential inefficiencies within the estate, presenting an opportunity for improvement but also a risk if not addressed through effective planning and oversight.</p> <p><b>Fraud risks:</b> While overall counter fraud arrangements are strong, emerging risks—including those linked to procurement and</p> |



|  |  |                                                                                           |
|--|--|-------------------------------------------------------------------------------------------|
|  |  | digital / technology developments—require continued vigilance and adaptation of controls. |
|--|--|-------------------------------------------------------------------------------------------|

| Aneurin Bevan University Health Board<br>Key Issues Report |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |
|------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Board Date:</b>                                         |                                                | Wednesday 29 <sup>th</sup> July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |
| <b>Date of Committee</b>                                   |                                                | Tuesday 2 <sup>nd</sup> June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Report of:</b><br><br>Patient, Quality, Safety and Outcomes Committee |
| <b>Quoracy met:</b>                                        |                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |
| <b>1</b>                                                   | Agenda and papers                              | <a href="#">Agenda and Papers</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |
| <b>2a</b>                                                  | Matters referred to the attention of the Board | <p><b>Quality Outcomes and Patient Safety:</b><br/>The Committee received the Quarter 4 Quality Outcomes Report and noted that it had developed into a more robust and transparent framework aligned to the revised pillars of quality and supporting improved assurance to the Board. Ongoing system pressures continued to impact patient flow, workforce capacity and operational resilience, with key areas of concern including safeguarding complexity, timely care pathways, training compliance and system capacity.</p> <p>A rise in complaints was noted in Q4, with performance against the 30-day response target remaining below the required level at approximately 60%, with only modest improvement evident. The Committee emphasised the importance of strengthening organisational learning and raised concerns regarding the potential normalisation of poor patient experience.</p> <p><b>Workforce Safety and Incident Reporting:</b><br/>The Committee raised concern regarding the potential under-reporting of physical assaults,</p> |                                                                          |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>noting that current data did not provide sufficient assurance. Barriers to reporting were identified, including complexity and time required to complete reporting processes. The Committee highlighted the need to strengthen reporting culture, improve processes, and ensure appropriate action is taken, including pursuing prosecutions where appropriate.</p> <p><b>Quality Governance and Cross-Cutting Issues:</b></p> <p>The Committee noted that a number of cross-cutting issues required continued attention, including mandatory training compliance, limitations in benchmarking, gaps in assurance across end-of-life pathways, and safeguarding risks associated with the use of family members as interpreters.</p> <p><b>Clinical Audit and Improvement:</b></p> <p>The Committee noted improvements in national clinical audit arrangements, including strengthened governance, standardised reporting and better integration into divisional structures. However, concerns remained regarding incomplete audits due to resource constraints and reliance on historic national data, with further work required to strengthen corporate clinical audits and local audit activity and maximise learning.</p> <p><b>External Inspection and Regulatory Activity:</b></p> <p>The Committee noted progress in strengthening oversight of Healthcare Inspectorate Wales (HIW) recommendations through structured tracking and governance processes. It was highlighted that failure to complete actions could result in reinspection. The Committee emphasised the importance of maintaining visibility and timely delivery of all actions.</p> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |           | <p><b>Welsh Risk Pool (WRP) Penalties and Learning Compliance:</b></p> <p>The Committee noted that the Health Board had been paying penalties to WRP due to delays in completing Learning from Events reports. The committee heard that an improvement plan is underway to strengthen tracking, accountability and compliance. The financial penalties were now the responsibility of the divisions responsible for the report.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2b | Assurance | <p><b>Quality Governance and Oversight:</b></p> <p>The Committee received assurance that quality governance arrangements remained in place and were functioning effectively, supported by the Quality Management Group, with continued engagement across divisions and appropriate oversight of patient safety risks.</p> <p><b>Quality Outcomes Reporting:</b></p> <p>The Committee was assured that the Quality Outcomes Framework had strengthened, providing improved alignment to quality priorities, enhanced transparency, and clearer reporting through governance structures to the Board.</p> <p><b>Clinical Audit Framework:</b></p> <p>The Committee received assurance from the National Clinical Audit Report that governance arrangements for audit had improved, with strengthened reporting, enhanced tracking systems, and better integration into existing governance structures to support Board assurance.</p> <p><b>Neonatal Services Improvement:</b></p> <p>The Committee received assurance that a structured improvement plan was in place for neonatal services, with the majority of actions</p> |

|           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                 | completed and remaining actions progressing, supporting safer care and improved experience for patients and families.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>2c</b> | Review of Risks | <p><b>Overall Risk Position:</b><br/>The Committee reviewed the Committee Risk Report and noted that there had been no changes to the overall risk profile, with no new risks added or escalated. Risks remained under active review, with controls and mitigating actions monitored through established governance arrangements.</p> <p><b>Emerging Risk Themes:</b><br/>The Committee noted several ongoing risk areas requiring continued oversight, including:</p> <ul style="list-style-type: none"> <li>• System pressures impacting patient flow and capacity</li> <li>• Workforce constraints and mandatory training compliance</li> <li>• Safeguarding risks, including insufficient use of interpreters</li> <li>• Backlogs in incident investigation and reporting (Learning from Events Reports)</li> </ul> <p><b>Health and Safety and Workforce Risks:</b><br/>The Committee identified concerns relating to the reporting and management of physical assaults, highlighting this as an area requiring strengthened assurance and improved reporting culture.</p> |

| Aneurin Bevan University Health Board<br>Key Issues Report |                          |                                   |                                                               |
|------------------------------------------------------------|--------------------------|-----------------------------------|---------------------------------------------------------------|
| <b>Board Date:</b>                                         |                          | 29 July 2026                      |                                                               |
| <b>Date of Committee</b>                                   |                          | 10 June 2026                      | <b>Report of:</b><br><b>Finance and Performance Committee</b> |
| <b>Quoracy met:</b>                                        |                          | Yes                               |                                                               |
| <b>1</b>                                                   | <b>Agenda and papers</b> | <a href="#">Agenda and Papers</a> |                                                               |



|    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2a | <b>Matters referred to the attention of the Board</b> | <p>The Committee noted that whilst no specific matters were formally escalated to the Board, it was highlighted that ongoing performance challenges, financial pressures, and high-risk digital programmes remained key issues requiring continued Board visibility. These matters, including early financial risks, variability in service delivery, and digital programme constraints linked to national dependencies and capacity, were being actively managed through established recovery, governance, and assurance arrangements.</p> <p>The Committee confirmed that these issues would continue to be reported through existing governance routes to ensure that the Board maintained appropriate oversight of material risks and organisational challenges.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2b | <b>Assurance</b>                                      | <p><b>Information Governance and Cyber Security Assurance:</b> The Committee was assured that Information Governance arrangements remained effective, with overall compliance meeting Welsh Government targets and strong performance against the Welsh Information Governance Toolkit. Robust processes were in place to manage data protection risks, including the completion of Data Protection Impact Assessments and established risk management arrangements. Cyber security risks were actively managed within acceptable tolerances, supported by mitigation plans, infrastructure improvements, and ongoing staff awareness programmes.</p> <p><b>Investment and Decision-Making Assurance:</b> Assurance was provided that the Pre-Investment Panel continued to strengthen organisational governance in relation to investment decisions. The Panel provided structured, multidisciplinary scrutiny of business cases, improving their quality and consistency. Enhanced reporting arrangements had strengthened transparency, although further work was required to ensure all relevant proposals were consistently routed through the Panel and that benefits realisation was systematically evaluated.</p> <p><b>Digital Programme Assurance:</b> The Committee received assurance that the digital programme continued to progress and remained</p> |

|    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                 | <p>a critical enabler of service transformation. A range of programmes had advanced, including electronic patient records and infrastructure improvements, with governance oversight in place through the Digital, Data and Technology Group. However, assurance was tempered by recognised risks relating to capacity, financial constraints, and dependencies on national programmes, alongside the need to strengthen benefits realisation</p> <p><b>Clinical Improvement Assurance (Stroke Services):</b> The Committee was assured that governance arrangements for stroke improvement had been strengthened, with the programme now embedded within the Urgent and Emergency Care Programme. This provided clearer oversight, improved accountability, and better alignment with wider organisational priorities. A revised improvement programme had been established across both acute and rehabilitation pathways, with ongoing monitoring required to ensure delivery against national standards.</p> <p><b>Performance Management and Organisational Assurance:</b> Assurance was provided that a structured performance management and escalation framework was in place, aligned with national expectations and supported by accountability mechanisms such as accountability letters and divisional reviews. However, the Committee noted that assurance would depend on consistent application, strengthened leadership, and demonstrable impact, with further work required to evidence improved outcomes and organisational grip.</p> |
| 2c | Review of Risks | <p><b>Performance and Delivery Risks:</b> The Committee noted ongoing variability in operational performance, with pressures evident across urgent and emergency care, including ambulance handover delays, and emerging deterioration in some planned care and diagnostic services. These challenges were linked to increasing demand, capacity constraints, and the loss of non-recurrent funding that had previously supported delivery</p> <p><b>Financial Risks:</b> Early financial challenges were identified at the start of the financial year, alongside ongoing pressures associated with constrained resources. Risks were further</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|    |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                            | <p>compounded by historic unfunded digital programmes and the absence of recurrent funding for previously approved investments, requiring continued prioritisation and recovery planning.</p> <p><b>Digital and Programme Delivery Risks:</b> The Committee considered significant risks within the digital portfolio, including delivery challenges associated with major national programmes, particularly delays to the LIMS programme. Risks were also linked to limited specialist capacity, technical dependencies, and the need to balance multiple competing organisational and national priorities</p> <p><b>Workforce and Capacity Risks:</b> Workforce and capacity constraints continued to present risks across a number of areas, including clinical coding performance and broader service delivery. These pressures were also evident within clinical pathways, impacting productivity and the ability to maintain performance standards.</p> <p><b>Information Governance and Cyber Security Risks:</b> The Committee noted that cyber security remained a key risk. Whilst mitigation plans were in place and risks were managed within acceptable tolerances, continued focus on awareness, training and system resilience was required.</p> <p><b>Clinical Pathway Risks (Stroke Services):</b> System-wide constraints within the stroke pathway continued to impact performance, including patient flow challenges, limited access to specialist beds, and workforce shortages across medical, nursing and therapy services. In addition, limitations in delivering consistent seven-day services and rehabilitation capacity presented ongoing risks to achieving national standards.</p> |
| 2d | <b>Sharing of Learning</b> | <p>The Committee recognised the importance of the consistent application of performance management and accountability frameworks to drive improvement. It also highlighted the need to strengthen evaluation and benefits realisation to better inform future investment and disinvestment decisions.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

|   |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | <b>Matters to be shared to other Committees</b> | <p>The Committee agreed that, whilst no specific referrals were formally made to other Committees, a number of relevant themes should be considered through existing governance routes.</p> <p>These included the development of the performance and escalation framework through the Finance and Performance Committee; oversight of digital programme risks and benefits realisation through Digital Transformation governance groups; the stroke improvement programme and associated system flow challenges through the Patient Quality, Safety and Outcomes Committee; and information governance and cyber security risks through the Audit and Risk Committee.</p> |
|---|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Aneurin Bevan University Health Board<br>Key Issues Report |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |
|------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>Board Date:</b>                                         |                                                | Wednesday 29 July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |
| <b>Date of Committee</b>                                   |                                                | Monday 15 June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Report of:</b> People & Culture Committee |
| <b>Quoracy met:</b>                                        |                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |
| <b>1</b>                                                   | Agenda and papers                              | <a href="#">Agenda and Papers</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |
| <b>2a</b>                                                  | Matters referred to the attention of the Board | <p><b>NHS Wales Staff Survey – engagement, culture and workforce pressures:</b> The Committee noted a significant improvement in staff survey response rates, with participation exceeding 30%, alongside strong performance in the engagement index and improvements across the majority of survey themes. Whilst recognising performance above the All-Wales average, the Committee highlighted continuing workforce challenges relating to morale, workload and staffing pressures, healthy working environments, perceptions of fairness and consistency, and the perceived disconnect between staff and senior leadership. The importance of maintaining visible communication with staff and demonstrating tangible improvement in</p> |                                              |



|           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |           | <p>response to survey feedback was emphasised.</p> <p><b>Race Equality Action Plan – progress and measurable impact:</b> The Committee noted progress in delivering the Welsh Government Race Equality Action Plan, including inclusive leadership training, recruitment practice development, strengthened equality impact processes, staff network growth and reverse mentoring activity. The Committee recognised that delivery remained variable across divisions and that further work was required to strengthen accountability, demonstrate measurable organisational impact and improve outcome measures.</p> <p><b>Workforce sustainability and workforce pressures:</b> The Committee noted improving performance across a number of workforce indicators, including recruitment, training compliance and sickness absence. However, ongoing challenges remained in relation to workforce sustainability, workforce capacity and the need to balance immediate service pressures with longer-term workforce planning requirements. The continued impact of stress, anxiety and depression on sickness absence levels was also noted.</p> <p><b>Employment Rights Act – emerging organisational implications:</b> The Committee noted the scale and complexity of forthcoming Employment Rights Act changes and recognised that these represented one of the most significant developments in employment law in recent years. The Committee noted that implementation would have implications across a range of workforce and employment practices and agreed that progress should remain subject to ongoing oversight and monitoring as the legislative changes are introduced.</p> |
| <b>2b</b> | Assurance | <p><b>Medical Revalidation:</b> The Committee received high assurance in respect of Medical Revalidation arrangements, supported by sustained appraisal</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>performance, a national quality assurance score of 92.1% in January 2026, established governance processes, trained and supported appraisers, participation in national assurance processes and no actions arising from the most recent national quality assurance review.</p> <p><b>Job Planning oversight:</b> The Committee received assurance that all Consultants and Specialty Doctors were working to agreed job plans, notwithstanding reported compliance remaining below target under the current national definition. The Committee was assured that strengthened divisional oversight, regular assurance reporting, targeted directorate deep-dives and links to recruitment approvals and pay progression were supporting accountability and improvement.</p> <p><b>People Plan delivery:</b> The Committee received assurance that appropriate governance, performance management and accountability arrangements were in place to support delivery of Objective 1 of the People Plan 2025–2030, <i>Better Health and Wellbeing</i>. Progress against agreed actions was being monitored through established reporting mechanisms and divisional oversight arrangements, providing a framework to support delivery, monitor outcomes and drive continuous improvement across the organisation.</p> <p><b>Welsh Language compliance:</b> The Committee received assurance that progress was being made against the Welsh Language (Wales) Measure 2011 and the 'More Than Just Words' framework, supported by the Health Board's five-year Welsh language plan, service-level improvement activity, increased training provision, enhanced translation capacity and constructive engagement with Welsh Government and the Welsh Language Commissioner.</p> <p><b>Nursing and Midwifery Strategy:</b> The Committee received assurance that the Nursing and Midwifery Strategy 2023–2026</p> |
|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                 | <p>had been delivered against its stated ambitions and that the proposed Nursing and Midwifery Professional Plan 2026–2030 contained clear priorities, actions, measures and timelines to support implementation, monitoring and alignment with statutory and regulatory requirements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2c | Review of Risks | <p><b>People and Culture Committee risks:</b> The Committee reviewed the People and Culture Committee Risk Report and noted that there had been no changes to the overall risk scores since the previous reporting period. No new risks had been escalated to the Committee, and existing risks remained subject to regular review, with mitigating actions monitored through established governance arrangements.</p> <p><b>Employment Rights Act implementation:</b> The Committee noted emerging risks associated with forthcoming Employment Rights Act changes, including potential implications for workforce management, policy compliance, tribunal claims, compensation exposure, bank staffing and flexible working arrangements. Given the scale and phased implementation of the legislative changes, the Committee agreed that continued oversight and regular reporting would be required.</p> <p><b>Resident Doctor contract implementation:</b> The Committee noted risks associated with implementation of the new Resident Doctor contract, including system readiness, workforce capacity, rota compliance, additional workforce requirements and potential financial implications. The Committee also noted ongoing considerations relating to locally employed doctors and the potential requirement to align terms and conditions, which may present further cost pressures.</p> |

## Aneurin Bevan University Health Board Key Issues Report

|                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |
|--------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Board Date:</b>       |                                                | 29th July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |
| <b>Date of Committee</b> |                                                | Tuesday 23 <sup>rd</sup> June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Report of:</b><br>Audit, Risk and Assurance Committee |
| <b>Quoracy met:</b>      |                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |
| <b>1</b>                 | Agenda and papers                              | <a href="#">Agenda and Papers</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| <b>2a</b>                | Matters referred to the attention of the Board | <p><b>Clinical audit scrutiny and oversight:</b> The Committee discussed the effectiveness of clinical audit scrutiny and follow-through of actions, noting that there was no local clinical audit plan and that the committee could gain no assurance with regards to the number nor progress in resolving outstanding audit actions. The Committee emphasised the need for stronger accountability and clearer oversight arrangements to ensure that audit activity results in demonstrable improvement. The matter would be escalated through governance arrangements to strengthen executive-level scrutiny.</p> <p><b>Risk management framework development:</b> The Committee noted significant progress in the development of the Risk Management Framework, including improvements to the clarity of risk, control and assurance mapping. The Committee highlighted the importance of embedding the framework effectively within operational practice and ensuring clear alignment with organisational planning processes specifically with regard to SMART actions to resolve/mitigate risks and addressing within the IMTP.</p> <p><b>Post Payment Verification findings and system risks:</b> The Committee noted findings relating to duplicate claims arising from system issues, particularly linked to vaccination payments. While controls had been strengthened and mitigating actions implemented, this highlights the importance of continued oversight of system integrity and data validation processes.</p> |                                                          |
| <b>2b</b>                | Assurance                                      | <p><b>Annual accounts and annual report audit:</b> The Committee received a positive update on</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |

|    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                 | <p>the Annual Accounts and Annual Report, noting that the accounts were in a robust position with only minor, non-material adjustments required. Audit Wales confirmed the intention to issue an unqualified 'true and fair' opinion, alongside a qualified regularity opinion, consistent with previous years. The Committee supported progression of the Annual Report and Accounts to the Board.</p> <p><b>Internal audit opinion:</b> The Committee received the Annual Head of Internal Audit Opinion, providing reasonable assurance over the adequacy and effectiveness of governance, risk management and internal control arrangements across the Health Board.</p> <p><b>Internal audit programme delivery:</b> The Committee received assurance that delivery of the internal audit programme remained on track, aligned to key organisational risks and responsive to emerging priorities.</p>                                                                                                                     |
| 2c | Review of Risks | <p>The Committee reviewed key areas of risk and noted the following:</p> <p><b>Clinical audit and governance risk:</b> Concerns regarding the effectiveness of clinical audit scrutiny and the management of longstanding audit actions present a risk to the organisation's ability to demonstrate improvement and maintain effective governance. Strengthened executive oversight was required to mitigate this risk.</p> <p><b>Risk management maturity and implementation:</b> While the Risk Management Framework had been strengthened, there remained a risk associated with ensuring consistent application across the organisation and embedding a clear understanding of controls and assurances at operational level.</p> <p><b>Data quality and system controls:</b> Issues identified through Post Payment Verification, including duplicate claims arising from system changes, highlight risks relating to data quality and system controls. Continued monitoring and enhancement of controls are required.</p> |



# Aneurin Bevan University Health Board

## Key Issues Report

|                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |
|--------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Board Date:</b>       |                                                | 29th July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |
| <b>Date of Committee</b> |                                                | Monday 29 <sup>th</sup> June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Report of:</b><br>Mental Health and Learning Disabilities |
| <b>Quoracy met:</b>      |                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |
| <b>1</b>                 | Agenda and papers                              | <a href="#">Agenda and Papers</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |
| <b>2a</b>                | Matters referred to the attention of the Board | <p><b>Mental Health Act activity and Section 136 demand:</b> The Committee noted that Mental Health Act detentions had returned to expected levels and that no unlawful detentions had been identified. However, continued pressures relating to Section 136 activity and frequent attenders were discussed, with ongoing multi-agency work in place to reduce demand and improve outcomes.</p> <p><b>Violence and aggression affecting staff:</b> The Committee considered the impact of violence and aggression on Mental Health and Learning Disabilities staff and recognised the importance of maintaining focus on workforce wellbeing and safety. It was agreed that a further update, including benchmarking across staff groups, would be considered by the People and Culture Committee.</p> <p><b>Right Care Right Person implementation:</b> The Committee noted progress in implementing the Right Care Right Person approach through strong partnership working across agencies. The Committee recognised the potential impact on demand across health services as people are directed towards more appropriate healthcare pathways.</p> |                                                              |
| <b>2b</b>                | Assurance                                      | <p><b>Mental Health service performance:</b> The Committee received assurance regarding performance against national Mental Health measures, delivery against agreed trajectories, and ongoing work to improve data quality, pathway management and service responsiveness. Positive outcomes associated with the integrated crisis service model were also noted. The Committee also requested broader reporting on 111 Press 2 performance to strengthen future oversight.</p> <p><b>Staff safety arrangements:</b> The Committee received assurance regarding measures in place to support staff safety, including governance oversight, post-incident support, staff training, Safe Wards implementation and trauma-</p>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |

## Aneurin Bevan University Health Board Key Issues Report

|                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |
|--------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Board Date:</b>       |                                                | Wednesday 29 <sup>th</sup> July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |
| <b>Date of Committee</b> |                                                | Tuesday 30 <sup>th</sup> June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Report of:</b> Partnerships, Population Health and Planning Committee |
| <b>Quoracy met:</b>      |                                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |
| <b>1</b>                 | Agenda and papers                              | <a href="#">Agenda and Papers</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |
| <b>2a</b>                | Matters referred to the attention of the Board | <p><b>Update on Armed Forces matters</b></p> <p>The Committee received an update on delivery of the Health Board's Armed Forces Covenant commitments and was advised that recognised accreditation standards had been maintained, demonstrating continued commitment to ensuring equitable access to healthcare services and employment opportunities for members of the Armed Forces community. The Committee supported and endorsed the report.</p> <p><b>Regional Planning</b></p> <p>The Committee received an update on regional planning activity and noted the significant engagement taking place across partner organisations, regional programmes and national planning arrangements to support service planning and transformation objectives. The Committee highlighted the importance of ensuring alignment between emerging national developments, including the National Clinical Services Plan, and existing regional planning arrangements. The Committee also noted recent national policy developments relating to surgical hubs and highlighted the need to understand the implications for hospitals within the Health Board area.</p> <p><b>Public Health Update Report</b></p> <p>The Committee received a Public Health Update and noted concerns regarding delays to the development of Population Health Management arrangements. The Committee considered that the current position did not provide sufficient assurance and emphasised the importance of maintaining local momentum whilst national arrangements are developed. The Committee requested that opportunities for the Health Board to influence and potentially participate in pilot arrangements be actively explored.</p> |                                                                          |

|           |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                 | <p>The Committee also noted that vaccination uptake remained below levels required to achieve herd immunity in some areas, particularly for MMR vaccination, despite performance remaining above the Welsh average in several programmes. The Committee noted the continued public health risks and the ongoing work to improve uptake through targeted interventions and partnership working.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>2b</b> | Assurance       | <p><b>Primary Care Sustainability Report</b></p> <p>The Committee received assurance that primary care sustainability arrangements were being actively managed through workforce development, support for independent contractors and service sustainability programmes. Assurance was also provided that efficiency savings had been delivered through medicines optimisation, procurement efficiencies, estate management and contractual arrangements, with quality impact assessments undertaken to ensure that patient-facing services were protected and patient care was not adversely affected.</p> <p><b>Update and implications of new WG national GDS contract</b></p> <p>The Committee received an update on implementation of the new Welsh Government General Dental Services (GDS) contract and noted significant operational challenges. Since implementation, 16 NHS dental contracts had been returned. Whilst the strategic direction of the reforms remained supported, the Committee requested that lessons learned continue to be raised nationally and supported ongoing monitoring of the impact of the contractual changes and associated recommissioning arrangements.</p> <p><b>Regional Planning</b></p> <p>The Committee received assurance that significant regional planning activity remained in progress across partner organisations and national programmes, with governance arrangements in place to support alignment between local, regional and national planning priorities.</p> |
| <b>2c</b> | Review of Risks | <p><b>Overall Risk Position:</b></p> <p>The Committee reviewed the Committee Risk Report and noted that there had been no changes to the overall risk profile, with no new risks added or escalated. Risks remained under active review, with controls and mitigating actions monitored through established governance arrangements.</p> <p><b>Emerging Risk Themes:</b></p> <p>The Committee reviewed the Committee Risk Report and noted the ongoing risks associated with:</p> <ul style="list-style-type: none"> <li>• Sustainability of primary care services, including workforce pressures, increasing demand, financial</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  | <p>constraints and delivery of transformational change programmes</p> <ul style="list-style-type: none"> <li>• Implementation of the new General Dental Services contract, including the return of NHS dental contracts and the consequent impact on patient access to dental services.</li> <li>• Delays in the development of Population Health Management arrangements and the potential impact on delivery of population health improvements and use of population data</li> <li>• Public health risks associated with vaccination uptake remaining below levels required to achieve herd immunity in some programmes, particularly MMR vaccination.</li> </ul> <p>The Committee noted that these risks continued to be managed through existing governance, planning and escalation arrangements.</p> |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Aneurin Bevan University Health Board Key Issues Report

|                     |                                              |                   |                                |
|---------------------|----------------------------------------------|-------------------|--------------------------------|
| <b>Board Date:</b>  | 29 July 2026                                 |                   |                                |
| <b>Period of:</b>   | 30 <sup>th</sup> April 2026–<br>26 June 2026 | <b>Report of:</b> | <b>The Executive Committee</b> |
| <b>Quoracy met:</b> | N/A                                          |                   |                                |

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A weekly formal meeting which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meeting agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, oversight of the organisation's business, and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development



- Strategic Partnership Arrangements
- Transformational programmes.

During the period 30 April 2026–26 June 2026 the following matters were some of the issues considered by the Executive Committee.

|   |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Quality, Safety and Culture | <p><b>Cardiology Service Review</b></p> <p>The Committee received the outcome of the Royal College of Physicians' invited review of Cardiology services. The review identified opportunities to strengthen clinical governance, procedural practice, continuity of care, infection control arrangements and multidisciplinary team working. A comprehensive action plan and dedicated oversight arrangements had been established to address the findings. While improvements were required, benchmarking and national audit data did not identify the service as an outlier for clinical outcomes.</p> <p><b>Medical Revalidation</b></p> <p>The Committee received the Doctors' Revalidation Annual Report and took assurance from appraisal compliance rates, which remained significantly above the national average. Robust governance arrangements continued to operate effectively, supported by participation in the Welsh Revalidation Assurance Group and positive findings arising from an external review. Further work will be undertaken to strengthen support arrangements for locally employed doctors and utilise appraisal intelligence to support organisational learning and improvement.</p> <p><b>Quality and Patient Safety Capacity</b></p> <p>The Committee considered organisational changes within the Quality and Patient Safety function. Proposals to strengthen capacity within complaints and Patient Advice and Liaison Services through the repurposing of existing resources were supported, subject to alignment with organisational change requirements and governance processes.</p> |
|---|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |                                        | <p><b>Staff and Patient Experience</b></p> <p>Concerns relating to catering services, access to facilities and overall staff experience across Health Board sites were discussed. Issues regarding food provision for both staff and patients, access to amenities and consistency of provision were recognised as part of wider workforce wellbeing and patient experience considerations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2 | Delivery, Performance and Efficiencies | <p><b>Urgent and Emergency Care</b></p> <p>The Committee regularly reviewed ongoing system pressures associated with urgent and emergency care performance, including ambulance handover delays. Recovery plans have been refined to align with national Handover 45 expectations, strengthen clinical leadership and support delivery against performance trajectories. Enhanced Executive oversight arrangements have been established, with ambulance handover performance becoming a standing Executive Committee agenda item through inclusion of the Urgent and Emergency Care Dashboard.</p> <p><b>Clinical Pharmacy Support to Haematology</b></p> <p>The Committee approved Phase 1 of a business case to enhance Clinical Pharmacy support within the Haematology Directorate. The proposal seeks to address patient safety risks associated with workforce shortages, reduce reliance on temporary staffing arrangements and improve service sustainability. Delivery will be supported through robust financial monitoring and demonstration of anticipated efficiencies and cost neutrality.</p> <p><b>Benchmarking and Performance Intelligence</b></p> <p>The Committee supported extension of the CHKS benchmarking contract for a further twelve months to maintain access to established performance benchmarking arrangements whilst national alternatives continue to be developed and evaluated</p> |

|   |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | Strategic Planning and Service Development | <p><b>Discretionary Capital Programme</b></p> <p>The Committee reviewed the current position of the discretionary capital programme and noted increasing pressures arising from infrastructure, digital and service development requirements. Further work was commissioned to reprioritise schemes, validate cost assumptions and align investment decisions with organisational priorities and the available capital envelope.</p> <p><b>Emergency Department Phase 2 Development</b></p> <p>The Committee received updates regarding Phase 2 of the Emergency Department redevelopment programme. While the clinical and operational rationale for the scheme remained valid, concerns were raised regarding affordability, cost escalation and delivery timescales. Additional work has been commissioned to review costs, explore alternative delivery options and assess operational risks prior to progression.</p> <p><b>Organisational Planning and Escalation Arrangements</b></p> <p>The Committee noted ongoing engagement with Welsh Government and NHS Wales partners regarding organisational escalation arrangements, performance improvement expectations and planned care delivery. Particular focus remains on demonstrating delivery against organisational plans and responding effectively to national requirements.</p> |
| 4 | Strategic Partnership Arrangements         | <p><b>National Collaboration</b></p> <p>The Committee continued to oversee collaborative working with Welsh Government, NHS Wales organisations, Digital Health and Care Wales and other national partners. Discussions focused on performance improvement, digital development, benchmarking arrangements and service planning priorities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                                                     | <p><b>Regulatory and External Assurance</b></p> <p>The Committee considered a range of external reviews, audits and assurance requirements during the reporting period. This included oversight of the Health Board's response to the Royal College of Physicians Review and engagement with relevant external regulators and professional bodies to ensure appropriate independent assurance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> | Transformational programmes (IMTP/Clinical Futures) | <p><b>Workforce Transformation</b></p> <p>The Committee received assurance regarding implementation of the National Health Care Support Worker Framework. Full implementation was achieved within required timescales and further work is underway to develop future workforce models, review skill mix arrangements and understand the longer-term recurrent implications arising from national contractual and pay developments.</p> <p><b>Service Sustainability and Modernisation</b></p> <p>The Committee supported a number of initiatives designed to improve long-term service sustainability, including investment in specialist pharmacy support for Haematology services and wider workforce redesign initiatives. These programmes support safer care, improved resilience and alignment with strategic workforce priorities.</p> |
| <b>6</b> | Other Formal Business                               | <p>As standing agenda items, the Executive Committee receives:</p> <ul style="list-style-type: none"> <li>• Quality and Safety Performance Report</li> <li>• Workforce Performance Dashboard</li> <li>• Strategic Risk Report</li> <li>• Financial Performance Report</li> <li>• Activity &amp; Performance Report, including Ministerial Priorities</li> </ul> <p>In this reporting period the following other items of Formal Business was considered.</p>                                                                                                                                                                                                                                                                                                                                                                                  |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>Welsh Health Circular Compliance</b></p> <p>The Committee reviewed the organisation’s position against outstanding Welsh Health Circular requirements. Executive Directors were requested to review and validate all outstanding actions to support accurate reporting through the Audit Committee, Annual Governance Statement and Annual Report.</p> <p><b>Routine Governance Oversight</b></p> <p>In addition to the matters outlined above, the Committee received its regular reports on quality and safety, workforce, finance, activity and performance, strategic risks and ministerial priorities. The Committee continued to monitor the organisation’s overall governance, performance and assurance framework throughout the reporting period.</p> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



|                                                  |                                         |
|--------------------------------------------------|-----------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 29 July 2026                            |
| <b>CYFARFOD O:<br/>MEETING OF:</b>               | Board                                   |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | <b>Strategic Risk Report, July 2026</b> |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Chief Executive Officer                 |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Head of Corporate Risk and Assurance    |

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

Er Sicrwydd/For Assurance

## **ADRODDIAD SCAA SBAR REPORT**

### **Sefyllfa / Situation**

This report provides the Board with an updated assessment of the Health Board's strategic risk profile and the principal risks that may affect delivery of the Integrated Medium-Term Plan (IMTP) 2025–2028 and wider organisational objectives.

The Strategic Risk Register (SRR) comprises nine principal strategic risks supported by 21 sub-risks, which continue to be actively monitored through the established governance framework.

The overall risk profile remains broadly stable. However, significant pressures continue across a number of strategic areas, including financial sustainability, operational performance, estate resilience and enabling infrastructure

### **Cefndir / Background**

The Strategic Risk Register is the Board's primary mechanism for overseeing principal strategic risks that may affect delivery of the IMTP and the Health Board's strategic objectives.

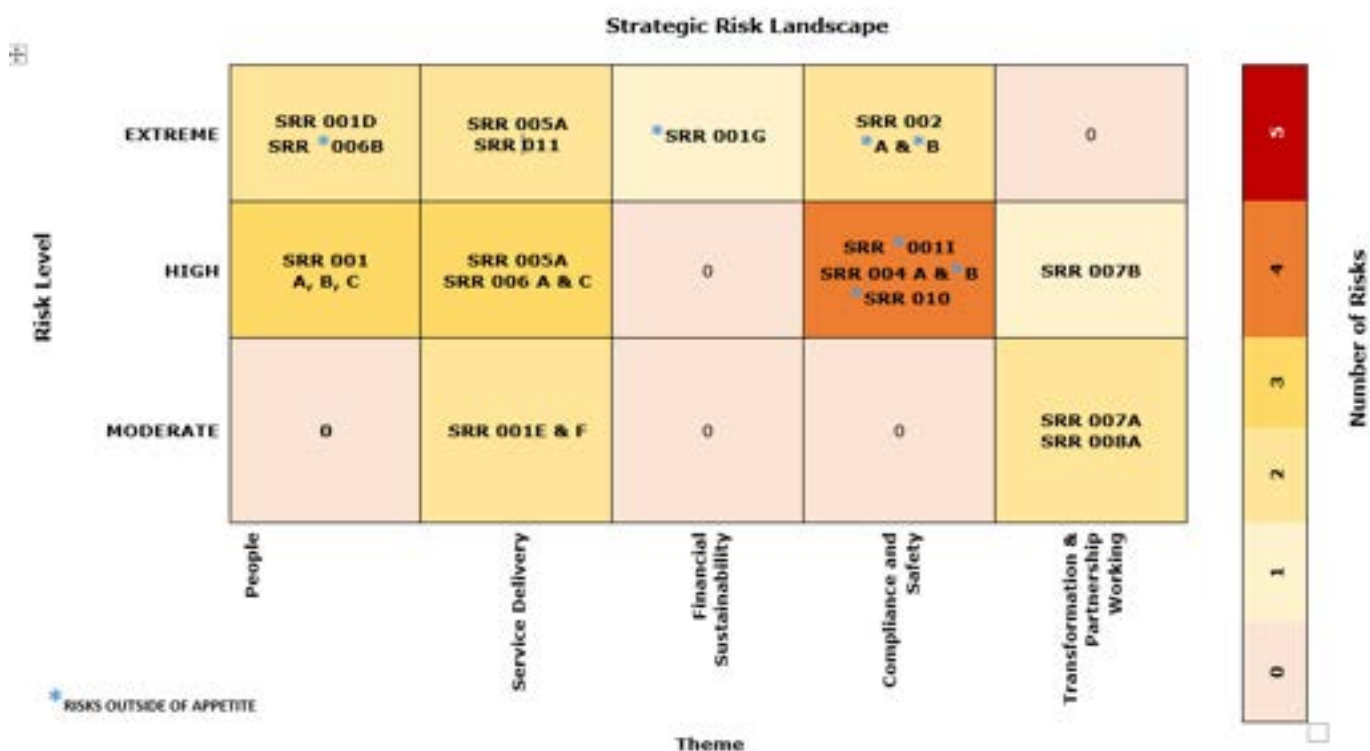
Each strategic risk is assigned to an Executive Director who is responsible for ensuring that appropriate controls, mitigating actions and assurance arrangements are in place. Risks are routinely scrutinised through the Health Board's governance

structure, providing ongoing Executive challenge and Board assurance.

## Asesiad / Assessment

The strategic risk profile has remained stable since the previous report, with no changes to the principal risks under Board oversight. Detailed Strategic Risk Assessments are provided at **Appendix A**.

The Heat Map illustrates the current distribution of strategic risks and highlights six of the 21 strategic sub-risks remain outside the Board's agreed risk appetite, reflecting continued exposure across financial sustainability, performance, estate resilience, business continuity, and governance and legislative compliance.



The strategic risks outside of appetite are shown in Table 1.

Table 1

| Risk ID & Score Threshold             | Sub Risk Description                                                                                                                                                                                                                     | Current Score | Management of the Risk                                                                                                                                                           |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SRR 001G</b><br>Score 12 and below | Due to the failure to deliver a sustainable financial position and longer-term financial plan.                                                                                                                                           | <b>20</b>     | The residual risk is being <b>treated</b> through strengthened financial controls, while <b>opportunities are being taken</b> to redesign services for long-term sustainability. |
| <b>SRR 0011</b><br>Score 8 and below  | Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance. | <b>12</b>     | The residual risk is being <b>treated</b> and opportunities taken to strengthen services and accountability structures.                                                          |
| <b>SRR 002A</b><br>Score 8 and below  | Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures                                                                                                                                                  | <b>15</b>     | The risk is being <b>tolerated</b> pending completion of remediation plans.                                                                                                      |

|                                      |                                                                                                                                                                                   |           |                                                                                                                                            |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SRR 002B</b><br>Score 8 and below | Due to significant levels of backlog maintenance and structural impairment.                                                                                                       | <b>12</b> | The risk is being <b>treated</b> through proactive estate investment and maintenance planning.                                             |
| <b>SRR 004B</b><br>Score 8 and below | Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident                                                | <b>12</b> | The risk is being <b>treated</b> through the development, standardisation, and testing of business continuity and incident response plans. |
| <b>SRR 010</b><br>Score 8 and below  | Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act. | <b>12</b> | The risk is being <b>treated</b> through strengthening governance and <b>taking the opportunity</b> to enhance staff safety culture.       |

Mitigating actions are in place across all principal risks, supported by active Executive oversight. However, six strategic sub-risks remain outside the Board's agreed appetite, reflecting the scale and complexity of the challenges facing the Health Board.

The revised Risk Management and Assurance Framework is intended to strengthen the Health Board's ability to manage these risks by improving the identification of key controls, the quality of assurance and the visibility of control and assurance gaps. This will provide greater confidence that mitigating actions are reducing risk exposure and that management effort is focused on the areas of greatest impact.

The Board should note that there are some strategic risks, including financial sustainability and system capacity, that are inherently influenced by factors beyond the Health Board's direct control. Whilst every effort should be made to reduce risk exposure through effective controls, some residual risks may remain above the agreed appetite. In these circumstances, the Board must be satisfied that risks have been reduced as far as reasonably practicable, are supported by robust controls and meaningful assurance, and can therefore be formally accepted.

### **Risk Management and Assurance Improvement Programme**

As outlined in the report presented to the Board in May, a Risk Management and Assurance Improvement Programme is underway to strengthen Board Assurance and organisational risk maturity. The programme, detailed in **Appendix B**, will accelerate following approval of the revised governance documents.

The programme will improve the quality and consistency of risk information, providing the Board with greater insight into organisational risk exposure, emerging risks, assurance gaps and the principal threats to delivery of the Health Board's strategic objectives.

Priority work includes:

- Refreshing the Strategic Risk Register to align with the Gwent 35 Strategy and IMTP;
- Strengthening the quality and consistency of strategic risk reporting;

- Improving the measurement of control effectiveness and assurance; and
- Developing an organisational Risk Intelligence Dashboard to provide a comprehensive view of the Health Board's risk universe, supporting enhanced Board Assurance and strategic decision-making.

### **Argymhelliad / Recommendation**

The Board is requested to:

- **CONSIDER** whether it has sufficient assurance that strategic risks are being appropriately identified, assessed and managed.
- **NOTE** the current strategic risk profile and the six strategic sub-risks operating outside the Board's agreed risk appetite.
- **NOTE** the Risk Management and Assurance Improvement Programme detailed in **Appendix B**.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

|                                                                                                                               |                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg<br>Corfforaethol a Sgôr Cyfredol:<br>Corporate Risk Register<br>Reference and Score:                  | The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.                                          |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item.                                         |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Choose an item.<br>Choose an item.<br>The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities. |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Governance                                                                                                                                 |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Not Applicable<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                                    |

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

|                                        |     |
|----------------------------------------|-----|
| Ar sail tystiolaeth:<br>Evidence Base: | N/A |
| Rhestr Termau:<br>Glossary of Terms:   | N/A |

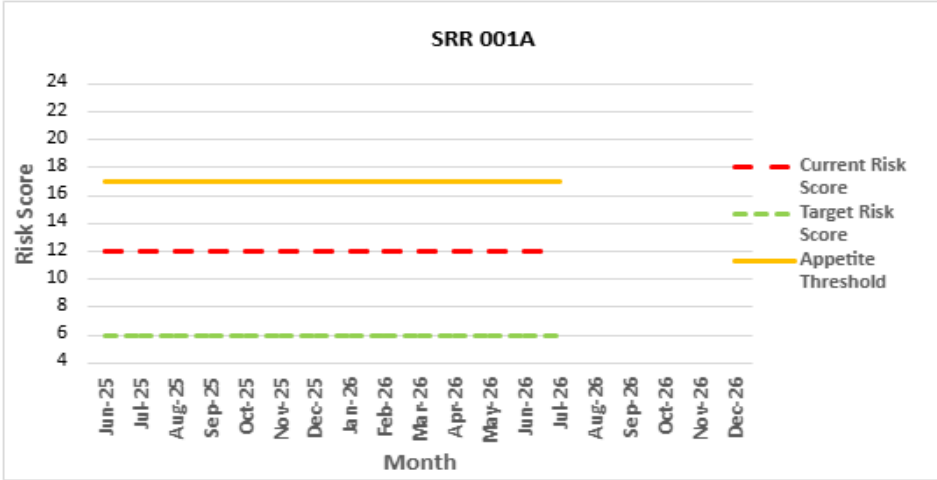
|                                                                                                                                                       |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
|                                                                                                                                                       |                                                                                                       |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities. |

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



| Risk ID and Description |                                                          |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | IMTP Link                                      | Risk Score |   |   |   |   |     |     |     |    |     |    |     |    |  |
|-------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------|---|---|---|---|-----|-----|-----|----|-----|----|-----|----|--|
|                         |                                                          |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |                                                | 2          | 3 | 4 | 5 | 6 | 8   | 9   | 10  | 12 | 15  | 16 | 20  | 25 |  |
| SRR 001                 | Director of workforce and OD                             | There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population                                                                 | a) Due to an inability to recruit and retain staff across all disciplines and specialities.                                                                                                                                                                                                                         | Workforce & Culture                            |            |   |   |   | X |     |     |     | ●  |     | ◊  |     |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | b) Due to a deterioration in, and a failure to improve, the well-being of our staff                                                                                                                                                                                                                                 |                                                |            |   |   |   |   | ×   |     | ●   |    | ◊   |    |     |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | c) Due to insufficient and ineffective leadership levels throughout the organisation.                                                                                                                                                                                                                               |                                                |            |   |   |   | X |     |     | ●   |    | ◊   |    |     |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level                                                                                                                                                                                                              |                                                |            |   |   |   |   | X   |     |     |    | ◊ ● |    |     |    |  |
|                         | Director of Strategy, Planning and Partnerships.         |                                                                                                                                                                                                                                         | e) Due to inadequate strategic plans which respond to population health and socio-economic needs                                                                                                                                                                                                                    | System Change                                  |            |   |   |   | X | ●   |     |     |    |     | ◊  |     |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | f) Due to unsustainable service models                                                                                                                                                                                                                                                                              |                                                |            |   |   |   | X |     |     | ●   |    | ◊   |    |     |    |  |
|                         | Director of Finance and Procurement                      |                                                                                                                                                                                                                                         | g) Due to the failure to deliver a sustainable financial position and longer-term financial plan                                                                                                                                                                                                                    | Finance                                        |            |   |   |   |   |     | X   |     |    | ◊   |    |     | ●  |  |
|                         | Director of Strategy, Planning and Partnerships.         |                                                                                                                                                                                                                                         | l) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.                                                                         | Performance Expectations & Workforce & Culture |            |   |   |   |   |     |     | X ◊ |    | ●   |    |     |    |  |
| SRR 002                 | Chief Operating Officer                                  | There is a risk that there will be significant failure of the Health Board's estate                                                                                                                                                     | a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures                                                                                                                                                                                                                          | Estates                                        | X          |   |   |   |   |     | ◊   |     |    |     | ●  |     |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | b) Due to significant levels of backlog maintenance                                                                                                                                                                                                                                                                 |                                                |            |   |   |   | X |     | ◊   |     | ●  |     |    |     |    |  |
| SRR 004                 | Director of Strategy, Planning and Partnerships.         | There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident                                                              | a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident                                                                                                                                                                  | System Change                                  |            |   |   |   | X | ● ◊ |     |     |    |     |    |     |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.                                                                                                                                                                              |                                                |            |   |   |   | X |     | ◊   |     | ●  |     |    |     |    |  |
| SRR 005                 | Chief Operating Officer                                  | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system                                                                                      | a) Due to inadequate arrangements to support system-wide patient flow                                                                                                                                                                                                                                               | System Change                                  |            |   |   |   |   |     |     | X   |    |     |    | ● ◊ |    |  |
| SRR 006                 | Director of Digital                                      | There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery                                                                                                 | a) Due to the full or partial failure of existing digital infrastructure and systems                                                                                                                                                                                                                                | Digital, Data & Technology                     |            |   |   |   |   |     | X   |     |    |     |    | ● ◊ |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | b) Due to an adverse impact on service delivery in the implementation of new digital systems                                                                                                                                                                                                                        |                                                |            |   |   |   | X |     |     |     |    |     | ◊  | ●   |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | c) Due to a failure to develop digital solutions that are sustainable and fit for the future                                                                                                                                                                                                                        |                                                |            |   |   |   |   |     | X   |     | ●  |     |    | ◊   |    |  |
| SRR 007                 | Director of Strategy, Planning and Partnerships.         | There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population                                                                                                            | a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.                                                                                                                                                                 | System Change & Regional Plans                 |            |   |   | X |   | ●   |     |     |    |     | ◊  |     |    |  |
|                         |                                                          |                                                                                                                                                                                                                                         | b) Due to the impact of fragile services across the regional and supra regional geography                                                                                                                                                                                                                           |                                                |            |   |   | X |   |     | ●   |     | ◊  |     |    |     |    |  |
| SRR 008                 | Director Of Nursing                                      | There is a risk that the Health Board fails to build positive relationships with patients, staff and the public                                                                                                                         | a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement                                                                                                                                                                                                        | Quality                                        |            |   |   | X |   |     | ●   |     |    |     |    | ◊   |    |  |
| SRR 010                 | Director of Allied Health Professions and Health Science | There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974                                                  | a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments. | Quality & Workforce & Culture                  |            |   |   |   |   | X   |     | ◊   |    | ●   |    |     |    |  |
| SRR 011                 | Director of Finance and Procurement                      | There is a risk that the Health Board does not adequately anticipate, plan for, and respond to the impacts of climate change, green health requirements, and the need to adapt and decarbonise its services, estate and infrastructure. | a) Due to an ageing and complex estate, competing capital and revenue pressures, climate-related service demand and the absence of an organisation-wide climate adaptation approach.                                                                                                                                | Green Health                                   |            |   |   |   |   |     | ● X |     |    |     |    | ◊   |    |  |

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

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

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Monitoring Framework to support roll-out of the People Plan.</li> <li>Workforce Dashboard to track activity – recruitment, turnover, sickness absence.</li> <li>Supply and demand tracker (Nursing and HCSW).</li> <li>People Plan tracker to support delivery of actions within the People Plan 2025-2030</li> <li>Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board.</li> <li>Management of attendance through All Wales Management Attendance at Work Policy.</li> <li>Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture.</li> <li>Nurse Staffing Levels (Wales) Act 201625b/25c.</li> <li>Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP.</li> <li>Workforce planning supported by Compendium of new roles to support innovative workforce models.</li> <li>Recruitment KPI's.</li> <li>IMTP (Integrated Medium-Term Plan) Educational Commissioning.</li> <li>Workforce Establishment controls national working group has been instigated and will be launching dashboard in April 2026</li> <li>Value and Sustainability Board.</li> <li>Implementation of the Collective Agreement (Non-Pay Deal) 2022/24.</li> <li>Real Living Wage Employer.</li> <li>Workforce Supply Oversight Group (WSOG) established led by HEIW with HB executive membership</li> </ul> | <p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>Approval to overrecruit to newly qualified nurses in September 2025, March 2026 and September 2026 resulting in zero forecasted RN vacancies in rostered areas.</li> <li>Flexible RN training routes circa 35 predicted to complete training each year</li> <li>Exploring potential of Overseas clinical attachments in other Divisions at both Junior and Senior grades (currently only Medicine) offering NHS experience to IMGs and provides a pipeline of suitable candidates to fill vacancies in future, particularly senior grades.</li> <li>Working closely with HEIW for earlier notification of unfilled and part-time training posts.</li> <li>Expand talent pools into areas with high turnover such as Facilities and Health Records.</li> </ul> <p><b>Retention</b></p> <ul style="list-style-type: none"> <li>Development of career pathways (e.g., non-clinical to clinical).</li> <li>Implementation of Talent Management and succession planning workshops.</li> <li>NHS Wales Nurse Retention Plan quarterly updates being reviewed, submission update in September 2025.</li> <li>HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover being reviewed monthly.</li> <li>Introduction of new starter surveys in collaboration with Nursing and Midwifery directorate</li> <li>Over 50 positive retention stories across all divisions collated and on the intranet.</li> <li>Organisational turnover and exit reviewed and analysed leading to an initial deeper dive into estates and facilities.</li> </ul> |

- Engagement with national recruitment campaigns such as BAPIC, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician’s Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Resident Doctor.
- Annual programme of Apprentice and RCN Connect recruitment.
- Overseas Nursing (All Wales Recruitment programme).
- Nursing Workforce Strategy 2023 – 2026
- Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022)
- Partnerships with employability schemes and FE/HE to widen access.
- Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board.
- Working with partners to improve visibility and attraction.
- DBS Policy in place with DBS risk assessment form November 2024.
- Recruitment & Selection Policy published September 2025.
- Introduced centralised HCSW talent pools from September 2023.
- Future Nurse Academy introduced in January 2024.
- Fixed term Rotational posts for Registered Nurses to be introduced March 2026
- Internal Lateral Transfer Scheme for B5 Registered Nurses introduced January 2026

**Retention**

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

**Variable pay reduction**

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

**E- Systems**

- Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. E-Locum Bank, E-Job Planning, E-Agency systems are all ‘live’ and rolled out within the Health Board.
- Medical E-Rostering roll out is still not fully rolled out due to some development delays with the provider, but the first areas should be live by Summer of 2026

**Development of Alternative and New Roles**

- Development of alternative and new roles.
- A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care.
- Mental Health Workforce plan development in line with new Models of Care.

**Training**

- The HEIW Education & Training Plan 2025/26 continues the investment in education and training in Wales that has been increasing over past years.
- The 2025/26 education training plan demonstrated increases in a number of medical training places in medical, surgical, diagnostics and mental health specialities. This is to support areas of high vacancies, population health predictions and Welsh Government Priorities. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing (adult, health visiting, practice. Training numbers in Therapies and Health Care Science programmes will remain static at previous year’s numbers.
- HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.
- Ongoing investment in the Primary and Community Care Academy Network will be a key enabler to delivering innovation and transformation through the Strategic Workforce Plan for Primary Care and the Strategic Programme for Primary Care.
- Flexible routes to RN training in place through USW and Open University
- Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active.
- K102 bridging model now being offered to support HCSW pathways into registered nursing.
- Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx). Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced

**Variable Pay Reduction**

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

**E- Systems**

- Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas.
- Roll out of medical rostering will resume in October 2025. This will help to predict junior doctor gaps and look for alternative ways to fill.
- Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision.
- E-Job Planning compliance has remained static, and February's compliance was 54%. A Revised trajectory has been commissioned by the Medical Director for improvement to 80% in 26/27.
- Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles.
- Due to delays in development to allow for roll out of live rosters for Medical and Dental, a contract improvement notice has been issued to Patchwork.

**Development of alternative and new roles**

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

**Workforce Supply and Demand Modelling**

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

**Training**

- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy.
- Workforce planning training prospectus of local and online training launched May 2025 and HEIW Workforce Planning Hub launched June 2025 with dates for 2026.
- Development opportunity being scoped for Business support staff.
- Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR.
- Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire.
- Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies.
- A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention.
- 31 staff enrolled on workforce planning online training modules level 1. 15 managers enrolled on level 2 training delivered locally March 2025. A capacity and capability workforce planning action plan are being developed to support 25/26 programme of activity.
- Launch of Admin Together staff network (now at 100 members) supporting administrative staff to connect, develop and address organisational challenges. Continued support of all staff networks.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>23 April 2024 with cohort 2 launching June 2025. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff per year.</p> <ul style="list-style-type: none"> <li>Delivery of workforce planning training.</li> </ul> <p><b>Vacancy Numbers and establishment control</b></p> <ul style="list-style-type: none"> <li>Quarterly reporting of vacancy numbers have improved from 442wte to 330wte vacancies as of September 25 (all staff groups)</li> <li>Development of ESR establishment control model commenced. Local delivery action plan has been agreed by the Executive Committee with expected 90% roll out completed by 31 October 2025. Dashboard to be launched late April 2026 A bespoke model will be developed to support medical staffing.</li> </ul> <p><b>Staff attendance</b></p> <ul style="list-style-type: none"> <li>Support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work.</li> <li>“Hot spot” areas identified and plans in place to support.</li> </ul> <p><b>Band 2/3</b></p> <ul style="list-style-type: none"> <li>Implementation of the national Health Care Support Worker Job Description Framework has commenced and 98% completed for staff in post as 1<sup>st</sup> January 2026. This will re-band many Band 2 staff in nursing, maternity, and theatres to Band 3, improving engagement, retention, and recruitment.</li> </ul> |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                            | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                                                                                                                                                                                                                                             | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>Workforce reports to the Nurse Strategic Workforce Group.</li> <li>Monthly sickness monitoring reports.</li> <li>Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN.</li> <li>Medical Staffing Co-ordinator review of medical rotas.</li> <li>Cross site operational calls.</li> </ul>                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Occupational Health and Wellbeing dashboards report KPIs.</li> <li>Recruitment KPIs</li> <li>Medical &amp; Dental and Student Streamlining fill rate reports</li> </ul>                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25</li> <li>Workforce Dashboard presented to the Executive Committee, P&amp;CC Committee, and the Board.</li> <li>Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation.</li> <li>Measurements of Wellbeing through the ABUHB</li> </ul>                                                                                                                   | <ul style="list-style-type: none"> <li>(Aneurin Bevan University Health Board) Staff Survey</li> <li>Routine Reporting against nurse staffing levels.</li> <li>Variable Pay Programme Board reporting to Value and Sustainability Board</li> <li>Resident Doctor Contract Reform Steering Group</li> </ul> | <ul style="list-style-type: none"> <li>Governance processes</li> <li>risk management input (register, risk assessment)</li> </ul>                                                                                                                                                                                                                                                             |                                                                                                                                                                              |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>Internal Audit Reviews 2023 -24</li> <li>Long Term Sickness Absence Management (Q4)</li> <li>Flexible Working (Q4)</li> <li>External quarterly vacancy reporting to WG</li> <li>National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative.</li> </ul> | <ul style="list-style-type: none"> <li>External reporting on Nursing Staffing Levels</li> <li>National Acuity Audits (Nursing)</li> <li>Workforce planning external audit action plan 2024 and Structured Assessment Response August 2025</li> <li>Resident Doctor Contract Reform</li> </ul>              | <ul style="list-style-type: none"> <li>Latest local survey saw a reduction in staff wellbeing</li> <li>Resident Doctor Contract Reform – element still in negotiation with BMA</li> <li>1000 new trainee posts in NHS England to commence in August 2026 which may impact on NHS Wales and the additional capacity required as a result of the new Resident Doctor Contract Reform</li> </ul> | <ul style="list-style-type: none"> <li>Internal Audit Staff Culture Q3 2024/25</li> <li>Audit on Right to Work and International recruitment processes April 2026</li> </ul> |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <u>Guidance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |
| 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.                                                                                                                                                                                                                                                                                                                | POSITIVE                                                                                                                                                                     |

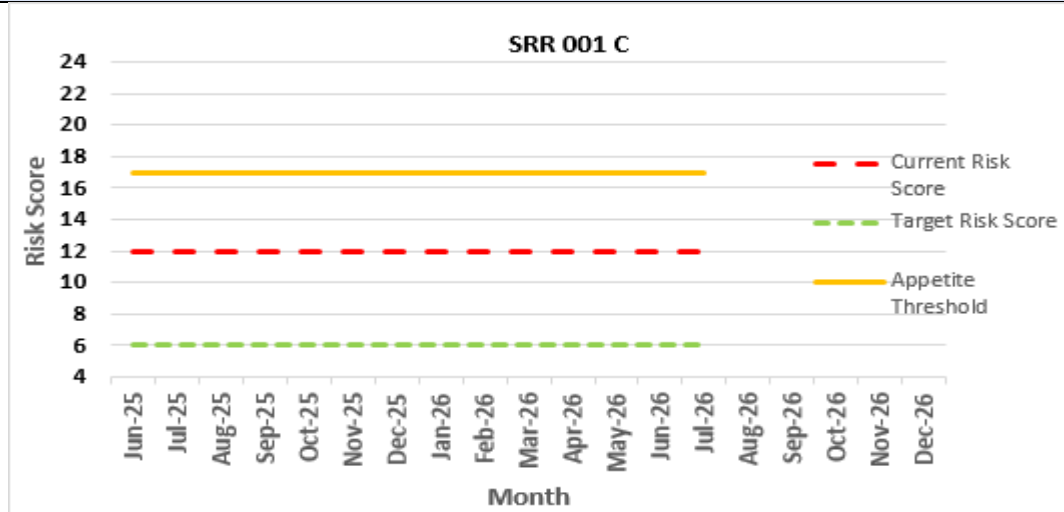
| RISK THEME                                     | PEOPLE                                                                                                                                                           |  |                                                                                                                                                                                       |                          |                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                    |  |        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--------|
| LINK TO IMTP                                   | SECTION 4: ENABLER – WORKFORCE AND CULTURE                                                                                                                       |  |                                                                                                                                                                                       |                          |                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                    |  |        |
| Strategic - SRR 001 B                          | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. |  |                                                                                                                                                                                       |                          |                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           | Publication Status |  | Public |
| Threat<br><i>(As a result of)</i>              | Due to a deterioration in, and a failure to improve, the well-being of staff.                                                                                    |  |                                                                                                                                                                                       |                          |                                                                                                                                                                                       | Risk Appetite Level – Open<br>Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.      |                                                                                                                                                                                                                                                           |                    |  |        |
| Impact<br><i>(Consequences of the threat)</i>  | <u>Patient</u> <ul style="list-style-type: none"><li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li></ul>               |  | <u>Staff</u> <ul style="list-style-type: none"><li>High absence levels, with some sustained long periods</li><li>Non-compliance with safe staffing principles and standards</li></ul> |                          | <u>Organisation</u> <ul style="list-style-type: none"><li>Reputational damage to the health board as an employer</li><li>Work-related claims</li><li>Financial Implications</li></ul> |                                                                                                                                                                                            | Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. |                    |  |        |
|                                                |                                                                                                                                                                  |  |                                                                                                                                                                                       |                          |                                                                                                                                                                                       | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold. |                                                                                                                                                                                                                                                           |                    |  |        |
|                                                |                                                                                                                                                                  |  |                                                                                                                                                                                       |                          |                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                    |  |        |
| Lead Director                                  | Director of Workforce & Organisational Development                                                                                                               |  | Risk Exposure                                                                                                                                                                         | Current Level            | Target Level                                                                                                                                                                          |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                    |  |        |
| Monitoring Committee / Group                   | People & Culture Committee                                                                                                                                       |  | Likelihood                                                                                                                                                                            | 3 <i>(Possible)</i><br>x | 3 <i>(Possible)</i><br>x                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                    |  |        |
| Initial Date of Assessment                     | 01 June 2023                                                                                                                                                     |  | Impact                                                                                                                                                                                | 4 <i>(Major)</i>         | 3 <i>(Moderate)</i>                                                                                                                                                                   |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                    |  |        |
| Last Reviewed                                  | April 2026                                                                                                                                                       |  | Risk rating                                                                                                                                                                           | = 12<br><i>(High)</i>    | = 9<br><i>(High)</i>                                                                                                                                                                  |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                    |  |        |
| Next Review<br>(Quarterly based on risk score) | July 2026                                                                                                                                                        |  |                                                                                                                                                                                       |                          |                                                                                                                                                                                       |                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                    |  |        |

| Current Key Controls<br><i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Plans to Improve Control<br><i>What further controls are required to reduce the risk exposure to within a tolerable range?<br/>(Short, Medium, and Long-Term Plans need to be included)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>General</b> <ul style="list-style-type: none"> <li>Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard</li> <li>Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity</li> <li>Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority</li> <li>Strategic Equality Plan</li> <li>Rest and Facilities Charter – monitoring and compliance</li> <li>Staff related policies</li> <li>National Staff Survey outcomes</li> <li>External Employee Assistance Programme</li> <li>Speaking up Safely Action Plan</li> <li>Race/LGBT groups</li> <li>Wellbeing resources</li> <li>Staff diversity networks</li> <li>Regular Schwartz rounds arranged across the Health Board</li> <li>Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own</li> <li>Close links with the Arts in Health programme</li> <li>Chaplaincy service for staff</li> <li>Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being</li> <li>Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate</li> <li>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership &amp; Management.</li> <li>An externally commissioned SUS hotline</li> </ul> | <b>General</b> <ul style="list-style-type: none"> <li>Increase wellbeing initiatives, including long term strategic programmes within large departments (e.g., Maternity)</li> <li>Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders)</li> <li>Take a data-based approach to improve our approach to Respect and Resolution processes, and supporting resources</li> <li>Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues</li> <li>Trained mediators so there is team and organisational resilience and network</li> <li>Enhanced our financial well-being offer</li> <li>Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate</li> <li>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership &amp; Management</li> <li>The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has consistently resulted in a 60-70% reduction in investigations and a wide range of other organisational benefits over 3 years. The next phase of this programme will involve transferring the benefits to Respect and Resolution processes.</li> <li>Implement, develop and embed the Speaking up Safely process in line with the Welsh Government Framework</li> <li>We are planning a series of events to celebrate 10 Years of Schwartz Rounds within ABUHB</li> <li>‘Safe atmospheres’ training has been piloted to support the ongoing psychological safely focused work taking place in theatres and linked to ‘never events’ and team debriefing</li> <li>Working with trade union and national partners to improve attendance at work and prevent absence through a variety of initiatives including Wellbeing Passport, alternative roles and health promotion.</li> </ul> <b>Occupational Health.</b> <ul style="list-style-type: none"> <li>Regional occupational health partnership working being explored with Cardiff and Vale and also Cwm Taff, Phase 1 collaborative physician procurement process completed and implemented</li> <li>Support equality and diversity of workforce</li> <li>Review of staff diversity networks</li> </ul> |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>An external Employee Assistance Programme (Vivup) has been commissioned for a further 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative</li> </ul> <p><b>Occupational Health</b></p> <ul style="list-style-type: none"> <li>Additional occupational health resources secured to reduce waiting times</li> <li>Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes</li> <li>SEQUASH accreditation applied for QTR 4 2025/2026.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC</li> </ul> | <ul style="list-style-type: none"> <li>Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms</li> <li>Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing</li> </ul> <p><b>Staff Survey Action Plan</b></p> <ul style="list-style-type: none"> <li>Findings from the staff survey 2024/25 indicate improvements with culture and diversity</li> <li>An ABUHB action plan has been developed to address staff engagement, work related stress and to improve retention of staff</li> <li>Planning for 2026 staff survey underway to improve compliance and value of outcomes</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

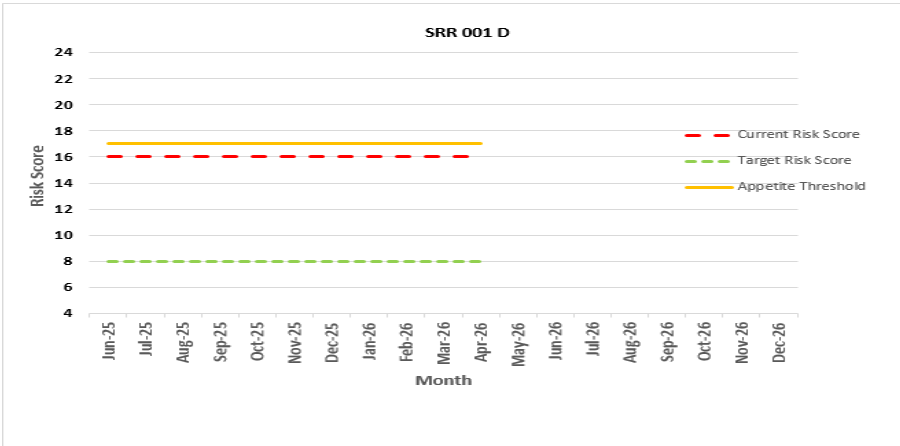
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                 |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                 |                                                                                    |                                                                                                                   |                                                                                                                                      |
| <ul style="list-style-type: none"> <li>Dashboard reporting</li> <li>Reporting to monitor the rollout of the People Plan 22-25</li> <li>Reporting to monitor of demand on wellbeing services</li> </ul>                                                              |                                                                                    | <ul style="list-style-type: none"> <li>Understand if support is reaching all staff</li> </ul>                     | <ul style="list-style-type: none"> <li>Meetings with Divisions ongoing to ensure all areas are aware of what’s available.</li> </ul> |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                |                                                                                    |                                                                                                                   |                                                                                                                                      |
| <ul style="list-style-type: none"> <li>People and Culture Committee reports (People Plan 22-25)</li> <li>Local wellbeing surveys</li> <li>LNC – reporting of compliance of BMA Rest and Facilities</li> </ul>                                                       |                                                                                    |                                                                                                                   |                                                                                                                                      |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                  |                                                                                    |                                                                                                                   |                                                                                                                                      |
| <ul style="list-style-type: none"> <li>National workforce surveys</li> <li>Monitoring and compliance of BMA Rest and Facilities via NHS Employers</li> <li>Staff Welfare Charter</li> <li>Sickness Absence Audit 2023/24 – Outcome: Reasonable Assurance</li> </ul> |                                                                                    | <ul style="list-style-type: none"> <li>Latest local survey saw a reduction in staff wellbeing</li> </ul>          | <ul style="list-style-type: none"> <li>Internal Audit Staff Culture Q3 2024/25</li> </ul>                                            |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                    |                                                                                    |                                                                                                                   |                                                                                                                                      |
| 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.                                    | POSITIVE                                                                                                                             |

| RISK THEME                                     | PEOPLE                                                                                                                                                           |                                                                                                                 |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                           |                   |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| LINK TO IMTP                                   | SECTION 4: ENABLER – WORKFORCE AND CULTURE                                                                                                                       |                                                                                                                 |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                           |                   |
| Strategic - SRR 001 C                          | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. |                                                                                                                 |                                                                                                                                                                                                                                                                                       | Publication Status                                                                                                                                                                                                                                        | Public            |
| Threat<br>(As a result of)                     | Due to insufficient and ineffective leadership levels throughout the organisation                                                                                |                                                                                                                 |                                                                                                                                                                                                                                                                                       | Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.                                                                        |                   |
| Impact<br>(Consequences of the threat)         | <u>Patient</u> <ul style="list-style-type: none"><li>Adverse impacts on delivery of care to patients across acute and non-acute settings;</li></ul>              | <u>Staff</u> <ul style="list-style-type: none"><li>Adverse impacts on staff recruitment and retention</li></ul> | <u>Organisation</u> <ul style="list-style-type: none"><li>Failure to deliver health board priorities, required improvements and achieve sustainability;</li><li>Poor levels of accountability and delivery;</li><li>Reputational damage to the health board as an employer;</li></ul> | Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. |                   |
|                                                |                                                                                                                                                                  |                                                                                                                 |                                                                                                                                                                                                                                                                                       | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                |                   |
|                                                |                                                                                                                                                                  |                                                                                                                 |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                       |                   |
| Lead Director                                  | Director of Workforce & Organisational Development                                                                                                               |                                                                                                                 | Risk Exposure                                                                                                                                                                                                                                                                         | Current Level                                                                                                                                                                                                                                             | Target Level      |
| Monitoring Committee / Group                   | People & Culture Committee                                                                                                                                       |                                                                                                                 | Likelihood                                                                                                                                                                                                                                                                            | 3 (Possible)                                                                                                                                                                                                                                              | 3 (Possible)      |
| Initial Date of Assessment                     | 01 June 2023                                                                                                                                                     |                                                                                                                 | Impact                                                                                                                                                                                                                                                                                | 4 (Major)                                                                                                                                                                                                                                                 | 2 (Minor)         |
| Last Reviewed                                  | April 2026                                                                                                                                                       |                                                                                                                 | Risk rating                                                                                                                                                                                                                                                                           | = 12<br>(High)                                                                                                                                                                                                                                            | = 6<br>(Moderate) |
| Next Review<br>(Quarterly based on risk score) | July 2026                                                                                                                                                        |                                                                                                                 |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                           |                   |

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Talent and Succession Planning framework published</li><li>Monitoring Framework to support roll out of the People Plan – Focus on Talent and Succession Planning.</li><li>Monitoring Frameworks with HEIW</li><li>HEIW leadership programmes including for aspiring Directors and CEOs</li><li>Leadership journey and programmes mapped, variety of programmes and resources available ranging from aspiring to senior leaders. Including bespoke for Leading people and staff groups including Clinical Directors, Directorate Managers and Administrative Network.</li><li>Nursing Leadership Academy well established</li><li>Learning masterclasses have been designed and developed for the organisation addressing key themes such as giving feedback, developing team and having courageous conversations.</li><li>OD and training available for local management levels as well as corporate organisational wide programmes.</li></ul> | <p><b>Talent and Succession Planning</b></p> <ul style="list-style-type: none"><li>Development workshops being rolled across the Health Board, open for all leaders to attend. Ongoing and planned throughout 2026/27</li><li>Designated Talent and Management succession planning resources available on ABUHB intranet and updated regularly.</li></ul> <p><b>Development leadership capabilities</b></p> <ul style="list-style-type: none"><li>Currently exploring leadership funding options with USW to maximise Governmental Grants and utilisation of the apprentice levy.</li><li>Continued commitment to NHS graduate schemes.</li><li>Continued bespoke development and support for senior management teams in clinical and non-clinical settings focusing on leadership, team dynamics and thriving.</li><li>Working with HEIW to inform a national development programme for managers</li><li>Engagement with the management competency framework which will be adopted in Wales (following implementation in NHS England).</li><li>Review of current leadership journey and training with planning starting to develop a very senior leadership development programme in 2026/27</li><li>Specific leadership and culture work starting in MHLd division with methods being developed to scale across the Health Board in 2026.</li></ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                    |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                    |                                                                                    |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"><li>WOD Divisional reporting</li><li>Evaluation of internal leadership programmes and regular review of our internal offer</li></ul> |                                                                                    |                                                                                                                   |                                                                                                                |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                   |                                                                                    |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"><li>Reporting to People and Culture Committee - progress against People Plan 22-25 / 2025 – 2028.</li></ul>                          |                                                                                    |                                                                                                                   |                                                                                                                |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                     |                                                                                    |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"><li>Internal Audit Review</li><li>Talent and Succession Board</li></ul>                                                              |                                                                                    |                                                                                                                   |                                                                                                                |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                       |                                                                                    |                                                                                                                   |                                                                                                                |
| 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.                                    | POSITIVE                                                                                                       |

| RISK THEME                                   | PEOPLE                                                                                                                                                           |                                                                                                                           |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINK TO IMTP                                 | SECTION 4: ENABLER – WORKFORCE AND CULTURE                                                                                                                       |                                                                                                                           |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Strategic - SRR 001 D                        | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population. |                                                                                                                           |                                                                                                                                                                                           | Publication Status<br>Public                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Threat<br>(As a result of)                   | Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level                                                              |                                                                                                                           |                                                                                                                                                                                           | Risk Appetite Level – Open<br>Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.                                                                                                                                                                                                                                                                          |
| Impact<br>(Consequences of the threat)       | <u>Patient</u> <ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>             | <u>Staff</u> <ul style="list-style-type: none"> <li>Non-compliance with safe staffing principles and standards</li> </ul> | <u>Organisation</u> <ul style="list-style-type: none"> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage to the health board and loss of public confidence</li> </ul> | Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.<br><b>SUMMARY</b><br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold. |
| Lead Director                                | Director of Workforce & Organisational Development                                                                                                               | Risk Exposure                                                                                                             | Current Level                                                                                                                                                                             | Target Level                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Monitoring Committee / Group                 | People & Culture Committee                                                                                                                                       | Likelihood                                                                                                                | 4 (Likely)                                                                                                                                                                                | 2 (unlikely)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Initial Date of Assessment                   | 01 June 2023                                                                                                                                                     | Impact                                                                                                                    | 4 (Major)                                                                                                                                                                                 | 4 (Major)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Last Reviewed                                | June 2026                                                                                                                                                        | Risk rating                                                                                                               | = 16<br>(Extreme)                                                                                                                                                                         | = 8<br>(Moderate)                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Next Review<br>(Monthly based on risk score) | July 2026                                                                                                                                                        |                                                                                                                           |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>All Wales Industrial Action Planning Group.</li> <li>Local Health Board planning arrangements.</li> <li>Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and</li> <li>CODE OF PRACTICE Industrial Action Ballots and Notice to Employers.</li> <li>Business Continuity Plans</li> <li>Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture.</li> <li>Effective derogation processes including Christmas Day cover definition.</li> <li>Local Negotiating Committee (LNC) and Trade Union Partnership Forum (TUPF)</li> <li>Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance.</li> <li>All Wales training sessions provide by legal and risk to support industrial action.</li> <li>Picketing guidance supported and agreed.</li> <li>Workforce Peer Networks – WOD's and DEWOD's.</li> <li>Resident Doctor Contract agreed and implementation plan issued</li> <li>Living Wage uplift to be applied from April 2026 as per WHC</li> <li>Band 2/Band 3 assessments initiated</li> <li>AFC pay award for 2026/27 announced for Agenda for change and Medical and Dental staff.</li> </ul> | <ul style="list-style-type: none"> <li>Issue of WHC AFC non pay elements of collective agreement 2022-24.</li> <li>Early notification of consultative ballot outcomes via NHS Employers/WG.</li> <li>Local negotiation and response to grievances related to band 2/band 3 job descriptions for HCSWs.</li> <li>Awareness of national TU ballot responses regarding pay dispute – early notification ahead of any strike action ballots for planning purposes.</li> <li>Resident Doctor contract reform planning structure in place in conjunction with Medical Director.</li> <li>CPD/Statutory and Mandatory training review in progress with TU colleagues.</li> <li>Review of Health Visitor Job Description in partnership with Tus</li> <li>Contribution to national Health Visitor working group</li> <li>Resident Doctor contract implementation readiness assessment Contractual reviews/disputes supported with guidance from NHS Wales Employers</li> </ul> |

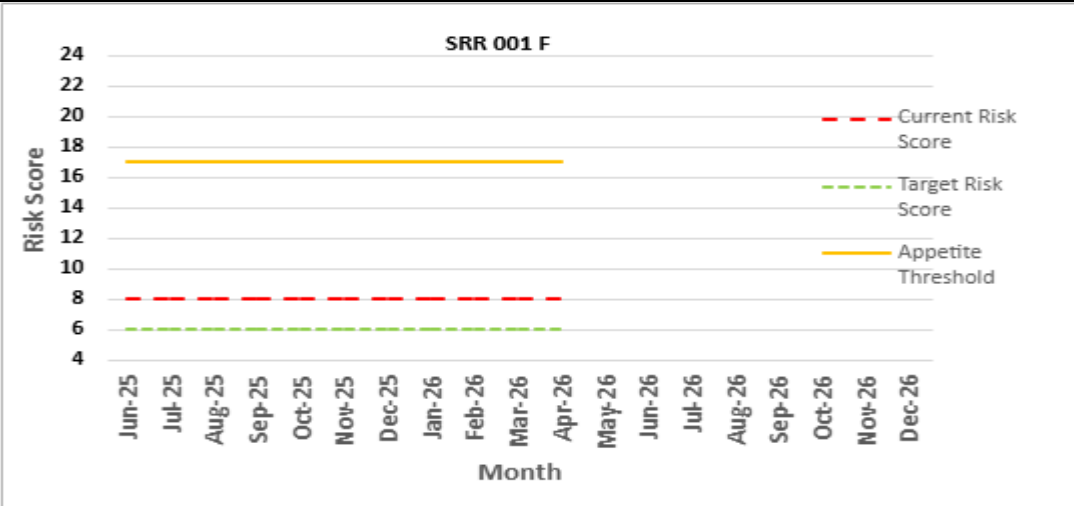
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                                                                 | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"> <li>Local Staff re-deployments assessment</li> <li>Divisional engagement and service planning arrangements in place</li> <li>Local Negotiating Committee (LNC)</li> <li>Trade Union Partnership meetings</li> <li>Established processes and tools used for previous industrial action.</li> </ul>                                                                                                                                |                                                                                                                   | Further industrial action                                                                                      |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"> <li>Reporting to Executive team as required</li> <li>Business Continuity groups as required</li> <li>Command and control structure in place to be implemented as required</li> </ul>                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                                                |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"> <li>All Wales IA group and Welsh Government planning group.</li> <li>Debriefing session planned to reflect and capture learning for any potential future action</li> <li>Resident Doctor Contract Reform</li> <li>Band 2/3 Implementation Framework – DRAFT, subject to Cabinet Secretary review/approval</li> <li>Working with national partnerships groups including Welsh Partnership Forum and Business Committee</li> </ul> |                                                                                                                   |                                                                                                                |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                |
| Negative – Insufficient evidence that the controls                                                                                                                                                                                                                                                                                                                                                                                                                  | Reasonable - adequate evidence that the controls in place are working effectively.                                | Positive - robust evidence that the controls in place are working effectively.                                 |
| REASONABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                |



| RISK THEME                                       | SERVICE DELIVERY                                                                                                                                                                 |               |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                    |        |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| LINK TO IMTP                                     | SECTION 3: SYSTEM CHANGE                                                                                                                                                         |               |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                    |        |
| Strategic/ Corporate Risk<br>SRR 001 E           | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.                 |               |                                                                                                                                                                                                                                                                                                 | Publication Status                                                                                                                                                                                                                                                 | Public |
| Threat<br><i>(As a result of)</i>                | Due to inadequate strategic plans which respond to population health and socio-economic needs.                                                                                   |               |                                                                                                                                                                                                                                                                                                 | <b>Risk Appetite Level – OPEN</b><br>Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.                                                                       |        |
| Impact<br><i>(Consequences of the threat)</i>    | <b>Patient</b> <ul style="list-style-type: none"> <li>Increased patient acuity levels</li> <li>Worsening of health inequalities</li> <li>Worsening of health outcomes</li> </ul> | <b>Staff</b>  | <b>Organisation</b> <ul style="list-style-type: none"> <li>Failure to train teams in multi-morbidity management</li> <li>Failure to comply with the Wellbeing of Future Generations Act (Wales)</li> <li>Reputational damage and loss of public confidence</li> <li>Increased demand</li> </ul> | <b>Risk Appetite Threshold – SCORE 17 AND BELOW</b><br>Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. |        |
|                                                  |                                                                                                                                                                                  |               |                                                                                                                                                                                                                                                                                                 | <b>SUMMARY</b><br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                  |        |
|                                                  |                                                                                                                                                                                  |               |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                    |        |
| Lead Director                                    | Director of Strategy, Planning and Partnerships                                                                                                                                  | Risk Exposure | Current Level                                                                                                                                                                                                                                                                                   | Target Level                                                                                                                                                                                                                                                       |        |
| Monitoring Committee / Group                     | Partnerships, Public Health and Planning Committee                                                                                                                               | Likelihood    | 2 <i>(Unlikely)</i><br>x                                                                                                                                                                                                                                                                        | 2 <i>(Unlikely)</i><br>x                                                                                                                                                                                                                                           |        |
| Initial Date of Assessment                       | 01 June 2023                                                                                                                                                                     | Impact        | 4 <i>(Major)</i>                                                                                                                                                                                                                                                                                | 3 <i>(Moderate)</i>                                                                                                                                                                                                                                                |        |
| Last Reviewed                                    | May 2026                                                                                                                                                                         | Risk rating   | = 8<br><i>(Moderate)</i>                                                                                                                                                                                                                                                                        | = 6<br><i>(Moderate)</i>                                                                                                                                                                                                                                           |        |
| Next Review<br>(Six monthly based on risk score) | November 2026                                                                                                                                                                    |               |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                    |        |

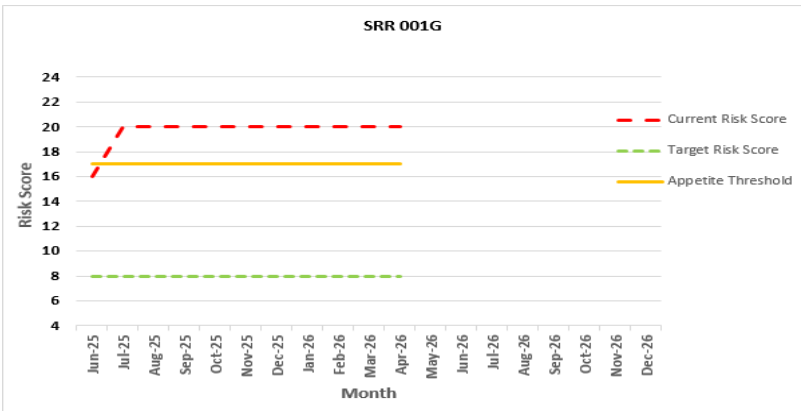
| Current Key Controls<br><i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>                                                                                  | Plans to Improve Control<br><i>What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

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                |                                                                                    |                                                                                                                   |                                                                                                                                        |
| <ul style="list-style-type: none"> <li>QlikSense – performance information</li> <li>SFN – performance information</li> </ul>                                                                                                                                                                                       |                                                                                    |                                                                                                                   | <ul style="list-style-type: none"> <li>Effectiveness of the plans in delivering improvements</li> </ul>                                |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                               |                                                                                    |                                                                                                                   |                                                                                                                                        |
| <ul style="list-style-type: none"> <li>IMTP Delivery and Outcomes Reporting to Board</li> <li>Marmot Region Programme</li> <li>RPB reporting to Board and Population Health, Planning and Partnerships Committee</li> </ul>                                                                                        |                                                                                    |                                                                                                                   |                                                                                                                                        |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                 |                                                                                    |                                                                                                                   |                                                                                                                                        |
| <p><b>Internal Audit Reviews 2023-24</b></p> <ul style="list-style-type: none"> <li>IMTP Planning (Q1) Outcome – Reasonable Assurance</li> </ul> <p><b>Internal Audit Reviews 2024-25</b></p> <ul style="list-style-type: none"> <li>Internal Audit Partnership Arrangements – <b>Limited Assurance</b></li> </ul> |                                                                                    |                                                                                                                   | <ul style="list-style-type: none"> <li>Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan</li> </ul> |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                   |                                                                                    |                                                                                                                   |                                                                                                                                        |
| Negative – Insufficient evidence that the controls                                                                                                                                                                                                                                                                 | Reasonable - adequate evidence that the controls in place are working effectively. | Positive - robust evidence that the controls in place are working effectively.                                    | REASONABLE                                                                                                                             |

| RISK THEME                                       | SERVICE DELIVERY                                                                                                                                                                                      |  |                         |  |                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                             |  |                                                                                     |  |        |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|--------|
| LINK TO IMTP                                     | SECTION 3: SYSTEM CHANGE                                                                                                                                                                              |  |                         |  |                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                             |  |                                                                                     |  |        |
| Strategic Risk<br>SRR 001 F                      | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.                                      |  |                         |  |                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                             |  | Publication Status                                                                  |  | Public |
| Threat<br><i>(As a result of)</i>                | Due to unsustainable Service Models                                                                                                                                                                   |  |                         |  |                                                                                                                                                                                                                                                                   |  | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.                                                                       |  |                                                                                     |  |        |
| Impact<br><i>(Consequences of the threat)</i>    | <u>Patient</u> <ul style="list-style-type: none"><li>Increased demand</li><li>Increased patient acuity levels</li><li>Worsening of health inequalities</li><li>Worsening of health outcomes</li></ul> |  | <u>Staff</u><br><br>N/A |  | <u>Organisation</u> <ul style="list-style-type: none"><li>Failure to train teams in multi-morbidity management</li><li>Failure to comply with the Wellbeing of Future Generations Act (Wales)</li><li>Reputational damage and loss of public confidence</li></ul> |  | Risk Appetite Threshold – SCORE 17 AND BELOW<br>Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. |  |                                                                                     |  |        |
|                                                  |                                                                                                                                                                                                       |  |                         |  |                                                                                                                                                                                                                                                                   |  | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                  |  |                                                                                     |  |        |
|                                                  |                                                                                                                                                                                                       |  |                         |  |                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                             |  |                                                                                     |  |        |
| Lead Director                                    | Director of Strategy, Planning and Partnerships.                                                                                                                                                      |  | <u>Risk Exposure</u>    |  | Current Level                                                                                                                                                                                                                                                     |  | Target Level                                                                                                                                                                                                                                                |  |  |  |        |
| Monitoring Committee / Group                     | Partnerships, Public Health & Planning Committee                                                                                                                                                      |  | Likelihood              |  | 2 (Unlikely)<br>x                                                                                                                                                                                                                                                 |  | 2 (Unlikely)<br>x                                                                                                                                                                                                                                           |  |                                                                                     |  |        |
| Initial Date of Assessment                       | 01 June 2023                                                                                                                                                                                          |  | Impact                  |  | 4 (Major)                                                                                                                                                                                                                                                         |  | 3 (Moderate)                                                                                                                                                                                                                                                |  |                                                                                     |  |        |
| Last Reviewed                                    | May 2026                                                                                                                                                                                              |  | Risk rating             |  | = 8<br>(Moderate)                                                                                                                                                                                                                                                 |  | = 6<br>(Moderate)                                                                                                                                                                                                                                           |  |                                                                                     |  |        |
| Next Review<br>(Six monthly based on risk score) | November 2026                                                                                                                                                                                         |  |                         |  |                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                             |  |                                                                                     |  |        |

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

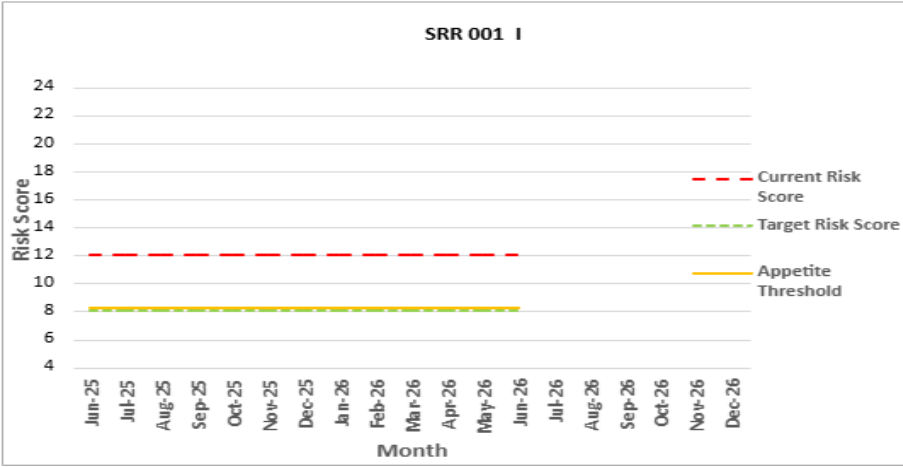
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                     | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                       |                                                                                                                         |
| <ul style="list-style-type: none"><li>Public Health Wales surveillance data – COVID, flu and other communicable diseases.</li><li>QlikSense – performance information</li></ul>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                       | <ul style="list-style-type: none"><li>Evidence of individual arrangements in place to deliver service plans.</li></ul>  |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                                                                                                                                                       |                                                                                                                         |
| <ul style="list-style-type: none"><li>IMTP delivery and outcomes reporting to Board.</li><li>RPB reporting to Board and Population Health, Planning and Partnerships Committee.</li><li>Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.</li></ul> <ul style="list-style-type: none"><li>Regional Planning reporting to Population Health, Planning and Partnerships Committee.</li><li>Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.</li></ul> |                                                                                    |                                                                                                                                                                       |                                                                                                                         |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |                                                                                                                                                                       |                                                                                                                         |
| <b>Internal Audit Reviews 2023-24</b> <ul style="list-style-type: none"><li>IMTP planning Q1. Outcome – Reasonable Assurance.</li></ul> <b>Internal Audit Reviews 2024-25</b> <ul style="list-style-type: none"><li>IMTP – Service Plans (Q2) – Outcome - Reasonable Assurance</li><li>Partnership Arrangements. Outcome – Limited Assurance</li></ul>                                                                                                                                                                                           |                                                                                    | <ul style="list-style-type: none"><li>Recommendations identified in the Limited and Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</li></ul> | <ul style="list-style-type: none"><li>Implementation of the management responses to close off recommendations</li></ul> |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                                                                                                       |                                                                                                                         |
| 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                                    | FINANCIAL SUSTAINABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                         |                                                                                                                                                                                  |                                                                                     |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| LINK TO IMTP                                  | SECTION 4: ENABLER - FINANCE                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                         |                                                                                                                                                                                  |                                                                                     |
| Strategic - SRR 001 G                         | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.                                                                                                                                                                                                                                                                                             |               |                         | Publication Status                                                                                                                                                               | Public                                                                              |
| Threat<br><i>(As a result of)</i>             | Due to the failure to deliver a sustainable financial position and longer-term financial plan.                                                                                                                                                                                                                                                                                                                                                               |               |                         | Risk Appetite Level – CAUTIOUS<br>Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls |                                                                                     |
| Impact<br><i>(Consequences of the threat)</i> | <div>Organisation</div> <ul style="list-style-type: none"><li>Breach of statutory duty to breakeven over 3 years.</li><li>Instigation of NHS Wales Escalation &amp; Intervention Arrangements.</li><li>Non–delivery of Health Board priorities, required improvements, and achieving longer-term sustainability.</li><li>Prioritisation and possible disinvestment in service delivery.</li><li>Reputational damage and loss of public confidence.</li></ul> |               |                         | Risk Appetite Threshold – Score 13 and Below<br>Risks relating to all aspects of the Health Board’s financial performance and its ability to manage cost and efficiencies.       |                                                                                     |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                         | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.               |                                                                                     |
| Lead Director                                 | Director of Finance and Procurement                                                                                                                                                                                                                                                                                                                                                                                                                          | Risk Exposure | Current Level           | Target Level                                                                                                                                                                     |  |
| Monitoring Committee / Group                  | Finance and Performance Committee                                                                                                                                                                                                                                                                                                                                                                                                                            | Likelihood    | 5 (Almost certain)<br>x | 2 (Unlikely)<br>x                                                                                                                                                                |                                                                                     |
| Initial Date of Assessment                    | June 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Impact        | 4 (Major)               | 4 (Major)                                                                                                                                                                        |                                                                                     |
| Last Reviewed                                 | June 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Risk rating   | = 20<br>(Extreme)       | = 8<br>(Moderate)                                                                                                                                                                |                                                                                     |
| Next Review<br>(Monthly based on risk score)  | July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                         |                                                                                                                                                                                  |                                                                                     |

| Current Key Controls<br><i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Plans to Improve Control<br><i>What further controls are required to reduce the risk exposure to within a tolerable range?<br/>(Short, Medium, and Long-Term Plans need to be included)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>IMTP 25/26-27/28</li><li>IMTP Delivery Framework</li><li>Sustainability Route Map revision</li><li>Accountability Framework</li><li>Performance Framework</li><li>3-year route map to sustainable recovery developed and approved by Board July 24.</li><li>Scheme of Delegation</li><li>Standing Financial Instructions (SFIs)</li><li>Standing Orders (SOs)</li><li>Final budget delegation</li><li>Financial Control Procedure (FCP) Budgetary control</li><li>Financial Budget Intelligence (FBI)</li><li>Appropriately trained Finance Team (capacity &amp; capability)</li><li>Budget holder training &amp; other business training tools</li><li>Cost intervention procedures</li><li>25/26 savings plans &amp; opportunities.</li><li>Health Board financial escalation processes.</li><li>Health Board Pre-Investment Panel (PIP) process.</li><li>Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs.</li><li>Executive groups and structures established to deliver statutory duties.</li><li>Assessment of financial control environment within divisions and corporate teams.</li><li>Financial Escalation Meetings</li><li>Regular organisational Recovery plan meetings and briefings</li><li>Value &amp; Sustainability Board established.</li><li>Revised accountability arrangements part of Executive governance.</li><li>Budget holder financial recovery deep dive meetings,</li><li>Enhanced forecasting and planning processes</li></ul> | <ul style="list-style-type: none"><li>Revised V&amp;SB approach for 2026/27 to help drive financial recovery, separating thematic and divisional scrutiny.</li><li>Review of programme structures to match V&amp;SB thematic areas</li><li>Updated Financial Recovery plan in development</li><li>Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&amp;B structure.</li><li>Refreshed Specialty Grip &amp; Control self-assessment to be delivered.</li><li>2026/27 – revised 3 year opportunities pipeline developed</li><li>Detailed delivery plans will be a constant development over next 3 years.</li></ul> |



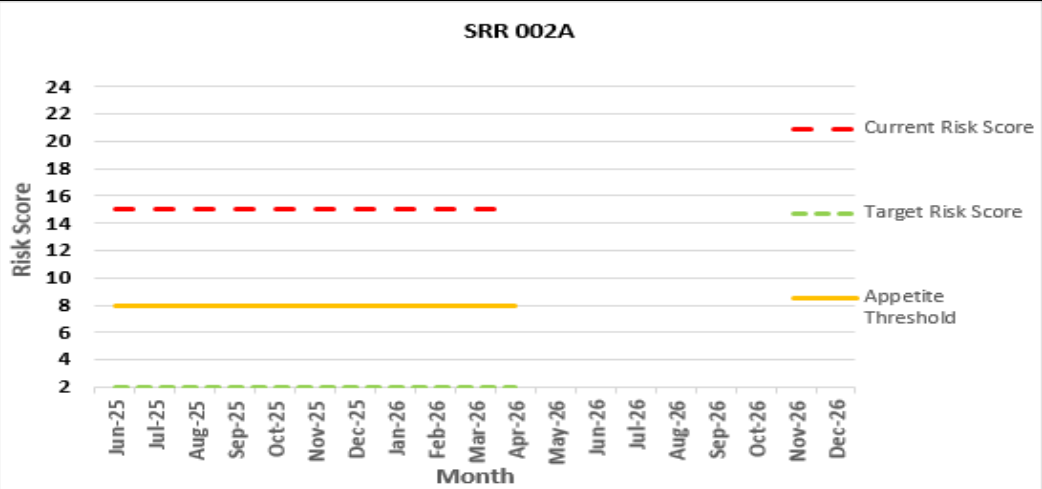
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"><li>Adherence to SO/SFI/FCPs</li><li>Regular AFD meetings to discuss position and performance.</li><li>Day 5 comprehensive financial performance review – DoF led.</li><li>Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance</li></ul> |                                                                                                                                                                                                                                                                 | None                                                                                                              | <ul style="list-style-type: none"><li>Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability.</li><li>Development of detailed 3-year recovery plan.</li><li>Additional F&amp;PC meetings</li></ul>                                                      |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"><li>Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments.</li><li>Performance escalation meetings established.</li><li>Financial assessment and review report to the Board and Finance &amp; Performance Committee</li></ul>                                         | <ul style="list-style-type: none"><li>Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee.</li><li>Board Briefing sessions on the financial position.</li></ul>                                                              | None                                                                                                              | <ul style="list-style-type: none"><li>2026/27 – 28/29 IMTP plans focussed on ‘living within’ budget levels.</li><li>2026/27 savings plan to be delivered.</li><li>2026/27 – revised 3 year opportunities pipeline developed</li><li>Detailed delivery plans will be a constant development over next 3 years.</li></ul> |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |
| <b>Internal Audit</b> <ul style="list-style-type: none"><li>Annual Report</li><li>2024/25 Financial Sustainability – <b>Reasonable Assurance</b> Sept 2025</li><li>2025/26 - Audit Reviews</li></ul> <b>External Audit Reports</b> <ul style="list-style-type: none"><li>2024 -25 – Annual Report</li><li>2025/26 - Audit Reviews</li></ul>                                                                  | <b>Welsh Government</b> <ul style="list-style-type: none"><li>Financial assessment and review reports to Welsh Government – monthly</li><li>Enhanced monitoring T.I. meetings with Welsh Government monthly</li><li>IMTP plan to WG end of March 2025</li></ul> | <ul style="list-style-type: none"><li>Recommendations from audits</li></ul>                                       | <ul style="list-style-type: none"><li>Implement management actions to complete the recommendations from audit reports</li></ul>                                                                                                                                                                                         |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                         |
| 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 2: DRIVERS – PERFORMANCE EXPECTATIONS                                                                                                                                                                                                                                              |  |                                                                                                                    |                   | SECTION 4: ENABLERS – WORKFORCE & CULTURE                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                                                                                                |  |
| Strategic Risk<br>SRR 001 I                    | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, sustainable services that meet the needs of the population.                                                                                                                               |  |                                                                                                                    |                   |                                                                                                                                                                                                                                              | Publication Status                                                                                                                                                     | Public                                                                                                                                                                                                                         |  |
| Threat<br><i>(As a result of)</i>              | Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Leadership, Corporate Governance, Operational Performance and Delivery, and Finance. |  |                                                                                                                    |                   | Risk Appetite Level – MINIMAL<br>Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.                                       |                                                                                                                                                                        |                                                                                                                                                                                                                                |  |
| Impact<br><i>(Consequences of the threat)</i>  | Patient <ul style="list-style-type: none"><li>Unintended Patient Harm.</li><li>Negative Public/Patient Experience.</li></ul>                                                                                                                                                               |  | Staff <ul style="list-style-type: none"><li>Reduced Staff Morale leading to potential absence from work.</li></ul> |                   | Organisation <ul style="list-style-type: none"><li>Loss of patient/public trust and confidence.</li><li>Scrutiny from external organisations.</li><li>Adverse publicity.</li><li>Punitive Actions.</li><li>Financial implications.</li></ul> |                                                                                                                                                                        | Risk Appetite Threshold – SCORE 8 AND BELOW<br>Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. |  |
|                                                |                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |                   |                                                                                                                                                                                                                                              | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target and the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold. |                                                                                                                                                                                                                                |  |
|                                                |                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |                   |                                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                                                                                                            |  |
| Lead Director                                  | Director of Strategy, Planning and Partnerships.                                                                                                                                                                                                                                           |  | Risk Exposure                                                                                                      | Current Level     | Target Level                                                                                                                                                                                                                                 |                                                                                                                                                                        |                                                                                                                                                                                                                                |  |
| Monitoring Committee                           | Finance and Performance Committee.                                                                                                                                                                                                                                                         |  | Likelihood                                                                                                         | 3 (Possible)<br>x | 2 (Unlikely)<br>x                                                                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                                                                                                                                |  |
| Initial Date of Assessment                     | 19 April 2024.                                                                                                                                                                                                                                                                             |  | Impact                                                                                                             | 4 (Major)         | 4 (Major)                                                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                                                                                                |  |
| Last Reviewed                                  | June 2026                                                                                                                                                                                                                                                                                  |  | Risk rating                                                                                                        | = 12<br>(High)    | = 8<br>(Moderate)                                                                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                                                                                                                                |  |
| Next Review<br>(Quarterly based on risk score) | September 2026                                                                                                                                                                                                                                                                             |  |                                                                                                                    |                   |                                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                                                                                                                                                                                                |  |

| Current Key Controls<br><i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Plans to Improve Control<br><i>What further controls are required to reduce the risk exposure to within a tolerable range?<br/>(Short, Medium, and Long-Term Plans need to be included)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Performance Management and Assurance Framework- revised, updated and approved in 2025</li> <li>Executive Accountability letters</li> <li>Divisional Directors Accountability letters</li> <li>Monthly Assurance meetings with weekly meetings for Urgent Care</li> <li>Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas.<br/>Reviewed at 6 months with proposed adjustments awaiting sign off</li> <li>Reporting through to Finance and Performance Committee via Executives</li> <li>Specific areas of focus are discussed at Value and Sustainability Board</li> <li>System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc.</li> <li>External scrutiny via Welsh Government and NHS Executive through revised Escalation Framework</li> <li>Capacity to run the performance framework and reporting requirements has been strengthened with revised corporate performance team structure, accountability and reporting processes</li> </ul> | <ul style="list-style-type: none"> <li>6-month review of Performance Management and Assurance</li> <li>Alignment of internal mechanisms to national escalation linked to transformation programmes with clear deadlines</li> <li>Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach.</li> <li>Standardised Divisional Assurance Templates (pre-populated) and revised as part of the Performance Management Framework review</li> <li>Commission external reviews to support improvements where required.</li> <li>Appropriate Business Partnering Support and analytical support</li> <li>Realign capacity and/or redefine roles to provide explicit support and in line with the revised triggers for escalation</li> </ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"> <li>DMTs in place for all Divisions</li> <li>Divisional oversight arrangements – monthly/fortnightly meetings</li> <li>Divisional plans in place and focussed agendas</li> <li>Cross Divisional meeting monthly – progress the wider system way of working.</li> </ul>                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>System Leadership Team for awareness and updates</li> <li>Divisional Assurance</li> <li>Escalation meetings/Deep Dives as appropriate</li> <li>Revised internal PMF</li> <li>Update National Escalation Framework</li> </ul> |                                                                                                                   |                                                                                                                |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"> <li>Established reporting to the Executive Committee</li> <li>Established reporting to the Finance and Performance, Quality Management Group, People and Culture Committee , and Patient, Quality and Safety and Learning Committee</li> <li>Established reporting to the Board</li> <li>Routine reporting through the IQPD process and Escalation meetings , for example Planning monthly Touchpoint and Finance monthly touchpoint</li> <li></li> </ul> | None                                                                                                                                                                                                                                                                |                                                                                                                   | N/A                                                                                                            |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"> <li>Internal Audit 2024/25 Plan</li> <li>Divisional Governance Arrangements</li> <li>HIW Inspections</li> <li>Llais for feedback</li> </ul>                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Findings and recommendations from the PMF review launched Q4</li> <li>Findings and recommendations from Directorate Reviews in line with escalation statuses</li> </ul>                                                      |                                                                                                                   |                                                                                                                |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                |
| Negative – Insufficient evidence that the controls                                                                                                                                                                                                                                                                                                                                                                                                                                           | Reasonable - adequate evidence that the controls in place are working effectively.                                                                                                                                                                                  | Positive - robust evidence that the controls in place are working effectively.                                    | REASONABLE                                                                                                     |

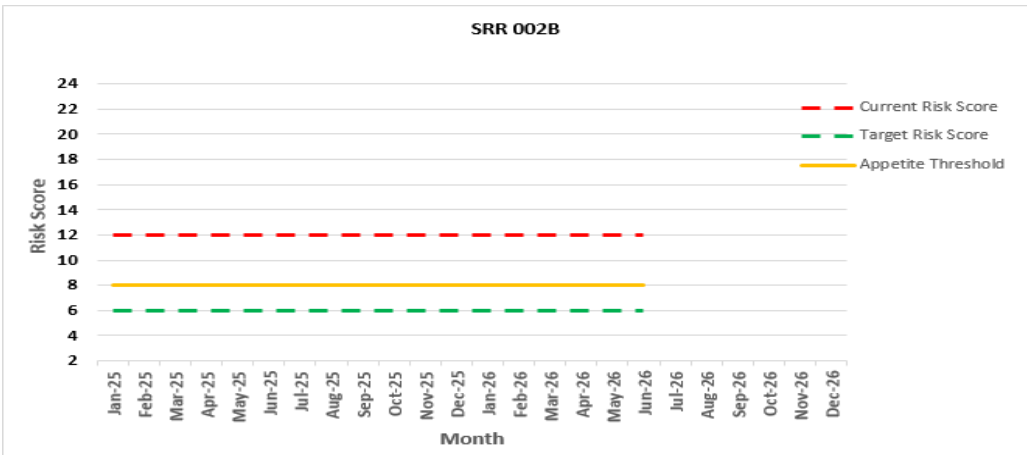
| RISK THEME                                   | COMPLIANCE AND SAFETY                                                                                                                                                                    |                                                                 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



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

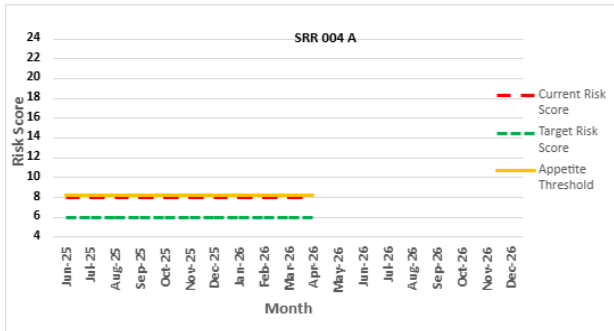
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                                                                                                                                                             | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"><li>Monthly checks in place for the props albeit fortnightly checks in new prop locations in OPD 2 department</li><li>Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection)</li><li>Review of existing arrangements in place supported by external body</li></ul>                                                                                                                                                                                                       |  | <ul style="list-style-type: none"><li>Ongoing management of the issues.</li><li>Latest report (received March 2026 has recommended additional works as well as a need to take more substantive actions proactively due to the duration of the presence of temporary steps previously taken</li><li></li></ul> | Recommendations from latest report to be developed into proposals for action<br>Recommendation is to now form the works as a capital scheme as opposed to a series of reactive works and this will be scoped for formal consideration through capital processes onto Executive Committee                                                                                       |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"><li>Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor</li><li>risks and issues associated with any remedial measures implemented.</li><li>Outcome of H&amp;S risk assessment in place and reviewed May 2025. H&amp;S team reissued the assessments to Department Leads in January 26 to review locally</li><li>Formal reporting to the Board/Committees in place</li><li>SOC approved by Health Board and submitted to Welsh Government, autumn 2025</li></ul> |  | None                                                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                            |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"><li>Internal Audit 2024/25 Plan – report received as Reasonable Assurance (albeit Substantial Assurance on the process relating to surveys. Report submitted to Audit Committee November 2024.</li><li>Internal Audit also commented that the risk appetite needs to reflect the current position of monitoring and managing the RAAC pending SOC and FBC hence appetite of 15 should be considered by Board.</li></ul>                                                                                          |  | <ul style="list-style-type: none"><li>Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</li></ul>                                                                                                                                                     | <ul style="list-style-type: none"><li>Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implements</li></ul><br><b>Internal Audit 2024/25 Plan</b> <ul style="list-style-type: none"><li>Implementation of the management responses to close off recommendations been concluded.</li></ul> |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                |
| Negative – Insufficient evidence that the controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Reasonable - adequate evidence that the controls in place are working effectively.                                                                                                                                                                                                                            | Positive - robust evidence that the controls in place are working effectively.                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                               | REASONABLE                                                                                                                                                                                                                                                                                                                                                                     |



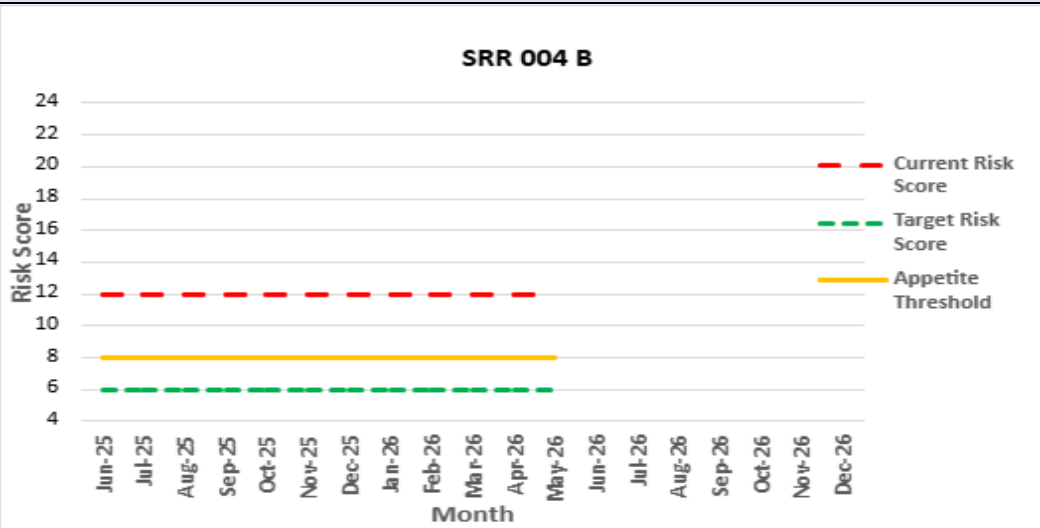
| RISK THEME                                     | COMPLIANCE AND SAFETY                                                                                                                                                                       |                                                            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

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Health Board Estates Rationalisation Strategy</li><li>Health Board Estates Strategy</li><li>Health Board policies and procedures related to the maintenance of Health Board estate.</li><li>6 Facet survey completed in 2019.</li><li>Divisional Risk Register</li><li>Multiple policies and SOPs published and communicated to staff.</li><li>A robust internal training programme in place covering all aspects of estate management including food hygiene.</li><li>Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director)</li><li>Asbestos reinspection programme (over the next 3 years)</li><li>Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation</li><li>HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants</li><li>A clear approach to compliance monitoring and escalation of AE reports has been implemented</li></ul> | <ul style="list-style-type: none"><li>Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance.</li><li>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.</li><li>Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.</li><li>Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM.</li><li>Drive clinical service engagement in compliance meetings where engagement is low.</li><li>Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.</li><li>Continuation of the additional £500k backlog maintenance allocation by the Board to the Estates and Facilities Division in 2026/27</li><li>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</li><li>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</li><li>Condition survey (commonly referred to as 6 facet) being scoped for completion in early 2026/27 to inform the estates strategy</li></ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                          | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                                                                                            |                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"><li>Divisional reporting of Statutory and Mandatory training of staff</li><li>Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance.</li></ul>                                                                                                                                                                                                                                                                                                   |                                                                                    | <ul style="list-style-type: none"><li>If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration.</li></ul> | <ul style="list-style-type: none"><li>Performance reporting</li></ul>                                                                                                                                                                          |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                                                                                                            |                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"><li>The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality &amp; Patient Safety Operational Group.</li><li>Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection &amp; Planning Committee.</li><li>Divisional Director Estates and Facilities presented to Committee in December 2024 and February 2026</li><li>Divisional Director Estates and Facilities presented to Committee on St Woolos Hospital project in October 2025.</li></ul> |                                                                                    | None                                                                                                                                                                       | N/A                                                                                                                                                                                                                                            |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                                                                                                                            |                                                                                                                                                                                                                                                |
| <b>Internal Audit Reviews 2023- 24</b> <ul style="list-style-type: none"><li>Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and</li><li>Finance and Performance Committee</li></ul> Internal Audit Plan 2024-25 <ul style="list-style-type: none"><li>Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the November ARA</li></ul>                                                                                                                                                                    |                                                                                    | <ul style="list-style-type: none"><li>Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</li></ul>                  | <b>Internal Audit 2024/25 Plan</b> <ul style="list-style-type: none"><li>Implementation of the management responses to close off recommendations</li><li>Audit Wales completing an all-Wales audit on estate condition in Q4 2025/26</li></ul> |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                                                                                                                                                            |                                                                                                                                                                                                                                                |
| 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<br>SRR 004 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a business continuity incident or critical incident                            |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Publication Status                                                                                                                                                                                                            | Public                                                                              |
| Threat<br><i>(As a result of)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Due to emergency planning arrangements at both the corporate and operational levels lacking the necessary robustness to ensure an effective response.                                 |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Risk Appetite Level – MINIMAL<br>Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.                          |                                                                                     |
| Impact<br><i>(Consequences of the threat)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Patient</u> <ul style="list-style-type: none"><li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li><li>Harm or injury to patients</li></ul> | <u>Staff</u> <ul style="list-style-type: none"><li>Inability to respond to a major incident to meet needs of those affected</li><li>Harm or injury to staff</li></ul> | <u>Organisation</u> <ul style="list-style-type: none"><li>Health Board breaches statutory duties under the Civil Contingencies Act 2004</li><li>Litigation &amp; Financial Penalties</li><li>Reputational damage and loss of public confidence</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                               |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Risk Appetite Threshold – SCORE 8 AND BELOW<br>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<br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                    |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                               |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lead Director                                                                                                                                                                         | Director of Strategy, Planning and Partnerships                                                                                                                       | <a href="#">Risk Exposure</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Current Level                                                                                                                                                                                                                 | Target Level                                                                        |
| Monitoring Committee / Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Partnerships, Public Health & Planning Committee                                                                                                                                      | Likelihood                                                                                                                                                            | 2 (Unlikely)<br>x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 (Unlikely)<br>x                                                                                                                                                                                                             |                                                                                     |
| Initial Date of Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01 June 2023                                                                                                                                                                          | Impact                                                                                                                                                                | 4 <i>(Major)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 (Moderate)                                                                                                                                                                                                                  |                                                                                     |
| Last Reviewed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | May 2026                                                                                                                                                                              | Risk rating                                                                                                                                                           | = 8<br><b>(Moderate)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | = 6<br><b>(Moderate)</b>                                                                                                                                                                                                      |  |
| Next Review<br><i>(Six-monthly based on risk score)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | November 2026                                                                                                                                                                         |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                               |                                                                                     |
| Current Key Controls<br><i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                       | Plans to Improve Control<br><i>What further controls are required to reduce the risk exposure to within a tolerable range?<br/>(Short, Medium, and Long-Term Plans need to be included)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                                                                     |
| <ul style="list-style-type: none"><li>Local/Divisional action cards are in place in key areas</li><li>Training undertaken service-specific relating to local response.</li><li>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</li><li>Internal strategic on call training</li><li>Executive Team attending 2-day strategic training.</li><li>Loggist training is provided and accessed regularly</li><li>New all Wales logbooks are in place for use</li><li>Regular liaison with Gwent Local Resilience Forum (Strategic and tactical)</li><li>Joint Planning and Training with LRF and across Wales.</li><li>Ongoing Participation in exercises UK, Wales, LRF and HB.</li><li>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)</li><li>Continuing to work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner</li><li>LRF Pandemic Solaris undertaken</li></ul> |                                                                                                                                                                                       |                                                                                                                                                                       | <ul style="list-style-type: none"><li>Continue to deliver training programmes to support staff preparedness to response to an incident.</li><li>Additional ‘local’ team and intra team exercises to take place for areas to practice and embed their response to a major incident together</li><li>Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational.</li><li>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.</li><li>National pandemic exercise Pegasus Autumn 2025</li><li>Development of a pan plan to support pandemic pathways (HCIDs e.g., MPOX)</li></ul> |                                                                                                                                                                                                                               |                                                                                     |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                           |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                             | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                           |                                                                                    |                                                                                                                                                                               |                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>Departmental debrief following an incident to inform learning and enhance controls.</li> <li>Training records</li> <li>Plans and action cards in place and up to date</li> <li>Debrief with key stakeholders following an incident to inform learning and enhance controls.</li> </ul> |                                                                                    | <ul style="list-style-type: none"> <li>All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.</li> </ul> | <ul style="list-style-type: none"> <li>Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.</li> </ul> |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                          |                                                                                    |                                                                                                                                                                               |                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>Report to the EPRR Group from debrief of incidents</li> <li>Reports to the PPHP Committee on Emergency Planning Preparedness</li> </ul>                                                                                                                                                |                                                                                    | <ul style="list-style-type: none"> <li>EPRR Thematic Risk Register</li> </ul>                                                                                                 | <ul style="list-style-type: none"> <li>Develop an EPRR</li> </ul>                                                                                                            |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                            |                                                                                    |                                                                                                                                                                               |                                                                                                                                                                              |
| <b>Internal Audit Review(s)</b> <ul style="list-style-type: none"> <li>Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response - <b>Reasonable Assurance</b></li> <li>Outcome and feedback from national exercises</li> </ul>                                                               |                                                                                    | <ul style="list-style-type: none"> <li>Identification of recommendations to ensure the Health Board is prepared and has the capabilities ato respond effectively.</li> </ul>  | <ul style="list-style-type: none"> <li>Implementation of the recommendations and subsequent management responses.</li> </ul>                                                 |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                              |                                                                                    |                                                                                                                                                                               |                                                                                                                                                                              |
| 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<br>SRR 004 B                                                          | There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to Business Continuity (BC) incidents.                                             |  |                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                            | Publication Status | Public |
| Threat<br><i>(As a result of)</i>                                                    | <ul style="list-style-type: none"><li>Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity (BC) or Critical Incident</li></ul> |  |                                                                                                                         |                 | Risk Appetite Level – MINIMAL<br>Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.                                                                                                                                                                                                                       |                    |        |
| Impact<br><i>(Consequences of the threat)</i>                                        | Patient <ul style="list-style-type: none"><li>Harm or injury to patients</li><li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li></ul>          |  | Staff <ul style="list-style-type: none"><li>Staff absence (injury, wellbeing)</li><li>Harm or injury to staff</li></ul> |                 | Organisation <ul style="list-style-type: none"><li>Operational flow if services fail to prepare BCPs against the 5 key themes</li><li>Loss of infrastructure;</li><li>Financial implications due to staff absence</li><li>Health Board breaches statutory duties under the Civil Contingencies Act 2004;</li><li>Litigation &amp; Financial Penalties;</li><li>Reputational damage and loss of public confidence</li></ul> |                    |        |
|                                                                                      |                                                                                                                                                                                         |  |                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |
|                                                                                      |                                                                                                                                                                                         |  |                                                                                                                         |                 | Risk Appetite Threshold – SCORE 8 AND BELOW<br>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<br>The current risk level is <b>OUTSIDE</b> of target and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                                                                                                                                                                                                         |                    |        |
|  |                                                                                                                                                                                         |  |                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |
| Lead Director                                                                        | Director of Strategy, Planning and Partnerships                                                                                                                                         |  | Risk Exposure                                                                                                           | Current Level   | Target Level                                                                                                                                                                                                                                                                                                                                                                                                               |                    |        |
| Monitoring Committee / Group                                                         | Partnerships, Public Health & Planning Committee                                                                                                                                        |  | Likelihood                                                                                                              | 3 (Likely)<br>x | 2 (Unlikely)<br>x                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |
| Initial Date of Assessment                                                           | 01 June 2023                                                                                                                                                                            |  | Impact                                                                                                                  | 4 (Major)       | 3 (Moderate)                                                                                                                                                                                                                                                                                                                                                                                                               |                    |        |
| Last Reviewed                                                                        | June 2026                                                                                                                                                                               |  | Risk rating                                                                                                             | = 12<br>(High)  | = 6<br>(Moderate)                                                                                                                                                                                                                                                                                                                                                                                                          |                    |        |
| Next Review<br>(Quarterly based on risk score)                                       | September 2026                                                                                                                                                                          |  |                                                                                                                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |        |

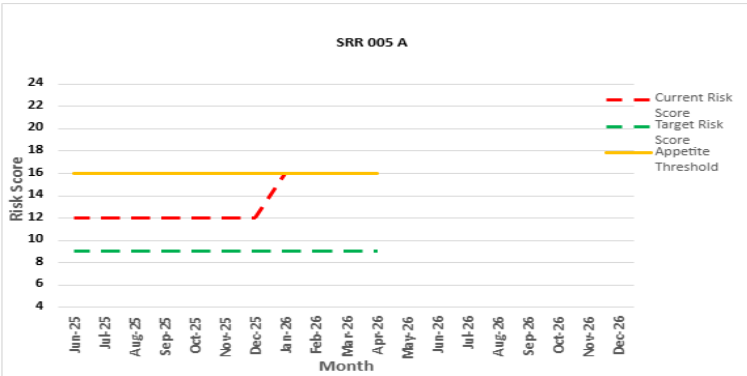
| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Business Continuity Policy</li> <li>Business Continuity Response Guidance</li> <li>Business Continuity Template &amp; guidance (reviewed and updated April 2025)</li> <li>Divisional, Directorate &amp; Service Business Continuity Plans across a number of key operational areas</li> <li>Business Continuity Exercises</li> <li>Business Continuity debrief learning.</li> <li>Health Board and Local Resilience Forum (LRF) Plans.</li> <li>3C (Command/Control, Communication) structure in place to respond to incidents.</li> <li>1-2-1 training with Divisional BC leads and delivering BC workshops for services.</li> <li>Health Board EPRR Group Established.</li> <li>Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies.</li> <li>Awareness raising of the requirement for BC across the Health Board through various training programmes</li> <li>Infectious Diseases plan</li> <li>Joint plan with PH in response to infectious diseases and public health incidence response overall</li> <li>Internal strategic on call training</li> <li>Executive Team attending 2-day strategic training.</li> <li>Regular liaison with Gwent Local Resilience Forum (Strategic and tactical)</li> <li>Joint Planning and Training with LRF and across Wales.</li> <li>Ongoing Participation in exercises UK, Wales, LRF and HB.</li> <li>Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update</li> </ul> | <ul style="list-style-type: none"> <li>Ongoing support to develop business continuity plans – BC templates &amp; guidance has been reviewed to make them more user friendly and easier to access via the HB’s sharepoint.</li> <li>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 &amp; exercise, and review plans to mitigate the risks and threats to service delivery.</li> <li>Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational.</li> <li>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.</li> <li>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.</li> <li>Development of a business continuity dashboard that enables divisions &amp; directorates to manage, RAG rate and provide assurance of their BC planning arrangements.</li> <li>Joint working with partners – Exercise Pegasus</li> <li>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.</li> <li>Develop an off the shelf BC exercise for divisions, directorates &amp; services.</li> <li>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.</li> </ul> |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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).</p> <ul style="list-style-type: none"> <li>• Ability to warn &amp; inform the organisation of critical BC incidents via the Health Board communications team.</li> <li>• Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans are in place.</li> <li>• A dedicated business continuity lead for IT applications and networks to reduce the highest key theme risk.</li> <li>• The introduction of a business continuity Incident Response Group in the event that a BC incident that escalates to critical.</li> <li>• Joint working with LRF partners – Exercise Solaris, Exercise Pegasus</li> </ul> | <ul style="list-style-type: none"> <li>• Services are being audited against the organisational BC dashboard – level of plans in place and the test/exercise of those plans.</li> <li>• We have delivered 2 BC exercises (loss of IT applications/networks) for service senior managers – further exercises are planned for 26/27</li> <li>• Services will be required to have tested &amp; exercised at least 2 key theme plans and the alert, coordinate &amp; escalate procedures in 2026.</li> <li>• Creation of any BC lessons learned repository for services to populate and learn from.</li> <li>• Training Operational Management teams to enable them to respond to and coordinate BC incidents that are impacting patient flow/care. (This has commenced)</li> <li>• Work with the wider planning team to influence them to consider BC requirements when developing new processes, initiatives or the introduction of new technology.</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                        | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                               | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>• Plans and action cards in place and up to date.</li> <li>• Div/Service BC risk registers</li> <li>• Service BC training records</li> <li>• Departmental debrief following an incident to inform learning and enhance controls.</li> <li>• Debrief with key stakeholders following an incident to inform learning and enhance controls.</li> </ul> | <ul style="list-style-type: none"> <li>• All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.</li> </ul> | <ul style="list-style-type: none"> <li>• Work with key areas to support development of BCP’s and action cards with the support of Corporate Governance Directorate.</li> </ul> |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                 |                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>• Report to the EPRR Group from debrief of incidents</li> <li>• Reports to the PPHP Committee on Emergency Planning Preparedness (most recent Jan 2026)</li> <li>• </li> </ul>                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• EPRR Thematic Risk Register</li> </ul>                                                                                                 | <ul style="list-style-type: none"> <li>• Develop an EPRR Risk Register</li> </ul>                                                                                              |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                 |                                                                                                                                                                                |
| <p><b>Internal Audit Review(s)</b><br/>Business Continuity Planning 2025-26 outcome report published –</p> <p><b>Reasonable Assurance</b></p> <ul style="list-style-type: none"> <li>• Outcome and feedback from national exercise</li> </ul>                                                                                                                                              | <ul style="list-style-type: none"> <li>• Identification of recommendations to ensure the Health Board is prepared and has the capabilities to respond effectively.</li> </ul>   | <ul style="list-style-type: none"> <li>• Implementation of the recommendations and subsequent management responses.</li> </ul>                                                 |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                 |                                                                                                                                                                                |
| Negative – Insufficient evidence that the controls                                                                                                                                                                                                                                                                                                                                         | Reasonable - adequate evidence that the controls in place are working effectively.                                                                                              | Positive - robust evidence that the controls in place are working effectively.                                                                                                 |
| REASONABLE                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                                                                                                                                                                                |

| RISK THEME                                   | SERVICE DELIVERY                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINK TO IMTP                                 | SECTION 3: SYSTEM CHANGE                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Strategic Risk<br>SRR 005 A                  | There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system                                                                                                                                               |                                                                                                                  |                                                                                                                                                                       | Publication Status<br><br>Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Threat<br>(As a result of)                   | Due to inadequate arrangements to support system-wide patient flow                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                       | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.                                                                                                                                                                                                                                                                                                                           |
| Impact<br>(Consequences of the threat)       | <u>Patient</u> <ul style="list-style-type: none"> <li>Avoidable deaths and significant harm.</li> <li>Delayed discharges from acute and non-acute settings resulting. in deteriorating patients.</li> <li>Delays in releasing ambulances from hospital sites back into the community.</li> </ul> | <u>Staff</u> <ul style="list-style-type: none"> <li>Increased workload</li> <li>Fatigue &amp; burnout</li> </ul> | <u>Organisation</u> <ul style="list-style-type: none"> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of public confidence</li> </ul> | Risk Appetite Threshold – OPEN SCORE 17 AND BELOW<br>Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.<br><br><b>SUMMARY</b><br>The current risk level is <b>OUTSIDE</b> of target level but WITHIN appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold. |
| Lead Director                                | Chief Operating Officer                                                                                                                                                                                                                                                                          | Risk Exposure                                                                                                    | Current Level                                                                                                                                                         | Target Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Monitoring Committee / Group                 | Patient Quality, Safety and Outcomes Committee                                                                                                                                                                                                                                                   | Likelihood                                                                                                       | 4 (Possible)<br>x                                                                                                                                                     | 3 (Possible)<br>x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Initial Date of Assessment                   | 01 June 2023                                                                                                                                                                                                                                                                                     | Impact                                                                                                           | 4 (Major)                                                                                                                                                             | 3 (Moderate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Last Reviewed                                | June 2026                                                                                                                                                                                                                                                                                        | Risk rating                                                                                                      | = 16<br>(Extreme)                                                                                                                                                     | = 9<br>(High)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Next Review<br>(Monthly based on risk score) | July 2026                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Escalation Policy.</li> <li>Performance and Accountability Framework</li> <li>Operational Framework</li> <li>Major incident Procedures</li> <li>Daily ONP flow meetings - Twice daily ONP calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks.</li> <li>Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team.</li> <li>Weekly system safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Data driven. action focussed and task driven.</li> <li>Enhanced monitoring in place for U&amp;EC – level 4</li> <li>Range of performance measures/metrics in place</li> <li>Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards.</li> <li>Maximum Capacity Plan – Executive team agreed maximum capacity (including risk assessed boarding) plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. Full Capacity Protocol is in place.</li> <li>Planned care delivery plan agreed and recovery meetings with the NHS execs to support activity. <ul style="list-style-type: none"> <li>26-week OP programmehas finished, and HB is exceeded numbers for first outpatient appoints.</li> </ul> </li> <li>Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls.</li> <li>WG – IQPD meetings to review areas of focus <ul style="list-style-type: none"> <li>Regular meetings with Local Authorities to review POC delays and LOS concerns.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>➤ <b>Continue Refocus on Our New Patient and key pieces of work: -</b></li> </ul> <p><b>Discharge Acceleration:</b></p> <ul style="list-style-type: none"> <li>➤ Daily board rounds identify definite and potential discharges early to free up beds before peak demand</li> <li>➤ Weekend discharge lists are shared proactively to maintain flow across all sites.</li> </ul> <p><b>Full Capacity Protocol:</b></p> <ul style="list-style-type: none"> <li>➤ Boarding continues across sites under strict risk assessment, with escalation to use dayrooms or therapy spaces only as a last resort.</li> <li>➤ Red lines for boarding (e.g., avoiding high-risk patients) are reinforced in SOP discussions.</li> </ul> <p><b>Step-Down Coordination:</b></p> <ul style="list-style-type: none"> <li>➤ Flow Centre actively books and allocates step-downs; priority is given to patients who can safely move to community beds or lower-acuity settings.</li> <li>➤ Community bed usage is maximized, with reablement teams engaged to expedite transfers.</li> <li>➤ Contingency for Delays - where step-downs stall, escalation includes opening additional community beds and using SDEC for low-acuity patients.</li> </ul> <p><b>Rapid Offload Strategy:</b></p> <ul style="list-style-type: none"> <li>➤ Flow Centre monitors ambulance waits and redistributes crews to minimise delays.</li> <li>➤ Plans include prioritizing high-risk patients for cubicles and using lounges for temporary placement.</li> </ul> <p><b>Standard Operating Procedure (SOP):</b></p> <ul style="list-style-type: none"> <li>➤ A simplified SOP is being finalised to standardise escalation pathways, boarding criteria, and discharge prioritisation across divisions.</li> <li>➤ Divisional “red lines” (e.g., elective bed protection, infection control limits) are being formalised for consistent decision-making.</li> </ul> <p><b>Data-Driven Oversight:</b></p> <ul style="list-style-type: none"> <li>➤ Flow Centre dashboards and live trackers are used to monitor patient movement, discharge progress, and capacity in real time.</li> </ul> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>➤ Development of new dashboards to track EDDs and Red Reasons to inform system flow decisions.</li> <li>➤ New ED extension opened on the 17<sup>th</sup> December with phase 2 to start in the new financial year</li> <li>➤ Additional ED consultants in place</li> <li>➤ New expanded transfer lounge is progressing well, supporting with transport booking and supporting early movement of patients.</li> </ul> <p>Focus Areas for the next month:</p> <ul style="list-style-type: none"> <li>➤ Develop Our Next Patient UEC recovery plan – Board Development Session April 2026</li> <li>➤ Programme of work has Divisional projects across the system to support flow</li> <li>➤ Work with social care and PCC division on joint assessment and community bed delays to consistently improve discharge reliability.</li> <li>➤ Reset regularly — ONP highlights the need for routine reset days/fortnights to correct worsening patterns in flow, WTBS, and handovers.</li> </ul> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                                                                                                                                                                           |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                      |
| <ul style="list-style-type: none"><li>The Escalation Framework has been enacted and ineffective in mitigating threats and impact to services.</li><li>Performance report against measures/metrics</li><li>Regular ONP meetings to review flow</li><li>S2S meeting - creates a consistent, standardised process for assessing readiness, escalating issues, and agreeing collective plans, fostering clear accountability from ward to board level.</li></ul> Weekly weekend planning meetings in place to plan for the weekend capacity |  | <ul style="list-style-type: none"><li>Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. Now working to KPI WG plan.</li><li>The impact of the Performance and Accountability framework in improving patient flow</li><li>Outputs and progression of actions from ONP and S2S meetings to sustain system flow</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"><li>Close monitoring and reporting of the frameworks in practice to support learning and improvements.</li></ul>                                                                                                                                                                       |                      |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                      |
| <ul style="list-style-type: none"><li>Monthly Divisional Assurance reviews.</li><li>Mid and EoY Reviews for Divisions</li><li>Performance against measures/metrics reported to the Executive Committee</li><li>Planning and Performance Committee</li></ul> Cross Divisional Meetings – cross divisional thinking, learning and sharing best practice                                                                                                                                                                                   |  | <ul style="list-style-type: none"><li>The Operational Framework is being developed to define how individual services meet demand and outline the actions required during escalation. This framework is currently under refinement through the Our Next Patient (ONP) work.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"><li>The Operational Framework process commenced in November 2024, initiating a series of in-depth reviews across specific services. This is an iterative approach designed to remain active and adaptable, ensuring it continues to meet the evolving needs of the services.</li></ul> |                      |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                      |
| Independent Reviews <ul style="list-style-type: none"><li>Intra-site Patient Transfers – Reasonable Assurance accepted by the ARAC on 9th July 2024.</li><li>External inspections/visits.</li><li>IQPD Monthly Meetings focus on key areas</li><li>GIRFT visit Report</li><li>Accelerated Design Event / Programme of work</li><li>Winter Sprint – December 2025 and January 2026</li></ul> MAG Report - focus areas for ABUHB                                                                                                          |  | <ul style="list-style-type: none"><li><b>Clinical Leadership &amp; Patient Experience:</b> Strong emphasis on clinically led, data-driven change, with patient stories highlighting the real-world impact of delays.</li><li><b>Mandated Targets:</b> The 45-minute ambulance handover target is to be mandated, with an ambition to reach a 15-minute standard for patient safety.</li><li><b>System-Wide Responsibility:</b> Improvement requires engagement across all sectors—ED, primary care, community, acute medicine, surgery, and ambulance services.</li></ul> Improving Performance Together (MAG Report) <ul style="list-style-type: none"><li>45 min hand overs,</li><li>Clarity over fragile services asks and delivery</li><li>Accountability for regional working in our region</li><li>Asks around data sharing and use of comparative data sets – definitions are still work in progress</li><li>Indicates population health management tools will be available – Alignment locally</li><li>Breathlessness and lung cancer alignment with our own plans</li><li>Integrated care hubs</li><li>Define the funding and delivery shift from Secondary to Primary Care– with a plan</li></ul> | N/A                                                                                                                                                                                                                                                                                                                      |                      |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                      |
| 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 Assurance |

| RISK THEME                                     | SERVICE DELIVERY                                                                                                                         |  |                                                                                                 |  |                                                                                                                                                                                          |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |  |  |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| LINK TO IMTP                                   | SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY                                                                                          |  |                                                                                                 |  |                                                                                                                                                                                          |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |  |  |
| Strategic Risk<br>SRR 006 A                    | There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery. |  |                                                                                                 |  |                                                                                                                                                                                          | Publication Status                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                         | Public                                                                                                                                                                                                                                                                        |  |  |  |
| Threat<br><i>(As a result of)</i>              | Due to the full or partial failure of existing digital infrastructure and systems.                                                       |  |                                                                                                 |  |                                                                                                                                                                                          | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure. |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |  |  |
| Impact<br><i>(Consequences of the threat)</i>  | <u>Patient</u> <ul style="list-style-type: none"><li>Unintended harm or Injury to Patients.</li></ul>                                    |  | <u>Staff</u> <ul style="list-style-type: none"><li>Unintended harm or injury to staff</li></ul> |  | <u>Organisation</u> <ul style="list-style-type: none"><li>Data Breaches</li><li>Litigation and Financial Penalties.</li><li>Reputational damage and loss of public confidence.</li></ul> |                                                                                                                                                                                                 | Risk Appetite Threshold – Score 17 and Below<br>Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. |                                                                                                                                                                                                                                                                               |  |  |  |
|                                                |                                                                                                                                          |  |                                                                                                 |  |                                                                                                                                                                                          |                                                                                                                                                                                                 | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target level but WITHIN appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |  |  |
| Lead Director                                  | Director of Digital                                                                                                                      |  | <a href="#">Risk Exposure</a>                                                                   |  | Current Level                                                                                                                                                                            | Target Level                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                         | <div><p>SRR 006 A</p><p>Risk Score</p><p>Month</p><p>Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Feb-26 Mar-26 Apr-26 May-26 Jun-26 Jul-26 Aug-26 Sep-26 Oct-26 Nov-26 Dec-26</p><p>Current Risk Score</p><p>Target Risk Score</p><p>Appetite Threshold</p></div> |  |  |  |
| Monitoring Committee / Group                   | Finance and Performance Committee                                                                                                        |  | Likelihood                                                                                      |  | 3 (Possible)<br>x                                                                                                                                                                        | 2 (Unlikely)<br>x                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |  |  |
| Initial Date of Assessment                     | 01 June 2023                                                                                                                             |  | Impact                                                                                          |  | 4 (Major)                                                                                                                                                                                | 4 (Major)                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |  |  |
| Last Reviewed                                  | April 2026                                                                                                                               |  | Risk rating                                                                                     |  | = 12<br>(High)                                                                                                                                                                           | = 8<br>(Moderate)                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |  |  |
| Next Review<br>(Quarterly based on risk score) | July 2026                                                                                                                                |  |                                                                                                 |  |                                                                                                                                                                                          |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |  |  |  |

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jun 2025. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed regularly.</li> <li>Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained.</li> <li>Information Governance and Cyber Security governance and assurance processes reviewed and implemented.</li> <li>Governance group terms of reference agreed. Meetings started in November 2023.</li> <li>Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff</li> <li>Scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report.</li> <li>Working with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber, and the Teams review compliance levels against policy. Results are captured within the monthly Cyber Report and presented at monthly Service Delivery Management Group.</li> <li>Work with Information Governance around implementing the controls required to align DDaT to the ISO27001 standard.</li> <li>Battle tested ABUHB cyber incident response, communication cascade and reporting to Cyber Resilience Unit.</li> <li>Working with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. · Risk impact reduced as recent loss of power at key sites, incorporating our data Centre allowed to failover in a seamless fashion from one DC to the other with no service impact.</li> <li>Microsoft Defender provides inspection and protection from malicious links embedded within emails using telemetry from the whole NHS Wales tenant.</li> <li>Microsoft Sentinel security event and incident management tool in use to analyse systems and provide alerts.</li> </ul> | <ul style="list-style-type: none"> <li>Cyber Resilience Unit (CRU) Audit undertaken in June 2025 showed an overall improvement. Progress continues with finding outcomes from past audits. Bi-Monthly meetings (NIS Assurance Group) with the responsible action owners to provide updates against the findings, some key recommendations such as incident management testing have been actioned. The next NIS CAF Audit is scheduled for June 2026.</li> <li>Work with Information Governance around implementing the controls required to align DDaT to the ISO27001 standard, implement NIS CAF controls, and CIS (Centre for internet security) benchmarks for operating systems.</li> <li>Internal Audit review on Shadow IT scheduled for 2026.</li> <li>Daily firewall reports on suspicious traffic, internet usage. Stats and trends reported monthly to the Service Delivery Management Group (SDMG)</li> <li>Improvements to Vulnerability Management Service (VMS) to identify vulnerable 3<sup>rd</sup> party applications</li> <li>Internet of Things reporting to show device security posture now being developed as new firewalls are being deployed.</li> <li>Ingest NHS England Security Operations Centre (SOC) Indicators of compromise (IOC) feed into the Health Boards security tooling to provide additional early warnings.</li> <li>Improvements in mandatory training compliance for Information Governance and Cyber Security.</li> <li>Monthly Phishing simulations have identified colleague susceptibility and additional training and awareness needs. requirements - a Phishing simulation tool with inbuilt cyber training has been procured to support this</li> </ul> |

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>At least monthly simulated phishing emails to check email security awareness among staff.</li> </ul> <p>Scenario-based incident response exercising using National Cyber Security Centre developed ‘Exercise in a box’ to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber to run quarterly exercises.</p> | <ul style="list-style-type: none"> <li>Incident management; <ul style="list-style-type: none"> <li>2x members of Cyber security now CIPR (Cyber Incident Panning &amp; response) accredited</li> <li>Cyber attend regular NHS England hosted Immersive labs tabletop exercises.</li> <li>2x tabletop exercises for technical teams conducted in 2025 by Tarian (SW Police Cyber unit)</li> <li>Rubrik hosting a “Save the data” tabletop exercise planned for April 2026</li> </ul> </li> </ul> <p>Quarterly inhouse scenario-based tabletop exercises hosted by Cyber for technical teams and wider responders – 2 exercises have been conducted as of April 2026, one regarding a malware incident on CWS and one around a senior finance manager account compromise</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                  |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i> | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"><li>Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.</li><li>Single directorate risk registers now in place.</li></ul>                                                                                                                                                     | <ul style="list-style-type: none"><li>None</li></ul>                               | <ul style="list-style-type: none"><li>N/A</li></ul>                                                               |                                                                                                                |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"><li>Regular reporting on progress to the Finance &amp; Performance Committee on the cyber security action plan.</li></ul> <p>Annual Senior Information Risk Owner report.</p>                                                                                                                                                                                      | <ul style="list-style-type: none"><li>None</li></ul>                               | <ul style="list-style-type: none"><li>N/A</li></ul>                                                               |                                                                                                                |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                                                   |                                                                                                                |
| <ul style="list-style-type: none"><li>Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems.</li><li>DHCW CRU NIS CAF Audit June 2026</li><li>Oversight from NHS Wales Cyber Resilience Unit.</li><li>Infrastructure and Network controls Audit by Audit Wales.</li></ul> <p>Internal Audit 2024/25</p> | <ul style="list-style-type: none"><li>None</li></ul>                               | <ul style="list-style-type: none"><li>N/A</li></ul>                                                               |                                                                                                                |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                                                                   |                                                                                                                |
| Negative – Insufficient evidence that the controls                                                                                                                                                                                                                                                                                                                                                   | Reasonable - adequate evidence that the controls in place are working effectively. | Positive - robust evidence that the controls in place are working effectively.                                    | REASONABLE                                                                                                     |

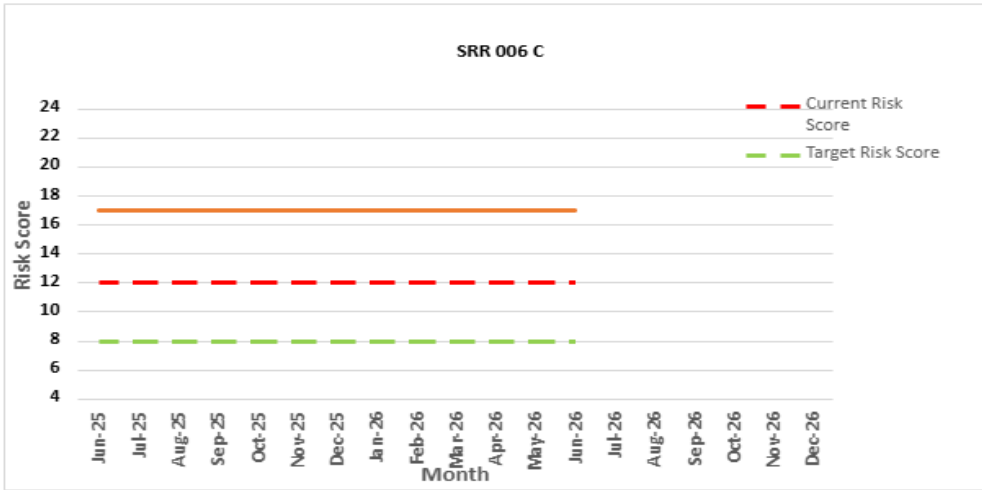


| RISK THEME                                    | SERVICE DELIVERY                                                                                                                                                                                   |                   |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--------------------|-------------------|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|
| LINK TO IMTP                                  | SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY                                                                                                                                                    |                   |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Strategic Risk<br>SRR 006 B                   | There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.                                                           |                   |                                                                                                 |                   | Publication Status                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Public                                                                                                                                                                                                                                                                                                                  |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Threat<br><i>(As a result of)</i>             | Due to an adverse impact on service delivery in the implementation of new digital systems.                                                                                                         |                   |                                                                                                 |                   | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Impact<br><i>(Consequences of the threat)</i> | <b>Patient</b> <ul style="list-style-type: none"><li>Unintended harm or Injury to Patients.</li><li>Adverse impacts on delivery of care to patients across acute and non-acute settings.</li></ul> |                   | <b>Staff</b> <ul style="list-style-type: none"><li>Unintended harm or injury to staff</li></ul> |                   | <b>Organisation</b> <ul style="list-style-type: none"><li>Data Breaches</li><li>Litigation and Financial Penalties.</li><li>Reputational damage and loss of public confidence.</li></ul>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Risk Appetite Threshold – Score 17 and Below<br>Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
|                                               |                                                                                                                                                                                                    |                   |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target level and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                                                                                                |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Lead Director                                 | Director of Digital                                                                                                                                                                                |                   | Risk Exposure                                                                                   | Current Level     | Target Level                                                                                                                                                                                    | <div><div>SRR 006 B</div><table><thead><tr><th>Month</th><th>Current Risk Score</th><th>Target Risk Score</th></tr></thead><tbody><tr><td>Jun-25</td><td>16</td><td>6</td></tr><tr><td>Jul-25</td><td>16</td><td>6</td></tr><tr><td>Aug-25</td><td>16</td><td>6</td></tr><tr><td>Sep-25</td><td>16</td><td>6</td></tr><tr><td>Oct-25</td><td>16</td><td>6</td></tr><tr><td>Nov-25</td><td>16</td><td>6</td></tr><tr><td>Dec-25</td><td>16</td><td>6</td></tr><tr><td>Jan-26</td><td>20</td><td>6</td></tr><tr><td>Feb-26</td><td>20</td><td>6</td></tr><tr><td>Mar-26</td><td>20</td><td>6</td></tr><tr><td>Apr-26</td><td>20</td><td>6</td></tr><tr><td>May-26</td><td>20</td><td>6</td></tr><tr><td>Jun-26</td><td>20</td><td>6</td></tr><tr><td>Jul-26</td><td>20</td><td>6</td></tr><tr><td>Aug-26</td><td>20</td><td>6</td></tr><tr><td>Sep-26</td><td>20</td><td>6</td></tr><tr><td>Oct-26</td><td>20</td><td>6</td></tr><tr><td>Nov-26</td><td>20</td><td>6</td></tr><tr><td>Dec-26</td><td>20</td><td>6</td></tr></tbody></table></div> |                                                                                                                                                                                                                                                                                                                         |  | Month | Current Risk Score | Target Risk Score | Jun-25 | 16 | 6 | Jul-25 | 16 | 6 | Aug-25 | 16 | 6 | Sep-25 | 16 | 6 | Oct-25 | 16 | 6 | Nov-25 | 16 | 6 | Dec-25 | 16 | 6 | Jan-26 | 20 | 6 | Feb-26 | 20 | 6 | Mar-26 | 20 | 6 | Apr-26 | 20 | 6 | May-26 | 20 | 6 | Jun-26 | 20 | 6 | Jul-26 | 20 | 6 | Aug-26 | 20 | 6 | Sep-26 | 20 | 6 | Oct-26 | 20 | 6 | Nov-26 | 20 | 6 | Dec-26 | 20 | 6 |
| Month                                         | Current Risk Score                                                                                                                                                                                 | Target Risk Score |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Jun-25                                        | 16                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Jul-25                                        | 16                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Aug-25                                        | 16                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Sep-25                                        | 16                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Oct-25                                        | 16                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Nov-25                                        | 16                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Dec-25                                        | 16                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Jan-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Feb-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Mar-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Apr-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| May-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Jun-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Jul-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Aug-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Sep-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Oct-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Nov-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Dec-26                                        | 20                                                                                                                                                                                                 | 6                 |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Monitoring Committee / Group                  | Finance and Performance Committee                                                                                                                                                                  |                   | Likelihood                                                                                      | 4 (Major)<br>x    | 2 (Unlikely)<br>x                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Initial Date of Assessment                    | 01 June 2023                                                                                                                                                                                       |                   | Impact                                                                                          | 5 (Major)         | 3 (Moderate)                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Last Reviewed                                 | June 2026                                                                                                                                                                                          |                   | Risk rating                                                                                     | = 20<br>(Extreme) | = 6<br>(Moderate)                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |
| Next Review<br>(Monthly based on risk score)  | July 2026                                                                                                                                                                                          |                   |                                                                                                 |                   |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                         |  |       |                    |                   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |        |    |   |

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Adoption of formal project management methodologies to ensure project plans are developed in conjunction with services.</li> <li>Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated.</li> <li>Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages.</li> <li>Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services.</li> <li>Business change team in place to support services in improvement of clinical and administrative processes.</li> <li>Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery.</li> <li>Projects support backfilling of clinical time where required.</li> <li>Assurance activities included in project framework including clinical safety, information governance, health records and cyber security.</li> <li>An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects.</li> <li>Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements.</li> <li>Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation.</li> <li>Aggregated view of digital Lessons Learned available, and lessons are reviewed during project initiation for best chance of success.</li> <li>Formal divisional engagement meetings in place monthly to discuss new programmes of work and provide update on critical programmes/projects</li> <li>Digital benefits Board development session held in 2025.</li> </ul> | <ul style="list-style-type: none"> <li>Additional governance being put in place with the Digital, Data and Technology Group which will report to the Finance &amp; Performance Committee - Terms of reference developed.</li> <li>Senior attendance at national contract meetings with RISP and LIMS suppliers</li> <li>Regular meeting with RISP supplier being scheduled weekly to manage and mitigate risks to delivery</li> </ul> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>• A Digital Prioritisation and Optimisation Meeting (DPOM) introduced monthly to review capacity and priorities to support decision making and early escalation if required.</li> <li>• Digital transformation development programme provided to the Board in January 2026.</li> <li>• Welsh Government strengthening national governance with the introduction of a DDaT Leadership Board and supporting groups.</li> <li>• Regular reporting now in place to Chief Executive Management Team and Welsh Government DDAT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP.</li> <li>• Local project tolerance levels changed to zero for both RISP and LIMS to ensure immediate escalation processes are enacted for risks or issues impacting delivery / timelines.</li> </ul> |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

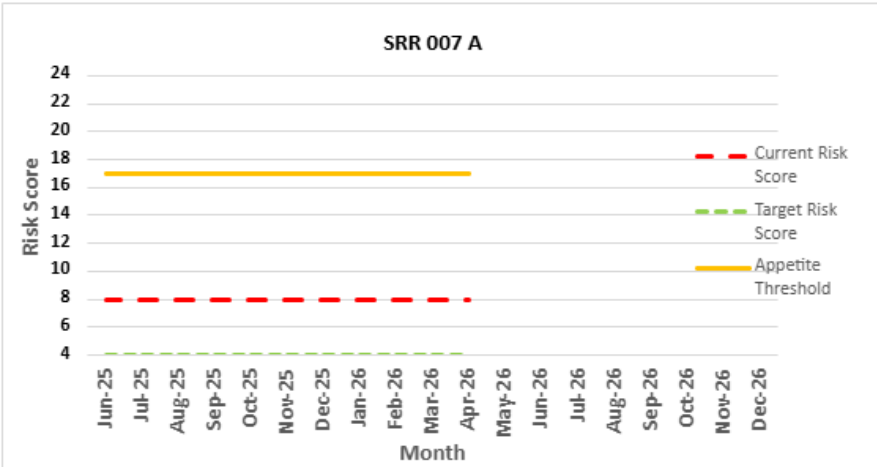
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                       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

| RISK THEME                                     | SERVICE DELIVERY                                                                                                                                                                                  |  |                                                                                                  |                   |                                                                                                                                                                                                 |                    |                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINK TO IMTP                                   | SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY                                                                                                                                                   |  |                                                                                                  |                   |                                                                                                                                                                                                 |                    |                                                                                                                                                                                                                                                                                                                         |
| Strategic Risk<br>SRR 006 C                    | There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.                                                          |  |                                                                                                  |                   |                                                                                                                                                                                                 | Publication Status | Public                                                                                                                                                                                                                                                                                                                  |
| Threat<br><i>(As a result of)</i>              | Due to failure to develop digital solutions that are sustainable and for the future.                                                                                                              |  |                                                                                                  |                   | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure. |                    |                                                                                                                                                                                                                                                                                                                         |
| Impact<br><i>(Consequences of the threat)</i>  | <u>Patient</u> <ul style="list-style-type: none"><li>Unintended harm or injury to patients.</li><li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li></ul> |  | <u>Staff</u> <ul style="list-style-type: none"><li>Unintended harm or injury to staff.</li></ul> |                   | <u>Organisation</u> <ul style="list-style-type: none"><li>Data breaches</li><li>Litigation &amp; Financial Penalties</li><li>Reputational damage and loss of public confidence</li></ul>        |                    | Risk Appetite Threshold – Score 17 and Below<br>Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. |
|                                                |                                                                                                                                                                                                   |  |                                                                                                  |                   |                                                                                                                                                                                                 |                    | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                                                                                  |
|                                                |                                                                                                                |  |                                                                                                  |                   |                                                                                                                                                                                                 |                    |                                                                                                                                                                                                                                                                                                                         |
| Lead Director                                  | Director of Digital                                                                                                                                                                               |  | <a href="#">Risk Exposure</a>                                                                    | Current Level     | Target Level                                                                                                                                                                                    |                    |                                                                                                                                                                                                                                                                                                                         |
| Monitoring Committee / Group                   | Finance and Performance Committee                                                                                                                                                                 |  | Likelihood                                                                                       | 3 (Possible)<br>x | 2 (Unlikely)<br>x                                                                                                                                                                               |                    |                                                                                                                                                                                                                                                                                                                         |
| Initial Date of Assessment                     | 01 June 2023                                                                                                                                                                                      |  | Impact                                                                                           | 4 (Major)         | 4 (Major)                                                                                                                                                                                       |                    |                                                                                                                                                                                                                                                                                                                         |
| Last Reviewed                                  | April 2026                                                                                                                                                                                        |  | Risk rating                                                                                      | = 12<br>(High)    | = 8<br>(Moderate)                                                                                                                                                                               |                    |                                                                                                                                                                                                                                                                                                                         |
| Next Review<br>(Quarterly based on risk score) | July 2026                                                                                                                                                                                         |  |                                                                                                  |                   |                                                                                                                                                                                                 |                    |                                                                                                                                                                                                                                                                                                                         |

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>New Digital Service Request process in place which provides governance in several key areas:</li> <li>Automation of request process via ‘Seren’ the ICT Portal</li> <li>Information Governance – ensuring new services have appropriate controls to keep patient information safe.</li> <li>Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework.</li> <li>Patient Safety – ensuring services do not introduce any patient safety risks.</li> <li>Records – ensuring new systems comply with the requirements of records management.</li> <li>Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require.</li> <li>Business change function which ensures implemented systems are effective and deliver the benefits required.</li> <li>Formal framework in place for the adoption of new digital services and best practice guidance followed.</li> <li>Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process</li> <li>New Digital Request processes include fortnightly senior leadership scrutiny of requests,</li> <li>New prioritisation framework &amp; tool Monthly/quarterly Operational delivery aligned to ITIL standards</li> <li>Annual operational plan completed and aligned with IMTP</li> <li>Divisional Digital Oversight meetings with senior Digital &amp; Divisional staff to support identification of digital alignment with service priorities for Urgent Care, MH &amp; LD, CSS, Division of Surgery &amp; PCCS in place</li> <li>Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints.</li> </ul> | <ul style="list-style-type: none"> <li>New Digital Request quarterly reporting to DDAT Group</li> <li>Development of product management approach to delivery of core software applications and extending use of agile processes to ICT</li> <li>Development of digital strategies including Digital Transformation Strategy linked to ABUHB 2035 – the new Health Board 10 year strategy and associated component strategies and plans including Electronic Health &amp; Care Record and Infrastructure strategy.</li> </ul> |

|                                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>Monthly divisional digital engagement meetings are in place with senior digital and divisional staff to support digital alignment with service priorities.</li> <li>Digital Portfolio optimisation meetings in place to ensure digital resources are aligned to key priorities</li> </ul> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

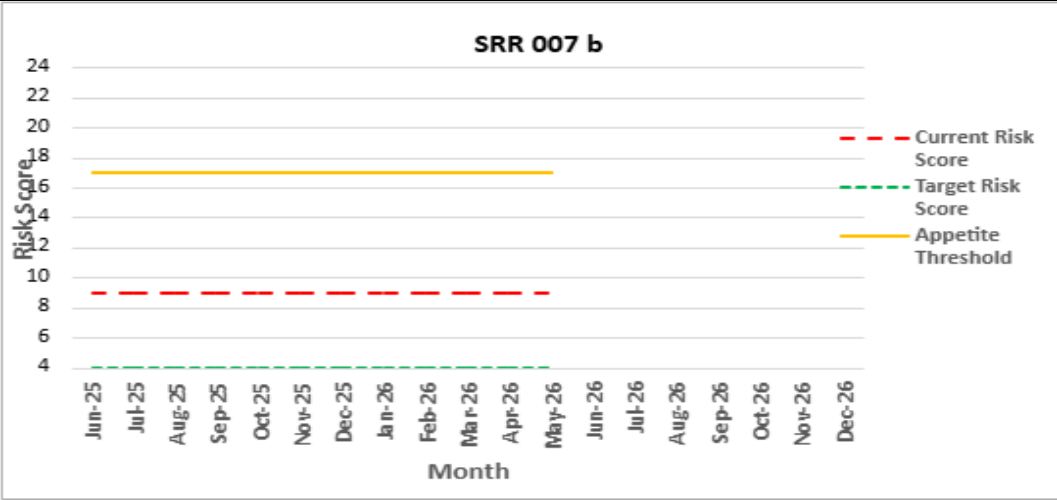
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                       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

| RISK THEME                                      | TRANSFORMATION AND PARTNERSHIP WORKING                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |                                                                                      |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| LINK TO IMTP                                    | SECTION 3: SYSTEM CHANGE                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                         | SECTION 4: ENABLERS - REGIONAL PLANS                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |                                                                                      |
| Strategic Risk: SRR 007A                        | There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                   | Publication Status                                                                                                                                                                                                                                                               | Public                                                                               |
| Threat<br><i>(As a result of)</i>               | Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint. |                      |                                                                                                                                                                                                                                                                                                                                                                                                         | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure. |                                                                                                                                                                                                                                                                                  |                                                                                      |
| Impact<br><i>(Consequences of the threat)</i>   | <u>Patient</u> <ul style="list-style-type: none"><li>Unmet patient need resulting in harm</li></ul>                                              | <u>Staff</u><br>N/A  | <u>Organisation</u> <ul style="list-style-type: none"><li>Ineffective use of combined resource Delayed decision making</li><li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li><li>Failure to deliver health board priorities, required improvements and achieve longer-term sustainability</li><li>Reputational damage and loss of public confidence</li></ul> |                                                                                                                                                                                                   | Risk Appetite Threshold – SCORE 17 AND BELOW<br>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<br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                                           |                                                                                      |
|                                                 |                                                                                                                                                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |  |
| Lead Director                                   | Director of Strategy, Planning, and Partnerships.                                                                                                | <u>Risk Exposure</u> | Current Level                                                                                                                                                                                                                                                                                                                                                                                           | Target Level                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |                                                                                      |
| Monitoring Committee                            | Partnerships, Public Health & Planning Committee                                                                                                 | Likelihood           | 2 (Unlikely)<br>x                                                                                                                                                                                                                                                                                                                                                                                       | 2 (Unlikely)<br>x                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                  |                                                                                      |
| Initial Date of Assessment                      | 01 June 2023                                                                                                                                     | Impact               | 4 (Major)                                                                                                                                                                                                                                                                                                                                                                                               | 2 (Minor)                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |                                                                                      |
| Last Reviewed                                   | May 2026                                                                                                                                         | Risk rating          | = 8<br>(Moderate)                                                                                                                                                                                                                                                                                                                                                                                       | = 4<br>(Moderate)                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                  |                                                                                      |
| Next Review<br>(Six Months based on risk score) | November 2026                                                                                                                                    |                      |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |                                                                                      |

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams</li> </ul> | <ul style="list-style-type: none"> <li>Governance review of Regional Partnership Board undertaken in August 2023.</li> <li>Renewed Strategy for strategic partnership Capital in place and revised governance processes.</li> <li>New Long-Term Strategy for Health Board to focus on Partnership approach.</li> </ul> |

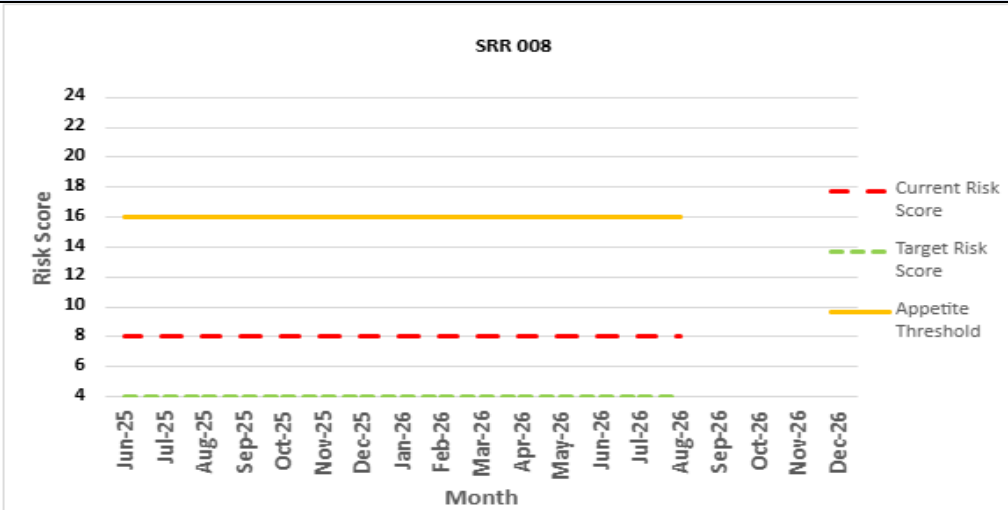


| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                       |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                              | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                       |                                                                                    |                                                                                                                                                                                |                                                                                                                                                                                                          |
| <ul style="list-style-type: none"><li>PMO reporting to the Director of Strategy, Planning and Partnerships.</li><li>Regional Leadership Group Reporting</li></ul>                                                                         |                                                                                    | <ul style="list-style-type: none"><li>Systematic reporting of outcomes</li><li>Systematic evaluation of schemes</li><li>Governance of financial control arrangements</li></ul> | <ul style="list-style-type: none"><li>Implementation plan to be developed following RPB governance review.</li><li>Health Board strategy development approach to focus on partnership approach</li></ul> |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                      |                                                                                    |                                                                                                                                                                                |                                                                                                                                                                                                          |
| <ul style="list-style-type: none"><li>Assurance reporting to the Population Health, Partnerships, and Planning Committee.</li><li>Assurance reporting to the Board.</li></ul>                                                             |                                                                                    | None                                                                                                                                                                           | N/A                                                                                                                                                                                                      |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                        |                                                                                    |                                                                                                                                                                                |                                                                                                                                                                                                          |
| <b>Internal Audit Plan 2024/25</b> <ul style="list-style-type: none"><li>RPB Governance Review (Q4) – <b>Outcome = Limited Assurance.</b> Reported to ARAC September 2024</li><li>Partnership Arrangements Review (Q1) Deferred</li></ul> |                                                                                    | <ul style="list-style-type: none"><li>Recommendations identified in the Limited Assurance RPB Governance Revie</li></ul>                                                       | <ul style="list-style-type: none"><li>Implementation of the management responses to close off recommendations</li></ul>                                                                                  |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                          |                                                                                    |                                                                                                                                                                                |                                                                                                                                                                                                          |
| Negative – Insufficient evidence that the controls                                                                                                                                                                                        | Reasonable - adequate evidence that the controls in place are working effectively. | Positive - robust evidence that the controls in place are working effectively.                                                                                                 | REASONABLE                                                                                                                                                                                               |

| RISK THEME                                     | TRANSFORMATION AND PARTNERSHIP WORKING                                                                                                                                                          |                         |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |        |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| LINK TO IMTP                                   | SECTION 3: SYSTEM CHANGE                                                                                                                                                                        |                         |                                                                                                                                                                                                                                                                                                                                                         | SECTION 4: ENABLERS – REGIONAL PLANS                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |        |
| Strategic/ Corporate Risk SRR 007 B            | There is a risk that the Health Board will be unable to deliver truly integrated regional health and care services for the population.                                                          |                         |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                   | Publication Status                                                                                                                                                                                                                                                               | Public |
| Threat<br>(As a result of)                     | The impact of service fragility across the regional footprint and health board systems which work autonomously of regional working                                                              |                         |                                                                                                                                                                                                                                                                                                                                                         | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure. |                                                                                                                                                                                                                                                                                  |        |
| Impact<br>(Consequences of the threat)         | <u>Patient</u> <ul style="list-style-type: none"><li>Unmet patient need resulting in harm</li><li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li></ul> | <u>Staff</u><br><br>N/A | <u>Organisation</u> <ul style="list-style-type: none"><li>Failure to deliver health board priorities, required improvements and achieve longer-term sustainability</li><li>Reputational damage and loss of public confidence</li><li>Ineffective use of combined resources</li><li>Delayed decision making</li><li>Variable partner alignment</li></ul> |                                                                                                                                                                                                   | Risk Appetite Threshold – SCORE 17 AND BELOW<br>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<br>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)<br>x                                                                                                                                                                                                                                                                                                                                       | 2 (Unlikely)<br>X                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                  |        |
| Initial Date of Assessment                     | 04 January 2024                                                                                                                                                                                 | Impact                  | 3 (Moderate)                                                                                                                                                                                                                                                                                                                                            | 2 (Minor)                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |        |
| Last Reviewed                                  | June 2026                                                                                                                                                                                       | Risk rating             | = 9<br>(High)                                                                                                                                                                                                                                                                                                                                           | = 4<br>(Low)                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |        |
| Next Review<br>(Quarterly based on risk score) | September 2026                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |        |

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Plans to Improve Control<br><i>What further controls are required to reduce the risk exposure to within a tolerable range?</i><br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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:</p> <ul style="list-style-type: none"> <li>to review all regional service projects</li> <li>to assess progress against agreed timelines and;</li> <li>to agree additional measures / escalations in the event of identified issues and risks.</li> </ul> <ul style="list-style-type: none"> <li>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.</li> <li>Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul> | <p>Following the first Regional Joint Committee, the following three Task &amp; Finish groups were established to develop proposals to address cross cutting risks related to regional working:</p> <ul style="list-style-type: none"> <li>Regional Contracting and Commissioning: developing a proposed framework for the region</li> <li>Digital: Establish shared patient treatment lists with a minimum viable product being proof of concept for cataracts and lower limb arthroplasty</li> <li>Digital: Ability for clinical teams to see patient records across health board boundaries</li> </ul> <p>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 &amp; capacity modelling for the proposed diagnostic services including an Endoscopy Academy, future development opportunities and programme governance arrangements.</p> <p>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.</p> <p>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.</p> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                             |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>      | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                             |                                                                                    |                                                                                                                        |                                                                                                                |
| <ul style="list-style-type: none"><li>Service Divisions reporting to the Chief Operational Officer</li><li>Service attendance at regional operational meetings and workshops</li></ul>                                                                                                                                                                                                          |                                                                                    | <ul style="list-style-type: none"><li>Alignment and effectiveness of partners to deliver integrated services</li></ul> |                                                                                                                |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                                                                                        |                                                                                                                |
| <ul style="list-style-type: none"><li>Executive Oversight of all Regional Developments at the monthly Internal Regional Planning Oversight Group.</li><li>Assurance reporting to the Population Health, Partnerships, and Planning Committee.</li><li>Assurance reporting to the Board.</li><li>Regular touchpoint meetings of all key players to review progress and issues arising.</li></ul> |                                                                                    | None                                                                                                                   | N/A                                                                                                            |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                                                        |                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                                                        |                                                                                                                |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                                        |                                                                                                                |
| 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                                                                                                     |

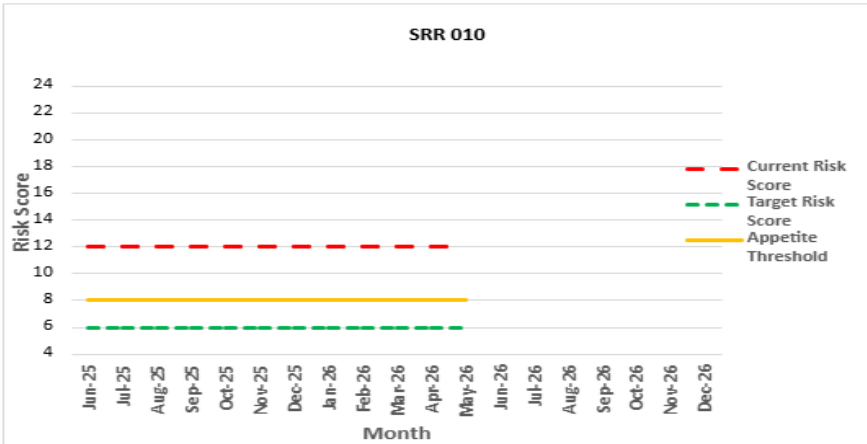
| RISK THEME                                       | TRANSFORMATION AND PARTNERSHIP WORKING                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINK TO IMTP                                     | SECTION 4: ENABLER - QUALITY                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |
| Strategic Risk<br>SRR 008                        | There is a risk that the Health Board fails to build positive relationships with patients, staff and the public.                                                                                                                                                                                                                                                                    |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   | Publication Status                                                                                                                                                                                                                                                                    | Public                                                                                                                                                            |
| Threat<br><i>(As a result of)</i>                | Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                        | Risk Appetite Level – OPEN<br>Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure. |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |
| Impact<br><i>(Consequences of the threat)</i>    | <u>Patient</u> <ul style="list-style-type: none"><li>Unmet patient needs resulting in patient harm.</li><li>Ineffective use of combined resources</li><li>Delayed decision making</li><li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li><li>Negative experience of care</li><li>Distress and frustration.</li><li>Carer stress.</li></ul> | <u>Staff</u> <p>Staff dissatisfaction<br/>Frustration<br/>Increased absence.<br/>Loss of confidence.</p> | <u>Organisation</u> <ul style="list-style-type: none"><li>Failure to deliver health board priorities, required improvements and achieve longer-term sustainability</li><li>Reputational damage and loss of public confidence</li></ul> |                                                                                                                                                                                                   | Risk Appetite Threshold – OPEN SCORE 17 and Below<br>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<br>The current risk level is <b>OUTSIDE</b> of target but <b>WITHIN</b> the appetite threshold. Target level is <b>WITHIN</b> the set appetite threshold. |
| Lead Director                                    | Director of Nursing                                                                                                                                                                                                                                                                                                                                                                 | <a href="#">Risk Exposure</a>                                                                            | Current Level                                                                                                                                                                                                                          | Target Level                                                                                                                                                                                      |                                                                                                                                                                                                   |                                                                                                                                                                   |
| Monitoring Committee                             | Patient Quality, Safety and Outcomes Committee                                                                                                                                                                                                                                                                                                                                      | Likelihood                                                                                               | 2 (Unlikely)<br>x                                                                                                                                                                                                                      | 2 (Unlikely)<br>x                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |
| Initial Date of Assessment                       | 01 June 2023                                                                                                                                                                                                                                                                                                                                                                        | Impact                                                                                                   | 4 (Major)                                                                                                                                                                                                                              | 2 (Minor)                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |
| Last Reviewed                                    | March 2026                                                                                                                                                                                                                                                                                                                                                                          | Risk rating                                                                                              | = 8<br>(Moderate)                                                                                                                                                                                                                      | = 4<br>(Low)                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |
| Next Review<br>(Six monthly based on risk score) | September 2026                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Corporate Engagement Team</li><li>Patient Experience and Involvement Strategy- organisational ownership</li><li>Person Centred Care (PCC) Surveys and National surveys via CIVICA</li><li>PCC KPI's (support PCC Quality pillar)</li><li>'You said..... we did' public facing information for service areas.</li><li>PLO service at GUH</li><li>Introduction of PALS Service (Oct 23)</li><li>Volunteer Patient Experience Feedback</li><li>Collaboration to recruit community listeners to support Dementia Awareness</li><li>Digital patient stories to support listening and learning.</li><li>DATIX</li><li>Oversight of Medical Examiner reports to determine patient experience actions</li><li>Public Engagement- Big Conversation Bereavement held 20th March 2024, Big Conversation Sepsis Sept 2025 and Big Conversation Care Homes December 2025</li><li>People Participation Panel ED in Progress, PPP for Deaf People established</li></ul> | <ul style="list-style-type: none"><li>Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress.</li><li>PCCT staff training to support Civica data entry and retrieval in progress. Short Term grant funding for Band 2 data entry support</li><li>Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners.</li><li>Employment of dedicated PALS team who will have a key role in gaining feedback from patients, staff, and relatives. Monthly reporting in place and quarterly updates to Quality Management Group and IQPD</li><li>Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. SMS provision to be implemented in Feb 2025 across ED and all MIU's. 5 National Maternity Surveys launched via SMS 1<sup>st</sup> Sept 2025</li><li>National directives around new national surveys that need to be managed additional to internal roll out programme – National People's Experience Survey live 1<sup>st</sup> May 2025 and default survey for majority of live areas. Continued participation in national meetings</li><li>Volunteer feedback to be reviewed to identify themes. This happens weekly</li><li>End of Life and Bereavement models published and meets Bereavement Standards.</li><li>EOLCB refresh completed to meet National Palliative and End of Life Care Specification and National Competency Framework</li><li>Community of Practice for Patient Experience and People Participation Panels (PPP) now agreed and to be progressing. BSL version of PPP leaflet secured.</li></ul> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams.</li> <li>• Dementia Person centred Care team dedicated e mail address.</li> <li>• Dementia Information and signposting through webpages.</li> <li>• Patient feedback on the agenda for each of the dementia workstream meetings.</li> <li>• Dementia - QR code for feedback at each training event and session.</li> <li>• Dementia Thematic review from CIVICA team requested to inform actions and improvements in care.</li> <li>• Dementia - Multi agency partnership workstreams measuring impact of service.</li> <li>• Graces places set up across all 5 boroughs</li> </ul> | <ul style="list-style-type: none"> <li>• Dementia community hubs in each borough of Gwent enable accessible opportunities for feedback and signposting, plans to increase hubs in more areas of Gwent. Annual Dementia Report scheduled for Board March 2026</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

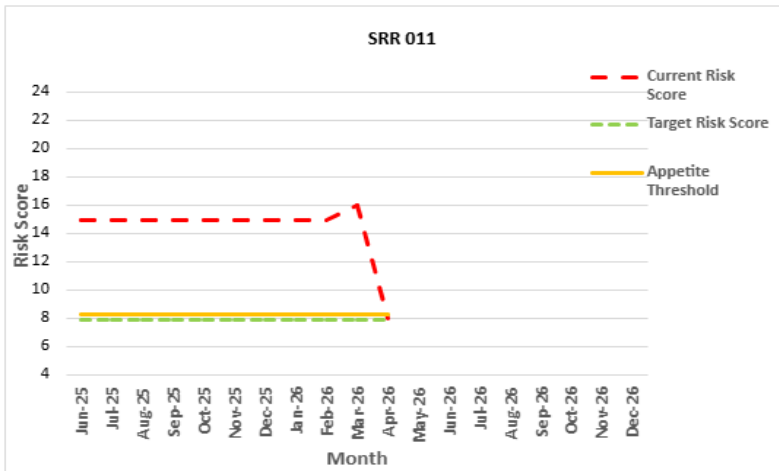
| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <ul style="list-style-type: none"><li>Concerns are fed back to divisional teams when identified.</li><li>Outcome of the volunteer feedback to drive improvements.</li><li>Patient Experience and Involvement Team undertaking Culturally Competent Accreditation, receiving a silver distinction award in Oct 2024</li><li>Immediate feedback and escalation to clinical teams following PALS queries and concerns</li><li>Civica patient feedback in in the process of being rolled out across all – all divisional leaders receive reports for their live areas monthly.</li><li>Bereavement survey built with CIVICA – Nov 2024</li><li>CIVICA SMS launched 3rd March 2025 across ED and MIU’S</li><li>People Participation Panels</li><li>Bespoke Big Conversations</li></ul> | <ul style="list-style-type: none"><li>Currently there is limited SMS provision to increase the number of surveys.<ul style="list-style-type: none"><li>No single point of contact or ‘drop in’ provision for patients/families/staff to raise initial patient experience concerns. This is being reviewed in light of the new Listening to People framework</li><li>Survey of bereaved people needs to be developed and rolled out to meet Bereavement Standards.</li><li>CIVICA team have the ability to pull and view feedback that has been left by patients/family. The listening and learning from the feedback to be shared by each department/directorate/division i.e., / ‘you said, we did’ / quality improvement projects.</li></ul></li></ul> | <ul style="list-style-type: none"><li>SMS provision for patient experience feedback launched in ED and all MIU’s in February 2025. Civica lead in regular contact with National Leads and risks identified through Director of Nursing Meetings/SBARs</li><li>PALS Single point of contact is established. PALS officers have key role in patient experience and involvement- including establishing ‘drop in’ clinics on hospital sites should patients/staff/relatives wish to discuss concerns. Need to have discussions with facilities around rooms.</li><li>PALS and Chaplaincy Team undertaking BSL training to support Deaf Community</li><li>Patient experience KPI’s and common themes by department/directorate/division need to be identified and pulled from the civica system left on surveys feedback. These will be added to a template patient experience report and CIVICA surveys have been built into ward accreditation.</li><li>Development of a ABUHB bereavement survey has been built within CIVICA and tested. This is being reviewed to better align with the national Patient Experience Survey- anticipated to go live from April 2026</li><li>Community of Practice for Patient Experience commencing March 2026. Topics will include supporting teams to publicise ‘You Said/We Did’.</li></ul> |                                                                                                                |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <ul style="list-style-type: none"><li>Regular reporting to the Patient Quality, Safety &amp; Outcomes Committee (PQSCO)</li><li>Listening and Learning reported through QPSOG/ Outcomes Committee</li><li>Implemented PALS DATIX Module</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <ul style="list-style-type: none"><li>Bi-monthly LLais Reports</li><li>HIW inspections</li><li>Advocacy reports</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <u>Guidance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Negative – Insufficient evidence that the controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Reasonable - adequate evidence that the controls in place are working effectively.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Positive - robust evidence that the controls in place are working effectively.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Reasonable                                                                                                     |



| RISK THEME                                     | COMPLIANCE AND SAFETY                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                          |                                                                                                                                                                                                                          |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINK TO IMTP SECTION 4: ENABLER                | QUALITY                                                                                                                                                                                         |                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                   | WORKFORCE & CULTURE                                                                                                                                                      |                                                                                                                                                                                                                          |
| Strategic Risk: SRR 010                        | There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974          |                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                   | Publication Status                                                                                                                                                       | Public                                                                                                                                                                                                                   |
| Threat<br><i>(As a result of)</i>              | Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements |                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                   | Risk Appetite Level – MINIMAL<br>Any risk that has a MINIMAL risk appetite level should be managed to a Score of 8 or below.                                             |                                                                                                                                                                                                                          |
| Impact<br><i>(Consequences of the threat)</i>  | <u>Patient</u> <ul style="list-style-type: none"><li>Unintended physical harm to patients</li><li>Psychological trauma</li></ul>                                                                | <u>Staff</u> <ul style="list-style-type: none"><li>Unintended physical harm to staff</li><li>Psychological trauma</li><li>Increased levels of staff sickness</li></ul> | <u>Organisation</u> <ul style="list-style-type: none"><li>Punitive actions from the Health and Safety Executive (HSE)</li><li>Loss of estates due to unsafe environments</li><li>Financial implications</li><li>Adverse publicity</li><li>Reputational damage.</li></ul> |                   |                                                                                                                                                                          | Risk Appetite Threshold – SCORE OF 8 or Below<br>Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls. |
|                                                |                                                                                                                                                                                                 |                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                   | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target level and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold. |                                                                                                                                                                                                                          |
|                                                |                                                                                                                                                                                                 |                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                          |                                                                                                                                       |
| Lead Director                                  | Director of Allied Health Professions and Health Science                                                                                                                                        |                                                                                                                                                                        | Risk Exposure                                                                                                                                                                                                                                                            | Current Level     | Target Level                                                                                                                                                             |                                                                                                                                                                                                                          |
| Monitoring Committee                           | Patient Quality, Safety and Outcomes Committee                                                                                                                                                  |                                                                                                                                                                        | Likelihood                                                                                                                                                                                                                                                               | 3 (Possible)<br>x | 2 (Unlikely)<br>x                                                                                                                                                        |                                                                                                                                                                                                                          |
| Initial Date of Assessment                     | 01 December 2023                                                                                                                                                                                |                                                                                                                                                                        | Impact                                                                                                                                                                                                                                                                   | 4 (Major)         | 3 (Moderate)                                                                                                                                                             |                                                                                                                                                                                                                          |
| Last Reviewed                                  | June 2026                                                                                                                                                                                       |                                                                                                                                                                        | Risk rating                                                                                                                                                                                                                                                              | = 12<br>(High)    | = 6<br>(Moderate)                                                                                                                                                        |                                                                                                                                                                                                                          |
| Next Review<br>(Quarterly based on risk score) | September 2026                                                                                                                                                                                  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                          |                                                                                                                                                                                                                          |

| Current Key Controls<br><i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plans to Improve Control<br><i>What further controls are required to reduce the risk exposure to within a tolerable range?<br/>(Short, Medium, and Long-Term Plans need to be included)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Attendance at Divisional Quality &amp; Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices.</li> <li>Health and Safety Policies and Procedures</li> <li>Dedicated Health and Safety site on ABPULSE</li> <li>Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 ‘Health and Safety Assistance’.</li> <li>Health and Safety training for all staff (include general H&amp;S, fire safety, manual handling, violence &amp; aggression)</li> <li>Partial Programme of Health and Safety Monitoring (Active &amp; Reactive)</li> <li>Corporate and Directorate Health and Safety Risk Register established.</li> <li>Board Training /development (Completed 24 April 2024)</li> <li>Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern.</li> <li>Health and Safety Governance and reporting arrangements (Health and Safety Committee)</li> </ul> | <ul style="list-style-type: none"> <li>Develop and implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System</li> <li>Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments)</li> <li>Consultation and communication with the workforce regarding compliance with the Act</li> <li>New ways of working with Divisions to ensure accountability for health and safety is recognised.</li> <li>Implement key performance indicators to monitor health and safety compliance.</li> <li>Review the governance arrangements for the Health &amp; Safety Committee</li> <li>Health and Safety Policies and Procedures to be reviewed.</li> <li>Onboard further Manual Handling trainers across the organisation to improve compliance.</li> <li>Scope for training non-Health Board staff</li> <li>Learning from events to be documented and communicated to the organisation.</li> </ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                                                                                                                                                                                                                                                                              | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Health and Safety compliance data extracted from ESR and Datix and reported<br>Statutory reporting data reports and dashboards                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"><li>• Implementation of a health and safety performance report</li><li>• Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act</li><li>• Compliance on completion of risk assessments and mitigating actions</li><li>• Consistent adherence and application of policies</li></ul> | <ul style="list-style-type: none"><li>• Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health &amp; Safety Governance Framework.</li><li>• Review the membership and ToRs of the Health and Safety Committee</li><li>• Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan</li></ul> |                                                                                                                |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <ul style="list-style-type: none"><li>• Established monitoring of H&amp;S at the Executive Committee</li><li>• Corporate H&amp;S Team report risk and assurance to the Health and Safety Group</li><li>• Health and Safety Annual Report</li><li>• Health and Safety Improvement Plan</li><li>• Established monitoring of H&amp;S at the PQSO Committee</li></ul>                                                             | <ul style="list-style-type: none"><li>• Thematic Risk Register</li></ul>                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"><li>• Development of a thematic risk register</li></ul>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <b>Internal Audit 2024/25 Plan</b> <ul style="list-style-type: none"><li>• Health and Safety Internal Audit – <b>Concluded Limited Assurance</b></li></ul><br><ul style="list-style-type: none"><li>• Performance reviews at All Wales Health and Safety Management Steering Group</li><li>• South Wales Fire &amp; Rescue Service fire safety audit programme.</li></ul><br>Health and Safety Executive reviews/inspections. | <ul style="list-style-type: none"><li>• Recommendations from the 2024/25 Internal Audit</li></ul>                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"><li>• Implement actions to address the findings and recommendations set out in the Limited Assurance Internal Audit Report</li></ul>                                                                                                                                                                                                                                                         |                                                                                                                |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| 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 Assurance                                                                                           |

| RISK THEME                                     | SERVICE DELIVERY                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                          |               |              |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| LINK TO IMTP                                   | SECTION 4: ENABLER – GREEN HEALTH                                                                                                                                                                                                       |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                          |               |              |
| Risk (reframed)<br>SRR 011                     | There is a risk that the Health Board does not adequately anticipate, plan for, and respond to the impacts of climate change, green health requirements, and the need to adapt and decarbonise its services, estate and infrastructure. |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Publication Status                                                                                                                                                                                                                                                                                                       | Public        |              |
| Cause<br><i>(As a result of)</i>               | Due to an ageing and complex estate, competing capital and revenue pressures, climate-related service demand and the absence of an organisation-wide climate adaptation approach.                                                       |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Risk Appetite Level – OPEN: Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure                                                                                                                           |               |              |
| Impact<br><i>(Consequences of the threat)</i>  | <u>Patient / population</u>                                                                                                                                                                                                             | <u>Staff</u>                                                                                                                                                                                                      | <u>Organisation</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Risk Appetite Threshold – SCORE 17 AND BELOW.<br>Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. |               |              |
|                                                | <ul style="list-style-type: none"><li>Increased safety risks to patients arising from inadequately adapted buildings and infrastructure.</li><li>Reduced access to clinical services</li><li>Poor patient experience</li></ul>          | <ul style="list-style-type: none"><li>Increased safety risks to staff arising from inadequately adapted buildings and infrastructure.</li><li>Low morale</li><li>Increased workload from staff absences</li></ul> | <ul style="list-style-type: none"><li>Disruption to clinical services and business continuity</li><li>Greater demand on healthcare services</li><li>Non-compliance with Welsh Government policy and statutory duties under the Well-being of Future Generations (Wales) Act.</li><li>Increased operational and capital costs due to reactive rather than planned interventions.</li><li>Reputational damage</li><li>Missed opportunities to improve population health and prevention through green health approaches.</li></ul> | SUMMARY<br>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.                                                                                                                               |               |              |
|                                                |                                                                                                                                                      |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                          |               |              |
|                                                | Lead Director                                                                                                                                                                                                                           | Director of Finance and Procurement                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Risk Exposure</u>                                                                                                                                                                                                                                                                                                     | Current Level | Target Level |
|                                                | Monitoring Committee / Group                                                                                                                                                                                                            | Finance and Performance Committee                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Likelihood                                                                                                                                                                                                                                                                                                               | 4 x Likely    | 4 x Likely   |
| Initial Date of Assessment                     | November 2025                                                                                                                                                                                                                           |                                                                                                                                                                                                                   | Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2 Minor                                                                                                                                                                                                                                                                                                                  | 2 Minor       |              |
| Last Reviewed                                  | June 2026                                                                                                                                                                                                                               |                                                                                                                                                                                                                   | Risk rating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | = 8 Moderate                                                                                                                                                                                                                                                                                                             | = 8 Moderate  |              |
| Next Review<br>(Quarterly based on risk score) | September 2026                                                                                                                                                                                                                          |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                          |               |              |

| Current Key Controls<br>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Plans to Improve Control<br>What further controls are required to reduce the risk exposure to within a tolerable range?<br>(Short, Medium, and Long-Term Plans need to be included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Integrated Medium Term Plan (IMTP) and Annual Planning processes incorporating sustainability and green health priorities</li><li>Participation in NHS Wales and Welsh Government climate emergency, decarbonisation and sustainability programmes</li><li>Decarbonisation Programme Board and reporting arrangements</li><li>Carbon emissions measurement and reporting (Carbon Neutral metrics)</li><li>Capital planning, business case approval and estate management processes incorporating sustainability and resilience considerations</li><li>Estate’s maintenance and backlog management</li><li>Health and safety, emergency planning and business continuity arrangements</li><li>Statutory environmental and sustainability reporting</li><li>Regulatory inspection and audit activity</li><li>Climate adaptation risk embedded in annual business planning</li><li>Estates Condition Survey (if up to date)</li><li>Environmental Management System (EMS) controls (ISO 14001)</li></ul> | <ul style="list-style-type: none"><li>Development of a Board-approved, organisation-wide climate adaptation and green health strategy and plan</li><li>Completion of systematic climate risk assessments across all major sites and services</li><li>Strengthening alignment between capital investment prioritisation and climate resilience risks</li><li>Completion of bi-annual internal ISO 14001 audit to assess EMS effectiveness</li><li>Refit investment</li><li>Prioritise repairing weather damaged buildings.</li><li>Alteration to planning documents to include consideration of climate adaptation.</li><li>Adaptation KPI’s being developed by Welsh Government with reporting required from 2026/27</li><li>Direct reporting of risk assessment and adaptation plan progress to Welsh Government on an annual basis.</li><li>Review governance structure</li><li>Develop comms strategy to share adaptation advice, guidance and expectations.</li><li>Pull together a task and finish group to review and plan Climate Adaptation Risks identified in the Gwent PSB Climate Adaptation Plan</li></ul> |

| Sources of Assurance<br><i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>                                                                                                                                                                                                                                                   |                                                                                    | Gaps in Assurance<br><i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>                                                                                                                                                                                    | Actions to Address Gaps<br><i>(What further evidence is required to provide the effectiveness of controls)</i>                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"><li>Minutes of the subgroups to discuss position, monitor and new ideas</li><li>Minutes from the Estates operational meetings</li></ul>                                                                                                                                                                                             |                                                                                    | <ul style="list-style-type: none"><li>Detailed level metrics and measures are limited due to data capture equipment.</li><li>Each Division to identify on their risk register any outstanding climate risks on their risk register and share those risks with the Climate Adaptation Group</li></ul> |                                                                                                                                                                                                                                                                                          |
| Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>                                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"><li>Finance &amp; Performance Committee and Board Papers and Minutes</li><li>Decarbonisation Programme Board Papers and minutes</li><li>Executive Committee Papers and minutes</li><li>Strategic Risk Assessment</li><li>Corporate risk assessments</li><li>Audit recommendation tracking report</li><li>Incident reports</li></ul> |                                                                                    | <ul style="list-style-type: none"><li>Routine inclusion of Climate Adaptation risks on all Departmental Risk Registers.</li></ul>                                                                                                                                                                    | <ul style="list-style-type: none"><li>Commission baseline climate risk assessment across all divisions</li><li>Introduce divisional reporting on adaptation progress</li><li>Develop measurable climate adaptation KPIs</li><li>Improve real-time monitoring data availability</li></ul> |
| Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"><li>Audit Wales reports and management letters</li><li>Head of Internal Audit Annual Opinion</li><li>Regulatory inspection outcomes</li><li>Well-being of Future Generations (Wales) Act Reporting</li><li>Bi-annual ISO14001 audit report</li></ul>                                                                                |                                                                                    | <ul style="list-style-type: none"><li>Funding for a comprehensive ABUHB decarbonisation strategy is not available.</li><li>No external climate adaptation maturity assessment</li><li>Limited external validation of climate resilience at site level</li></ul>                                      | <ul style="list-style-type: none"><li>REFIT invest to Save capital opportunities being progressed.</li><li>Commission baseline climate risk assessment across all divisions</li></ul>                                                                                                    |
| Assurance Rating <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>                                                                                                                                                                                                                                                                      |                                                                                    |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          |
| 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 ASSURANCE                                                                                                                                                                                                                                                                     |

## **Appendix B – Risk Management and Assurance Improvement Programme**

The Risk Management and Assurance Improvement Programme has been developed in response to internal audit recommendations, organisational learning and recognised good practice. It is designed to strengthen the Health Board's approach to the identification, assessment, management and assurance of strategic and corporate risks, embedding a more consistent, proportionate and assurance-led approach to risk management across the organisation.

The programme will support the continued development of organisational risk maturity by improving the quality and consistency of risk information, strengthening governance and enhancing the Board's oversight of principal risks. In doing so, it will provide richer organisational intelligence, enabling the Health Board to better understand its overall risk exposure, identify emerging and systemic risks, and focus assurance and resources on the areas that present the greatest threat to the delivery of its strategic objectives.

### **Programme Benefits**

Delivery of the programme will:

- Strengthen the Health Board's Risk Management and Assurance Framework and supporting governance arrangements.
- Improve the quality, consistency and proportionality of risk assessments across the organisation.
- Enhance the Board's line of sight over principal risks, key controls, sources of assurance and assurance gaps.
- Strengthen alignment between strategic objectives, risk appetite and the Strategic Risk Register.
- Improve the Health Board's understanding of its overall risk exposure, emerging risks and common themes affecting the delivery of strategic objectives.
- Provide meaningful organisational intelligence to support the prioritisation of resources, assurance activity and evidence-based decision-making.
- Improve the measurement of control effectiveness and assurance, providing greater confidence that risks are being effectively managed and risk exposure is reducing over time.
- Increase organisational risk maturity through improved governance, capability, accountability and assurance.
- Support a more proactive approach to managing strategic risk, enabling earlier intervention where emerging risks or declining control effectiveness threaten the delivery of organisational objectives.



## Risk Management and Assurance Improvement Programme (3 Months)

| Workstream                                     | Objective                                                                                                                                                                                                                   | Progress                                                                | Next Steps                                                                                                |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Risk Management and Assurance Framework</b> | Review and modernise the Framework to strengthen the integration of controls, assurance and governance within the Health Board's approach to risk management.                                                               | <b>Completed</b><br>(Subject to Board Approval)                         | Implement the revised Framework across the organisation.                                                  |
| <b>Risk Management Procedure</b>               | Review and update the Procedure to provide greater clarity on risk ownership, escalation, assessment and governance arrangements.                                                                                           | <b>Completed</b><br>(Subject to Board Approval)                         | Publish the revised Procedure and communicate changes.                                                    |
| <b>Risk Assessment Handbook</b>                | Develop a practical handbook to support staff in undertaking consistent, high-quality risk assessments and improve organisational capability.                                                                               | <b>Completed</b><br>(Subject to Board Approval)                         | Launch alongside training programme and supporting guidance.                                              |
| <b>Risk Assessment Templates</b>               | Redesign strategic and corporate risk templates to ensure information is proportionate to the intended audience, with greater emphasis on controls, assurance, gaps and actions.                                            | <b>In progress</b>                                                      | Roll out revised templates across all strategic and corporate risks.                                      |
| <b>Risk Appetite Statement</b>                 | Review the Risk Appetite Statement to reflect updated national terminology, strengthen alignment with the Risk Management and Assurance Framework and improve the application of risk appetite in decision-making.          | <b>Draft Revised Statement Completed</b><br>(Subject to Board Approval) | Consultation with Audit, Risk and Assurance Committee members and key stakeholders before Board approval. |
| <b>Executive Assurance</b>                     | Strengthen Executive oversight through routine, structured review of the Strategic Risk Register to provide greater challenge of risk exposure, assurance gaps and delivery of mitigating actions prior to Board reporting. | <b>Completed</b>                                                        | Embedded within Executive Committee business cycle and monitor effectiveness.                             |

**Next Phase (Following Board Approval)** (3 – 6 months)

The following programme of work will commence following approval of the revised governance documents.

| Workstream                                        | Objective                                                                                                                                                                                                                                                             | Expected Outcome                                                                                 |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Strategic Alignment of Risk</b>                | Refresh the Strategic Risk Register to align explicitly with the Gwent 35 Strategy and Integrated Medium-Term Plan (IMTP), ensuring a clear distinction between strategic and operational risks.                                                                      | Strategic risks directly aligned to organisational objectives and principal threats to delivery. |
| <b>Quality and Transparency of Risk Reporting</b> | Enhance the Strategic Risk Register, templates and supporting guidance to improve the quality and consistency of controls, assurances, assurance gaps and mitigating actions. Deliver targeted training and thematic deep dives to improve organisational capability. | Improved quality, consistency and transparency of Board risk reporting.                          |
| <b>Control and Assurance Effectiveness</b>        | Strengthen the identification, definition and evaluation of controls and sources of assurance to demonstrate how risks are being effectively managed and reduced over time.                                                                                           | Improved evidence of control effectiveness and stronger Board Assurance.                         |
| <b>Risk Maturity and Capability</b>               | Continue to develop organisational risk management capability through training, coaching and implementation of the Risk Management Handbook, supported by the Risk Maturity Model.                                                                                    | Increased organisational risk maturity and greater consistency in risk management practice.      |
| <b>Board Assurance Reporting</b>                  | Develop enhanced reporting to provide clearer visibility of risks operating outside appetite, control effectiveness, assurance ratings and emerging themes across the Strategic Risk Register.                                                                        | Improved Board line of sight and more informed strategic decision-making.                        |

### Enhanced Board Assurance (6-12 Months)

Development of the Risk Intelligence Dashboard is being scoped. The initial phase will focus on defining the data model, reporting requirements and dashboard design, with implementation of the final product expected beyond the initial 6–12 month programme.

| Workstream                         | Objective                                                                                                                                         | Expected Outcome                                                                                                                                                                                                                                                 |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Risk Intelligence Dashboard</b> | Develop an organisational dashboard providing a single view of the Health Board's risk universe across strategic, corporate and operational risks | Enhanced organisational intelligence through improved visibility of overall risk exposure, emerging risks, common themes, assurance gaps and principal threats to the delivery of strategic objectives, supporting proactive decision-making and Board Assurance |

# Llais Gwent Region – Report for Aneurin Bevan University Health Board, Public Board Meeting.

July 2026



To inform Aneurin Bevan University Health Board of current issues of concern, and positive observations, or public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health and social care services.

# Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

01633 838516

[gwentenquiries@llaiscymru.org](mailto:gwentenquiries@llaiscymru.org)

Llais Gwent Region,  
Raglan House,  
William Brown Close  
Cwmbran  
NP44 3AB

[www.llaiswales.org](http://www.llaiswales.org)

[www.llaiscymru.org](http://www.llaiscymru.org)



|                                                                                        |    |
|----------------------------------------------------------------------------------------|----|
| <b>About Llais</b>                                                                     | 4  |
| <b>Introduction</b>                                                                    | 5  |
| <b>Our Strategic Focus 2026-27</b>                                                     | 6  |
| <b>Local ‘Gwent’ insights and engagements</b>                                          | 7  |
| Gwent Advocacy Service                                                                 | 7  |
| Implementation of “Listening to People” Regulations                                    | 8  |
| Llais joins calls for urgent action to end corridor care in Wales                      | 8  |
| <b>Engagement and Insights</b>                                                         | 9  |
| Same Day Urgent Care                                                                   | 9  |
| Mental Health Services – National Conversations, Local Experiences                     | 9  |
| Shaping Services for Children, Young People and Families with Complex Needs in Newport | 10 |
| South-East Wales Regional Communications and Engagement                                | 11 |
| 111 Press 2                                                                            | 11 |
| Voices of Veterans                                                                     | 11 |
| Gwent Regional Partnership Board – Population Needs Assessment                         | 11 |
| <b>Upcoming Engagement</b>                                                             | 12 |
| Newport                                                                                | 12 |



# About Llais



We believe in a healthier Wales where people get the health and social care services they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure decision-makers use your feedback to shape your services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong, we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the “patient and public” voice in different parts of Wales.



# Introduction



The purpose of this report is to inform Aneurin Bevan University Health Board of current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health and social care services.

Llais continues to work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS and social care, to monitor and consider routine and urgent service changes. We also continue to provide independent Complaints Advocacy Service.

While remaining independent, we want to also work [collaboratively](#) with health and social care decision-makers. We will bring them rich data, including people's views, concerns and real experiences, sharing what works and what doesn't to help them in the drive to make services better.

We'll also make representations to health boards and local authorities; contribute to groups and boards; respond to formal consultations and publish reports on the issues that matter most to the people of Wales.

We also want to work with national initiatives and with other organisations, including community groups, who are concerned with health and social care. We particularly want to work with those who can help us hear from those whose voices are seldom heard.

# Our Strategic Focus 2026-27



We will continue to work to deliver the 5 priorities set out in our Strategic Plan:

- 1) Drive a national conversation about the future of health and social care services
- 2) Push for services that meet everyone's needs.
- 3) Work together better.
- 4) Help people and services to use technology in ways that work for them.
- 5) Grow and improve as an organisation.

This year, we will focus on<sup>1</sup>:

- Engaging effectively with people in communities with poorer health and wellbeing, and children and young people.
- Learning from complaints and lived experience, to make meaningful representations that lead to positive change.
- Demonstrating change through follow-up and reporting.
- Embedding the [People's Principles](#) as a public accountability standard that's used to frame the way services are planned, designed and delivered.

Alongside these priorities, we will continue to deliver our core statutory functions and day-to day work, listening to people across Wales. This includes supporting people to have their voices heard through our enquiries and complaints advocacy services, gathering insight through engagement and lived experience, and working with partners and communities to ensure that people's views inform decisions about health and social care.

Equity, diversity and inclusion will continue to underpin all of our work. We will deliver the commitments set out in our Strategic Equality Plan so that no one is left behind, and that the voices of people whose experiences are often heard less are reflected in our engagement, insight and influence.

---

<sup>1</sup> <https://www.llaiswales.org/news-and-reports/reports/llais-annual-plan-2026-2027>

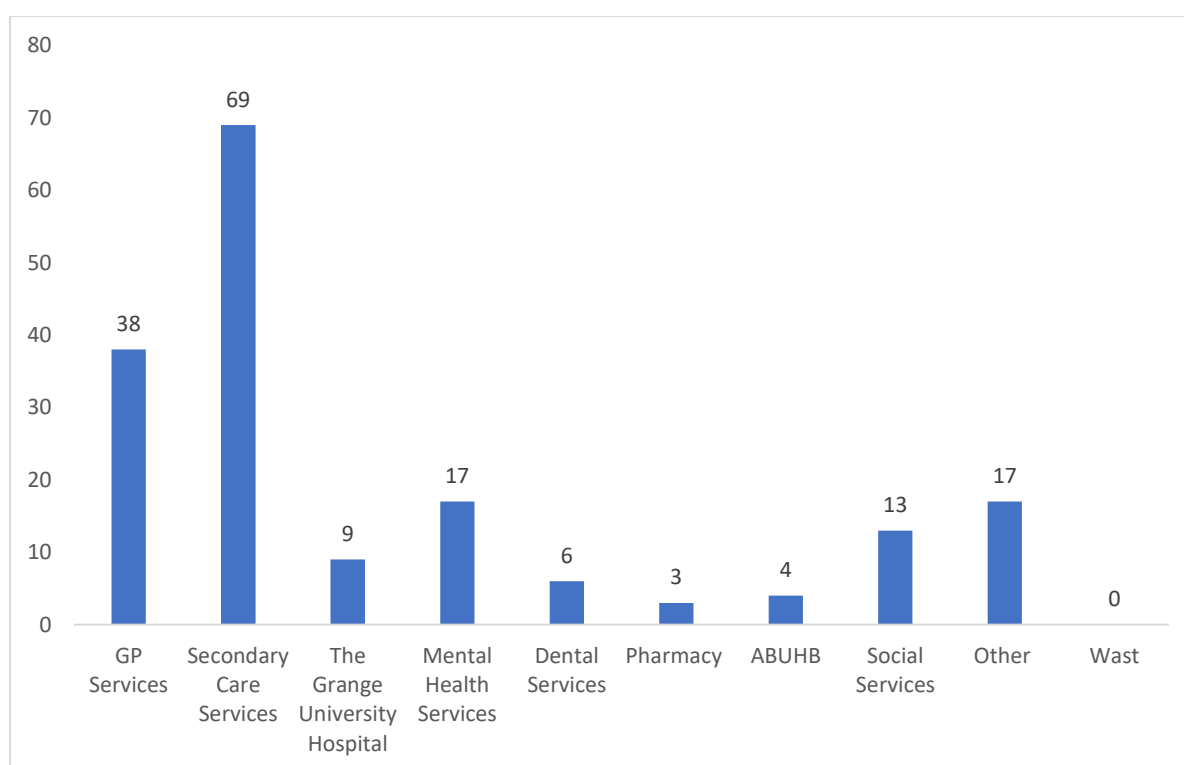


## Local insights and engagement:

### - Gwent Advocacy Service

There were 176 contacts between May and June. 111 were formal concerns and 65 were enquiries that required early resolution or where we are awaiting consent.

Of the 176 contacts, 36 have now been resolved and 140 are still active.



## Key Observations:

- **GP Services:** Concerns raised about refusing referrals, failure to diagnose or incorrect diagnosis, staff and GP conduct, lack of care and support, limited appointment availability, prescriptions not being issued and being removed from the register.
- **Secondary Care Services:** Issues including failure to diagnose, long waiting times, lack of follow up, referrals not being sent, digital accessibility, lack of weight management services, poor communication, conduct of staff and consultants, and appointments being cancelled.



- **Mental Health:** Raising concerns about long delays to get a diagnosis for Autism and ADHD, appointments cancelled, and difficulties accessing help and support.
- **Social Care:** Raising concerns about long delays to obtain a social worker, respite care being withdrawn, comms issues and child protection services.

## - Implementation of “Listening to People” Regulations

Llais advocates have attended a number of Listening Discussions with complainants. Clients have reported feeling listened to, heard and supported throughout the process. To support the continued implementation of the Listening to People Regulations, Llais and the Listening to People Team are hosting a joint learning session to reflect on early experiences, share learning, and explore the relationship between complaints advocacy and early resolution.

## - Llais joins calls for urgent action to end corridor care in Wales

Drawing on what people have told us about their experiences of urgent and emergency care, Llais has joined the British Medical Association (BMA), professional bodies and other representative organisations in calling for urgent action to tackle corridor care in Wales.

In a joint [letter](#) to the Cabinet Secretary for Health and Social Care, we are calling for a national definition of corridor care, the collection and publication of Wales-wide data, and clear plans from health boards to reduce and ultimately eliminate the practice.

People regularly tell us about long waits for care, concerns about privacy and dignity, and the impact overcrowded environments can have on their wellbeing and overall experience of services. These challenges can be particularly difficult for older people, those with complex health needs, people approaching the end of life, and those experiencing mental health crises.

We recognise the dedication of health and care staff working under significant pressure and understand that the causes of corridor care extend across the wider health and social care system.

## Engagement and Insights:

### - Same Day Urgent Care

Llais is now represented on the Urgent and Emergency Care (UEC) Programme Board. This provides an important opportunity to ensure that the experiences, views and needs of patients, families and communities are considered alongside operational, performance and transformation priorities.

The Programme Board has been established to provide strategic oversight of a sustainable whole-system approach to improving patient experience and outcomes across urgent and emergency care pathways across Gwent.

Through its involvement, Llais will bring independent citizen insight and feedback to discussions, helping to ensure that service developments remain focused on the experiences of people accessing care, while maintaining its independent role in providing constructive challenge, assurance and advocacy for patients and the public.

### - Mental Health Services – National Conversations, Local Experiences



## IN YOUR OWN WORDS

"Taking the time to actually listen and not rush you during appointments. I've had experience of both private and NHS care – the NHS is fantastic. It's a whole systemic issue."



"Lack of communication increases anxiety and makes things harder not better. We just need regular communication, transparent communication and honest communication."

"It can be really difficult when you want to explore other options not just medication. The waiting lists are crazy and I feel like you are just left to fend for yourself until a space becomes available or spiral into crisis."



"People are their own experts of themselves, so if they're not listened to, what is the point?"

## Shaping Services for Children, Young People and Families with Complex Needs in Newport

Llais is working in partnership with Newport Children's Services and Practice Solutions on an independent engagement programme to help shape future support and respite services for families with children, and young people with complex needs. Over the next eight months, the project will gather lived experiences to understand whether current services are meeting people's needs, identify opportunities for improvement and inform future service development.

Llais is committed to working collaboratively with health and social care decision-makers, bringing forward people's views, concerns and real experiences to help inform improvements and ensure services are shaped by those who use them. The project is currently in its early stages, with stakeholder mapping and engagement planning underway.

## South-East Wales Regional Communications and Engagement

Regional collaboration continues to develop across South-East Wales, with the Regional Engagement Forum bringing together communications, engagement, workforce and planning colleagues to support a coordinated approach to engagement and service transformation.

Llais welcomes the opportunity to contribute to this work, bringing an independent citizen perspective and working collaboratively with Health Boards to support meaningful engagement and service improvement. Through constructive partnership and challenge, this involvement helps ensure that people's voices remain central to regional planning and transformation.

### 111 press 2

Llais is actively contributing to discussions around the development of the Mental Health Single Point of Contact (SPOC) model, bringing independent public insight and lived experience into the implementation process. As learning emerges from the ongoing pilot phase, Llais will continue to ensure that the voices and experiences of people using mental health services help inform future redesign and delivery of the model.

### Voices of Veterans

Llais has been engaging with veterans locally and contributed to wider conversations across Wales to understand the experiences of the Armed Forces community. Key themes included waiting times for treatment, loneliness and social isolation, reinforcing the importance of ensuring veterans' voices are heard in discussions about service improvement.

### Gwent Regional Partnership Board – Population Needs Assessment

Llais is supporting the Gwent Regional Partnership Board's Population Needs Assessment by encouraging people across Gwent to share their experiences of health and social care services through community engagement activities, local networks and



conversations with residents. You can have your say by completing their short [survey](#).

## - Upcoming Engagement

### Newport:

During July, Llais will be undertaking a programme of community engagement across Newport to gather views and experiences relating to access to health and social care services. We will be attending a variety of community groups and local events to ensure that people can share their experiences and help inform future service improvement.

Individuals who would like to share their experiences can also complete our short [survey](#) or by scanning the QR code below. The feedback received will help ensure people's voices continue to influence improvements to health and social care services.



If you would like Llais to attend a group, meeting or event within your community, please contact us using the details provided on the final page of this report.



# Thanks



We thank everyone who took the time to share their views and experiences with us about their health and social care services and sharing their ideas with us.

## Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

## Contact details

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

Telephone: 01633 838516  
Email:  
[gwentenquiries@llaiscymru.org](mailto:gwentenquiries@llaiscymru.org)  
Website: [www.llaiscymru.org](http://www.llaiscymru.org)  
Facebook: @gwentllais  
twitter: Llais\_wales

**Rhoi'r un cyfle i  
bawb fyw bywyd  
hir ac iach.**

**Giving everyone the  
same chance to live  
a long, healthy life.**



**Iechyd Gwell • Gofal Gwell • Bywydau Gwell**  
**Better Health • Better Care • Better Lives**



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

|                        |                                                                       |
|------------------------|-----------------------------------------------------------------------|
| <b>DATE OF MEETING</b> | <b>Wednesday 20<sup>th</sup> May 2026 at 09:30</b>                    |
| <b>VENUE</b>           | <b>Conference Centre, St Cadoc's Hospital and<br/>Microsoft Teams</b> |

|                          |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRESENT</b>           | <p>Andrew Morgan<br/>William Smart<br/>Paul Deneen<br/>Dafydd Vaughan<br/>Iwan Jones<br/>Neil Patrick<br/>Penny Jones<br/>Akmal Hanuk<br/>Helen Sweetland<br/>Helen Cunningham</p> <p>Nicola Prygodzicz<br/>Tracy Daszkiewicz<br/>Jennifer Winslade<br/>Rob Holcombe<br/>Paul Solloway<br/>Hannah Evans</p> <p>Sarah Simmonds<br/>Dr Seema Srivastava<br/>Phil Robson</p> | <p>Chair<br/>Vice Chair<br/>Independent Member (Community)<br/>Independent Member (Digital)<br/>Independent Member (Finance)<br/>Independent Member (Community)<br/>Independent Member (Community)<br/>Independent Member (Third Sector)<br/>Independent Member (University)<br/>Independent Member (Local Authority)<br/>(From Item 6.3)<br/>Chief Executive<br/>Director of Public Health<br/>Director of Nursing<br/>Director of Finance &amp; Procurement<br/>Director of Digital<br/>Director of Strategy, Planning and<br/>Partnerships<br/>Director of Workforce and OD<br/>Medical Director<br/>Special Advisor</p> |
| <b>IN<br/>ATTENDANCE</b> | <p>Rani Dash<br/>Bryony Codd<br/>Naomi Murtagh<br/>Lisa Charles<br/>Collette Kiernan</p> <p>Indu Jacob (Item 3.1)</p>                                                                                                                                                                                                                                                     | <p>Director of Corporate Governance<br/>Head of Corporate Governance<br/>Board Business Manager<br/>Regional Director, Llais Cymru<br/>Deputy Director of Allied Health<br/>Professions (AHPs) &amp; Health Science<br/>Ward Manager</p>                                                                                                                                                                                                                                                                                                                                                                                    |





|                  |                         |                                     |
|------------------|-------------------------|-------------------------------------|
|                  | Kelly Downes (Item 3.1) | Deputy Director of Nursing          |
| <b>APOLOGIES</b> | Peter Carr              | Director of AHPs and Health Science |

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <b>PRELIMINARY MATTERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>ABUHB 2005/01</b> | <p><b>Welcome and Introductions</b></p> <p>The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe.</p> <p>It was noted that the meeting would be livestreamed and published on the Health Board's website following the meeting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>ABUHB 2005/02</b> | <p><b>Declarations of Interest for Noting</b></p> <p>There were no declarations of interest raised.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>ABUHB 2005/03</b> | <p><b>Consent Agenda</b></p> <p>The Chair introduced the Consent Agenda and asked if there were any items to be brought forward for discussion. There were no requests made.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>ABUHB 2005/04</b> | <p><b>Staff Story: First Gold Accredited Ward</b></p> <p>Andrew Morgan (AM), Chair, welcomed Indu Jacob (IJ), Ward Manager, and Kelly Downes (KD), Deputy Director of Nursing, to the meeting to present the Staff Story on the Health Board's first Gold Accredited ward.</p> <p>KD introduced the accreditation programme as an evidence-based framework designed to assess and improve the quality, safety and consistency of care, supported by robust audit, independent review and real-time data to provide assurance from ward to Board. KD outlined that the programme had been rolled out across clinical areas, with teams progressing through staged accreditation levels, and confirmed that the first gold accreditation had been achieved in April 2026.</p> |





The Board viewed a video highlighting the accreditation approach and its focus on patient feedback, quality improvement and sustained improvement. IJ described the ward's journey, noting that whilst the process had been demanding, it had embedded a strong culture of continuous improvement and teamwork. IJ highlighted tangible improvements in quality measures, including reductions in medication errors and improvements in safety indicators, alongside a reduction in staff sickness, attributed to a more positive and supportive working environment.

Board Members welcomed the presentation and commended the ward team. Akmal Hanuk (AH), Independent Member, sought assurance regarding the roll-out of the programme across the organisation, and KD confirmed that a structured delivery plan was in place, with a multi-professional approach and ambition for implementation across all areas. Penny Jones (PJ), Independent Member, queried whether accreditation was implemented nationally, and Jennifer Winslade (JW), Director of Nursing, confirmed that whilst this was not currently a national model, work was underway across Wales to consider a consistent approach.

Will Smart (WS), Vice Chair, asked about the criteria for accreditation levels and progression to platinum; IJ and KD explained that this was based on a defined set of quality and professional standards, alongside evidence of sustained improvement.

Nicola Prygodzicz (NP), Chief Executive, reflected on the pride demonstrated across teams and the scale of activity underway, and noted the importance of aligning workforce metrics with quality measures to strengthen understanding of impact.

Board Members also reflected on the reported reduction in sickness absence and the potential organisational benefits. AM highlighted the importance of further evaluation, including consideration of pre- and post-accreditation data, and JW confirmed that a formal evaluation was planned.







|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | The Board <b>NOTED</b> the Experience Story.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>ABUHB<br/>2005/05</b> | <p><b>Update from the Chair</b></p> <p>Andrew Morgan (AM), Chair, provided a verbal update on his initial period in post and key areas of focus.</p> <ul style="list-style-type: none"> <li>• The Chair reported that he had been in post for two weeks and expressed thanks to Phil Robson (PR), Special Advisor, for his support during the transition period, alongside Nicola Prygodzicz (NP), Chief Executive, and Rani Dash (RD), Director of Corporate Governance, for their support with induction arrangements.</li> <li>• The Chair reflected positively on a programme of site visits undertaken with Will Smart (WS), Vice Chair, noting that these had been valuable in understanding operational challenges and opportunities across services.</li> <li>• The Chair advised that priorities set by the Cabinet Secretary had been cascaded to the Chief Executive and Executive Directors, with a particular focus on de-escalation and urgent and emergency care. AM confirmed that dedicated Finance and Performance Committee meetings had been established to provide enhanced scrutiny during the escalation period.</li> <li>• The Chair provided an update on national developments, including the appointment of a new First Minister and two Deputy Ministers with responsibility for Social Care, Mental Health and Women's Health in Wales, and Public and Preventative Health, and noted alignment of these roles with the Health Board's strategy, <i>Better Health, Better Care, Better Lives</i>.</li> <li>• The Chair noted that meetings with Local Authority leaders and Chief Executives were being scheduled to strengthen partnership working.</li> <li>• The Chair reported on engagement with national and regional partners, including meetings with Health Board Chairs across Wales and with the General Medical Council, and advised that he would be attending a national digital conference shortly.</li> </ul> |







|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <p>AM concluded by thanking Board members and colleagues for their support during his initial period in post and highlighted the positive working relationship established with WS as Vice Chair.</p> <p>The Board <b>NOTED</b> the update.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>ABUHB<br/>2005/06</b></p> | <p><b>Update from the Chief Executive</b></p> <p>Nicola Prygodzicz (NP), Chief Executive, provided a verbal update on organisational activity and key areas of focus.</p> <ul style="list-style-type: none"> <li>• The CEO welcomed Andrew Morgan (AM), Chair, and Will Smart (WS), Vice Chair, and reflected positively on recent site visits, noting the opportunity this had provided to share both challenges and opportunities across the organisation and to observe strong staff engagement and positivity. NP also expressed thanks to Phil Robson (PR), Special Advisor, for his support during the transition period.</li> <li>• The CEO reported on year-end performance, confirming delivery against a challenging financial forecast and highlighting significant progress in reducing long waits, including a substantial reduction in overall waiting lists and a reduction in patients waiting over 104 weeks to almost zero, notwithstanding residual pressures linked to specific operational challenges. NP also noted improvements in urgent and emergency care performance over the winter period.</li> <li>• The CEO advised that the Annual Plan had been submitted to Welsh Government and that further work was ongoing in response to feedback, particularly in relation to financial challenges and key priority areas, including urgent and emergency care. The CEO confirmed that a new accountability framework had been agreed by Welsh Government, with updated escalation arrangements and meetings scheduled to commence in June.</li> </ul> |





- The CEO further reported on national and organisational developments, including engagement with NHS Performance and Improvement, continued Chief Executive collaboration across Wales, and the increasing focus on Public Health and Prevention.
- The CEO highlighted recent organisational activity, including a successful Allied Health Professionals conference and patient awards events, and noted high levels of engagement in the forthcoming staff awards.

The Board **NOTED** the update.

**ABUHB  
2005/07**

### **Urgent and Emergency Care Improvement and Stabilisation Plan**

Leanne Watkins (LW), Chief Operating Officer, presented the Urgent and Emergency Care (UEC) Improvement and Stabilisation Plan for 2026/27.

LW outlined that UEC remained a key organisational priority, particularly in the context of the Health Board's escalation status. LW advised that, whilst progress had been made, this had not been at the pace required and acknowledged ongoing pressures, including high demand and increasing patient acuity.

LW explained that the plan focused on improving whole system flow, reducing delays and harm, and delivering sustained improvements in patient experience and outcomes. LW highlighted a number of priority areas, including operational grip and control, integrated discharge, transformation of older persons' pathways, and improvements to the acute medical model. LW also set out the governance arrangements underpinning delivery, noting strengthened oversight through programme structures and enhanced scrutiny via the Finance and Performance Committee.

LW advised that a number of key risks and challenges remained, including revised national expectations on ambulance handover times, the impact of planned building





works within emergency departments over the summer period, and the introduction of new national data standards.

Andrew Morgan (AM), Chair, and Nicola Prygodzicz (NP), Chief Executive, emphasised the importance of robust data and reporting to track delivery and impact.

Penny Jones (PJ), Independent Member, sought clarification on the acute medical model and local authority engagement, and LW confirmed that a single local authority representative would be identified to support programme governance.

Will Smart (WS), Vice Chair, sought assurance regarding clinical leadership and prioritisation within the programme, and Seema Srivastava (SSr), Medical Director, confirmed that strong multi-professional clinical leadership was embedded across the programme, supported by clinical reference structures.

Members raised questions regarding governance arrangements, financial implications and system-wide pressures, including pre-hospital demand and ambulance conveyance rates. LW and NP confirmed that work was ongoing to strengthen system-wide collaboration, review resource utilisation and ensure that governance arrangements remained focused on delivery and outcomes.

The Board emphasised the importance of maintaining a clear organisational focus on UEC improvement and recognised the scale and complexity of the challenge. AM confirmed that progress would continue to be overseen through the Finance and Performance Committee and reported to the Board on a regular basis.

The Board took **ASSURANCE** from the Urgent and Emergency Care Improvement and Stabilisation Plan 2026/27.

**ABUHB  
2005/08**

**Delivery Framework for the Annual Plan 2026/27**







Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Delivery Framework for the Annual Plan 2026/27.

HE outlined that the framework had been developed to provide clarity on the tracking and delivery of the Annual Plan, supported by a programme approach to drive improvement. HE advised that delivery would be structured through a number of strategic change programmes, including prevention, place-based care, cancer, urgent and emergency care, and mental health, with oversight of progress against all commitments set out in the Plan.

Board Members welcomed the report and discussed a number of areas. Iwan Jones (IJ), Independent Member, sought clarification on workforce reporting and corporate metrics, and HE confirmed that these were captured through existing workforce planning arrangements, supported by Sarah Simmonds (SS), Director of Workforce and Organisational Development.

Dafydd Vaughan (DV), Independent Member, raised considerations regarding digital and technology enablers, and HE and Paul Solloway (PS), Director of Digital, highlighted opportunities to support delivery through improved alignment of digital priorities.

Paul Deneen (PD), Independent Member, queried alignment with ministerial priorities and the risk of duplication across programmes. HE confirmed that the Health Board would maintain focus on delivery of its agreed plan, with any new requirements subject to review and alignment through established governance arrangements.

The Board took **ASSURANCE** that the Delivery Framework would support delivery of the Annual Plan 2026/27.

**ABUHB  
2005/09**

**Board-Level Committee Governance Arrangements  
during Escalation**





Rani Dash (RD), Director of Corporate Governance, presented the report on Board-level Committee governance arrangements during the escalation period.

RD outlined the proposed approach to strengthen governance and oversight to ensure effective scrutiny of both routine business and escalation-related matters. RD confirmed that the arrangements had been designed to support robust monitoring and timely decision-making during the escalation period, and would remain in place until the Health Board was de-escalated, at which point they would be reviewed.

The Board **APPROVED** the proposed approach for the Finance and Performance Committee during the period of Level 4 escalation and took **ASSURANCE** that appropriate governance arrangements were in place.

The Board **NOTED** that the arrangements would remain in place for the duration of the escalation status and would be reviewed following de-escalation.

**ABUHB  
2005/10**

**Integrated Performance Report**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, introduced the Integrated Performance Report.

HE advised that the report provided an overview of performance against key metrics, progress against IMTP Quarter 4 deliverables, and progress against enabling actions. HE highlighted that there had been positive contributions from primary care contractors, particularly pharmacy, and noted improvements in urgent and emergency care performance, whilst acknowledging that further improvement was required.

HE reported that cancer pathway performance had improved in March, although additional work was required to meet national standards, and outlined performance across mental health services, noting improvements during the year with some deterioration in recent months. HE also referenced progress in







vaccination programmes, whilst recognising that further work was required to strengthen uptake.

Dafydd Vaughan (DV), Independent Member, welcomed the report and sought clarification on stroke performance data, and HE confirmed that a stroke improvement plan had been developed and would be considered through Committee's.

Will Smart (WS), Vice Chair, highlighted the need for greater inclusion of volume metrics to provide a clearer sense of organisational scale and activity.

Tracy Daszkiewicz (TD), Director of Public Health, highlighted the importance of maintaining a strong focus on prevention, particularly in relation to vaccination. Penny Jones (PJ), Independent Member, sought assurance regarding vaccination delivery in schools, and TD confirmed that targeted work was underway to improve uptake.

Sarah Simmonds (SS), Director of Workforce and Organisational Development, outlined the workforce section of the report. SS reported that a refreshed administrative and clerical review was underway to support efficiencies through a defined workstream, and advised that sickness absence had slightly decreased, with ongoing fluctuations attributed to seasonal variation, but overall demonstrating a continued positive trend.

SS further advised that workforce performance continued to be monitored through established metrics and workforce planning processes, including considerations relating to headcount, vacancies and reliance on temporary staffing.

Jennifer Winslade (JW), Director of Nursing, presented the quality section of the report and advised that the Health Board had established a quality management system to strengthen assurance, improvement and planning. JW outlined key areas of focus, including patient experience and safety, reporting that performance measures such as Emergency Department feedback response rates remained strong.





|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <p>JW provided an update on complaints and Patient Advice and Liaison Services (PALS), and highlighted ongoing improvement work in areas such as pressure ulcer prevention, alongside broader health, safety and compliance arrangements.</p> <p>The Board <b>NOTED</b> the Integrated Performance Report.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>ABUHB<br/>2005/11</b></p> | <p><b>Financial Performance Report, Month 12</b></p> <p>Rob Holcombe (RH), Director of Finance, presented the Financial Performance Report for Month 12.</p> <p>RH outlined the year-end financial position, explaining how the final outturn had been achieved. RH advised that, whilst the Health Board had not achieved its in-year financial balance target, performance continued to be assessed against the overall annual position, which remained the primary measure of accountability. RH confirmed that the financial accounts had been presented to the Audit, Risk and Assurance Committee.</p> <p>Iwan Jones (IJ), Independent Member, noted that the accounts had been considered by the Audit, Risk and Assurance Committee and that Audit Wales had provided positive feedback.</p> <p>Andrew Morgan (AM), Chair, sought clarification on the status of the 2026/27 financial plan, noting that it had been approved by the Board but was yet to receive formal approval from Welsh Government. Rob Holcombe (RH), Director of Finance, confirmed that the plan had been submitted and that further work was ongoing in response to feedback.</p> <p>Will Smart (WS), Vice Chair, queried the variance between Month 11 and Month 12, and RH explained that this reflected a range of factors, including planned care activity and associated initiatives.</p> <p>The Board <b>NOTED</b> the Financial Performance Report and took <b>ASSURANCE</b> on the Health Board's financial position.</p> |





|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ABUHB<br/>2005/12</b></p> | <p><b>Key Matters from Committees of the Board</b></p> <p>Committee Chairs presented updates on key matters arising from recent Committee meetings.</p> <p>Penny Jones (PJ), Independent Member and Chair of the Mental Health and Learning Disabilities Committee, provided an update from the meeting held on 24<sup>th</sup> March 2026. PJ highlighted key areas of focus, including trends in Section 136 detentions, digital maturity and the requirement for investment, developments relating to the Mental Health Act Bill, dementia services, and quality and safety at Maindiff Court.</p> <p>Neil Patrick (NP), Independent Member and Chair of the Finance and Performance Committee, provided an update from the meeting held on 21<sup>st</sup> April 2026. NP reported that the Committee continued to monitor key performance indicators, including planned care, performance delivery and process changes, and noted that developments discussed at Board would support future improvement.</p> <p>Paul Deneen (PD), Independent Member and Chair of the Charitable Funds Committee, provided an update from the meeting held on 22<sup>nd</sup> April 2026. PD noted that there were no additional matters to highlight and expressed appreciation to those supporting the Committee, whilst noting opportunities to further promote its work.</p> <p>Iwan Jones (IJ), Independent Member and Chair of the Audit, Risk and Assurance Committee, provided an update from the meeting held on 28<sup>th</sup> April 2026. IJ advised that there were no additional matters to report beyond those included within the paper, and noted positive feedback received regarding the work of the finance team.</p> <p>Helen Sweetland (HS), Independent Member and Chair of the Patient Quality, Safety and Outcomes Committee, provided an update from the meeting held on 6<sup>th</sup> May 2026. HS noted that</p> |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|







|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | <p>the meeting had been chaired by Penny Jones (PJ), Independent Member, in her absence and reported that key areas considered had included the Qlik reporting system and the Learning from Deaths report. PJ added that the meeting had been positive.</p> <p>The Board <b>NOTED</b> the report and the updates provided from Committees of the Board.</p>                                                                                                                                                                                                                                                                                                  |
| <b>ABUHB<br/>2005/13</b> | <p><b>Executive Committee Chair's Report</b></p> <p>Nicola Prygodzicz (NP), Chief Executive, presented the Executive Committee Chair's report.</p> <p>NP outlined the key areas of business considered by the Executive Committee, highlighting its role in overseeing delivery of organisational priorities, monitoring operational performance and providing assurance on key areas of risk and performance.</p> <p>NP advised that the Committee continued to support coordinated decision-making across the organisation and provided a forum for escalation, scrutiny and alignment of Executive actions.</p> <p>The Board <b>NOTED</b> the report.</p> |
| <b>ABUHB<br/>2005/14</b> | <p><b>Strategic Risk Report, May 2026</b></p> <p>Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report for May 2026.</p> <p>NP outlined the current strategic risk position and highlighted that the Board was asked to consider whether it had sufficient assurance that strategic risks were being appropriately identified, assessed and managed. NP advised that no changes to the existing risk ratings were being proposed at this time.</p> <p>Iwan Jones (IJ), Independent Member, sought clarification on the effectiveness of planned controls and the need to</p>                                                          |





strengthen the articulation of mitigation. NP confirmed that this was a focus for further development, with greater emphasis on evidencing the impact of mitigation actions. Rani Dash (RD), Director of Corporate Governance, added that work was ongoing with risk leads to strengthen the risk profile, alongside enhanced reporting through the Executive Committee.

Will Smart (WS), Vice Chair, queried the absence of a specific cyber security risk at a strategic level. RD advised that cyber security risks were captured within the developing Corporate Risk Register and referenced a recent audit which had highlighted this area for further consideration.

The Board **CONSIDERED** the Strategic Risk Report and **NOTED** the programme of work underway to strengthen assurance.

**ABUHB  
2005/15**

**Report from Llais, Gwent Region**

Lisa Charles (LC), Regional Director, Llais Cymru, presented the Llais Gwent Region report for noting.

LC provided an overview of current areas of focus, including engagement activity and feedback from communities, highlighting issues being raised by citizens and the ongoing work to gather further insight to inform service improvement.

Paul Deneen (PD), Independent Member, raised the importance of engaging with young people and suggested consideration of digital approaches to support engagement. LC confirmed that work was progressing and that wider community engagement would take place as the programme developed, including consideration of digital solutions.

Dafydd Vaughan (DV), Independent Member, raised concerns regarding missed referrals from GP surgeries, and Paul Solloway (PS), Director of Digital, confirmed that this would be followed up.

The Board **NOTED** the report.







|                          |                                                                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | <b>CONSENT AGENDA</b>                                                                                                                                                                                                                    |
| <b>ABUHB<br/>2005/16</b> | The Board <b>APPROVED</b> the Draft Minutes of the Health Board Meeting, held on 25 <sup>th</sup> March 2026                                                                                                                             |
|                          | The Board <b>APPROVED</b> the Report on Sealed Documents and Chair's Actions.                                                                                                                                                            |
|                          | The Board <b>APPROVED</b> the NHS Wales Joint Commissioning Committee Terms of Reference, Standing Orders and Standing Financial Instructions                                                                                            |
|                          | The Board <b>NOTED</b> the Board Action Log with Updates                                                                                                                                                                                 |
|                          | The Board <b>NOTED</b> the Welsh Government, Accountability Interface Arrangements                                                                                                                                                       |
|                          | The Board <b>NOTED</b> the UK Covid-19 Inquiry, Module 3: The impact of the Covid-19 pandemic on the healthcare systems of the United Kingdom                                                                                            |
|                          | The Board <b>NOTED</b> the Strategic Partnership Updates: <ul style="list-style-type: none"> <li>a. Regional Partnership Board</li> <li>b. Public Service Board</li> </ul>                                                               |
|                          | The Board <b>NOTED</b> the overview of Joint and Partnership Committee Activity <ul style="list-style-type: none"> <li>a. NHS Wales Joint Commissioning Committee</li> <li>b. NHS Wales Shared Services Partnership Committee</li> </ul> |
|                          | The Board <b>NOTED</b> the Committee Annual Reports 2025/26 and Terms of Reference                                                                                                                                                       |
|                          | <b>OTHER MATERS</b>                                                                                                                                                                                                                      |
| <b>ABUHB<br/>2005/17</b> | <b>Any Other Business</b>                                                                                                                                                                                                                |
|                          | There were no further items raised for discussion.                                                                                                                                                                                       |
| <b>ABUHB<br/>2005/18</b> | <b>Date of the Next Meeting:</b>                                                                                                                                                                                                         |
|                          | Wednesday 24 <sup>th</sup> June 2026                                                                                                                                                                                                     |



**Rhoi'r un cyfle i  
bawb fyw bywyd  
hir ac iach.**

**Giving everyone the  
same chance to live  
a long, healthy life.**

**Iechyd Gwell • Gofal Gwell • Bywydau Gwell**  
**Better Health • Better Care • Better Lives**



DRAFT



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

|                        |                                                     |
|------------------------|-----------------------------------------------------|
| <b>DATE OF MEETING</b> | <b>Wednesday 24<sup>th</sup> June 2026 at 10:00</b> |
| <b>VENUE</b>           | <b>Microsoft Teams</b>                              |

|                      |                     |                                                 |
|----------------------|---------------------|-------------------------------------------------|
| <b>PRESENT</b>       | Andrew Morgan       | Chair                                           |
|                      | William Smart       | Vice Chair                                      |
|                      | Paul Deneen         | Independent Member (Community)                  |
|                      | Dafydd Vaughan      | Independent Member (Digital)                    |
|                      | Iwan Jones          | Independent Member (Finance)                    |
|                      | Neil Patrick        | Independent Member (Community)                  |
|                      | Helen Sweetland     | Independent Member (University)                 |
|                      | Helen Cunningham    | Independent Member (Local Authority)            |
|                      | Nicola Prygodzicz   | Chief Executive                                 |
|                      | Jennifer Winslade   | Director of Nursing                             |
|                      | Rob Holcombe        | Director of Finance & Procurement               |
|                      | Hannah Evans        | Director of Strategy, Planning and Partnerships |
|                      | Sarah Simmonds      | Director of Workforce and OD                    |
|                      | Dr Seema Srivastava | Medical Director                                |
|                      | Peter Carr          | Director of AHPs and Health Science             |
| <b>IN ATTENDANCE</b> | Rani Dash           | Director of Corporate Governance                |
|                      | Bryony Codd         | Head of Corporate Governance                    |
|                      | Naomi Murtagh       | Board Business Manager                          |
|                      | Gareth Lewis        | Head of Financial Services & Accounting         |
|                      | Julie Rees          | Audit Wales                                     |
|                      | Lisa Charles        | Regional Director, Llais Cymru                  |
| <b>APOLOGIES</b>     | Penny Jones         | Independent Member (Community)                  |
|                      | Akmal Hanuk         | Independent Member (Third Sector)               |
|                      | Tracy Daszkiewicz   | Director of Public Health                       |
|                      | Leanne Watkins      | Chief Operating Officer                         |
|                      | Paul Solloway       | Director of Digital                             |



|                          | <b>PRELIMINARY MATTERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ABUHB<br/>2406/01</b> | <p><b>Welcome and Introductions</b></p> <p>The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe.</p> <p>It was noted that the meeting would be livestreamed and published on the Health Board's website following the meeting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>ABUHB<br/>2406/02</b> | <p><b>Declarations of Interest for Noting</b></p> <p>There were no declarations of interest raised.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                          | <b>ANNUAL REPORT AND ACCOUNTS 2025/2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>ABUHB<br/>2406/03</b> | <p><b>To RECEIVE Audit Wales' Audit of Accounts Report</b></p> <p>Julie Rees (JR), Audit Wales, presented the final Audit of Accounts for 2025/26. JR confirmed that the Auditor General for Wales intended to issue an unqualified true and fair opinion on the Health Board's Annual Accounts, together with a qualified regularity opinion. The qualification related to the Health Board's continued failure to meet its statutory financial duty to break even over a rolling three-year period.</p> <p>JR reported that no uncorrected misstatements had been identified during the audit, and that a summary of corrected misstatements had been included within Appendix 2 of the report for information. JR also confirmed that no significant control issues had been identified.</p> <p>JR extended her thanks to the Finance and Governance teams for the quality of the reports, and for their collaborative approach which had enabled the audit to be completed to timetable.</p> <p>Andrew Morgan (AM), Chair, welcomed the positive feedback regarding the working relationship between Audit Wales and the Health Board, reflecting on the constructive engagement and openness demonstrated throughout the process.</p> |







|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <p>Robert Holcombe (RH), Director of Finance &amp; Procurement, also expressed appreciation to the Finance team and wider colleagues for their contribution to the successful completion of the year-end accounts</p> <p>The Board <b>RECEIVED</b> the Report.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>ABUHB<br/>2406/04</b></p> | <p><b>To RECEIVE a recommendation from the Audit, Risk and Assurance Committee</b></p> <p>Iwan Jones (IJ), Independent Member and Chair of the Audit, Risk and Assurance Committee, presented the Committee's recommendations to the Board.</p> <p>IJ advised that the Committee had met to consider the Annual Report and Accounts, alongside Audit Wales' Audit of Accounts Report and associated documentation, and had undertaken a detailed review of both the financial statements and audit findings.</p> <p>The Committee was satisfied that the accounts presented a true and fair view of the Health Board's financial position and performance for the year, noting the robustness of the audit process and the quality of the supporting information provided.</p> <p>IJ highlighted that the auditors intended to issue a qualified regularity opinion in relation to the Health Board's continued breach of its statutory financial duty to break even over the rolling three-year period. This remained a significant matter for the Board and would continue to be a key focus for both the Committee and the wider organisation.</p> <p>The Committee was assured regarding the integrity of the accounts and the adequacy of the processes in place to support their preparation, and therefore recommended that the Board approve the Annual Report and Accounts.</p> |





|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | <p>IJ conveyed the Committee's appreciation for the work of the teams across the organisation in producing the report and supporting the audit process.</p> <p>The Board <b>RECEIVED</b> the Committee's recommendation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>ABUHB<br/>2406/05</b> | <p><b>To consider for APPROVAL and SIGNING ABUHB's Annual Report and Accounts 2024/25</b></p> <p>The Board received the Annual Report and Accounts for 2025/26.</p> <p><b>The Performance Report (Part 1)</b></p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Performance Report, noting that the report reflected the previously scrutinised year-end performance and aligned with the organisation's planning commitments and delivery against strategic objectives.</p> <p><b>The Annual Accountability Report (Part 2)</b></p> <p>Rani Dash (RD), Director of Corporate Governance, presented the Accountability Report, highlighting that it comprised the Corporate Governance Report, Remuneration Report and Parliamentary Accountability disclosures. RD advised that the Annual Governance Statement confirmed that the Health Board maintained a sound system of internal control, with no significant governance issues identified.</p> <p><b>The Financial Statements (Part 3)</b></p> <p>Robert Holcombe (RH), Director of Finance &amp; Procurement, presented the financial statements, confirming that they had been prepared in line with Welsh Government requirements and reviewed by the Audit Committee.</p> <p>The Board <b>APPROVED</b> the Annual Report and Accounts 2025/26.</p> |



**Rhoi'r un cyfle i  
bawb fyw bywyd  
hir ac iach.**

**Giving everyone the  
same chance to live  
a long, healthy life.**

**Iechyd Gwell • Gofal Gwell • Bywydau Gwell  
Better Health • Better Care • Better Lives**



|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ABUHB<br/>2406/06</b> | <b>To APPROVE for SIGNING the Letter of Representation,<br/>as included in Audit Wales' ISA260 2025/26</b><br><br>The Board <b>APPROVED</b> the signing of the Letter of<br>Representation 2025/26.                                                                                                                                                                                                                                                                                                                                                                 |
| <b>ABUHB<br/>2406/07</b> | <b>OTHER MATERS</b><br><b>Any Other Business</b><br><br>Nicola Prygodzicz (NP), Chief Executive, formally thanked the<br>teams involved in the preparation of the Annual Report and<br>Accounts for their significant contribution throughout the year.<br>NP expressed her appreciation for the professionalism and<br>commitment demonstrated in producing the reports and<br>accounts and recorded her gratitude to all colleagues who had<br>contributed to the successful completion of the process.<br><br>There were no further items raised for discussion. |
| <b>ABUHB<br/>2406/08</b> | <b>Date of the Next Meeting:</b><br><br>Wednesday 29 <sup>th</sup> July 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



|                                                      |                                                                           |
|------------------------------------------------------|---------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                              |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                                     |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | <b>Governance Matters: Report on Sealed Documents and Chair's Actions</b> |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Rani Dash, Director of Corporate Governance                               |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Bryony Codd, Head of Corporate Governance                                 |

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

Ar Gyfer Penderfyniad/For Decision

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and situations where Chair's Action has been used for decisions.

### **ADRODDIAD SCAA SBAR REPORT**

#### **Sefyllfa / Situation**

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between 7<sup>th</sup> May and 15<sup>th</sup> July 2026

The Board is asked to note that one (1) document required the use of the Health Board's seal during the above period.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary (the Director of Corporate Governance). All Chair's Actions require ratification by the Board at its next meeting.

No Chair's Actions were agreed during the period 7<sup>th</sup> May and 15<sup>th</sup> July 2026.

#### **Cefndir / Background**

##### **1. Sealed Documents**

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. One document was sealed between the 7<sup>th</sup> May and 15<sup>th</sup> July 2026, as outlined below.

| Date       | Title                                                                                             |
|------------|---------------------------------------------------------------------------------------------------|
| 20/05/2026 | Schedule of Contract documents – replacement of existing windows at B Block, Royal Gwent Hospital |

## 2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as: Chair's action on urgent matters: There may be circumstances where decisions which would normally be taken by the Board need to be taken between scheduled meetings, and it is not practical to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

No Chair's Actions were approved between 7<sup>th</sup> May and 15<sup>th</sup> July 2026.

## 3. Clinical Negligence Claims

In line with the Scheme of Delegation, all clinical negligence claims over £1m are agreed between the Chair, Chief Executive, and two Independent Members (following recommendation from 2 clinical executives) outside of formal Board meetings. During the period 7<sup>th</sup> May and 15<sup>th</sup> July:

| Number of Clinical Negligence Claims over £1m | Total value                 |
|-----------------------------------------------|-----------------------------|
| One                                           | Up to the sum of £1,550,000 |

### Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

### Argymhelliad / Recommendation

The Board is asked to NOTE the documents that have been sealed and to NOTE that no Chair's Actions have been undertaken.

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

|                                                |     |
|------------------------------------------------|-----|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: | N/A |
|------------------------------------------------|-----|

|                                                                                                                               |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Datix Risk Register Reference and Score:                                                                                      |                                                                                                               |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s):                                                                       | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item.            |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Choose an item.<br><br>Enabler                                                                                |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Governance                                                                                                    |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br><br>Not applicable to this report |

| Gwybodaeth Ychwanegol:<br>Further Information:                                                                                                        |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                | N/A  |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                  | None |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | None |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed)                        |                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                | <b>Is EIA Required and included with this paper</b>                                                                                                                                                                                                                                                                         |
| <b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment</b> (EIA) completed | <b>No does not meet requirements</b><br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a> |



**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

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

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

| <b>Committee Meeting</b>                                 | <b>Minute Reference</b> | <b>Agreed Action</b> | <b>Lead</b> | <b>Target Date</b> | <b>Progress/ Completed</b> |
|----------------------------------------------------------|-------------------------|----------------------|-------------|--------------------|----------------------------|
| <b>There are no actions outstanding as at 29/07/2026</b> |                         |                      |             |                    |                            |
|                                                          |                         |                      |             |                    |                            |

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

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

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

|                                                      |                                                                                                                                    |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                                                                                       |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                                                                                              |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Regional Partnership Board Update                                                                                                  |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Hannah Evans – Executive Director of Strategy, Planning and Partnerships                                                           |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Amy Dolben – Assistant Director of Partnership & Integration<br>Rebecca Stanton – Regional Children & Families Transformation Lead |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**1. Sefyllfa / Situation**

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

**2. Cefndir / Background**

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

**2.1. Welsh Government policy: Integrated Community Care System Coordination and Oversight**

The Integrated Community Care System (ICCS) governance arrangements were implemented in September 2025 whereby:

- National Leadership and Delivery Groups meet on a quarterly basis – these are intended manage ICCS development and implementation across Wales
- Regional ICCS Coordination and Oversight meetings took place bimonthly and subsequently moved to quarterly – these are intended to provide assurance on ICCS progress within the RPB footprint.

Following informal feedback around purpose and clarity of the regional governance arrangements, Welsh Government is reviewing these Coordination and Oversight



meetings. Having consulted with key stakeholders, Welsh Government has indicated that going forward these meetings will include a standing item on demand and capacity, thematic discussions and system enablers. Feedback will be shared with the Cabinet Minister for Health and Care to demonstrate progress, provide assurance and highlight good practice.

3. Asesiad / Assessment

3.1 RPB updates: Structure Survey

A review of the Regional Partnership Board’s (RPB) governance arrangements was recently undertaken in response to increasing demand; feedback was gathered via a survey with 26 partnership members across the RPB, Regional Leadership Group (RLG) and strategic partnerships. Overall, partnership working in Gwent is viewed as broadly effective, but current structures are seen as overly complex, insufficiently aligned, and not consistently understood. The overarching conclusion is that governance arrangements need to be simplified, better aligned and more transparent to reduce duplication and improve accountability for outcomes. To this end, RPB has agreed a Task and Finish jointly chaired by Local Authority and Health will be established to progress this.

3.2 Revenue Portfolio: 2025/26 reporting

Following project-level submissions, the Regional Support Team PMO has compiled the Quarter 4 reports for: (i) RIF Models of Care; (ii) Unpaid Carers Short Breaks; (iii) Further Faster; and (iv) National Dementia Advocacy which highlight successes from across the Regional Partnership Board revenue portfolio.

The following infographic highlights key achievements across the portfolio in 2025/26 and includes Health, Social Care and Third Sector.



RPB approved these reports for submission at its meeting on 19 May 2026.



### 3.3 Neurodivergence Improvement Fund

The RPB has now received the funding allocation for the Neurodivergence Improvement Fund (NDIP). The fund is intended to continue elimination of three-year waits for Children's Neurodevelopmental assessments across Wales, with flexibility for health boards already sustaining waits under two years to invest in wider system improvements. ABUHB's allocated amount is £568,536 based on current waiting-time performance of maintaining one year waits, forecast risk, population need and assessment costs. A proposal was drafted by the Children's Neurodevelopmental Team and has now been approved via RPB and allocated to the Families and Therapies Division. In addition to the NDIP, the RIF is funding an additional £199,998 to support the development of an Early Help Neurodiversity Team.

### 3.4 Revenue Portfolio: 2026/27 Investment Update

Following indicative confirmation of the NDIP, the total RPB revenue allocation for 2026/27 is £31,729,509. This includes RIF Core Funding of £23.28m, Ring fenced funding of £3.28m for funding streams across the Integrated Autism Service, Short Breaks for Carers and Dementia Community Connectors. £57,906 remains unallocated in 2026/27 – this includes reclaimed RIF monies and unallocated ring-fenced funds.

### 3.5 Capital Portfolio Overview

The Gwent RPB capital programme delivered £9.748m of capital and Integration and Rebalancing Capital Fund (IRCF) Revenue investment in 2025/26, representing 72% utilisation against the total capital programme allocation of £13.622m. The main driver of under-utilisation related to delays within Housing with Care Fund (HCF). Major capital schemes, including approval timelines, changes to payment profiling, site and planning dependencies, and late reprofiling of delivery into 2026/27. In contrast, Disabled Facilities Grants and Minor capital schemes demonstrated strong in-year delivery.

The 2026/27 capital programme totals £13.036m, including £11.640m HCF and £0.946m IRCF. Following implementation of £1.866m pre-payments directed by WG, available capital funding reduces to £11.170m. The programme is currently £2.426m under-programmed; however, this is offset by a strong developing pipeline of £20.278m, including £6.297m awaiting approval.

Given the scale of the pipeline against available funding, the programme will continue to require active prioritisation during 2026/27. This will include a focus on schemes that are deliverable within the financial year and where HCF is the most appropriate funding route. The Capital PMO is also exploring whether appropriate schemes may be better aligned to IRCF, particularly while confirmation is awaited on the future of HCF beyond March 2027.

**Commented [LD1]:** I've removed the table that was here as it was taken from the WG letter and didn't reflect the figures in the narrative above.

### 3.6 2026/27 Health Board Capital Projects

The Health Board is a delivery partner in two HCF Majors projects, with total approximate costs of £1,755,129. Within the HCF Minors programme, the Health Board is delivering within the 2026/27 allocation of £122,000 a portfolio of minor capital schemes focused on Specialist Children's Beds, Assistive Technology within Older Adults Mental Health and improving the care area on Adferiad ward.





The Health Board is the lead delivery partner for IRCF projects in Gwent. £946,000 is approved for investment in the Monmouth and Aber Valley Health and Wellbeing Centres in 2026/27. These schemes are currently progressing through business case, feasibility and development phases.

In order to support the longer-term pipeline of capital activity, £178,063 of IRCF Revenue has been invested in Health Board feasibility studies and enabling resources.

### 3.7 Strategic Capital Plan

The Strategic Capital Plan (SCP) brings together key partners to develop integrated service delivery facilities and integrated accommodation-based solutions across the region. The SCP has a dual function: (i) to set out a strategic vision for the RPB's capital activity over the coming decade; and (ii) to function as a high-level investment plan across the RPB's two key capital funds with a clear pipeline of capital activity.

Refreshed on an annual basis, the updated SCP was approved by RPB at its meeting on 19 May 2026. In summary, the SCP has identified key needs for key RPB population groups which has subsequently informed a pipeline of activity across accommodation-based solutions and integrated hubs.

### 4. Argymhelliad / Recommendation

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

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                               |                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: |                                                                                                                                                                                                                                    |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                 | All Health & Care Standards Apply<br>Choose an item.<br>Choose an item.<br>Choose an item.                                                                                                                                         |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><a href="#">Link to IMTP</a>                     | Every Child has the best start in life<br>Getting it right for children and young adults<br>Adults in Gwent live healthily and age well<br>Older adults are supported to live well and independently<br>Dying Well as part of life |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                         | Partnership First                                                                                                                                                                                                                  |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives                           | Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers                                                                                                        |



|                                                       |                                                                                                                                                                      |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Strategic Equality Objectives 2020-24</a> | <p>Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services</p> <p>Choose an item.</p> <p>Choose an item.</p> |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Gwybodaeth Ychwanegol:<br>Further Information:                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                |                                                                                                                                                                                                                                                                                                                                     |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                  | <p><b>HCF</b> Housing with Care Fund</p> <p><b>ICCS</b> Integrated Community Care System</p> <p><b>IRCF</b> Integration and Rebalancing Care Fund</p> <p><b>RIF</b> Regional Integration Fund</p> <p><b>RLG</b> Regional Leadership Group</p> <p><b>RPB</b> Regional Partnership Board</p> <p><b>SCP</b> Strategic Capital Plan</p> |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: |                                                                                                                                                                                                                                                                                                                                     |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed)                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment</b> (EIA) completed</p>                                                                                                                                                                                                    | <p><b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p> | <p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p> <p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> <p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Involvement - The importance of involving people with an interest in achieving the well-being goals,</p> |





|                                                      |                                                                                             |
|------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                                                |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                                                       |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | Gwent Public Services Board Update                                                          |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships  |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | 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 Board members on key developments and discussions from the Gwent Public Services Board (PSB) meeting which took place on 2<sup>nd</sup> July 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.

The July Meeting included:

- A proposal for a high-level review of Gwent Partnerships
- A progress update on the Climate and Nature Area of Focus
- A proposal for delivery of the Well-being Assessment 2027

## **PSB–RPB Collaboration**

Following the opportunities noted in the Board report provided in January 2026 for deeper collaboration between the PSB and Regional Partnership Board (RPB), including joint priority setting, shared structures, and the potential for a joint Gwent conference it has been agreed that Stephen Vickers and Tracy Daszkiewicz on behalf of the PSB and Hannah Evans Executive Director for Strategy, Planning and Partnership on behalf of the RPB will lead a high-level joint review of Gwent Partnerships.

## **Climate and Nature Area of Focus**

The PSB received a progress report on the Climate and Nature Area of Focus led by Natural Resources Wales.

### **Progress:**

- Publication of the Gwent Climate Change Risk Assessment (CCRA) and associated priorities and recommendations for action
- Development of the Resilient Ecological Networks (RENs) Programme
- Describing the interconnection between climate change and biodiversity loss and the need to act on both issues through a coordinated approach

### **Impact:**

The work of the Climate and Nature area of focus has provided a comprehensive overview of the climate risks and nature recovery priorities for Gwent. The continued development of the area of focus provides momentum and strategic coordination to this critical agenda which aligns closely with Marmot principles and the Well-being of Future Generations Act – aiming to ensure current and future generations are protected from the harms associated with climate change.

### **Next Steps:**

PSB members noted the need for clear, strong and sustained leadership across organisations to mitigate and adapt to the impacts of climate change. They endorsed continued work of the area of focus, noting the increasing impacts of climate change across our communities.

## **Well-being Assessment (2027–2028)**

The PSB have confirmed that they will use the Joint Strategic Assessment (JSA) as the next statutory Well-being Assessment, due in 2027. The JSA will be expanded to ensure all statutory requirements of the Well-being Assessment are contained within the JSA, integrating quantitative data, lived experience, and community insight.

It was noted that as an annually produced document the JSA will enable better monitoring of progress beyond the statutory cycle of the Well-being Assessment and Well-being Plan.



## Future Meetings

The next PSB meeting is scheduled to take place on 21<sup>st</sup> September 2026

## Argymhelliad / Recommendation

Board is asked to:

- Note progress of the Climate and Nature area of focus
- Note the expanded role of the JSA as a driver to enhance strategic coordination across PSB priorities and the Health Board's Strategic Aims as set out in Gwent 35.
- Support the high-level review of Gwent partnerships noting the opportunity to strengthen impact across public bodies through more coordinated and collaborative action.

## Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

|                                                                                                                               |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                    | N/A                                                                         |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | 1. Staying Healthy<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Choose an item.<br>Better Health<br>Better Lives                            |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Choose an item.                                                             |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.    |

## Gwybodaeth Ychwanegol:

### Further Information:

|                                        |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base: | Gwent well-being plan<br><a href="https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/">https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/</a><br>Gwent Joint Strategic Assessment<br><a href="https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/">https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/</a> |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                           | N/A  |
| Partïon / Pwyllgorau â<br>ymgynhorwyd ymlaen llaw y<br>Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted<br>prior to University Health Board: | None |

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

|                                                      |                                                                               |
|------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                                  |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                                         |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | <b>NHS Wales Joint Commissioning Committee (JCC) Update Report – May 2026</b> |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Nicola Prygodzicz, Chief Executive Officer                                    |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Rani Dash, Director of Corporate Governance                                   |

**Pwrpas yr Adroddiad  
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

**Cefndir / Background**

The JCC is a Joint Committee of all Health Boards in NHS Wales. Membership of the JCC consists of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers. The JCC's membership also includes an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body and this individual holds the Accountable Officer status, as delegated by Welsh Government, for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services as identified below for residents within their area.

- specialised services for: • cancer and blood disorders

- cardiac conditions
- mental health and vulnerable groups · neurosciences, and · women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

### **Asesiad / Assessment**

The Joint Committee last met on 26<sup>th</sup> May 2026. The papers for this meeting are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#).

The Committee's Assurance Report from this meeting is attached at **Appendix A**.

The Committee is due to next meet on 21<sup>st</sup> July 2026, papers for which can also be accessed at the link above. The assurance report from this meeting will be presented to the Board once made available.

### **Argymhelliad / Recommendation**

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) Committee activity.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

|                                                                                            |                                                                                                    |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | N/A                                                                                                |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                 | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                 | Choose an item.                                                                                    |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                         | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                           |

|                                                                                                                           |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item. |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

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

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

## Glossary of Terms

- EASC – Emergency Ambulance Service Committee
- WAST – Welsh Ambulance Service Trust+



- SDEC- Same Day Emergency Care
- ICAP – Integrated Commissioning Action Plan
- ROSC – Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru – Emergency Medical Retrieval and Transfer Service
- CASC – Chief Ambulance Services Commissioner
- BCUHB – Betsi Cadwalader University Health Board
- CTMUHB – Cwm Taf Morgannwg University Health Board
- C&VUHB – Cardiff and Vale University Health Board
- HDUHB – Hywel Dda University Health Board
- SBUHB – Swansea Bay University Health Board
- DHCW – Digital Health and Care Wales
- SEDC – Same Day Emergency Care
- SPC – Statistical Process Control

## Joint Commissioning Committee

### Highlight Report from the Joint Commissioning Committee

|                                                           |                                                      |
|-----------------------------------------------------------|------------------------------------------------------|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>           | 26/05/2026                                           |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>           | Open/ Public                                         |
|                                                           | Not Applicable                                       |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>             | Gareth Mitchell, Corporate Governance Manager, NWJCC |
| <b>Cyflwynydd yr<br/>Adroddiad / Report<br/>Presenter</b> | Juliet Brown, Chief Commissioner, NWJCC              |
| <b>Noddwr yr Adroddiad /<br/>Report Sponsor</b>           | Juliet Brown, Chief Commissioner, NWJCC              |

|                                                 |            |
|-------------------------------------------------|------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Noting |
|-------------------------------------------------|------------|

| Engagement (internal/external) undertaken to date<br>(including receipt/consideration at Committee/Group) |      |                 |
|-----------------------------------------------------------------------------------------------------------|------|-----------------|
| Committee / Group /<br>Individuals                                                                        | Date | Outcome         |
|                                                                                                           |      | Choose an item. |

## 1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered at its public meeting on 26 May 2026.

Key highlights from the meeting are reported in Section 2.

## 2. HIGHLIGHT REPORT

(Links to reports highlighted [May 2026 - NHS Wales Joint Commissioning Committee](#)).

| Status                  | Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Alert / Escalate</b> | <ul style="list-style-type: none"> <li>The <a href="#">Chair's Report</a> noted the need to undertake a Chair's Action on 30 March 2026 following discussions at the Extraordinary Meeting of the JC held on 23 March 2026. Following the meeting, a majority of JC Members approved the following wording to approve the NWJCC Annual Plan (2026-27): The NHS Wales Joint Commissioning Committee resolved to:<br/><br/><i>APPROVE the 2026/27 plan subject to the requirement for the JCC to work collaboratively with Local Health Boards to urgently develop the 2026/27 priorities to maximise cost improvement efficiencies and savings to improve the additional financial requirement of £16.2m in year</i><br/><br/>This was reported at May's JC for consideration and ratification.</li> <li>It was reported that there was currently only one Health Board (HB) CEO member of the Quality, Safety and Outcomes Sub-Committee with the need for another to ensure continuity of attendance at each meeting.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Advise</b>           | <p>The <a href="#">Chief Commissioner's Report</a> incorporated Director of Commissioning Reports to highlight performance and quality issues that had arisen since updates shared at Sub-Committee meetings in April 2026. These updates included:</p> <ul style="list-style-type: none"> <li> <b>Women and Children's Services</b><br/> Neonatal assurance meetings continue across providers, with the next cycle of engagement underway. These provide ongoing oversight of staffing, quality and safety, alongside supporting continued improvement following recent independent reviews. Workforce constraints within paediatric radiology at Cardiff and Vale University Health Board present a risk to sustaining a 24/7 service, with mitigation arrangements in place including locum cover and remote specialist support where required. Paediatric neurology services continue to experience capacity challenges, including reduced provision at Alder Hey Hospital and workforce changes within Wales, impacting access and equity of specialised services for patients. Mitigation actions were being progressed in partnership with health boards. </li> <li> <b>Ambulance Patient Handover</b><br/> Ambulance handover performance remains a significant area of system pressure. While improvement was demonstrated following renewed national focus on the 45-minute standard, performance remains variable across Wales with a total of 16,468 lost hours in March 2026. Whilst there has been some improvement, handover delays remain significantly above levels of commissioned activity. The root cause is predominantly system driven, linked to emergency department/hospital capacity, patient flow and discharge delays across HBs. Phase 2 of the Ambulance Performance Framework </li> </ul> |

| Status | Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <p>has further evidenced the direct correlation between hospital handover delays and lower ambulance response times in the community, indicating that this issue cannot be resolved by the provider or commissioner alone.</p> <ul style="list-style-type: none"> <li> <b>Review of Adult Gender Incongruence Services</b><br/> The NWJCC is undertaking a comprehensive review of adult gender services in NHS Wales to ensure commissioned provision is efficient, effective and delivers high-quality care aligned to current evidence and system requirements. NWJCC commissions the gender care pathway for Welsh patients, including assessment, referral and ongoing care via the Welsh Gender Service, and access to surgery through NHSE via cross-border arrangements, but does not directly commission or provide surgery itself. NHSE commissions all gender surgery services, including the surgical pathway and provider contracts. </li> </ul> <p>The review of the Welsh Gender Service commenced in Q1, with scoping, methodology and stakeholder engagement progressing through Q2, followed by detailed assessment of demand, capacity, quality, cost and pathway effectiveness. This work is being undertaken in the context of increasing demand and emerging findings from the parallel NHSE national review. There is a clear opportunity to align the Welsh Gender Service review with NHSE methodologies, data frameworks and emerging service specifications to ensure consistency, comparability and futureproofing across systems.</p> <p>The review will focus on adult non-surgical services, with consideration of pathway interfaces, and will engage key stakeholders across HBs and partner organisations. Initial findings are expected in Q3/4, with a report and recommendations to the JC thereafter.</p> <p>The <a href="#">NWJCC Annual Plan Delivery - Strategic Priority and Deep Dive Specifications</a> Report was received along with nine <a href="#">scoping documents</a> that provided a consistent and proportionate overview of each strategic priority area, each of which was <b>approved</b> by the JC. It was noted that the information captured through the scoping documents would support the development of more aligned and consistent reporting, monitoring and oversight arrangements across the strategic priority portfolio during 2026/27.</p> <p>A report on <a href="#">Clinical Support Hubs and NHS 111 Digital Front End</a> was received. Members <b>approved Option 2</b>: allocation of funding and commissioning responsibility of the Clinical Support Hubs to the NWJCC. This was an interim measure and aligned to discussions at the NHS Wales Leadership Board. Further work would be undertaken regarding longer term arrangements.</p> |

| Status | Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <p>The provision of the recurrent ring-fenced allocation for the development of the NHS 111 digital platform had also been granted to the NWJCC. This will allow the NWJCC to support, more strategically, the digital front end of the NHS 111 service.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Assure | <p>The Committee received the following Sub-Committee assurance reports:</p> <ul style="list-style-type: none"> <li>- <a href="#">Quality, Safety and Outcomes Sub-Committee</a></li> <li>- <a href="#">Planning, Performance and Finance Sub-Committee</a></li> <li>- <a href="#">CTMUHB Audit and Risk Committee</a></li> </ul> <p>The <a href="#">NWJCC Organisational Risk Register</a> as of 31 March 2026 was received and approved. There were 14 risks with a score of 15 or above as of 31<sup>st</sup> March 2026.</p> <p>The <a href="#">Corporate Governance Report</a> included updates on Welsh Health Circulars, the NWJCC Internal Audit Programme and the ongoing review of hosting arrangements between the NWJCC and CTMUHB.</p> <p>The JC approved the Annual Governance Statement and endorsed the updated NWJCC Standing Orders, Standing Financial Instructions and the Guidance on the Handling of Interests, which are scheduled to be approved by all Health Boards.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Inform | <p>The <a href="#">Chair's Report</a> summarised the JC Strategy Session held on 14 April 2026, including key planning principles for the delivery of the NWJCC plan, assurance regarding key milestones and shared definitions of each priority area and roles and responsibilities.</p> <p>The <a href="#">Chief Commissioner's Report</a> included updates on:</p> <ul style="list-style-type: none"> <li>○ <b>WAST Performance Indicators</b> - Welsh Government (WG) feedback on the Annual Plan was positive and included a request for further information on WAST Performance indicators.</li> <li>○ <b>CAR-T Service</b> - Ongoing conversations in relation to surge capacity for CAR-T with alternative centres secured including Bristol, Birmingham and London.</li> <li>○ <b>NEPTS Eligibility</b> - Llais asked for consultation on any potential changes to NEPTS eligibility.</li> <li>○ <b>St Andrews</b> - NHS England was currently looking at alternative providers for patients with plans being developed for St Andrews to retain some capacity. This will not affect Welsh patients. A June deadline had been given for removing Welsh patients from the site.</li> <li>○ <b>Hereditary Anaemia Service</b> - A business case for the Hereditary Anaemia service was being developed by Cardiff and Vale University Health Board to improve workforce resilience, there was no timeline currently scheduled for completion.</li> <li>○ <b>Collaborative Commissioning Leadership Group</b> – the meeting held on 21 April 2026 considered close-out of the NWJCC Foundation Plan 2025-26, delivery arrangements for the NWJCC</li> </ul> |



| Status            | Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <p>Annual Plan for 2026-27 and also endorsed the findings and next steps for the NWJCC referral management review across the seven HBs.</p> <p>The Committee received the <a href="#">Month 12 Finance Report 25/26</a>, <a href="#">Month 01 Finance Report 26/27</a> and the <a href="#">Operational Performance Report</a></p> <ul style="list-style-type: none"> <li>It was agreed that granularity of the Month 2 Finance report be enhanced for scrutiny at the next Planning, Performance and Finance (PPF) Sub-Committee and July's JC meeting.</li> </ul> |
| <b>Appendices</b> | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

### 3. ASSESSMENT

| Objectives / Strategy                                                                                                                                                                                                                              |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Dolen i Amcan (au) Strategol CBC</b><br><b>Link to JCC Strategic Objectives(s)</b>                                                                                                                                                              | Maximise Value                                                                                 |
|                                                                                                                                                                                                                                                    | Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration |
| <b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /</b><br><b>Link to Wellbeing of Future Generations Act – Wellbeing Goals</b><br><a href="#">150623-guide-to-the-fg-act-en.pdf</a><br><a href="#">(futuregenerations.wales)</a> | A Resilient Wales                                                                              |
|                                                                                                                                                                                                                                                    | A Healthier Wales                                                                              |
| <b>Dolen i Hwyluswyr Ansawdd</b><br>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /<br><b>Link to Enablers of Quality</b><br><a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>                                              | Leadership                                                                                     |
|                                                                                                                                                                                                                                                    | Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective      |
| <b>Dolen i Feysydd Ansawdd</b><br>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /<br><b>Link to Domains of Quality</b><br><a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>                                                 | Effective                                                                                      |
|                                                                                                                                                                                                                                                    | Efficient; Equitable; Person-centred; Timely; Safe                                             |
| <b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>                                                                                                                                                       | No - Not Applicable                                                                            |
|                                                                                                                                                                                                                                                    |                                                                                                |

| Impact Assessment |
|-------------------|
|-------------------|

|                                                                                                                                                                                                  |                                                                                                                                                                    |                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i><br><b>Quality</b><br><i>Have you undertaken a Quality Impact Assessment Screening?</i>              | Yes: <input type="checkbox"/>                                                                                                                                      | No: <input checked="" type="checkbox"/>                                                      |
|                                                                                                                                                                                                  | Outcome:                                                                                                                                                           | If no, please include rationale below:<br>This is a summary of the latest meeting of the JCC |
| <b>Cydraddoldeb</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i><br><b>Equality</b><br><i>Have you undertaken an Equality Impact Assessment Screening?</i> | Yes: <input checked="" type="checkbox"/>                                                                                                                           | No: <input checked="" type="checkbox"/>                                                      |
|                                                                                                                                                                                                  | Outcome for Equality (delete as appropriate):<br>POSITIVE/NEUTRAL/NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL/NEGATIVE | If no, please include rationale below:<br>This is a summary of the latest meeting of the JCC |
| <b>Cyfreithiol / Legal</b>                                                                                                                                                                       | There are no specific legal implications related to the activity outlined in this report.                                                                          |                                                                                              |
|                                                                                                                                                                                                  |                                                                                                                                                                    |                                                                                              |
| <b>Enw da / Reputational</b>                                                                                                                                                                     | There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.                                            |                                                                                              |
|                                                                                                                                                                                                  |                                                                                                                                                                    |                                                                                              |
| <b>Effaith Adnoddau</b><br><i>(Pobl / Ariannol) /</i><br><b>Resource Impact</b><br><i>(People / Financial)</i>                                                                                   | Yes (Include further detail below)                                                                                                                                 |                                                                                              |
|                                                                                                                                                                                                  | The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.                                           |                                                                                              |

#### 4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.

|                                                      |                                                                                          |
|------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                                             |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                                                    |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | <b>NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – July 2026</b> |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Nicola Prygodzicz, Chief Executive Officer                                               |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Rani Dash, Director of Corporate Governance                                              |

**Pwrpas yr Adroddiad  
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Shared Services Partnership Committee as a Joint Committee of the Board.

**Cefndir / Background**

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee). The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Professor Tracy Myhill OBE.

## Asesiad / Assessment

The Joint Committee last met on 14<sup>th</sup> May 2026 and the papers for the meetings are available at [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#) . The Committee Chair's Assurance Report from this meeting is attached at **Appendix A**.

The Committee is next due to meet on 16<sup>th</sup> July 2026. The assurance report from this meeting will be reported to the Board once made available.

## Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership Committee activity.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

|                                                                                                                               |                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                    | N/A                                                                                                |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item. |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Choose an item.<br>N/A                                                                             |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                           |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.                           |

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

|                                        |     |
|----------------------------------------|-----|
| Ar sail tystiolaeth:<br>Evidence Base: | N/A |
| Rhestr Termiau:<br>Glossary of Terms:  | N/A |

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

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



## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

| Reporting Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Shared Services Partnership Committee (SSPC)                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Chaired by</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Huw Thomas, Executive Director of Finance at Hywel Dda University Health Board and Vice Chair of SSPC |
| <b>Lead Executive</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Neil Frow OBE, Managing Director, NWSSP                                                               |
| <b>Author and Contact Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services  |
| <b>Date of Meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14 May 2026                                                                                           |
| <b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |
| <p><b>Managing Director's Update Report</b> - The Managing Director presented a comprehensive update on key developments across NWSSP since the previous meeting, highlighting continued organisational maturity and impact as the organisation marked its 15-year anniversary, with sustained delivery of value, innovation and partnership across NHS Wales. Governance and accountability arrangements remain under development through the Implementation Group, supported by ongoing engagement, alongside positive external visibility following the Chief Executive's visit to IP5.</p> <p>A balanced financial position was confirmed (subject to audit), including delivery of the £6m savings requirement to NHS Wales and Welsh Government, alongside full utilisation of capital funding to support strategic infrastructure, digital, estates, decarbonisation and resilience priorities. Ongoing focus on the Welsh Risk Pool was noted, supported by Welsh Government investment, with further work required to address emerging reimbursement pressures.</p> <p>An update was provided in relation to development of key national programmes including Transforming Access to Medicines (TrAMS) and the Future Workforce Solution. While positive progress was noted in TrAMS, including advancements across regional hub developments and digital solutions, risks remain in relation to organisational approvals and Welsh Government sign-off, with potential delays linked to the formation of the new government. The Future Workforce Solution programme continues at pace but is impacted by external dependencies, including delays in documentation and outstanding clarity on system functionality.</p> <p>Reasonable assurance was reported for the Single Lead Employer model following internal audit, with improvement required in specific operational areas, particularly sickness management processes, which the Committee noted as a shared responsibility. Significant risks associated with Resident Doctors' contract reform were highlighted, including operational, financial and compliance implications, with further detailed scrutiny provided to the Committee in the deep dive presentation.</p> <p>The overarching report provided the Committee with updates across a broad portfolio, including Transforming Access to Medicines (TrAMS), Radiopharmacy and the Hub Programme; the NHS Wales Influenza Vaccination Programme; Primary Care Services;</p> |                                                                                                       |

Laundry Services; decarbonisation and adaptation activity; engagement and leadership activity; and awards and recognition.

In addition, the Committee was advised of the most recent developments in relation to senior appointments, including the appointment of Dr Martin Edwards as Medical Director, following the retirement of Dr Ruth Alcolado in March 2026; ongoing recruitment to the Deputy Medical Director role; and progress in the Chair's recruitment process, with interviews scheduled for 15 June 2026. Confirmation is awaited regarding Tracy Myhill OBE remaining in post until 30 June 2026.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Update Report.

### **Deep Dive Presentations**

**Implementation of the Resident Doctor Contract Reform** - The Committee received a detailed presentation on the implementation of the Resident Doctor contract reform, noting progress across a range of workstreams in line with a challenging timetable for the August 2026 go-live date. This included advancements in system development, contractual negotiations, policy development and organisational engagement. It was noted that the majority of contractual terms have been agreed with the British Medical Association (BMA), with final documentation nearing publication, and that associated policies are progressing through governance arrangements. The e-rostering system remains a key dependency, with revised timelines and interim arrangements in place to mitigate risks and support ongoing delivery. Variability in organisational readiness was recognised, alongside continued work to ensure compliance with rota requirements and to evidence workforce needs.

Key risks were highlighted in relation to workforce capacity, financial implications and the requirement for additional staffing to accommodate reduced working hours under the new contract. Mitigating actions, including enhanced workforce planning, bank usage and continued scrutiny of additionality requirements, were noted. The Committee was advised that programme governance arrangements are robust, supported by an active risk register and clear escalation processes.

Further assurance was provided through evidence of improved engagement across organisations, positive recruitment fill rates and progress in system solutions to support transition. Committee Members raised a number of queries relating to governance coverage, readiness assurance, benefits realisation, rota impact assessment and workforce additionality. It was confirmed that readiness is being monitored through structured processes and regular reporting, with post-implementation evaluation planned to assess outcomes and inform future phases.

**Radiopharmacy at IP5** - The Committee received a presentation on the development of the new Radiopharmacy facility at IP5, noting significant progress and the successful completion and handover of the purpose-built facility in April. Commissioning is currently underway, with the programme progressing through a structured internal qualification phase to ensure that the facility, equipment, processes and workforce meet all required regulatory and operational standards. The specialised nature of Radiopharmacy services was acknowledged, including the complexity of manufacturing short shelf-life medicines and the requirement for robust quality assurance, safety and distribution processes. The comprehensive design of the facility, incorporating clean room environments, specialist equipment and controlled workflows aligned to stringent regulatory requirements was recognised.

The complex regulatory landscape was highlighted, with oversight from multiple bodies, and the need to ensure full compliance across environmental, staff safety and medicines regulation standards including updates to various licenses. The qualification process includes detailed testing and validation prior to progression to operational use. Plans for service implementation remain on-track for summer 2026, with a phased approach to go-live. Initial service delivery will be limited to Aneurin Bevan University Health Board to support workforce training and operational readiness, before scaling to a broader all-Wales service. Arrangements to maintain continuity of supply during transition, including collaboration with Swansea Bay University Health Board, were also noted.

Additionally, the Committee observed the virtual tour of the facility, providing assurance regarding the infrastructure, layout and technical capabilities supporting delivery.

The Committee **NOTED** the updates provided in relation to the implementation of the Resident Doctor Contract Reform and Radiopharmacy at IP5.

### Items for Approval

**NWSSP Performance Management Framework** – The Committee **DISCUSSED** and **APPROVED** the application of the Performance Management Framework as set out in the paper and **NOTED** that elements may be subject to change pending revisions to Welsh Government accountability arrangements. The Committee was assured that arrangements are established and operating as intended, supported by regular and comprehensive performance reporting. The Framework provides clear oversight, aligned reporting and ongoing engagement with NHS Wales organisations, underpinned by defined governance principles and accountability through the Managing Director, as Accountable Officer.

**NWSSP Duty of Quality Annual Report 2025–26** – The Committee **APPROVED** the NWSSP Duty of Quality Annual Report 2025–26, noting continued maturity in the organisation’s approach to quality, with strengthened governance, enhanced visibility and a clear focus on delivering measurable outcomes across NHS Wales. The proportionate, system-wide approach to quality management was recognised, alongside ongoing development of an overarching quality management system to support continuous improvement.

### Items for Noting

**Chair’s Appointment** – The Committee **NOTED** the update regarding the Chair’s appointment process, including progress and confirmation of interviews scheduled for 15 June 2026, with final shortlisting feedback awaited and interim arrangements in place, with the current Chair agreeing to remain in post to ensure continuity.

### Finance, Performance, People, Programme and Governance Updates

**Finance Report** – The Committee noted the draft financial position for 2025/26, subject to audit, confirming the revenue position closed broadly in line with forecast, achieving a small surplus of £9k. Savings of £6.7m were delivered, including £0.7m applied to the National Insurance funding shortfall, with the remaining £6m returned to partners. Capital expenditure of £11.7m was achieved and delivery of key capital investments was noted, including Radiopharmacy developments and estates decarbonisation schemes, such as solar panels, electric vehicle infrastructure and hot water reclamation. The Welsh Risk Pool outturn of £192m was reported in line with forecast, supported by Welsh Government funding and Risk Share Agreement contributions, with continued growth in liabilities highlighted, including a £246m increase in provisions to £1.957bn and contingent liabilities

rising to £1.2bn. Committee Members acknowledged the achievement of a balanced position while noting the scale of Welsh Risk Pool liabilities as a significant system pressure.

**People and Organisational Development (POD) Report** – The Committee noted the updated reporting format and the latest workforce position, with sickness absence remaining broadly stable, albeit above target in some areas, and turnover slightly above the NHS Wales average but trending downward and aligned with comparable organisations. Strong performance was noted in key areas, including PADR compliance at 85.62%, and time to hire remaining well within target, at approximately 55 days. Continued progress was reported across learning uptake, corporate induction improvements and workforce planning, supported by enhanced data and improved leavers' feedback, through increased response rates. It was confirmed that areas requiring improvement have been escalated to divisional Senior Management Teams, for action.

**Performance Information Report** – The Committee noted overall performance against key performance indicators for the period December 2025 to March 2026, with strong performance reported and ongoing engagement with organisations through quarterly reporting arrangements. It was highlighted that this represents the final year of reporting in the current format ahead of revised strategic objectives for 2026/27. Three indicators were reported as amber, including Audit and Assurance turnaround performance, impacted by delays in management responses, and customer satisfaction measures within Digital Workforce Solutions and Central Team e-Business Services, with contributory factors including system migration issues, staffing pressures and challenging scoring thresholds. Mitigations were noted as in place, with continued focus on partnership working and benchmarking to support improvement.

**Outcome Measures Report** – The Committee noted performance against outcome measures aligned to NWSSP's strategic objectives, with enhancements to reporting including increased use of statistical process control and expanded operational and customer metrics. Strong performance was reported across most service areas, with customer satisfaction targets achieved, as noted above. Increased operational activity was highlighted, including call volumes of approximately 17,000, meeting performance targets. Workforce indicators remained stable, with turnover aligned to sector benchmarks, and value measures demonstrated continued contribution to the foundational economy, with 44% of spend with Welsh suppliers. The inclusion of 'Voice of the Customer' appendix provided assurance through a summary of individual customer conversations, demonstrating that urgent matters are addressed promptly while highlighting key themes emerging from customer feedback.

**Transformation Management Office (TMO) Update Report** – The Committee noted the update on the TMO portfolio, including a refined approach to benefits realisation to strengthen reporting of value and impact. The portfolio currently comprises 17 projects, 2 programmes and 6 service improvement initiatives, with the majority of activity aligned to All Wales priorities. Generally positive delivery was reported, with key updates including completion of the TrAMS Radiopharmacy project and transition to post-project evaluation, improved progress within the Welsh General Ophthalmic Services (WGOS) contract reform programme, and ongoing delays to the Legal and Risk case management system, due to technical stabilisation issues. Assurance was provided that risks and mitigations are actively managed and that overall delivery remains within expected parameters.

**Draft NWSSP Annual Governance Statement (AGS) 2025–26** – The Committee noted the draft publication, recognising its importance within the organisation's assurance framework and its role in providing transparency to the Committee, Velindre University

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <p>NHS Trust (as host) and wider stakeholders. The AGS reflects governance, risk management and internal control arrangements, including consideration of the Welsh Government-commissioned Independent Review of Accountability &amp; Governance and a balanced assessment of strengths and areas for development. Committee Members were invited to provide further comments ahead of finalisation and approval, at NWSSP Audit Committee on 15 June 2026.</p> <p><b>NWSSP Corporate Risk Register</b> – The Committee noted the current position within a dynamic operating environment, with 17 risks for action identified including six rated red and 11 amber. Key red-rated risks relate to cyber security, pharmaceutical supply, delivery of Radiopharmacy and TrAMS developments, financial and workforce pressures, the Future Workforce Solution and Welsh Risk Pool forecasting. It was noted that certain risks are being maintained within risk appetite where full mitigation is not achievable, with ongoing monitoring and management actions in place. Assurance was provided that Committee business is aligned to the NWSSP Corporate Risk Register, supporting focused scrutiny and forward planning, with further detailed consideration of cyber security risks scheduled for a future meeting.</p> <p>The Committee <b>DISCUSSED</b> and <b>NOTED</b> the above Reports.</p> |                                           |
| <b>Items for Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |
| <p>The Committee received the following items for information:</p> <ul style="list-style-type: none"> <li>• Finance Monitoring Returns (Month 12 of 2025-26)</li> <li>• Personal Protective Equipment (PPE) Report</li> <li>• Audit Wales Audit Assurance Arrangements for NWSSP 2025-26</li> <li>• NWSSP Internal Audit Plan, Mandate and Charter 2026-27</li> <li>• NWSSP Counter Fraud Plan 2026-27</li> <li>• SSPC Forward Plan 2026-27</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |
| <b>Part B - Private</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| <p>The Committee <b>NOTED</b> and <b>ENDORSED</b> the proposed approach as set out in the Welsh Risk Pool Update.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |
| <b>Extraordinary (Private) Meeting of the SSPC Held on 25 June 2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| <p>At its extraordinary meeting on 25 June 2026, the Committee (SSPC) <b>NOTED</b> that the appointment process for the new Chair had been undertaken in accordance with the SSPC Standing Orders and <b>APPROVED</b> the recommendation of the appointment panel chaired by an Independent Assessor appointed by Welsh Government.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| <b>Matters requiring Board/Committee level consideration and/or approval</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |
| <p>The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |
| <b>Date of Next Meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Thursday 16 July 2026, 10.00am to 12.00pm |



|                                                      |                                                                        |
|------------------------------------------------------|------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>      | 29 July 2026                                                           |
| <b>CYFARFOD O:<br/>MEETING OF:</b>                   | Board                                                                  |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>      | <b>Governance Matters: Summary of Board Business held In-Committee</b> |
| <b>CYFARWYDDWR<br/>ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Rani Dash, Director of Corporate Governance                            |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>        | Naomi Murtagh, Board Business Manager                                  |

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

Er Gwybodaeth/For Information

The purpose of this report is to share a summary of the formal discussion of the Board at its private quorum only meeting held in July 2026, and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

### **ADRODDIAD SCAA SBAR REPORT**

#### **Sefyllfa / Situation**

In accordance with its Standing Orders, Aneurin Bevan University Health Board conducts as much of its formal business in public as is possible (Section 7.5). There may, however, be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary [Director of Corporate Governance]) will schedule these issues accordingly and require that any observers withdraw from the meeting. This is sometimes known as a 'Private/Confidential Board meeting' or an 'In-Committee Board meeting.' The legal basis by which observers would be asked to withdraw from such meetings, is as set out within the *Public Bodies (Admission to Meetings) Act 1960, section 1 (2)*.

In circumstances where the Board meets in a private formal session, it shall formally report any decisions taken to the next meeting of the Board in public session.

Aneurin Bevan University Health Board is committed to carrying out its business openly and transparently, in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.

The purpose of this report is to share a summary of formal discussion held by the quorum only Board at its private meeting held in July 2026 and to report any key decisions taken.

## Cefndir / Background

### Summary of Discussion

#### **Resident Doctors Contract**

The Board received a report outlining the implications of implementing the new Resident Doctors Contract from 1 August 2026. Members were advised that whilst the contract had been agreed nationally, detailed implementation planning had identified workforce, operational and financial implications for Health Boards across Wales.

The Board considered the proposed contractual changes, including revised working arrangements, rest requirements and rota provisions. Members noted that workforce modelling had identified a requirement for additional resident doctor posts to support implementation of the contract and were provided with assurance that the modelling had been subject to robust review and engagement with relevant stakeholders.

The Board discussed the financial implications associated with implementation and noted that the additional costs would place further pressure on the Health Board's financial position. Members also noted that discussions regarding national funding arrangements remained ongoing.

The Board recognised that, whilst implementation of the contract would create additional financial pressures, there were significant risks associated with non-compliance, including contractual, workforce and service delivery risks. Members also highlighted the importance of maintaining sustainable workforce arrangements and supporting the continued delivery of high-quality patient care.

The Board **APPROVED** the commencement of recruitment to the additional resident doctor posts required to support implementation of the Resident Doctors Contract from 1 August 2026.

The Board **NOTED** the workforce, operational and financial risks associated with implementation, the additional in-year financial pressure arising from the contract changes, and that discussions regarding national funding arrangements remained ongoing.

## Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

## Argymhelliad / Recommendation

The Board is requested to note this report.

| <b>Amcanion: (rhaid cwblhau)</b><br><b>Objectives: (must be completed)</b>                                                    |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                    | N/A                                                                                                           |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                                                    | Governance, Leadership and Accountability<br>Choose an item.<br>Choose an item.<br>Choose an item.            |
| Blaenoriaethau CTCI<br>IMTP Priorities<br><br><a href="#">Link to IMTP</a>                                                    | Choose an item.<br><br>Enabler                                                                                |
| Galluogwyr allweddol o fewn y CTCI<br>Key Enablers within the IMTP                                                            | Governance                                                                                                    |
| Amcanion cydraddoldeb strategol<br>Strategic Equality Objectives<br><br><a href="#">Strategic Equality Objectives 2020-24</a> | Choose an item.<br>Choose an item.<br>Choose an item.<br>Choose an item.<br><br>Not applicable to this report |

| <b>Gwybodaeth Ychwanegol:</b><br><b>Further Information:</b>                                                                                          |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                | N/A  |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                  | None |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | None |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b>          |                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                | <b>Is EIA Required and included with this paper</b>                                                                                                                                             |
| <b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment</b> (EIA) completed | <b>No does not meet requirements</b><br><br>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. |

|                                                                                                                                                                                                                                                                                                       |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                       | If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a> |
| <b>Deddf Llesiant<br/>Cenedlaethau'r Dyfodol – 5<br/>ffordd o weithio<br/>Well Being of Future<br/>Generations Act – 5 ways<br/>of working</b><br><br><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> | Choose an item.<br>Choose an item.<br><br>Not applicable to this report                                                     |