

Aneurin Bevan University Health Board - IMTP





Wed 26 March 2025, 09:30 - 13:00

Agenda

5. Items for Decision

5.1. Integrated Medium-Term Plan 2025-2028

Attachment *Director of Strategy, Planning and Partnerships*

-  PB 20250326_Agenda_Item_5.1a_IMTP Final Version Board v2.pdf (8 pages)
-  PB 202503_Agenda_Item_5.1a_ABUHB IMTP 2528 Draft V0.4.pdf (68 pages)
-  PB 20250326_Agenda_Item_5.1a_Appendix 2 Integrated Impact Assessment IMTP 202528.pdf (10 pages)
-  PB 20250326_Agenda_Item_5.1a_ABUHB IMTP Appendix 4 - Performance Expectations.pdf (1 pages)

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 26 March 2025 |
| CYFARFOD O: MEETING OF: | Public Board |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Integrated Medium Term Plan 2025-2028 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Hannah Evans, Executive Director of Strategy, Planning and Partnerships |
| SWYDDOG ADRODD: REPORTING OFFICER: | Trish Chalk, Assistant Director of Planning and Performance Marie-Claire Griffiths, Head of Strategic Planning |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The NHS Wales Finance Act (2014) requires the Health Board to annually submit an Integrated Medium-Term Plan (IMTP) that can financially balance over a three period to Welsh Government for approval. This is a statutory duty.

In December 2024 the NHS Wales Planning Framework was issued by Welsh Government confirming the policy requirements of the 2025/26 planning cycle. In addition to policy expectations, the submissions are required to include a set of templates to capture the actions that will be taken to deliver the national programmes for 2024/25 and a Minimum Data Set (MDS) with detailed information on workforce, activity and finances. The Planning Framework also set out the performance priorities in terms of Ministerial Priorities (annex 1 of the Planning Framework) and expectation around efficiency and service model actions, called "Enabling Actions" (annex 2 of the Planning Framework).

The Plan document, templates and minimum data set form the required submission to Welsh Government on 31st March 2025. The Planning Framework also required the organisation to confirm whether the organisation was likely to deliver a financially balanced plan in line with requirements and, if not, this was to be signalled by Chief Executives to the Director General via an Accountable Officer letter.

The Plan is presented in the context of significant financial and operational challenges, reflected in the heightened escalation arrangements that the Health Board are now subject to but with the clear ambition to continue to develop and improve in a number of key areas. The plan is purposefully succinct and focussed in its framing in order to be as clear as possible in the thematic priorities, the

deliverables and associated milestones and the key outcome and metrics that will be used to track improvement.

Cefndir / Background

Each year Welsh Government issues an NHS Wales Planning Framework that sets out the requirements for Health Boards to plan against, including the national policy context, ministerial priorities, statutory obligations and a Minimum Data Set (MDS) adopted as the mechanism that provides assurance on delivery of core services.

The plan was developed through extensive organisational engagement including the following:

- Board briefing sessions,
- Population Health, Planning & Partnerships Committee and Finance and performance Committee updates,
- Executive Committee test and challenge,
- System Leadership Group workshops,
- Trade Union Partnership Forum
- Local Negotiating Committee and
- Llais

The appendices include the delivery expectations and a summary of delivery against the enabling actions required by Welsh Government.

On 14th February 2025 the Chief Executive issued an accountable officer letter to Welsh Government confirming the draft position within the financial plan identified a range of forecasts with a best case of £7m deficit. This has been reassessed following an updated assessment of cost growth, funding opportunities and saving plan assumptions and a recent Plan Scrutiny meeting with Welsh Government with the clear expectation around delivery of a financially balanced plan.

Asesiad / Assessment

Prior to the submission to Welsh Government the Board are asked to approve the plan and supporting appendices.

The plan sets out what the Health Board will achieve for the population over the next three years, but with a greater level of detail on the next 12 months. We have outlined the system changes we expect to deliver across five themes;

- Embedding prevention and population health in all that we do
- Progressing place-based models of care and sustainability in primary and community services
- Improving our urgent & emergency care system focusing on experience, access and discharge pathways
- Continuing to prioritise cancer, urgent and the longest waiting patients for planned care
- Improving our mental health services

Quality and Safety remain a golden thread and our achievements and commitments are evidenced throughout. The Three-Year Route Map was agreed in July 24 and continues to drive the sustainability of our services ensuring we focus on efficient and effective care whilst delivering significant savings. The development of our new long-term strategy ensures we are taking the actions required to achieve health equity.

The framing of the plan is summarised in the diagram below:



Under each system change section, the plan sets out:

- The case for change and focus for each area – Why this is a priority
- The 4 areas of focus under each priority (as per above)
- Against each area of focus the key deliverables and associated milestones by quarter
- The key measures of success and impact of such changes and actions

The enabler sections also set out the key deliverables and where relevant the measures of success.

Performance and Impact Expectations

Against each of the system change priority areas in the plan, the expected improvements, linked to the deliverables, are articulated with quarterly milestones. This ensures that the plan is clear not only about the “why” actions are being pursued but also clear about the intended impact of such improvements. All activities and actions in the plan correlate with the financial plan unless explicitly labelled as “subject to agreed funding”. The plan contains performance ambitions for the first year underpinned by quarterly trajectories which will be monitored through the performance and accountability framework and embedded programme management articulated in our Delivery framework as the final section of the plan.

In terms of key delivery commitments, these can be summarised as per below

| Delivery Area | Delivery Expectation | Meet Target | Forecasted Position 31 Mar 26 | Plan Section |
|--|--|-------------|-------------------------------|---------------|
| Timely Access to Care | Reduce the number of ambulance patient handovers over 1 hour –national target - zero | No | 500 | Urgent Care |
| | 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 | No | 750 | Urgent Care |
| | No patients waiting more than 104 weeks for referral to treatment. | No | 3,291 | Planned Care |
| | 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026. | No | 70% | Planned Care |
| | No patients waiting more than 8 weeks for a specified diagnostic | No | 1,077 | Planned Care |
| Population Health & Prevention | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | Yes | 47% | Prevention |
| | Achievement of vaccinations targets in the performance framework | Yes | Capacity Available | Prevention |
| Building Community Capacity | Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard | Yes | 160 | Urgent Care |
| | 100% of GP practices achieving all National Access Standards for In hours GMS | Yes | 100% | Primary Care |
| | Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP | Yes | 24,065 | Primary Care |
| | Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period | Yes | - | Primary Care |
| | Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible | Yes | 128,347 | Primary Care |
| | Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible | Yes | 5,277 | Primary Care |
| Mental Health Access (Adult and CAMHS) | 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s | Yes | 80% | Mental Health |
| | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s | Yes | 80% | Mental Health |
| | 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s | Yes | 80% | Mental Health |
| | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s | Yes | 80% | Mental Health |
| Women's Health | Establishment of one Women's Health Hub in each health board area by March 2026 | Yes | Yes | Prevention |

This shows that:

- Of the 18 Ministerial performance expectations, 13 are planned to be delivered in full,
- The ministerial performance expectations with respect to urgent and emergency care (2 of the remaining 5 metrics) are showing improvement trajectories, aligned with our plan for 6 goals and our enhanced monitoring improvement plan. These are considered deliverable but stretching and represent a significant improvement of delivery compared to 24/25,
- For the expectation of 0 patients waiting more than 104 weeks, the plan delivers this ministerial priority in 20 out of 24 specialties. Only the specialties of orthopaedics, ophthalmology, ENT and General surgery are forecast not to meet the target, noting that the significantly improved March 25 performance for these specialties was enabled via additional non recurrent monies that have not been assumed in the current 25/26 plan. It is worth noting however that there are parallel discussions with Welsh Government regarding potential additional non recurrent monies for planned care that would improve this position. The 104-week trajectories would be rerun based on the outcomes of these discussions,
- With respect to cancer, the trajectory does demonstrate the ambition to consistently achieve 70% against a target of 80% which would be an improvement to our current position of circa 63%.

Financial plan

The financial plan has been developed with reference to the three-year route map. The updated assessment of the 2025/26 financial forecast ranges from a risk of up to £25m to financial balance dependent on a number of assumptions relating to cost levels and confidence ratings of savings delivery. The Board are continuing to make progress in this area and if the estimated level of savings can be fully delivered and

all in year mitigating cost reduction and income opportunities secured, there is the opportunity to deliver financial balance and this forms the basis of the financial plan for 2025/26 and future years.

The table below sets this out against the route map:

| 2025/26 financial plan | Route Map £m | Draft Plan £m | Difference £m |
|-------------------------|-----------------|------------------|------------------|
| Opening Underlying | 56 | 27 | -29 |
| Income uplift | -53 | -27 | 26 |
| New Spend | 48 | 40 | -8 |
| Total Net Spend | 51 | 40 | -11 |
| Savings: | | | 0 |
| Recurrent | -31 | -26 | 5 |
| Non-Recurrent | -7 | -14 | -7 |
| Total Savings | -38 | -40 | -2 |
| Forecast outturn | 13 | 0 | -13 |

Plan Summary, Risks and Next steps

The diagram below summarises the key commitments we have made throughout the plan;



Notwithstanding the strengthened oversight arrangements, there remain a number of risks to delivery of the plan including:

- The assumptions, risk and opportunities underpinning the financial plan varying materially from those stated,
- Availability of workforce and staff well-being and satisfaction will remain a risk through the course of the year,
- A number of our commitments are reliant on capital investment, for example the redevelopment of Nevill Hall (RAAC) and therefore availability of capital, built on robust business cases, remains a delivery risk,
- The robustness and roll out of digital systems and digital solutions (and associated funding) to support service delivery and development,
- The emergence of in year and unforeseen service or clinical risks and issues within the health board or more broadly across the region that will require a response to manage patient safety,
- The current financial outlook determines a minimal internal investment innovation fund which may limit ability to invest to save mid-year and/or manage risks referred to above,
- Unforeseen and unexpected surges in demand into services which impact on delivery of current plans.

Planning will continue post the submission of the plan. Areas of ongoing focus include:

- Continue to de-risk and strengthen the finance plan through identification of saving opportunities supported by the Clinical Advisory Forum,
- Continued focus on demand and capacity in areas where there is the largest profile for 104 week waits,
- Re run of trajectories subject to confirmation of any additional planned care monies,
- Ongoing testing of all productivity and efficiency opportunities to ensure alignment to national opportunities via Value and Sustainability and benchmarking opportunities,
- Further work through regional planning partnerships for example, the identification of joint solutions for fragile services.

Board members have been provided with technical supporting documents for information, these will be submitted to Welsh Government in line with the Planning Framework requirements.

Argymhelliad / Recommendation

The Board to:

- **approve** the Integrated Medium-Term Plan 2025-28 and appendices which include the delivery expectations and enabling actions
- **note** the ongoing action required to de-risk elements of the financial plan
- **note** areas of ongoing focus which will continue to strengthen delivery of the Integrated Medium-Term Plan 2025-28

Appendices

| | |
|-------------------|--|
| Appendix 1 | Integrated Medium Term Plan 2025-28 and Appendices 1-3 |
| Appendix 2 | Integrated Medium Term Plan 2025-28 Appendix 4 |
| Appendix 3 | Integrated Equality Impact Assessment |

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

| | |
|---|--|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | The monitoring and reporting of committee business is a key element of the Health Boards assurance framework |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | All Health & Care Standards Apply Choose an item. Choose an item. Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Not Applicable Choose an item. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Governance |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Choose an item. Choose an item. Choose an item. |

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

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|---|
| Resource Assessment: | |
| • Workforce | Not Applicable |
| • Service Activity & Performance | Not Applicable |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. |

| | |
|---|---|
| | If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/ | Not Applicable Choose an item. |



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Integrated Medium Term Plan

2025-2028





Our plan sets out what we will achieve for our population over the next three years, but with a greater level of detail on the next 12 months. We have outlined the system changes we expect to deliver across five themes:

1. Embedding prevention and population health in all that we do
2. Progressing place-based models of care and sustainability in primary and community services
3. Improving our urgent & emergency care system focusing on experience, access and discharge pathways
4. Continuing to prioritise cancer, urgent and the longest waiting patients for planned care
5. Improving our mental health services

Much has been delivered over the past 12 months including:

- Ensuing no patients are waiting 156 weeks for treatment
- Significantly reducing the 62 and 104 day cancer backlog
- Achieving over 80% on our mental health Part 1a and Part 1b targets for adults and children
- Workforce substantive staff increase including additional clinical staff coupled with reduced turnover
- Launched our Quality Improvement Strategy with a commitment of a million minutes of quality improvement coaching
- Undertaken successful engagement speaking to over 1% of the population on developing our new strategy
- Delivering our financial plan hitting out control target for this year and overachieving against our £40.5 million of savings

Despite our continued efforts, the Health Board remains in a higher escalation status under Targeted Intervention for planning and finance with Enhanced Monitoring for urgent and emergency care at the Grange University Hospital.

This has been a year of continued challenges including:

- Rising complexity of patients causing increased needs for ongoing care
- Considerable pressures on our system during Winter resulting in a critical incident
- Challenging financial context supported with short-term funding initiatives

Quality and Safety remain a golden thread and our achievements and commitments are evidenced throughout. The Three-Year Route Map was agreed in July 24 and continues to drive the sustainability of our services ensuring we focus on efficient and effective care whilst delivering significant savings. The development of our new long-term strategy ensures we are taking the actions required to achieve health equity.

Our plan sets out how we will purposefully advance our prevention priorities including, population health management and place based care starting in deprived communities. This will be demonstrated through our continued partnership working across Gwent.

Our plan for next year will focus on;

- Further step towards financial sustainability through three year route map
- Drive quality of care and improving health outcomes
- Delivery of improved performance in line with ministerial priorities and enabling actions
- Targeted actions to support organisation de-escalation in Urgent and emergency Care
- Purposefully advancing our prevention priorities including, population health management and place based care starting in deprived communities
- Supporting our staff and resilience of our workforce models

Following our contents page you will see two diagrams.

The first is our plan on a page, setting out the structure of the plan, the drivers for change and outlining the targeted action we will take to achieve sustainable services by 2027 through the system change across the five themes. Under each system change theme we have embedded our life course goals which outline our prevention and partnership commitments. Our plan is underpinned by our eight enablers and associated deliverables over the next three years. The second is our delivery statement which confirms our priority deliverables over the next three years.

Throughout the document we have used the colour coding below against actions where they deliver;

| | |
|---|----|
| Three Year Route Map | RM |
| Organisation Escalation; Targeted Intervention and Enhanced Monitoring | OE |
| Partnership Actions (Regional Partnership Board/Public Service Board) | |
| Ministerial Delivery Expectations (Welsh Government Planning Framework) | MD |
| Enabling Actions (Welsh Government Planning Framework) | EA |



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| TSD3: Neighbourhood Care Network Plans | |



Delivery Statement



Overarching Aims


Support our staff and resilience of our workforce models


Drive quality of care and improving health outcomes


Achieve a stable financial position and progress against the 3-year route map


Rightsize our system capacity aligned to need with a focus on place based care


Year 1 2025/26

Sustained improvements in Urgent Emergency Care (UEC) system flow to de-escalate 

Sustainable model within General Medical Services across Gwent 


Nevill Hall Hospital (NHH) business case and commence service model changes 

Improve performance against single cancer pathway to 70% 

Achieve 95% patients waiting no longer than 8 weeks for a specified diagnostic 


Reduce patients waiting >104 Weeks 

Rollout of Integrated Neighbourhood Teams to embed Place Based Care 


Maintain performance against mental health measures 


Deliver the first Women's Health Hub in Gwent 


Commence children's neuro-developmental transformation programme 


Diabetes prevention and Hypertension risk factor programme 


Year 2 2026/27

Further improvements and sustain UEC system flow 

Sustainable model within General Medical Services across Gwent 

NHH Final Business Case and complete service model changes 

Improve performance against single cancer pathway to 80% 

Maintain 95% patients waiting no longer than 8 weeks for a specified diagnostic 

Eliminate patients waiting >104 Weeks 

Expansion of Integrated Neighbourhood Teams to embed Place Based Care 


Deliver Mental Health Strategy and service redesign 


Expansion of Women's Health Hub offer 


Delivery of Best Start in Life delivery plan in partnership 


Preventable premature model embedded 


Year 3 2027/28


Further improvements and sustain UEC system flow 

Sustainable model within General Medical Services across Gwent 

Embed NHH service model changes and impact on wider models of care 


Maintain performance against single cancer pathway of 80% 


Maintain 95% patients waiting no longer than 8 weeks for a specified diagnostic 

Maintain zero patients waiting >104 Weeks 

Integrated Neighbourhood Teams well established & embedded Place Based Care 

Embed Mental Health Strategy and service redesign 

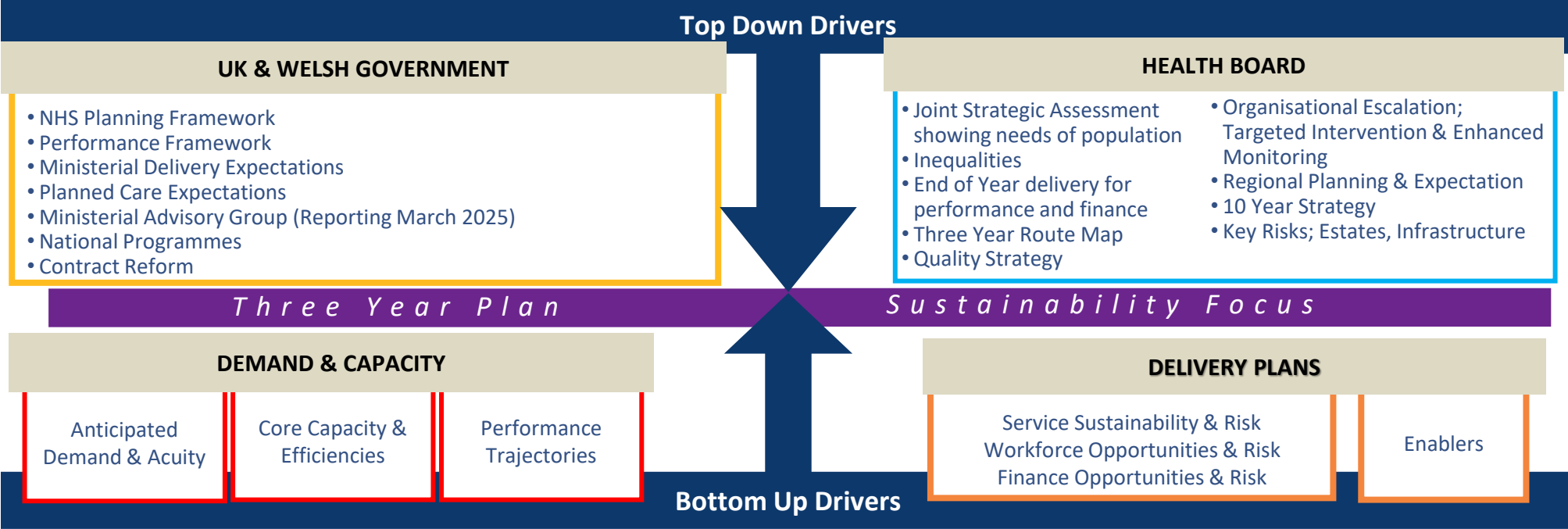
Further expansion of Women's Health Hub offer 

Accelerating actions within Best Start in Life delivery plan in partnership 

Population Health Management in Neighbourhood Care Networks 



Our plan responds to a number of UK wide, National, Regional and Local drivers that form the strategic context we are delivering within. Throughout the drivers section of the plan we outline the local drivers that have shaped our delivery commitments and grounded our performance expectations. In addition, its important we reflect the national legislation and framework that guides our focus over the next three years to deliver sustainable services, value based interventions, improvement of care and outcomes that matter for our population. Throughout the plan we have evidenced our commitment to the duties of quality and candour including implementation of quality statements which have informed our delivery plan development. The development of our new strategy Gwent 2035 champions population health and puts the Wellbeing of Future Generations at the heart of everything we do to improve the health of our population through partnerships.



The Welsh Government Planning Framework sets out five three year strategic priorities. Throughout the system change section of our plan we have included these priorities and the year 1 delivery expectations in the following areas.

| | | |
|---|---|--|
| Timely access to care | Improving our Urgent and emergency care system focusing on experience, access and discharge pathways | Continuing to prioritise cancer, urgent and the longest waiting patients for planned care |
| Population health and prevention | Embedding Prevention and Population Health in all that we do | |
| Building community capacity | Progressing place based models of care and sustainability in primary and community services | |
| Mental health access | Improving our Mental health services | |
| Women's health | Embedding Prevention and Population Health in all that we do | |



Health organisations across Wales have come together over the last few months to consider the challenges facing the NHS in Wales and how we can collectively address these over the coming years. The aim is to build a service delivery specification in partnership with Welsh Government which will describe **what the NHS in Wales will look like in 10 years' time**, and which will deliver improvements in health outcomes and performance and reduce inequalities. This will be a collaborative effort, bringing together the thinking from within NHS organisations in Wales and utilising external expertise and international insights.

The work will help describe an integrated primary and community care system focused on prevention and early intervention, a future model for hospitals, technology enabled care and a future-focussed and enabled workforce. It will also set out a plan for how these changes will be delivered.

Engagement & involvement of communities

Collaboration with Welsh Government policy leads

Engagement & involvement of NHS staff in shaping future models

Clear roadmap for digital transformation

Delivery model which is based on clarity of responsibility at a National, Regional and Local level

As this national work develops, we will commit to aligning the thinking into our plans for service change and improvement.

We continue to work in partnership with a number of all Wales organisations with agreed collaborative priorities as summarised in the table on the right hand side. Our specific commitments for the South East Wales region can be found in our Regional Plan section later in the document.

| Organisation | Collaborative Priorities |
|---------------------------------------|--|
| Digital Health Care & Wales | <ul style="list-style-type: none"> Plans in place to flow data into the National Data Resource Plan for community care system deployment. Establish Local Enterprise Architecture governance to comply with national standards and align with national architecture Increase electronic testing referrals in Welsh Clinical Portal in radiology and pathology. |
| Health Education & Improvement Wales | <ul style="list-style-type: none"> Improve retention of staff Increase supply through career entry pathways that improve diversity and widen access Create compassionate cultures Improve quality and effectiveness of workforce planning Support transition into employment for students and trainees upon qualification |
| NHS Wales Shared Services Partnership | <ul style="list-style-type: none"> Continue to collaborate with customers to drive efficiencies, improve resilience and support. Support standardisation and value and sustainability e.g. international and local recruitment, procurement and pharmacy services |
| Velindre NHS Trust | <ul style="list-style-type: none"> Review of Phase 2 of Regional SE Wales AOS Business Case with a focus on AHP support and need Opening of the Satellite Radiotherapy Centre in Spring Development of SACT Outreach services in Gwent |
| Welsh Ambulance Service Trust | <ul style="list-style-type: none"> Digital validation of patient attendances to the Emergency Department Delivery of right place, first time pathways for appropriate patients who could benefit from an initial timely assessment through an alternative service |



Throughout the last year we have made a number of achievements, below is a selection mapped against the 12 Health and Care Quality Standards.

Leadership

- Successful development programme for Directorate Managers in place
- Future Board Member programme in place
- Compassionate Leadership Pledge
- Nursing and Midwifery Leadership Academy continues to support personal development

Whole System Approach

- ISPB arrangements maturing with Senior Leadership
- Successfully extended Community Resource Team operating hours
- Supported Families and Children at the Edge of Care to prevent Children becoming Looked after
- Implementation of National Bereavement Standards
- Work with Local Authorities and Regionally to deliver whole system services

Learning, improvement & research

- Quality improvement strategy agreed at Board
- Continued implementation of research and development strategy
- Robust Stroke improvement plan bringing together multiple recommendation sources
- Introduced a 'Listening and Learning Framework' and developed a Learning and Improvement forum

Workforce

- Increased substantive workforce and reduced turnover
- Reduced reliance on variable pay
- Talent and Succession Planning Framework launched
- Widening Access opportunities enhanced working with partners and education providers
- Dedicated Staff Bereavement Collaborative
- Achieved required 2% Admin and Clerical reduction

Culture

- Values and Behaviours Refresh underway
- One AB together comms approach launched
- One year since catch up with Nicola established
- Staff Recognition Framework
- Speaking up Safely internal and external processes established
- Growth in EDI team capacity and staff networks

Information

- Implementation and refining of a Quality Outcomes Framework (QOF) to systematically measure and enhance healthcare quality
- Continued high utilisation of HealthPathways platform, 2nd highest in the UK following pilot Health Board
- Joint Strategic Assessment continues to grow with support from our partners

Safe

- Fampridine Drug Implementation to support patients with Multiple Sclerosis
- Implemented professional line access to care homes
- Commenced roll out of Optimal Ward Model
- Pathway of Care Delays reduced by 23% during Winter
- 'Safe to Start' Patient Safety Model launched at GUH to support safe, timely Patient Flow

Timely

- Achieved 0 patients waiting 156 weeks and significant reduction in patients waiting 104 weeks for treatment
- Increased utilisation of Same Day Emergency Care
- Part 1a and 1b Mental Health Targets exceeding national target of 80% for over 18s and under 18s
- Achieved significant reduction in number of patients waiting 8 weeks or more for diagnostics

Effective

- 10% achieved for Seen on Symptom and Patient Initiated Follow Up
- Increased uptake of Common Ailments Service and increased number of Pharmacists with Independent Prescribers
- Facilitating earlier discharge through Hospital 2 Home
- Continued growth in Urgent Primary Care contacts

Efficient

- Increased use of High Volume Low Complexity Lists
- Implementation of Hospital Initiated Cancellation Policy to reduce DNA and CNA rates
- Sustained reduction in Single Cancer Pathway backlog
- Continued development of our Single Point of Access panels to support Children and Young People's access to Mental Health Services

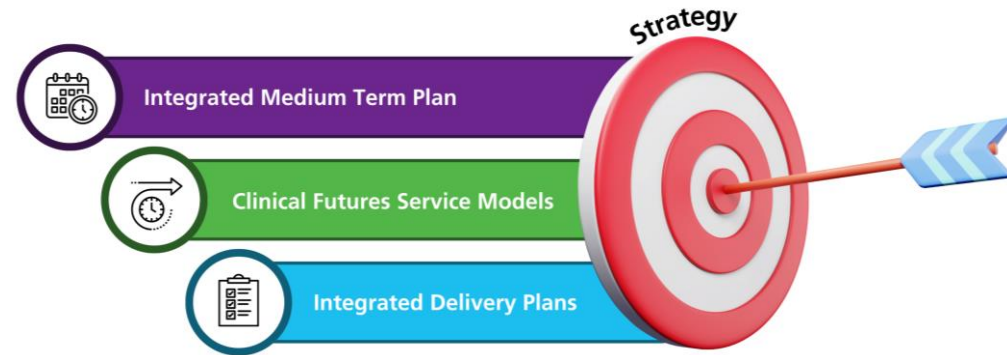
Equitable

- Continued implementation of the Women's Health Network culminating in a multi agency conference
- Development and implementation of our Strategic Equality Plan and associated actions
- Strategy engagement reaching nearly 7,000 people with a focus on protected characteristics
- Set up a Children's and Young People Strategic Board

Person Centred

- Continued development of our Health and Wellbeing Centres with new builds planned for 25/26
- Expansion of Diabetes Prevention Programme throughout Blaenau Gwent and Caerphilly
- Alliance commissioning in Mental Health & LD to commission voluntary services based on what matters most to the citizen

As part of the continued development of our organisational planning approach, we have established our planning architecture as outlined in the diagram. This architecture forms the strategic, tactical and operational elements. Recognising it does not sit in a hierarchy with our Strategy, it acts as the driving force underpinned through the granularity of integrated delivery plans to deliver the clinical service models. The Integrated Medium Term plan acts as the bridge stating what we can achieve in the next three years to deliver improved performance and population outcomes. Coupled with our performance framework, our planning architecture ensures we set realistic plans that are clinically driven and grounded in evidence.



Our de-escalation criteria for strategy and planning, for Targeted Intervention includes the eight domains of the maturity matrix which we have embedded in our planning approach and processes for this year demonstrated in the diagram below;

| | |
|---|---|
| 1. Strategy development | 5. Realistic and deliverable |
| 2. Strategy alignment and development of a plan with 3-year focus | 6. Systems and processes for performance, accountability, and improvement |
| 3. Dynamic and engaged planning | 7. Measurable and improving performance |
| 4. Best Practice approach to improvement | 8. Use of analysis to evidence the forward plan and assumptions |

Teams across the organisation were provided with a set of planning assumptions. These assumptions set out to guide the organisation on the priorities, requirements and organisation expectations. They determined the level of ambition required, within resources and capacity, over the next three years, including:

- Prioritisation of patient safety, and service changes that could affect patient care will need a Quality Impact Assessment screening to be undertaken
- A plan that achieves a balanced budget and lives within its own means
- Prioritisation of capacity for treatment of cancer
- Delivery and demonstration of optimum efficiency
- Progress against Ministerial targets, confirming what is deliverable within the available resources





The assessment against the Planning Maturity Matrix has informed the strengthened approach to demand and capacity planning with services and has fed into the dynamic planning methodology and tool. This has informed the Minimum Data Set requirements and trajectories.

Key messages from the modelling include:

Urgent and Emergency Care - For 25/26 attendances at the Emergency Department (ED) and Minor Injury Units (MIUs) are forecasted to increase by 2% overall in comparison to 24/25. The Grange University Hospital (GUH) ED has seen Walk-in attendances as expected against the planning scenario for 24/25 and Ambulance attendances were higher than forecasted. Attendances at GUH ED are forecasted to be lower for 25/26 through pre-streaming and intervention. Many more patients are being referred directly to appropriate assessment units, where attendances are forecasted to be higher. The increase in emergency attendances is predominantly seen in MIU units (RGH +7% and YYF +5%). In 24/25 so far, MIU demand has seen a 6% increase compared to 23/24 with the end of year figure expected to be 101,741 compared to the initially forecasted figure of 95,678.

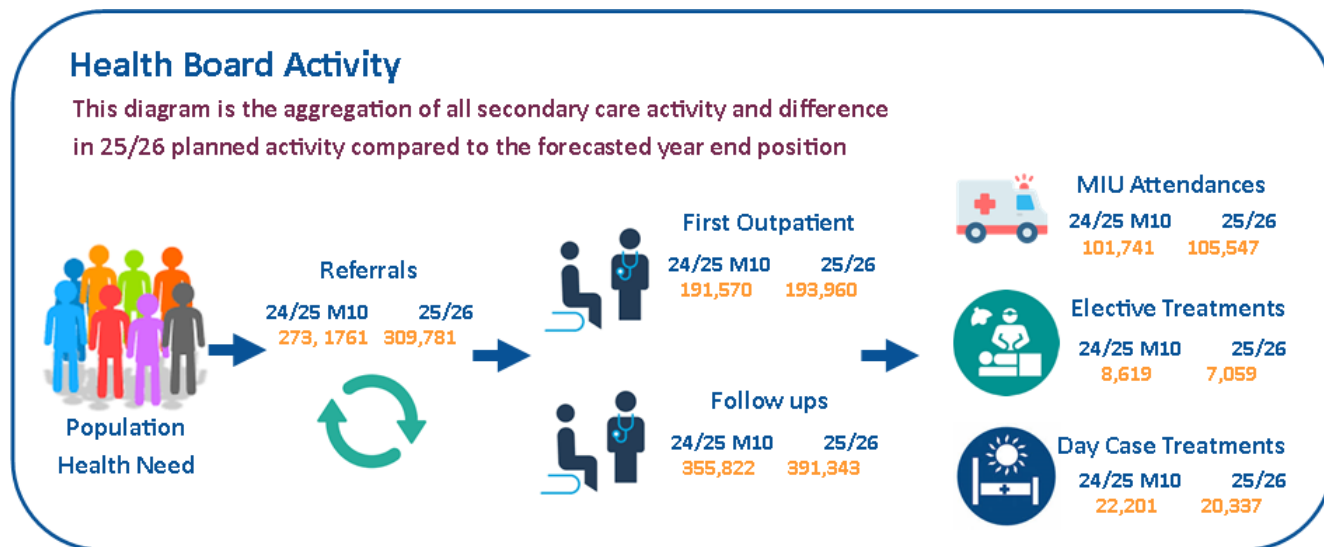
Planned Care - The continued post Covid trend of increasing referrals across most specialities continues at 6% per annum. The 25/26 forecasts assume no additional non recurrent funded activity (Waiting list initiatives/backfill, outsourcing or insourcing) and a number of efficiency and productivity assumptions are included in trajectories. The number of new outpatient appointments is forecast to be maintained at 24/25 levels with a 9% increase in follow ups following the increase in activity to improve the number waiting in 24/25. Core inpatient treatment activity levels are expected to be maintained with an increase in the proportion of day cases.

Cancer - During 24/25 there has been positive progress in reducing the long waiting backlogs to a healthy position and making pathway improvements across a number of tumour sites. Work with teams in demand profiles and capacity plans has resulted in a commitment to achieve a consistent 70% against the 62-day single cancer pathway.

Diagnostics - There is a continued increasing demand trend overall for all radiology modalities. In CT, capacity required to meet forecasted demand requires a total of 94,150 against the 24/25 plan of 84,750. This is in line with the continued increasing trend in activity required to meet urgent demand referrals. Endoscopy services following the investments made in 23/24, are expected to deliver the expected activity required to deliver and maintain the current 8-week performance position.

Mental Health Adult and CAMHS – Adult Mental Health has seen a sustained improvement in performance of Part 1a and 1b in 24/25 following the clearing of the backlog and improvements in a number of service models. Activity is forecasted to be maintained and projections for 25/26 are based on no assumed changes to available capacity and demand maintaining the service changes established and virtual activity.

Primary Care - The forecasts for urgent dental, optometry and community pharmacy are expected to maintain the current level of access building on the improvements in 24/25. The capacity plan for vaccinations is forecasted to meet national targets as set out in the Ministerial Expectations.



Enhanced Monitoring and Targeted Intervention



The Welsh Government Oversight and Escalation Framework sets out the approach to national escalation of NHS organisations. Progress has been tracked by Welsh Government via monthly and quarterly oversight meetings. Our response to de-escalation is also in the context of implementation of our Performance Management Framework approved in September 2023. This Performance Management Framework will be reviewed and updated during 25/26 following over 12 months of its application. Our national escalation status remains unchanged since January 2024:

- **Targeted Intervention** Level 4 for finance, strategy and planning.
- **Enhanced Monitoring** Level 3 for performance and outcomes related to urgent and emergency care pathways at The Grange University Hospital emergency department.

| Finance | Strategy & Planning | Performance & Outcomes |
|---|--|--|
| <ul style="list-style-type: none"> • Demonstrate both a robust financial & control environment • Clarity on drivers of the current deficit • Clear policies and processes supporting the identification, delivery and monitoring of all savings schemes • Demonstrate a clear strategy to deliver a (recurrent) breakeven position • Evidence clear improvement in the planned financial trajectory for 2024/25 | <ul style="list-style-type: none"> • Improved integrated planning evident across the organisation to develop an approvable IMTP for 2024-26, • Effective regional planning taking place to ensure patients have access to the best possible care with clear demonstration that services of higher risk are more sustainable and benefit the population the organisation serves | <p>Improved access across urgent and emergency care including:</p> <ul style="list-style-type: none"> • a sustained reduction in ambulance handovers, • a reduction in the time to be seen by a clinician, • reduction in the number of pathways of care delays • delivery of effective flow through the Grange University Hospital. |

Focus will continue into 25/26 on the actions and improvements required to achieve de-escalation. During 24/25 in response to the action plans across all three areas the following progress has been made:

| | |
|--|---|
| <p style="text-align: center;">Finance</p> <ul style="list-style-type: none"> • Achievement and maintenance of a stable financial position, financial forecast and progress against the 3-year route map • Progress against the Value and Sustainability Board thematic focus areas and integrated through the planning process • Grip and control self assessment completed | <p style="text-align: center;">Performance & Outcomes</p> <ul style="list-style-type: none"> • The ED department as at M9 were ahead of agreed trajectory for 1-hour handovers and 12-hour emergency department waits showed an improving position but remain above the trajectory. • Approved improvement work to de-escalate risk in the ED department, included increased waiting, assessment, and discharge and the appointment of 5 extra consultants by April 2025, • Delivery of the actions as part of the 50-day challenge and the progress on the ED extension. • Several system changes including moving the general medicine model into the respiratory department and integrating high care respiratory unit into critical care to improve efficiency, safety, and patient experience. • Piloting additional paediatric respiratory capacity in response to projected winter demand. |
| <p style="text-align: center;">Strategy & Planning</p> <ul style="list-style-type: none"> • Strengthened plan oversight, governance and process for the 25/26 planning cycle in the context of the Maturity Matrix expectations achieving greater triangulation and understanding of core activity and efficiency opportunities. • The extensive engagement work across Gwent on the 10-year strategy • The publication of the Grange and Hospital System report setting out the service, quality and financial impact of the new hospital and the wider system. • The continued clinical services model planning through in-patient reconfiguration programme and continuation of the Clinical Futures Strategy. | |



Section 2 Drivers

Joint Strategic
Assessment

Strategy

Performance
Expectations

Financial
Context

Risks

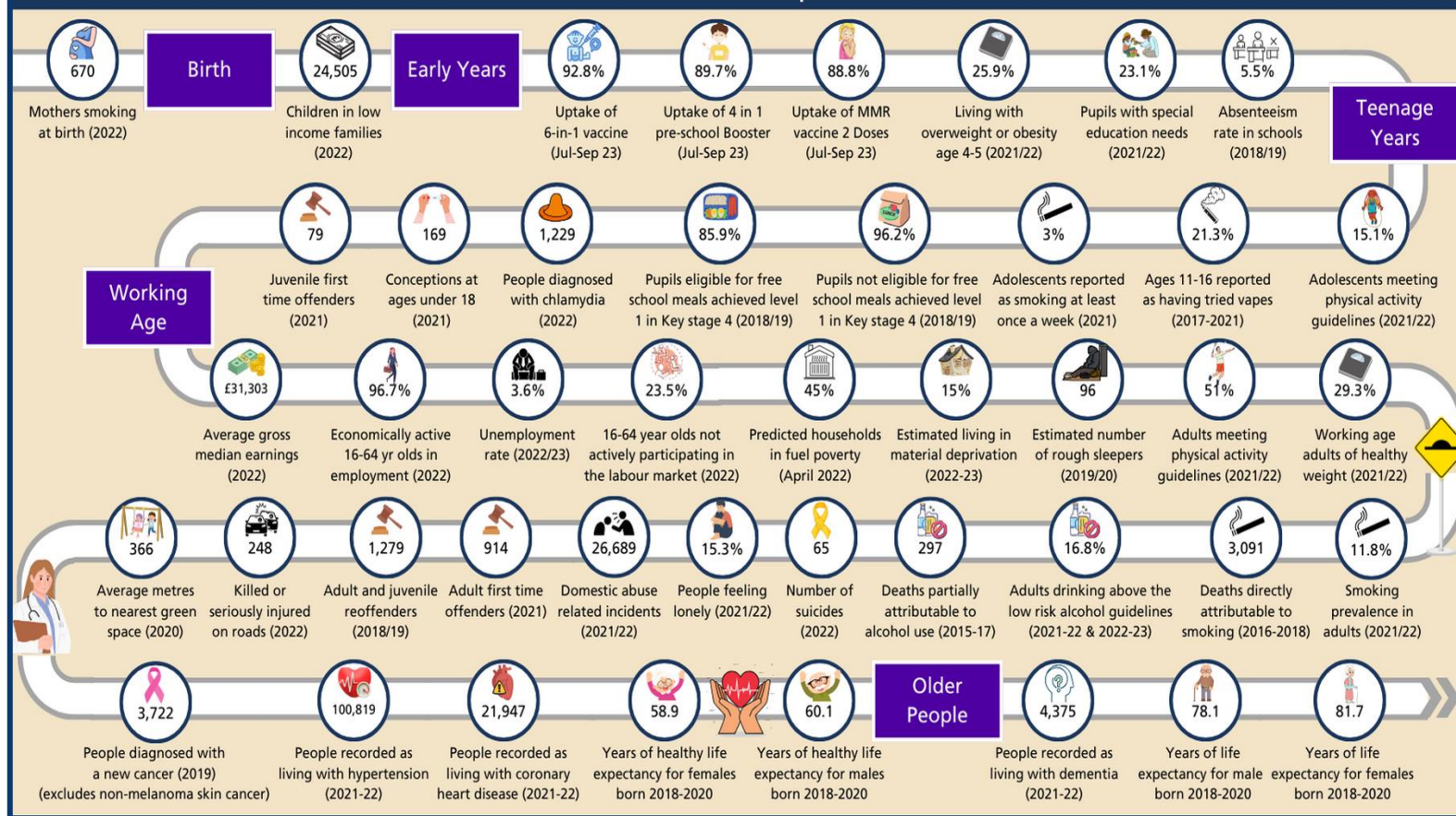
Three Year
Route Map



The [Joint Strategic Assessment \(JSA\)](#) provides a comprehensive overview of the health and well-being of the people of Gwent in an accessible way for anyone to view. The majority of the data is sourced from publicly available national data sources such as Stats Wales, Wales Public Health Outcomes Framework and Office of National Statistics. The Joint Strategic Assessment provides partners across Gwent with a shared intelligence source about the current, future and influences of health and well-being of the population of Gwent. An evidence-base to inform planning for local service delivery, that provides us with a picture of health for Gwent and provides us with a framework for building a fairer, safer and healthier Gwent.

Whether you work in Planning, Operations, Finance, Health, Social Care, Housing or Education or in the community and voluntary sector the JSA can inform decision making by providing the evidence base to make positive change through unified and linked data. Establishing and sharing this with our partners has allowed us to shift the focus to a wider population health approach. If only 20% of what makes you healthy is healthcare then we need to be look across the ensure life course of population health to take collective action.

Gwent Life Course of Population Health



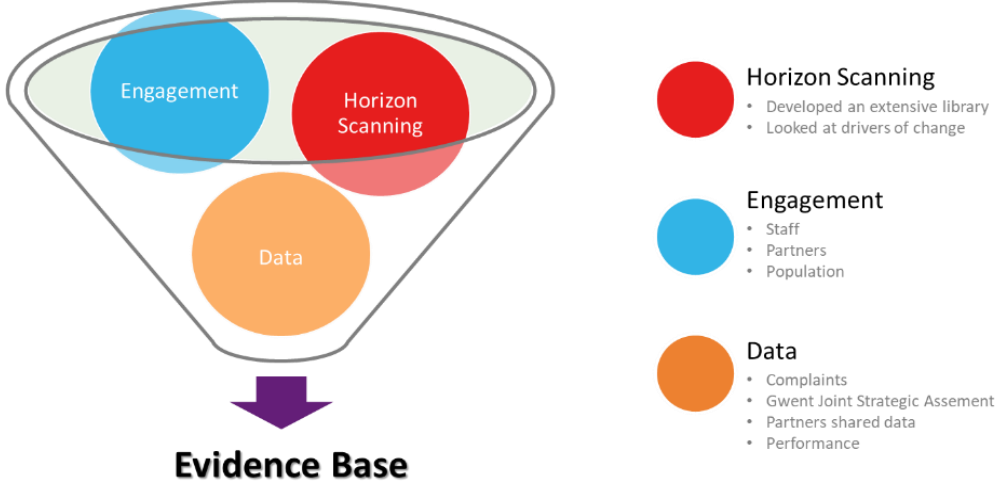
People feeling satisfied with their local area as a place to live fosters a sense of community and well-being, contributing to social cohesion and mental health. In the last 4 years Blaenau Gwent has had the lowest percentage of people satisfied with their local area as a place to live.

Newport also had a rate below that of Wales in 2021-22 with 79% of people satisfied with their local area as a place to live compared to 89% in Wales. For Caerphilly they were slightly below the Welsh average at 87%. Monmouthshire and Torfaen had the highest rates of satisfaction with the local area as a place to live, with 95% in Monmouthshire and 91% in Torfaen.

The power of data informed conversations has become evident since the establishment of the JSA. We can often be data rich in the elements of the pathway that are in acute settings. The prevention lens that the JSA applies allows us to tackle the root causes of the issues from a population based approach.

The Gwent Joint Strategic Assessment provided the evidence base and case for change highlighting the health inequity experienced by our population. Therefore, it is timely that the Health Board considers a new long-term strategy which articulates its joint commitments with the population of Gwent through to 2035. The development of a new strategy has provided a unique opportunity to look to the future with communities in order to determine: what matters to them; and how we can work in partnership to improve wellbeing through place-based care.

The development of the strategy from 2025 to 2035 has ensured a comprehensive evidence base that has included an extensive horizon scanning library, engagement with staff, partners and population and significant data analysis from a range of sources including the Gwent Joint Strategic Assessment.

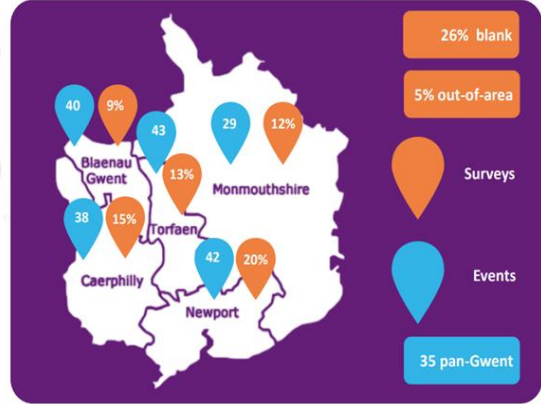


Through thousands of rich and meaningful conversations, we have developed a better understanding of what is important for our population to feel healthy, and have used themes from this public engagement to shape a new strategic framework of the organisation.

A key piece of horizon scanning that informed our approach and subsequently the first draft was the Wigan Deal.

4,690 people at 225 events

2,140 people via surveys



We are currently testing the first draft of our Strategy entitled 'Gwent 2035: Better Health, Better Care, Better Lives'. The strategy sets out our purpose to Improve the health of our population achieving equity for all and our ambition that By 2035 everyone has the same chance to live a long healthy life

Under the Wellbeing of Future Generations Act (2015) we have a statutory responsibility to set and publish wellbeing objectives and these are proposed to be our new strategic aims as set out below;

| Our Aims | |
|----------------------|---|
| Better Health | Together we will support people to be healthy, active and happy. |
| Better Care | Together we will deliver what matters to people, supporting our staff to thrive and achieving quality, kind and sustainable care. |
| Better Lives | Together we will create strong, safe and connected communities. |

These aims will enable us to improve the health of our population achieving equity for all working across the whole system. This can only be achieved by acting as an anchor institution and influencing all the factors that make people live healthy lives.

Throughout April we will continue to develop tangible actions with partners ahead of publishing the new strategy in May.



The plan performance expectations are derived from four domains: The NHS Wales Performance Framework, Ministerial Delivery Expectations, Enhanced monitoring performance expectations through the Oversight and Escalation Framework and our internal performance expectations, aligned to our system change themes.

For 25/26 there are 59 performance expectations incorporated into the Plan under the five priority areas, to drive quality improvement and support the delivery of better outcomes for our patients and staff. The expectations have been updated to ensure the Plan is in line with changes to national reporting, and are reported and monitored through NHS and Welsh Government meetings. Our strategic programmes aim to enhance performance in key areas. For the 25/26 period, a major focus will be on patient flow. We will work on providing alternatives to hospital admission and, when admission is necessary, ensuring optimal patient journeys through the hospital system. This initiative is central to improving patient experience and outcomes, and will impact our key performance expectations for Urgent and Emergency Care and Pathway of Care Delays. Another priority will be Planned Care, ensuring patients receive timely care. We will continue to improve performance regarding long wait times and Single Cancer Pathway compliance. In Mental Health and Learning Disabilities, we made significant progress in 24/25. In 25/26, we will build on this progress to enhance our performance in providing access to Psychological Therapies and Neurodevelopmental assessments.

| 2025 Ministerial Delivery Expectations | Forecasted Position 31st Mar 26 |
|---|------------------------------------|
| Timely Access to Care | |
| Reduce the number of ambulance patient handovers over 1 hour –national target - zero | 500 |
| Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, <u>building towards the national target of zero</u> | 750 |
| No patients waiting more than 104 weeks for referral to treatment. | 3,291 |
| 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026. | 70% |
| No patients waiting more than 8 weeks for a specified diagnostic | 1,077 |
| Population Health & Prevention | |
| Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | 47% |
| Achievement of vaccinations targets in the performance framework | Capacity Available |
| Building Community Capacity | |
| Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard | 160 |
| 100% of GP practices achieving all National Access Standards for In hours GMS | 100% |
| Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP | 24,065 |
| Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period | - |
| Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible | 128,347 |
| Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible | 5,277 |
| Mental Health Access (Adult and CAMHS) | |
| 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral | 80% |
| 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS | 80% |
| Women's Health | |
| Establishment of one Women's Health Hub in each health board area by March 2026 | Yes |

Financial Context and Three Year Route Map



The Health Board along with the rest of the UK and globally are operating in a post pandemic environment with post covid acuity, long waiting lists, increased demand across many services driven by population health challenges, these factors are driving a significant financial challenge for all health services.

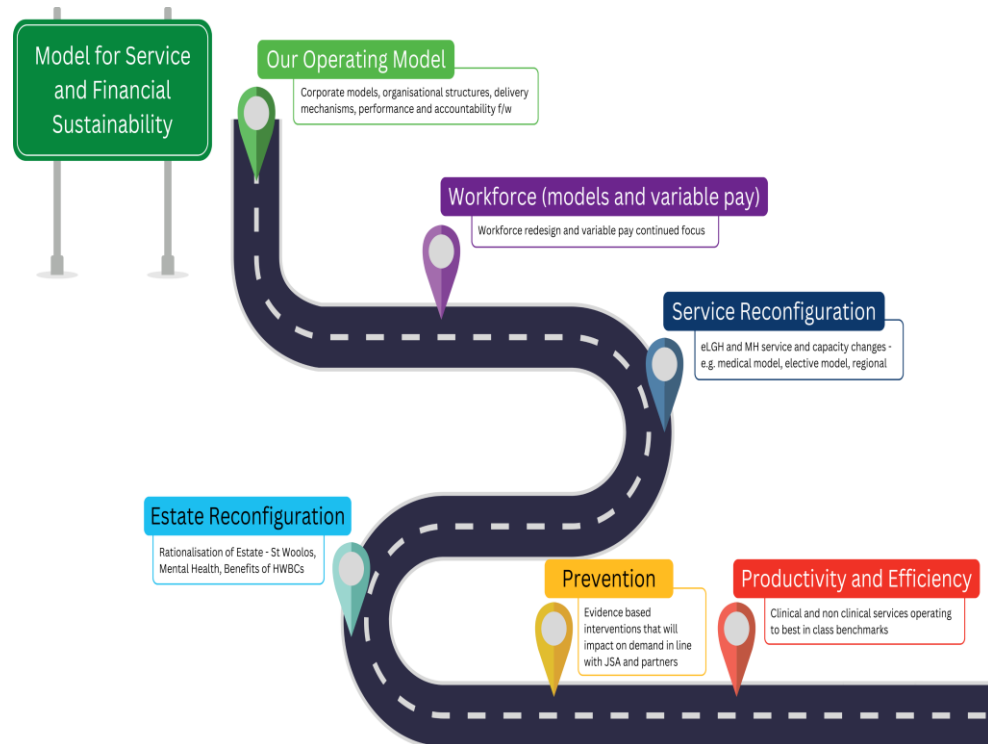
Aneurin Bevan UHB faced a significant underlying deficit post covid (in excess of £100m) but has stepped up to the challenge and has achieved unprecedented levels of savings over the last 3 years delivering a total of £111.6m to 31/3/25 (58% of which are recurrent).

The Board has developed a Three year route map to sustainability based on the strategic aims of the Board, which has been used as the reference document to drive financial improvement and service sustainability planning through the ABUHB Value & Sustainability Board and inform this IMTP.

Specific to ABUHB are the challenges and unique opportunities of a new system of working designed through the Clinical Futures Strategy aims and driven by the opening the Grange University Hospital. Leveraging the full benefits of this system change will be key to achieving sustainable services and financial opportunities. Improving efficiency through pathway redesign, better clinical and cost effectiveness, patient outcomes and driving value will be a key part of the route map to sustainability, generating either financial or performance benefits, which will need to be carefully balanced.

The national context for NHS organisations is relevant to note with Welsh, Scottish, Irish and English health bodies all facing similar resource challenges.

We have developed our approach to sustainability through the consideration of strategic priorities and Value & Sustainability themes, which will be used to programme manage the overall savings plan. Themes include; Workforce, Continuing Health Care, Medicines Management, Non-Pay, Service Redesign, Prevention and Digital.



| Focus on efficient & effective care through; | Focus on reducing spend through; |
|--|--|
| <ul style="list-style-type: none"> • Rightsize capacity across all components of the system • Effective deployment of workforce aligned with clear objective setting • Use of health pathways to reduce inappropriate referrals • Reduction in Interventions not normally undertaken (INNUs) • Length of stay & deconditioning reductions • Theatre operating efficiencies • Diagnostic planning • Clinical variation in community service teams • Simplification of discharge pathways working with partners | <ul style="list-style-type: none"> • Revisit previous financial savings ideas not progressed • Review investment decisions & evaluate benefit & impact • Increased rigour and governance on new spend • Constant critical review of core spend • Continued focus on reducing variable pay through effective workforce planning including roster efficiency, recruitment and retention • Ensure use of bio-similar medicines & reduce medicines waste • Rightsize packages of care & regularly review package provision • Consolidate Health Board estate |



We currently have 11 strategic risks that are managed and monitored. Each of these has influenced our plan so that as an organisation we are able to mitigate them. The table below summarises each of the strategic risks and highlights where the actions we are taking to reduce the risk are included within the plan.

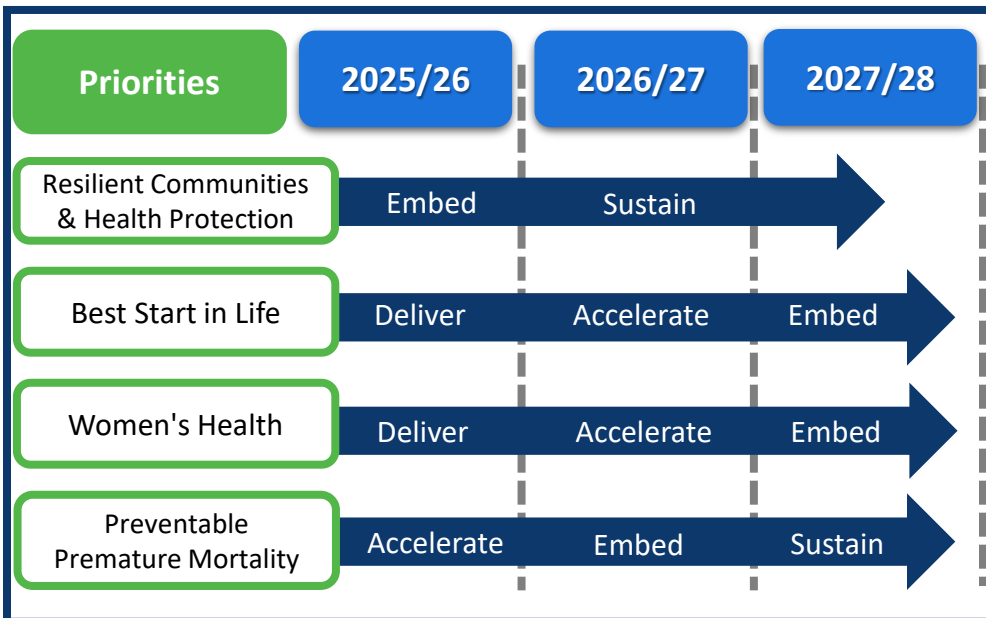
| There is a risk that | Due to | Score | Plan Section |
|---|---|-------|--------------------------------------|
| The HB will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population | Staff recruitment & retention; Staff Wellbeing; Leadership level; | 12 | System Change Workforce & Culture |
| | Industrial action; Strategic plans; Service models; | | |
| | Sustainable finance | 20 | Finance |
| There will be significant failure of the HB's estate | Reinforced Autoclaved Aeriated Concrete (RAAC); Backlog maintenance | 15 | Estates |
| The HB breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse | Limited availability of in-patient facilities and availability of care packages | 20 | System Change |
| The HB is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident | Ineffective and insufficient emergency planning arrangements | 15 | System Change |
| The HB will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system | Inadequate arrangements to support system-wide patient flow | 12 | System Change |
| The HB has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery | Full or partial failure of existing systems; Implementation of new systems; Failure to develop sustainable and fit for the future solutions | 15 | Digital |
| The HB will be unable to deliver truly integrated health and care services for the population | Likelihood of further austerity measures; Impact of fragile services | 9 | System Change Regional Plans |
| The HB fails to build positive relationships with patients, staff and the public | Inadequate arrangements to listen and learn from patient experience and enable patient involvement | 8 | Quality |
| The HB will be unable to protect those most vulnerable to serious disease. | Delays in providing Covid-19 Vaccinations due to recruitment of immunisers | 12 | System Change |
| The HB 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 74 | Inadequate and ineffective systems, processes, governance, and assurance arrangement | 12 | Workforce & Culture |
| The HB will be unable to meet the carbon reduction target set by Welsh Government of a 16% reduction by 2025 and a 34% reduction by 2030 | Limitations to change estate and implement strategic changes at scale | 15 | Green Health |



Section 3 System Change



| | | |
|---------------------------------|---|----|
| Colour Coding of Actions | Three Year Route Map | RM |
| | Organisation Escalation; Targeted Intervention and Enhanced Monitoring | OE |
| | Partnership Actions (Regional Partnership Board/Public Service Board) | |
| | Ministerial Delivery Expectations (Welsh Government Planning Framework) | MD |
| | Enabling Actions (Welsh Government Planning Framework) | EA |



Why this is a Priority

In Gwent we have the largest gap in healthy life expectancy between our least and most deprived communities of any Health Board in Wales. Male predicted years in healthy life at birth varies from 55.6 years in Blaenau Gwent to 68.7 years in Monmouthshire. Female predicted years in healthy life at birth varies from 55.3 years in Blaenau Gwent to 69.3 years in Monmouthshire.

In 2020, around 72% of Gwent residents aged 16 and older reported being free from common mental health disorders, slightly below the Welsh national average of 74%. However, this ranged from 66% in Blaenau Gwent to 78% in Monmouthshire highlighting diverse challenges across our local communities.





Our latest Director of Public Health report focuses on Preventable Premature Mortality called [We are Gwent](#). It highlights that 1 in 3 deaths in Gwent between 2018-2022 happened prematurely, the three main causes are Cardiovascular Disease, Diabetes and Cancer which could have been preventable through regular physical activity, a healthy diet, not smoking, reducing alcohol consumption and through regular health checks.

In 2021/22 Gwent had the highest recorded domestic abuse rate across all police force areas in England and Wales. The rate in Gwent was 44.6 per 1,000 of population. This is significantly 58% above the rate for Wales of 28.3 per 1,000 and 78% above the rate for England and Wales combined of 25.1 per 1,000. It does not represent all incidents of domestic abuse but only those that have come to the attention of the police.

People feeling satisfied with their ability to access facilities and services is crucial for overall well-being and quality of life, as it ensures equitable access to essential resources such as healthcare, education, employment, and recreation. It also fosters a sense of social inclusion, reduces inequalities, and supports economic productivity, ultimately leading to healthier and more prosperous communities.


Our Public Health delivery plan articulates how we work with partners and articulates our public health offer to partners through five building blocks

- Preventable Premature Mortality (including Women's Health)
- Best Start in Life
- Evidence Base
- Natural and Built Environment
- Resilient Communities (including Health Protection)

| What we will deliver | | | |
|--|----|--|---|
| 2025/26 Milestones | | | |
| Resilient Communities & Health Protection | Q1 | Plan for the seasonal respiratory vaccinations campaign including roll out for 2 & 3 year olds, care homes, pregnant women and older adults; Develop of a network of local neighbourhood hubs that connect residents with wellbeing assets, support, services, groups and activities | MD |
| | Q2 | Deliver seasonal respiratory vaccinations campaign; Deliver community interventions within neighbourhoods equitably, at scale and with intensity proportionate to need | MD |
| | Q3 | Monitor delivery of all vaccinations and targeted intervention in areas with low uptake; Accelerate action to embed community interventions that tackle the wider determinants of health recognising the local need and deprivation | MD |
| | Q4 | Deliver the change in childhood immunisations; Lead the implementation of vaccine equity strategy | MD |
| Best Start in Life | Q1 | Define the scope of the early years delivery plan; embedding the recommendations from the 0-4 years Joint Strategic Needs Assessment |  |
| | Q2 | Undertake a series of workshops with partners to add granularity and shared commitment to the early years delivery plan |  |
| | Q3 | Produce the early years delivery plan including development of monitoring framework |  |
| | Q4 | Framework delivery plan is approved by Gwent PSB and actions are implemented by partners |  |
| Women's Health | Q1 | Establish baseline and understand the models and pathways being designed by Women's Health Network and Welsh Government | MD |
| | Q2 | Define scope and functions of Women's Health Hubs with teams across the Health Board and our partners | MD |
| | Q3 | Further develop service model to understand the financial and workforce implications whilst ensuring it fulfils the need of the local population | MD |
| | Q4 | Implement pathfinder Women's Health Hub by end of quarter | MD |
| Preventable Premature Mortality | Q1 | Work in partnership with NCNs to identify eligible cohorts for Diabetes Prevention and establish Hypertension case finding service | RM |
| | Q2 | Following monitoring implement improvements in Diabetes Prevention and Hypertension case finding service including 12 week group-based behaviour change programme for people that require more intensive support | RM |
| | Q3 | Quarterly monitoring including evaluation of 12 week behaviour change programme and implement recommendations for improvement | RM |
| | Q4 | Commission an integrated model which amalgamates the Diabetes Prevention Programme and Hypertension Programme | RM |
| 2026/27 Deliverables | | 2027/28 Goals | |
| Continue to respond to the National Immunisation Framework | | Continue to respond to the National Immunisation Framework | |
| Continue delivery of early years delivery plan with partners | | Accelerate delivery of early years delivery plan with partners | |
| Evaluate pathfinder Women's Health Hub for further roll out | | Explore options for further expansion of Women's Health Hub offer | |
| Deliver integrated model for Diabetes and Hypertension | | Embed integrated model for Diabetes and Hypertension | |
| 20/68 | | Section 3 System Change | |
| | | 28/87 | |


| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|--|----|-----------------|--------------|----------|-----|-----|-----|-----|
| % uptake of the COVID-19 vaccination for those eligible Spring Booster | MD | 75% | Yes | 61% | - | 75% | - | - |
| % uptake of the COVID-19 vaccination for those eligible Autumn Booster | MD | 75% | Yes | 49%* | - | - | - | 75% |
| % children up to date with vaccinations by age 5 | MD | 95% | Yes | 85.7% | 86% | 89% | 92% | 95% |
| % of children receiving HPV vaccination 1 dose by the age of 15 | MD | 90% | Yes | 68% | 75% | 80% | 85% | 90% |
| % uptake of the influenza vaccination amongst adults aged 65 years and over | MD | 75% | Yes | 73%* | - | - | - | 75% |
| Percentage of adult smokers who make a quit attempt via smoking cessation services | | 5% | Yes | 5.2% | 5% | 5% | 5% | 5% |
| Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks | | 40% | No | 18% | 20% | 24% | 28% | 32% |
| Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks | | 90% | Yes | 90% | 90% | 90% | 90% | 90% |
| Maintain physical examination at 6 weeks rates (Healthy Child Wales) | | - | - | 90.9% | 90% | 90% | 90% | 90% |
| Increase weight and measurement at 8 weeks rates (Healthy Child Wales) | | - | - | 65% | 68% | 72% | 76% | 80% |
| Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | MD | ↑ | Yes | 43.8% | 44% | 45% | 46% | 47% |

Delivering across the Life Course




Every Child has the best start in life

- Delivery of respiratory seasonal vaccinations for pregnant women
- Delivery of childhood vaccinations
- Delivery of Well Baby Clinics ensuring checks are completed in line with Healthy Child Wales
- Continue to embed Health Visiting improvement programme delivering workforce sustainability




Getting It right for children & young people

- Implement policies around commercial determinants of health including-fast food planning applications
- Reduce the transmission of STIs & unintended pregnancies
- ✋ Increase provision for Children and Young People to make their own choices and manage their emotional health and wellbeing.




Adults in Gwent live healthily & age well

- ✋ Provide evidence based support for smokers wanting to quit smoking
- ✋ Support the elimination of HIV improving quality of life and removing stigma
- ✋ Support the elimination of Tuberculosis within Gwent
- ✋ Establish evidence based training for prevention of domestic abuse



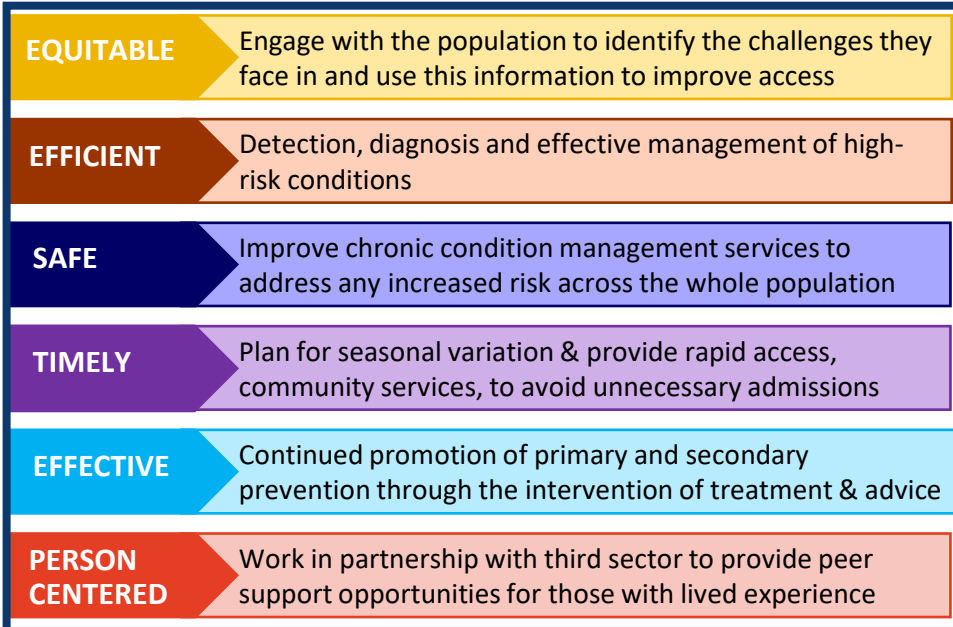
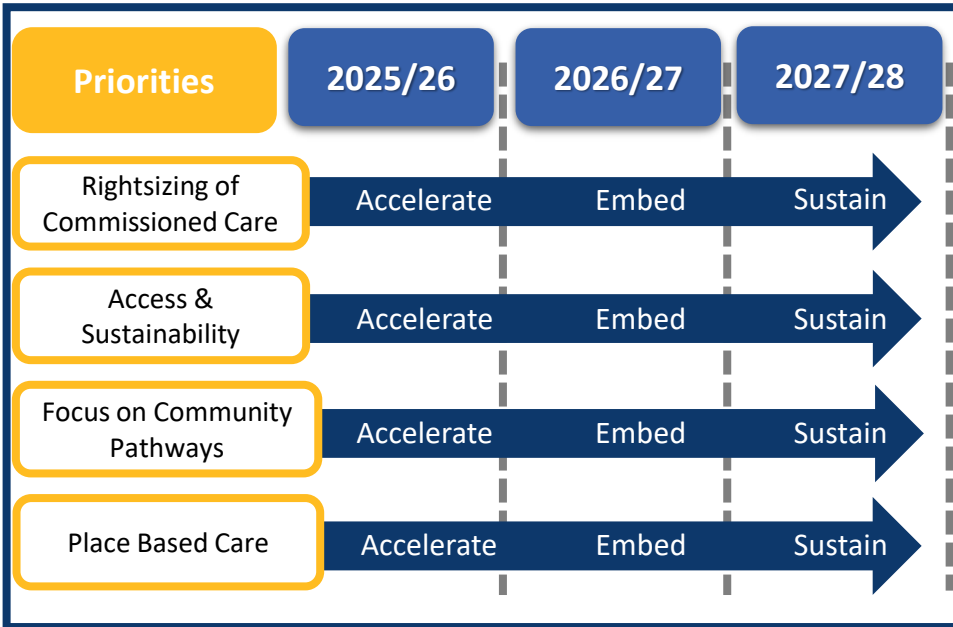
Older adults are supported to live well & independently

- Continue to support delivery of the housebound vaccination programme and promotion to increase uptake rates for vaccinations for our clinically vulnerable groups
- ✋ Create a process for gathering and sharing ABUHB and Gwent Police data on serious violence



Dying well as a part of life

- Publish Treatment Escalation public information leaflet to support the rollout of Future Care Planning



Why this is a Priority

Neighbourhood Care Networks (NCNs) were developed over 10 years ago within Gwent. In 2022 the Strategic Programme for Primary Care launched the Accelerated Cluster Development programme which aimed to broaden professional engagement in NCNs beyond GP practices to include Community Pharmacy, Optometry, Dental, Nursing and Allied Health Professionals.

Throughout 2024 3.5million appointments were undertaken by our General Medical Services, typically this is 300,150 per month. We know as the gatekeeper for healthcare the access and sustainability of our GMS services is of the upmost importance. In the same time period there has been a consistent growth in the number of Common Ailment Scheme claims through community pharmacy with an average of 5,040 claims a month. In the last year the number of claims has grown by 44%.

Over the last year approximately 650'000 units of dental activity have been delivered with a monthly average of 51,170. We know that many of our communities struggle to access NHS Dental Services and this is a particular concern for children where good oral health is particularly important.

We have seen a consistent increase in patients accessing NHS optometry services with an average of 19,735 per month in the last year. We have successfully shifted care from an acute setting into community Optometrists for Glaucoma and Medical Retina with plans to expand to further pathways.





Over the last few decades, we have seen significant, disproportionate, growth in hospital-based services compared with prevention, primary care and community services. It is important, now more than ever, to deliberately redirect resources towards helping people in Gwent maintain good health and well-being so they can lead fulfilled and healthier lives for longer.

Place Based Care has long been recognised as the strategic approach for:

- Building resilient and connected communities
- Prevention and earlier intervention
- Reducing health inequalities
- Collaborative working through multi-disciplinary teams
- Providing care closer to home and streamlining access to specialist care
- Reducing preventable admissions and optimal hospital discharge through a Home First approach

What we will deliver

2025/26 Milestones

| | | | |
|----------------------------------|----|---|---|
| Rightsizing of Commissioned Care | Q1 | Review impact of the launched Enhanced Framework | RM |
| | Q2 | Assessment of the phased efficiencies expected to materialise at this point in the year | RM |
| | Q3 | On-going review of all placements and addressing any areas where targeted support is needed | RM |
| | Q4 | Implementation of outcomes from review of additional support contracts | RM |
| Access & Sustainability | Q1 | Agree supplementary/enhanced service delivery for GP services and invest into General Dental Services through Newport East Development | MD |
| | Q2 | Ensure sustainable GP services and manage contractual changes in a timely manner; Undertake mid year reviews for General Dental Services | MD |
| | Q3 | Implementation of new and revised clinical pathways for Primary Care Optometry services | |
| | Q4 | Increase the number of pharmacies providing Pharmacist Independent Prescriber Service and services through Common Ailments Service | MD |
| Focus on Community Pathways | Q1 | Establish Clinical Interface Groups across our Acute services to explore pathway development that shifts care from an acute setting | |
| | Q2 | Ensure National Strategy influences workplan of Eye Care Collaborative Board | |
| | Q3 | Working in partnership with Acute services develop prioritised workplan for pathway development that shifts care from an acute setting | |
| | Q4 | Deliver actions within the Local Oral Health Plan for 2024-26 across Gwent | |
| Place Based Care | Q1 | Develop and agree outcomes framework and model specification for place based care and integrated neighbourhood teams coupled with implementation in Blaenau Gwent as pathfinder working in partnership to create a whole system community model based on need |  |
| | Q2 | Following findings of stocktake and gap analysis roll out targeted implementation of place based care model specification across four other boroughs delivering through Integrated Service Partnership Boards |  |
| | Q3 | Accelerate action through delegated governance and sustainable funding to support the delivery of place based care models and integrated neighbourhood teams taking steps towards equity across Gwent |  |
| | Q4 | Actions plans in place to expand integrated neighbourhood teams to be fully multi-professional making the necessary shift in resources and decision making from acute settings into our communities building community resilience |  |

2026/27 Deliverables

Develop New Service Models to support the preventative agenda

Accelerate and further expand integrated neighbourhood teams

Maintain contractor sustainability

Embed community pathways shifting care from an acute setting

2027/28 Goals

Further accelerate New Service Models to support the preventative agenda






Embed new services within Place Based Care model

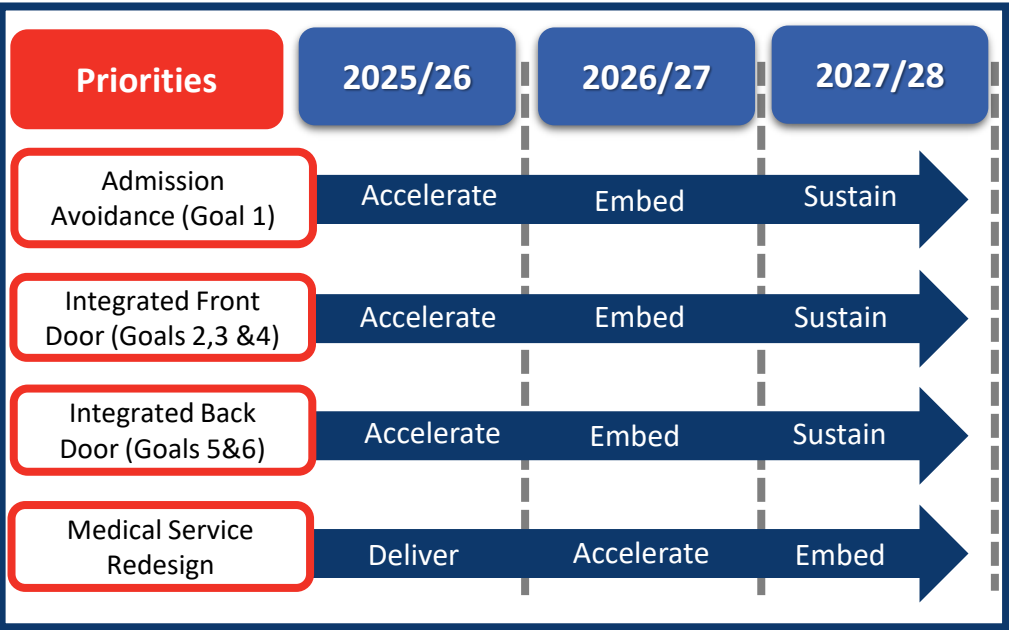
Maintain contractor sustainability

Deliver further community pathways shifting care from an acute setting

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|--|----|-----------------|--------------|----------|--------|---------|---------|---------|
| 100% of GP practices achieving all National Access Standards for In hours GMS | MD | 100% | Yes | 100% | - | - | - | 100% |
| Increase in people accessing PIPs where they would have visited their GP | MD | ↑ | Yes | 22,919 | 4,820 | 9,583 | 17,131 | 24,065 |
| Maintain the number of consultations undertaken by community pharmacy under CAS | | ↔ | Yes | 68,535 | 22,594 | 42,821 | 61,604 | 79,553 |
| Maintain the number of patients accessing NHS Optometry Services | | ↔ | Yes | 246,133 | 58,471 | 121,913 | 184,023 | 246,133 |
| Number of patients accessing urgent emergency services - Dental | | ↔ | Yes | 43,153 | 9,093 | 20,333 | 31,743 | 43,153 |
| 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 | MD | ↑ | Yes | 76,890 | 31,217 | 63,497 | 96,260 | 128,347 |
| Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 | MD | ↑ | Yes | 4,587 | 1,245 | 2,573 | 3,899 | 5,277 |
| Maintain 95% of Palliative Care referrals assessed within 2 days | | 95% | Yes | 96% | 95% | 95% | 95% | 95% |
| Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s | | - | - | 7.9% | 8.5% | 8.5% | 8.5% | 8.5% |

Delivering across the Life Course

| | | | | |
|--|---|---|--|---|
|  <p>Every Child has the best start in life</p> <ul style="list-style-type: none"> • Health Visitors will be based within the development of each Health and Wellbeing hub • Support pregnant women to reduce the prevalence of gestational diabetes |  <p>Getting It right for children & young people</p> <ul style="list-style-type: none"> • Embed SPACE panels to support Children and Young People's access to Mental Health Services • Manage and expand a Sexual Health Framework learning from the Gwent C-Card Scheme • Enable the expansion of the sexually transmitted infections Test and Post service for Gwent residents |  <p>Adults in Gwent live healthily & age well</p> <ul style="list-style-type: none"> • Continue to collaborate with social care and third sector in response to the increase in anxiety levels across the county • Participation in the All-Wales Diabetes Prevention Programme • Establish a population health management system across our NCNs with first area being piloted in 25/26 |  <p>Older adults are supported to live well & independently</p> <ul style="list-style-type: none"> • Develop a directory for education and training for care home staff to make access more straightforward and to streamline the offer • Support the Section 33 Frailty review with regional partners |  <p>Dying well as a part of life</p> <ul style="list-style-type: none"> • Continue to work in partnership with local Hospices, striving to offer patients the choice with regards to their preferred place of death • Rollout of Primary Care Advanced Future Care Planning model |
|--|---|---|--|---|



Why this is a Priority

The six goals for urgent and emergency care remains a significant priority with dedicated programmes coupled with targeted action to address Enhanced Monitoring in the Emergency Department at Grange University Hospital (GUH).

The hospital system continues to face significant pressures as demand for urgent and emergency care rises steadily. Attendances at Emergency Departments (ED) and Minor Injury Units (MIUs) have grown by 4.6% from 2021-22 to 2023-24, with current levels on track to mirror last year’s figures. Over half (53%) of these visits are categorised as immediate, very urgent, or urgent, reflecting an increase of 6.9% in high-acuity cases during this period.

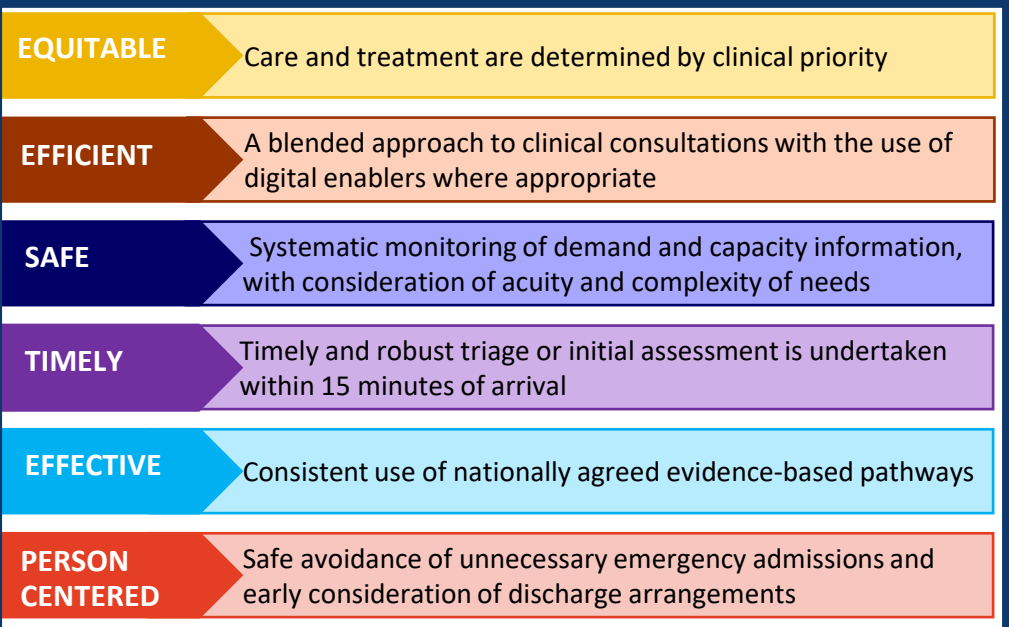
Ambulance handovers exceeding one hour at the Grange University Hospital (GUH) have shown improvement over the past two years. Ambitious plans are in place for 2025-26 to build on this progress, enhancing performance and ensuring better outcomes for both patients and staff.

Average occupied beds with stays of over 21 days have risen by 23.1% from 2021-22 to 2024-25. This highlights a critical need to address prolonged hospitalisations and ensure more efficient patient flow.

Addressing Pathway of Care Delays (POCDs) remains a regional priority, with the Care Action Committee (CAC) leading focused partnership efforts. These initiatives have already achieved a 14.2% reduction in delays during 2024-25, with plans to sustain this positive trend into 2025-26. We know that spending too long in hospital can cause deconditioning, our aim is to support people home as soon as its safe to do so.

A strategic, coordinated approach is essential to manage growing demand and ensure the hospital system can deliver timely, high-quality care. By focusing on improving ambulance handovers, reducing prolonged stays, and addressing care delays, the system can continue to make meaningful progress in enhancing patient outcomes and operational efficiency.

Developing joined up place-based teams with the appropriate community infrastructure is necessary to tackle the complex and interrelated factors that affect health and well-being outcomes and health inequalities. An approach that solely relies on treating or providing care for individuals whilst ignoring the wider range of community assets in a ‘place’ will only achieve a partial response.



What we will deliver

2025/26 Milestones

| | | | |
|---------------------------------------|----|---|----|
| Admission Avoidance (Goal 1) | Q1 | Community Resource Team Service expansion embedded and number of people referred and accepted will increase by a further 15% | |
| | Q2 | Wider access to community hospitals from the community to avoid an acute admission is rolled out across all sites | OE |
| | Q3 | Further roll out of the diabetes recognition of deterioration programme across all care homes | |
| | Q4 | Increase the number of care home residents with a robust Future Care Plan (FCP) in place expanding into new care homes | |
| Integrated Front Door (Goals 2,3 & 4) | Q1 | Further develop SDEC first model for Medicine at The Grange | OE |
| | Q2 | Completion of Emergency Department main wait extension phase 2 | OE |
| | Q3 | Develop an improved Gwent Telehealth service and response linking to community falls response | EA |
| | Q4 | Pilot of proposed Navigation Hub model | EA |
| Integrated Back Door (Goals 5 & 6) | Q1 | Continue to embed the Optimal Hospital Flow Framework across all sites and embed Discharge Transfer Lounge | EA |
| | Q2 | Implementation of service improvements and discharge practices monitored via Discharge Improvement Board | MD |
| | Q3 | Progress trusted assessor model working with Local Authorities across Gwent | MD |
| | Q4 | Roll out of Optimal Ward Model across all Hospital Sites | MD |
| Medical Service Redesign | Q1 | Finalise preparation of clinical service models for Nevill Hall Hospital (NHH) to inform the Strategic Outline Case to be submitted in May; Scoping current model, challenges and opportunities for Frailty & Care of the Elderly reconfiguration | RM |
| | Q2 | Delivery of bed base reduction aligned to Clinical Futures model; Deliver Stroke improvement programme | RM |
| | Q3 | Implementation of new service model at Royal Gwent Hospital (RGH) ahead of Winter; Progress Development of future service model for Frailty & Care of the Elderly reconfiguration | RM |
| | Q4 | Continued implementation of new service model at RGH and confirm clinical intake model at NHH; Finalise future service model for Frailty & Care of the Elderly reconfiguration | RM |

2026/27 Deliverables

Embed the Optimal Hospital Flow Framework & Optimal Ward Model

Roll out of Integrated Front Door Model and embed Medical Model

Implement a target operating model for a multi disciplinary navigation hub

Implement Frailty & Care of the Elderly reconfiguration

2027/28 Goals

Delivery of right place first time pathways for patients for timely assessment

Embed Integrated Front Door

Embedded trusted assessor model across Gwent


Whole system utilisation of Future Care Plans

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|--|----|-----------------|--------------|----------|---------|--------|--------|--------|
| Maintain the number of Urgent Primary Care contacts (inc. virtual) | | - | - | 90,611 | 22,923 | 43,628 | 68,488 | 95,147 |
| Reduce the number of ambulance patient handovers over 1 hour | MD | 0 | No | 783 | 621 | 577 | 602 | 500 |
| Reduce the number of ambulance crew hours lost at GUH ED (per month) | | - | - | 3,158 | 2,750 | 2,500 | 2,750 | 2,500 |
| 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 | MD | 0 | No | 1,338 | 1,101 | 757 | 937 | 750 |
| Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU | | 95% | No | 76% | 75% | 76.7% | 78.4% | 80% |
| Reduction in time from arrival to ED triage - no waits over 60 minutes | | - | - | 392 | 300 | 250 | 250 | 200 |
| Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months. | OE | <60 mins | Yes | 163 min | 100 min | 80 min | 90 min | 60 min |
| % of patients directly admitted to an acute stroke ward <4hrs of clock start | | 50% | No | 19% | 20% | 20% | 20% | 20% |
| % of unique stroke patients given thrombectomy (all stroke types) | | 10% | No | 4% | 6% | 6% | 6% | 6% |
| % Assessed by one of OT, PT, SALT within 24 hours | | - | - | 55% | 70% | 70% | 70% | 70% |
| Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission | OE | ↓ | Yes | 416 | 400 | 390 | 380 | 370 |
| 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 | | ↓ | Yes | 232 | 190 | 180 | 160 | 160 |
| Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard | | - | - | 9,487 | 7,290 | 7,219 | 7,184 | 6,437 |
| Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment | OE | ↓ | Yes | 16 | 20 | 17 | 14 | 12 |




Every Child has the best start in life

- Working with the Strategic Maternity and Neonatal Network to implement the MatNeoSSP programme
- Delivering our dinky dragons programme supporting new parents who babies were born prematurely




Getting It right for children & young people

- Embed Children's Emergency Assessment Unit service change to improve emergency admission outcomes for Children
- Delivery of Care Closer to Home which provides community nursing care to children and young people for minor illnesses to support admission avoidance and early discharge




Adults in Gwent live healthily & age well

- Actions in place to support our High Risk Adult Cohort in community settings
- Embed processes to review Pathway of Care Delays with Local Authority Partners ensuring timely discharge
- Robust plans are in place to respond to a critical incident as and when needed



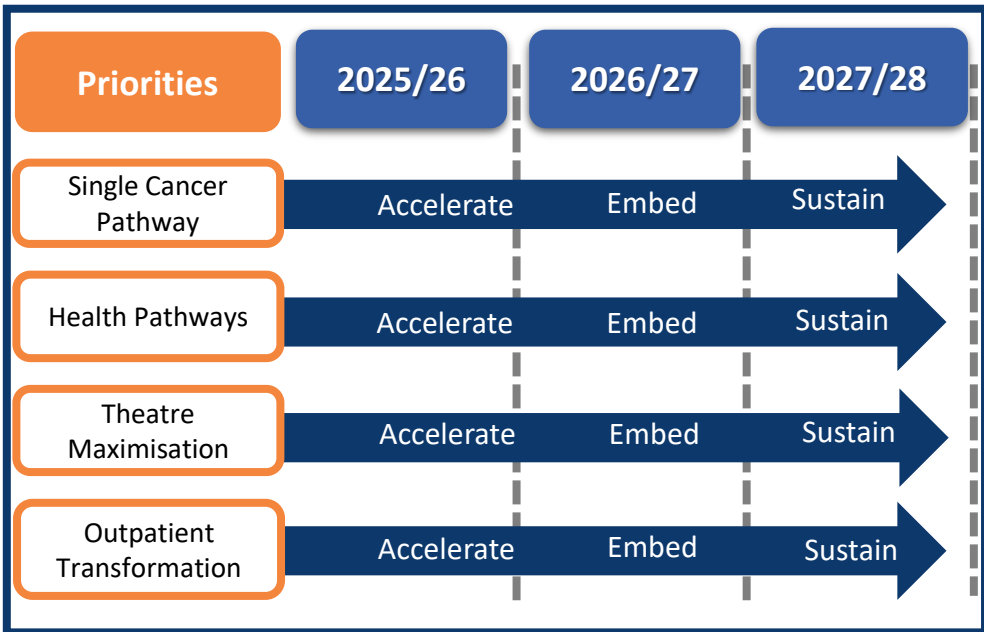
Older adults are supported to live well & independently

- Review of enhanced care on older adult wards to prevent deconditioning and ensure appropriate care
- Roll out of Acute Frailty Response across all our sites
- Pathway review of long ambulance handover waits of elderly patients



Dying well as a part of life

- Develop Bereavement Pathway based on National Bereavement Standards
- Embed principles of Care Aims and Balancing Rights and Responsibilities in End-of-Life Care Service Delivery
- Extend Palliative Care Champions model



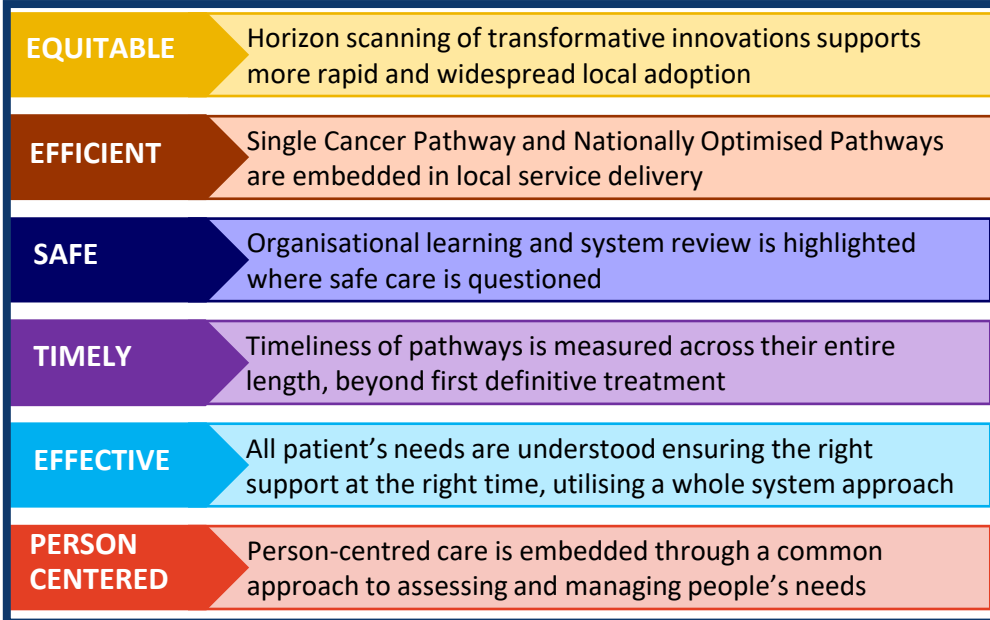
Why this is a Priority

Planned care and cancer services remain critical priorities due to the increasing demand, the need for timely care, and their impact on patient outcomes. The past few years have seen substantial growth in demand for planned care, with outpatient appointments increasing by 17.2% between 2021-22 and 2023-24. Projections indicate an additional rise of approximately 9% this year, underscoring the urgent need for effective management of resources and patient pathways. Ensuring that patients with the longest waiting times are prioritised has been a key focus, resulting in notable reductions in the number of individuals waiting over 156 and 104 weeks; this focus will continue into 2025-26.

Cancer services, in particular, face mounting pressures with Single Cancer Pathway (SCP) referrals surging by 31.2% from 2021-22 to 2023-24. The volume of SCP treatments has also risen significantly, increasing by 16.7% over the same period. These figures highlight both the growing burden of cancer care and the necessity of maintaining robust systems to ensure timely diagnosis and treatment. Encouraging progress has been made, with sustained reductions in the 62-day and 104-day treatment backlogs and improved compliance with initiating treatment decisions within 28 days. This reflects a commitment to delivering faster, more efficient care for cancer patients.

From a strategic perspective, these areas must be approached with a dual focus: meeting current demand while planning for future capacity. Rising referrals and treatments place additional strain on existing resources, making it essential to implement innovative solutions that enhance operational efficiency. Forensic-level management of patients along the SCP is crucial for sustaining improvements in performance, patient experience, and clinical outcomes. This includes leveraging data-driven approaches to track progress, optimise pathways, and identify opportunities to reduce delays.

In this context, planned care and cancer services represent not just operational priorities but fundamental components of a responsive and resilient healthcare system. By focusing on reducing waiting times, streamlining pathways, and enhancing patient outcomes, we can continue to adapt to rising demand while upholding our commitment to delivering equitable and effective care.



What we will deliver

2025/26 Milestones

| | | | |
|---------------------------|----|---|----|
| Single Cancer Pathway | Q1 | Opening of the Satellite Radiotherapy Centre in Nevill Hall Hospital in Spring 2025 | |
| | Q2 | Deliver improvements in tumour site single cancer pathway with a focus on urology and gynaecology; Improve straight to test compliance. | EA |
| | Q3 | Development of Systemic Anti Cancer Therapy Outreach services in Gwent with Velindre NHS Trust | |
| | Q4 | Make improvements in tumour site single cancer pathway with a focus on urology and gynaecology; Improve straight to test compliance. | EA |
| Health Pathways | Q1 | Phase 3 workplan collated in collaboration to reflect local and National Clinical Implementation Network (CIN) priorities | EA |
| | Q2 | Achieve additional 25 localised pathways live on Aneurin Bevan Health Board local site | EA |
| | Q3 | Continue engagement with local interface groups and National CIN for prioritisation of pathway development | EA |
| | Q4 | Achieve additional 50 localised pathways live on Aneurin Bevan local site | EA |
| Theatre Maximisation | Q1 | Theatres Service Model developed to inform the planning of a Day Case Centre of Excellence as part of NHH Development Programme | EA |
| | Q2 | Newly tested HVLC lists and golden patient process embedded into business as usual service delivery | EA |
| | Q3 | Plans in place for increased Day Case activity aligned to BADS recommendations, for example default to day case where appropriate | EA |
| | Q4 | Keeping Well Service within the Health Board and seen as the Single Point of Contact for advice on Health and Wellbeing | |
| Outpatient Transformation | Q1 | Increased use of virtual clinics and identification of new pathways through scoping of opportunities in CIN and GIRFT recommendations | EA |
| | Q2 | Ongoing focus on increase of Seen on Symptom (SOS), Patient Initiated Follow Up (PIFU) and reduction of Delayed Follow Ups Total Follow Ups | EA |
| | Q3 | Continued optimisation of Consultant Connect including identifying opportunities to support SOS and PIFU pathways | EA |
| | Q4 | Ongoing monitoring of activity and opportunities for one-stop treatment pathways in the Outpatient Treatment Unit | |

2026/27 Deliverables

Achieve additional 50 localised pathways live on AneurinBevan local site

Achieve 75% compliance with Single Cancer Pathway

Day Case Centre of Excellence developments

Further improvement in performance against scheduling and utilisation KPI's

2027/28 Goals


Achieve 14.5% for SOS and PIFU

Achieve 80% Compliance with Single Cancer Pathway

Continue to deliver initiatives to maximise Day Surgery where appropriate


Further improvement in performance against scheduling and utilisation KPI's

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|--|----|--------------------|--------------|------------|------------|------------|------------|------------|
| 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | MD | 80% | No | 67% | 67% | 68% | 69% | 70% |
| Reduction in backlog of patients waiting over 62 days (SCP) | | - | - | 300 | 280 | 240 | 220 | 200 |
| Reduction in backlog of patients waiting over 104 days (SCP) | | - | - | 75 | 70 | 60 | 55 | 50 |
| Increase in rate of cancer diagnosis or discharges within 28 days | | - | - | 75% | 75% | 75% | 75% | 75% |
| Numbers of patients waiting over 104 weeks (all stages) | MD | 0 | No | 464 | 966 | 1,917 | 2,680 | 3,291 |
| Number of patients waiting over 52 weeks for Outpatients | | 0 | No | 16,500 | 16,892 | 17,802 | 17,655 | 18,095 |
| Reduction in the number of patients waiting 100% past Outpatient follow-up target date | | ↓ | Yes | 29,889 | 31,500 | 30,250 | 28,750 | 27,275 |
| Increase in the rate of See On Symptom and Patient Initiated Follow-ups | | ↑ | Yes | 10% | 11% | 12% | 13% | 13.5% |
| Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA | EA | <5% | Partially | 6% | 5% | 5% | 5% | 5% |
| Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic | MD | 0 | No | 987 | 1,077 | 1,077 | 1,077 | 1,077 |
| No patient waiting more than 14 weeks for a therapeutic assessment | | 0 | No | 203 | 170 | 140 | 110 | 105 |
| Number of adults waiting more than 14 weeks for all audiology pathways | | ↓ | No | 5,001 | 5,045 | 5,119 | 5,366 | 5,440 |
| Number of children waiting more than 6 weeks for all audiology pathways | | ↓ | No | 805 | 1,654 | 2,501 | 2,783 | 3,630 |
| On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers | EA | 90% | Fully | 97% | 90% | 90% | 90% | 90% |
| Theatre Utilisation, late starts to less than 20%, early finishes to less than 10%, session utilisation to 85% | EA | 20/10/85 % | Partially | 44/47/89 % | 40/43/85 % | 35/37/85 % | 30/31/85 % | 25/25/85 % |
| Deliver improvements in day surgery rates, achieving a BADS daycase rate | EA | 70% Apr 80% Jun | Partially | 50% | 45% | 50% | 55% | 55% |



Every Child has the best start in life

- Focus on neonatal surgery performance to provide highest quality care for newborns requiring surgery
- Supporting families through the surgical process, offering resourcing to help them care for their newborns post-surgery




Getting It right for children & young people

- Following GIRFT programme across specialities to enhance surgical care quality and efficiency
- Introduce schemes within primary care to manage surgical demand, ensuring timely and appropriate referrals for young people
- Prioritising surgical outcomes and performance for children




Adults in Gwent live healthily & age well

- Spotting the Signs of Skin Cancer Event for Hair and Beauty Professionals
- Implement GIRFT recommendations in ENT and Max Fax
- Implement recommendations from the Rapid Diagnostic Centre review
- Implementation of demand management schemes within Primary Care



Older adults are supported to live well & independently

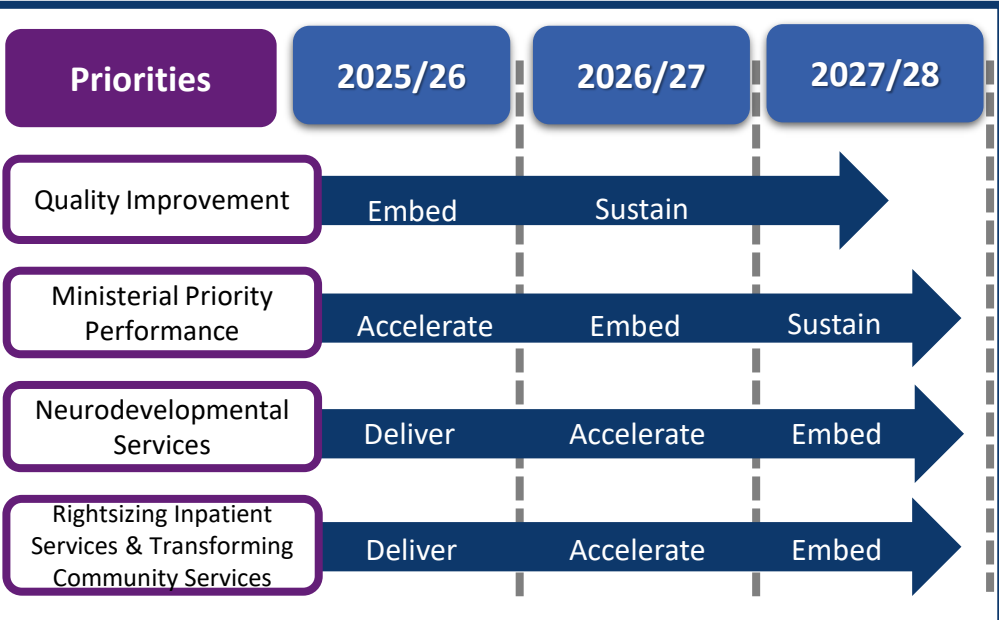
- Improve low participation rates for cancer screening through communication programme
- Reduce the risk of premature mortality from cardiovascular disease and cancer
- Identify those with undiagnosed Hypertension to provide early preventative advice



Dying well as a part of life

- Establish Bereavement Collaboratives including a focus on death by Cancer
- Significant changes were identified within the mortuary service which demonstrate the need to input a transformational agenda to increase the safety and dignity of deceased patients

Improving our Mental health services



Why this is a Priority

Demand for mental health services is sharply increasing and we need to find ways of supporting people earlier within the community to better support crisis prevention and recovery. The vision is to provide high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people for Gwent. There are a number of national strategic drivers including the Strategic Programme for Mental Health and National Programme for Suicide and Self harm Prevention.

Throughout the last year we have seen a spectacular improvement in performance against the Ministerial Priority measures of part 1a and part 1b. Adults performance has risen from 19% in April 24 to 92.6% in January 25 for part 1a assessment within 28 days of referral and 9.7% to 86.1% for part 1b interventions within 28 days of assessment. However, there is further work to sustain performance above national targets on the part 2 measures, residents in receipt of a valid care and treatment plan which despite being above 80% from April 24 to November 24 recently dipped to 67% in January 25.

Currently 42.5% of patients have received psychological therapy within 26 weeks. A key priority is the continuation to implement plans to maximise available clinic space to deliver psychological therapy pathway improvement and deliver care closer to home.

This year, 6456 assessments and interventions have been provided to children and young people which equates to 5% of all children within Gwent. The complexity and severity of these presentations has greatly increased leading to greater morbidity and risk for the children. We have sustained our excellent performance on 1a consistently achieving above the national target of 80% and have achieved a considerable increase in compliance against part 1b rising from 3.7% in April 24 to 85% in January 25.

In March 2024, there were 1066 children waiting for an ND Assessment. Only 35% met the target of '80% being seen within 26 weeks' and 691 were waiting over a year. As of the end of March 2025 the forecast is to achieve the 80% target with no children waiting over a year. The main challenge in reaching target for assessing 80% of neurodevelopmental referrals for children ages 0-18 years old is due to increasing demand with unpredictable variance in the number of referrals month on month.

- EQUITABLE** Co-produced services that utilise local needs assessment to understand and meet needs of the local population
- EFFICIENT** A Value-Based approach to improve outcomes that matter most to people in a way that is as sustainable as possible
- SAFE** Organisational learning and system review is embedded where safe care is questioned
- TIMELY** Minimise delays in treatment, maximise join-up of services, ensure good communication and make every contact count
- EFFECTIVE** Embed a culture that encourages and enables innovation to improve outcomes
- PERSON CENTERED** Work in partnership with third sector to provide peer support opportunities for those with lived experience

What we will deliver

2025/26 Milestones

| | | | |
|--|----|--|----|
| Quality Improvement | Q1 | Engage with the work of the National Patient Safety Programme | |
| | Q2 | Embed and sustain the commitments within the Quality Improvement plan | |
| | Q3 | Embedding PROMS for adults and older adult functional services | |
| | Q4 | Review and evaluate progress against the Quality Improvement plan | |
| Ministerial Priority Performance | Q1 | Sustain progress of Part 1a and 1b for Adults and Children | MD |
| | Q2 | Improve measures for Psychological Services for Adults and start improvement project for Care Treatment Plans (CTP) for Children | |
| | Q3 | Implement actions to improve Memory Assessment Services and continue implementation plan for CTP improvement for Children | |
| | Q4 | Sustain progress of Part 1a and 1b for Adults and Children | MD |
| Neurodevelopmental Services | Q1 | Define Single Neurodevelopmental pathway for Adults | |
| | Q2 | Develop implementation plan for Single Neurodevelopmental pathway for Adults | |
| | Q3 | Evaluate implementation of children's neurodevelopmental transformation programme and accelerate remaining actions | |
| | Q4 | Complete children's neurodevelopmental transformation programme and deliver Single Neurodevelopmental pathway for Adults | |
| Rightsizing Inpatient Services & Transforming Community Services | Q1 | Develop model for Adult inpatient, community and forensic services; scope all crisis services and ensure they are delivering to capacity | RM |
| | Q2 | Identify all access points into Mental Health services and commence initial design options for single Pathway | RM |
| | Q3 | Complete review of Learning Disability service model to ensure service sustainability and improved patient outcomes | RM |
| | Q4 | Initial review of service changes completed and initial outcomes in terms of patient care and reduction in variable pay | RM |

2026/27 Deliverables

Phase 2 implementation of Models of Care within the Mental Health Strategy

Continue to meet Ministerial Priority Performance

Embed Learning Disability service model

Embed single Neurodevelopmental pathway for Adults and neurodevelopmental transformation for Children

2027/28 Goals

Phase 3 implementation of Models of Care within the Mental Health Strategy






Continue to meet Ministerial Priority Performance

Embed single pathway for Mental Health Services access

Shift Mental Health care into the community

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|---|----|-----------------|--------------|----------|-----|-----|-----|-----|
| Maintain Adults Part 1a to national target (assessment completed within 28 days) | MD | 80% | Yes | 90.3% | 80% | 80% | 80% | 80% |
| Maintain Adults Part 1b to national target (interventions completed within 28 days) | MD | 80% | Yes | 87.7% | 80% | 80% | 80% | 80% |
| Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan) | | 90% | Yes | 82.6% | 80% | 90% | 90% | 90% |
| Maintain rate of psychological therapy received within 26 weeks | | 80% | No | 45.4% | 48% | 60% | 60% | 60% |
| Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days) | MD | 80% | Yes | 94% | 80% | 80% | 80% | 80% |
| Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days) | MD | 80% | Yes | 84.8% | 80% | 80% | 80% | 80% |
| Maintain CAMHS Part 2 national target compliance | | 90% | Yes | 84.8% | 90% | 90% | 90% | 90% |
| Improvement in Neurodevelopment waiting times compliance | | 80% | Yes | 52.2% | 70% | 75% | 80% | 80% |
| Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | | 80% | - | 95% | 80% | 80% | 80% | 80% |

Delivering across the Life Course

| | | | | |
|---|---|---|---|--|
|  <p>Every Child has the best start in life</p> <ul style="list-style-type: none"> Continuing to work towards accreditation in the Royal College of Psychiatrists Perinatal Quality Network standards for perinatal mental health. Working with all national workstreams to ensure standardised approach across Wales in supporting individuals with perinatal mental health. |  <p>Getting It right for children & young people</p> <ul style="list-style-type: none"> Working as national leaders in bringing together key frameworks, including NEST and Trauma-Informed Wales, to support a whole system approach Collaborating with third sector partners to support referrals to autism assessment services and whole family wellbeing whilst awaiting diagnosis and beyond |  <p>Adults in Gwent live healthily & age well</p> <ul style="list-style-type: none"> Building on our co-production approach with people with lived experiences of our services to support a system to enable us to build the new alliance commissioning approach partners New Jamie Harrison Cup celebrating 25 years of the Early Intervention Services Football Group |  <p>Older adults are supported to live well & independently</p> <ul style="list-style-type: none"> Incorporating people with lived experience into our workstreams to understand what matters and how we can best meet their needs Extending Shared Lives across all boroughs for older people Exploring Peer support in an Older Persons population |  <p>Dying well as a part of life</p> <ul style="list-style-type: none"> Embed learning from the thematic review of sudden and unexpected deaths Ensure Community Mental Health Teams have received appropriate training for deaths by suicide Exploring options for end-of-life unit within Dementia Inpatient environments |
|---|---|---|---|--|



Section 4 Enablers



| | | |
|---------------------------------|---|----|
| Colour Coding of Actions | Three Year Route Map | RM |
| | Organisation Escalation; Targeted Intervention and Enhanced Monitoring | OE |
| | Partnership Actions (Regional Partnership Board/Public Service Board) | |
| | Ministerial Delivery Expectations (Welsh Government Planning Framework) | MD |
| | Enabling Actions (Welsh Government Planning Framework) | EA |



In line with our values and core purpose, we prioritise quality and safety above all else. This commitment is reinforced by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, which introduced a Duty of Quality, a Duty of Candour, and establishes a Citizen Voice to foster better engagement with patients, relatives, carers, staff, and communities.

We have achieved a number of key milestones to enhance quality, safety, and patient experience. In 2023, the Health Board introduced the Quality Strategy and the Patient Experience and Involvement Strategy, focusing on stakeholder collaboration and real-time feedback for quality improvement. The 2023/24 annual quality report highlighted these achievements.

In 2024, an updated Quality Strategy aimed to refine our quality reporting, focusing on recognition and treatment of sepsis, enhancing infection prevention initiatives, and strengthening human factors training to improve patient safety. For past twelve months there has been continued focus on:

| Quality Outcomes Framework | Clinical Advisory Forum | Learning From Death Framework | Listening and Learning Framework |
|--|--|--|---|
| Implementing QOF to systematically measure and enhance healthcare quality. | Provide strategic insight and quality improvement. | Developing learning from framework and mortality report. | Including a developed Learning & Improvement forum to embed continuous improvement. |

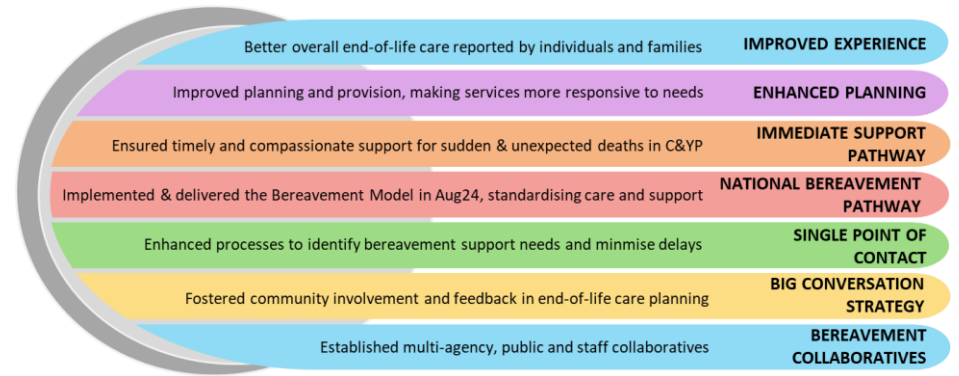
Quality of care and improving health outcomes: To continue to improve, we will focus on delivering the highest quality of care and improving health outcomes. Our commitment to quality, equality, and learning is central to our service, demonstrated through our Listening and Learning Framework. This framework ensures consistent learning from incidents and feedback, promoting continuous improvement. We are committed to organisation-wide culture change, ensuring patients are informed and have equitable access to services. We will improve by listening, learning, and working together continuously to:

- Ensuring the best possible health and care experience for everyone, delivering safe and effective services.
- Embracing transparency, accountability, and knowledge, celebrating success, sharing learning, and actively seeking improvement.
- Creating a culture where staff feel listened to, based on transparency, accountability, ethical behaviour, and trust.

- Valuing people, providing safe and supportive environments, and empowering them to act on improvements
- Nurturing quality and system safety through actively listening to our population and responding to ensure a good experience for all.
- Promoting a 'Just Culture' that supports safety and psychological safety, encouraging staff to 'speak up safely'.

Just Culture: A 'Just Culture' considers systemic issues when things go wrong, enabling learning without fear of retribution. Fair treatment of staff supports a culture of fairness, openness, and learning, encouraging staff to speak up about mistakes. Understanding unconscious bias ensures all staff are treated equally and fairly.

End of Life Care: Over the past year, the Patient Experience team has focused on improving end-of-life care and bereavement support. Embracing the principles of 'A Compassionate Country – A Charter For Wales,' the Health Board is dedicated to enhancing services for individuals living with dying, death, and bereavement, as well as their families, carers, and communities. Our approach prioritises their preferences, priorities, and wishes. Significant measurable improvements include:



Quality Management System: We will enhance our Quality Management System by setting targets, monitoring, measuring, and reporting performance to ensure excellent care standards. This includes developing our QOF. We will standardise processes across the Health Board, create corporate support roles, and enhance assurance mechanisms. Additionally, we will leverage existing resources and support systems to align with our commitment to quality, safety, and patient experience.



Key Enablers: Our key enablers, align with the enablers within the Health & Care Standards:

Quality Enablers

Leadership: Strong leadership is essential to drive quality initiatives and foster a culture of continuous improvement.

Workforce: Ensuring that the Health Board has the right number of staff with the appropriate skills to deliver high-quality care.

Culture: Promoting a culture where safety is prioritized, and staff feel empowered to report concerns and suggest improvements.

Information: Utilizing data and analytics to inform decisions, monitor performance, and identify areas for improvement.

Learning, Improvement and Research: Encouraging innovation and participation in research to develop new treatments and care models that improve patient outcomes.

Whole Systems Approach: Promoting open communication and collaboration across departments and disciplines to share best practices and learn from each other.

By focusing on these key enablers, the Health Board aims to create a healthcare environment that prioritises continuous improvement, patient safety, and high-quality care.

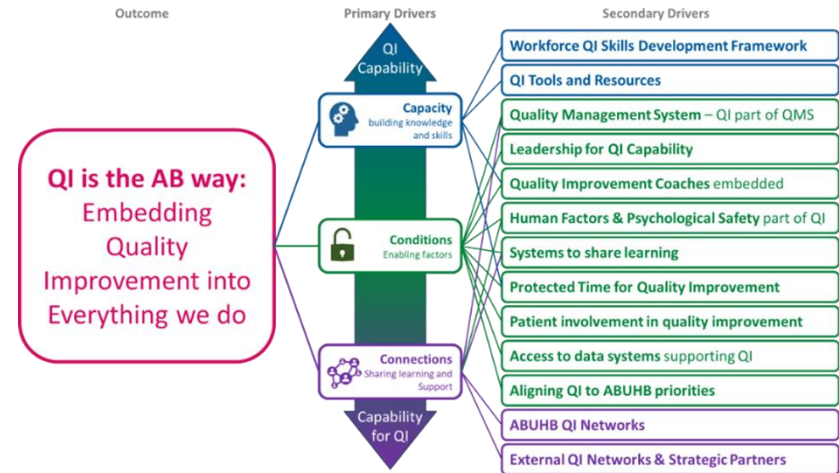
Our Quality Strategy aligns with the Six Pillars of Quality, the 2025/26 milestones reflect key objectives planned in these areas. Reporting compliance with the Duty of Quality underscores our commitment to the Health and Care Quality Standards. Consequently, the Quality Strategy is also mapped to the six domains of quality and the six quality enablers to ensure fulfilment of this statutory duty.

Quality Improvement Capability: Quality Improvement (QI) is about applying a systematic approach to solving complex problems. It is about enabling people closest to an issue to discover new solutions, test them and learn through data.

Improvement works best when the voices of those closest to care are heard including patients, service users, family members, and staff delivering services.

The Quality Improvement Capability approach sets out an initial vision over the next three years to build us into an organisation where quality improvement is embedded into everything we do. This means building organisational *Capability* for quality improvement, so that improving quality works across all our services. The strategy sets out a plan to build:

- **Capacity** – a workforce with knowledge and skills to improve services where they are
- **Conditions** – organisational factors that enable staff to use their skills for improvement
- **Connections** – linking with others to share learning and support each other



The above diagram shows how we will start building organisational *Capability* for Quality Improvement over the next three years. The Secondary Drivers on the right outline how we will build Capacity, Conditions and Connections in order to embed Quality Improvement into everything we do.

In particular we will be helping teams to consider the human side of change through building an understanding of Human Factors and Psychological Safety into Quality Improvement practice. We will develop QI Leadership to align QI to health board priorities and build conditions for QI and also a network of Quality Improvement Coaches embedded into services who will support teams in their QI work.

What we will deliver

2025/26 Milestones

| | | | |
|------------------------------------|----|--|--|
| Patient & staff experience | Q1 | Ensure all 'live' Civica areas are collecting and using feedback (you said we did). | |
| | Q2 | Promote principles of Care Aims and Balancing Rights and Responsibilities for consideration in all patient experience activity. | |
| | Q3 | Introduce People Participation Panels for sepsis and dementia | |
| | Q4 | Use AI to capture narrative from patient and staff feedback. | |
| Incident Reporting & Falls | Q1 | Establish a new 'Falls Strategic Oversight Panel' aligned to a re-evaluation and reconfiguration of the falls governance structure | |
| | Q1 | Embed mortality and morbidity meetings throughout Directorates. | |
| | Q3 | Prepare for the extended data entry requirements of the National Audit of Inpatient Falls (NAIF) to include all fractures and falls | |
| Complaints, concerns & compliments | Q1 | Prepare for the updated guidance on the Putting Things Right (PTR) Regulations. | |
| | Q2 | Meet the Welsh Government's 30-working day target for concerns managed under PTR, with a focus on increasing early resolution of concerns. | |
| | Q3 | Conduct regular audits to monitor the effectiveness of the new processes and identify areas for improvement. | |
| Health & Safety | Q2 | Implement the Health & Safety Governance Framework & Health & Safety Checklists | |
| | Q4 | Achieve 85% compliance for manual handling training for high-risk areas undertaking people handling | |
| IPAC | Q1 | Develop a business case for the Infection Prevention Team to support sustainability, succession planning, and reduce HCAI | |
| | Q4 | Develop Antimicrobial Stewardship functionality for electronic prescribing to ensure best practice is embedded from go-live. | |
| Safe-guarding | Q1 | Ensure there are methods in place to measure patient experience in relation to Safeguarding. | |
| | Q3 | Safeguarding activity to inform future priorities. | |
| QI | Q1 | Human Factors programme supporting Safety Culture | |
| | Q4 | Delivery of theatre safety programme | |
| | Q4 | Develop QI component of the Ward Accreditation Programme & QI Faculty to support the organisational conditions for QI | |

2026/27 Deliverables

2027/28 Goals

| | |
|---|--|
| Identify and develop QI leaders within Divisions and Directorates | QI coaches embedded in Divisions and 1,000,000 minutes of QI coaching achieved |
| Develop patient/staff stories to inform organisational learning | Embed learning from the new Single Unified Safeguarding Reviews |
| Collaborate with Medical Examiner to implement Death Certificate Reform | Refresh Patient, Experience and Involvement Strategy |
| Development of a Health & Safety Management System | Publish End of Life Care and Bereavement Strategy |



We employ 13,238 WTE (15,395 people; December 2024) and are the largest employer in Gwent. This is an increase of 194 WTE from last year, mainly in Nursing and Midwifery (164 WTE), Estates and Ancillary (53.6 WTE), and Health Care Support Workers (HCSW) (42.57 WTE). Administration decreased by 135.3 WTE (5%). Estates and Ancillary increased core staffing by 5% to reduce agency use.

There are 1,370 WTE colleagues in independent GP practices, with a high reliance on locums and many GPs over 55 years old. The workforce demographic remains stable, with 20% of staff over 55 and 32% over 50 years old. Turnover reduced from 9.2% to 9%, while sickness increased from 6.32% to 6.4%, with stress, anxiety, and depression accounting for 33% of absences.

We have significantly reduced registered nurse vacancies by 53% and medical and dental vacancies by 40% over the last two years. However, vacancies persist in some medical specialties (e.g., Ophthalmology, General and Acute Medicine, Psychiatry, Public Health), Therapies, and Pharmacy. We will continue recruitment and retention campaigns to address these. Long-term vacancies remain in non-clinical roles like mechanical and craftsperson positions.

Our priority is recruiting, developing, and retaining directly employed staff to build effective teams and provide a positive patient experience.

People Plan 2022 – 2025 – Putting People First: The next iteration of our People Plan (2025/26 - 2028/29) is in development and will involve full engagement with staff, Trades Unions, and partners. The plan will address workforce challenges and support the Health Board's Long-Term Strategy and Ministerial Targets, focusing on:

- Staff Health & Wellbeing
- Employer of Choice
- Workforce Sustainability and Transformation

Our priorities align with the commitments of Health Education and Improvement Wales (HEIW), Social Care Wales (2022), A Healthier Wales, and the National Workforce Implementation Plan (2023). Our plans are also driven by Welsh Health Circulars 2024/031 and 2024-17.

Actions in the People Plan 2023/24 have positively impacted key workforce performance indicators, including:

- ✓ Turnover dropped from 11.36% to 9.01%.
- ✓ PADR increased from 73.46% to 74.56% with new process and manager training
- ✓ Launched the Speaking up Safely process.
- ✓ Time to hire remains below the 71-day target.
- ✓ Recruited 74 international nurses.
- ✓ Reduced HCSW vacancies by 60 WTE and RN vacancies by 128 WTE.
- ✓ Reduced medical vacancies by 57 WTE in the last two years.
- ✓ Variable pay reduced by approximately £18m from 2022/23 to 2023/24.
- ✓ Launched the Strategic Equality Plan focusing on Equality, Diversity, and Inclusion.
- ✓ Increased Welsh language translation and reporting of competencies.
- ✓ Presented and agreed on the Gwent Strategic Workforce Action Plan.

Objective 1: Staff Health and Wellbeing is at the heart of our plan.



Through our actions we aim to improve the wellbeing of our staff, deliver a reduction in sickness and staff turnover, Wellbeing services and ultimately improve patient outcomes and experiences.

Our actions aim to support well-being, reduce sickness and turnover, and improve Occupational and Employee Wellbeing waiting times. By enhancing staff well-being, we improve employee experience and patient outcomes. In summer 2024, our employee experience survey highlighted key factors like self-reported fatigue, coping, intention to leave, discrimination, and raising concerns. We are expanding our avoidable employee harm programme to reduce the impact of employee relations processes, ensuring alternative approaches are considered before investigations.

We continue to support over 300 colleagues through various leadership programmes, including Clinical Directors CDx, Directorate Managers DMx, and the Leadership Development Programme. We are also developing an Administrative Network.

Following the NHS Wales Speaking up Safely Framework, we launched an action plan in December 2024, focusing on data evaluation and communications, especially for diverse backgrounds.

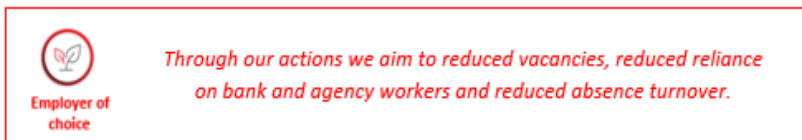


The employee wellbeing service sees increasing referrals (approx. 15% pa) and complexity. Innovations like the psychological trauma intensive programme have reduced waiting times. Schwartz Rounds support staff with emotional and social aspects of their work.

Maintaining high-quality patient care is linked to promoting workforce health and well-being, supported by our Occupational Health (OH) service. This service aims for continuous improvement and Safe Effective Quality Occupational Health Service (SEQOHS) accreditation. The main challenge is the UK-wide shortage of occupational health physicians and staff. We are developing demand and capacity plans and increasing capacity through outsourcing.

We aim to reduce sickness absence in 2025/26 compared to 2024/25 by supporting the Managing Attendance at Work Policy. Stress, Anxiety, and Depression (SAD) remain the top reasons for absence. We focus on reducing SAD impact and supporting staff through stress risk assessments and role modifications. Deep dives into hot spot areas will continue with bespoke local action plans and follow-up evaluations.

Objective 2: Employer of Choice



Working with our Nursing colleagues, we approved a Nursing, Midwifery, and Specialist Community Public Health Nurse (SCHPN) Workforce Strategy in 2023 to coordinate recruitment and retention. This strategy outlines clear career pathways for Future Nurses, including apprentices, cadets, healthcare support workers, internationally educated nurses, and senior roles.

We continue to introduce innovative and hybrid roles to stand out in the market. Despite progress, we still face high vacancy levels in medical specialties, registered nursing, pharmacy, and specialist therapy roles. Over the next 12 months, we will focus on retaining HCSW roles by reviewing qualifications data, promoting the HCSW role, and addressing high turnover and agency use. Our recent external quality assessment of the HCSW induction process was positive, with no advisory or mandatory actions.

We continue to introduce innovative and hybrid roles to stand out in the market. Despite progress, we still face high vacancy levels in medical specialties, registered nursing, pharmacy, and specialist therapy roles. Over the next 12 months, we will focus on retaining HCSW roles by reviewing qualifications data, promoting the HCSW role, and addressing high turnover and agency use. Our recent external quality assessment of the HCSW induction process was positive, with no advisory or mandatory actions.

We will share and implement national resources from HEIW, develop local retention plans, and deliver succession planning training. In 2024, we launched the Health Board's first Talent Management and Succession Planning Framework to identify workforce demands and future potential.

Our strategic vision for agile working supports wellbeing, recruitment, and work-life balance. We will continue implementing the Collective Agreement (2022-24) and focus on CPD opportunities for non-medical staff. Flexible working remains a priority, supported by a dedicated focus group.

Ensuring equality and diversity is integral to our People Plan objectives. In March 2024, we launched our Strategic Equality Plan (SEP) 2024-2028, aligned with All-Wales Action Plans and strategic drivers. Our approach will embed lived experiences into policy and decision-making through sustained engagement with staff networks.

We will focus on improving engagement, expanding representation, and enhancing training and awareness. Our programme will support recruitment initiatives and roll out a Wellbeing and Empowerment Passport. We continue to develop our Welsh Language offer, embedding the 'Active Offer' principle and collaborating with strategies within the Health Board.

We will promote participation in the NHS Wales Staff Survey to improve analysis and prioritise actions. Over the next 12 months, we will shape the Health Board as a compassionate and inclusive organisation, publishing a new Values and Behaviours Framework and broadening our staff recognition programme.

We are committed to expanding career opportunities through our apprenticeship scheme and "Pathways to Health" initiatives. We are exploring innovative recruitment methods and working with the Gwent Regional Workforce Board to develop robust training and recruitment pathways.



»»1

To help introduce a new source of staffing already engaged within the sector, supplying a sustainable pipeline of talent to local authorities, hospitals, and local care providers.

»»2

To support the principles of the Foundational Economy through the development of skills and talents within local communities while meeting the vision of the Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) Joint workforce strategy.

»»3

To ensure that care has currency and value in the region to a broad range of people who may be seeking to enter or progress within the Health and Social Care workforce.

We support the employability principles of the Foundational Economy and continue to develop schemes like Access to Medicine, Social Care and Clinical Work Placements, and RCN Cadets. A dedicated Armed Forces Covenant role was appointed in November 2024 to support Armed Forces personnel and Veterans.

Volunteers make a valuable contribution, and we have supported 267 volunteers this year. We secured grants to progress Volunteer to Career pathways, enhancing recruitment and providing career development opportunities. Eight people have gained employment through this route.

We are committed to the health and wellbeing of all employees, within a safe working environment. Employees health, safety and wellbeing is recognised as a key priority directly correlating with our ability to deliver high quality and compassionate patient care. We demonstrate this through;

- Providing and maintaining safe systems of work
- Providing information, instruction, training and supervision
- Providing and maintaining a safe and healthy working environment

Objective 3: Workforce Sustainability and Transformation

Through our actions we aim to ensure workforce models are the right-size, and optimise the effective use of skills, technology and staff.

Workforce sustainability

The Workforce Sustainability objectives support innovative workforce models and maximize information technology for effective workforce intelligence and staff deployment.

We continue to implement new roles, such as Advanced Nurse Practitioners, Assistant Practitioners in Children’s Community Nursing, apprenticeships in Estates and Ancillary, reporting radiographers, and Clinical Associates in Applied Psychology (CAAPs). Our medical workforce has evolved to include surgical assistants and advanced clinical practitioners in Emergency Medicine and Clinical Pharmacy Technicians.

We create capacity by reviewing skill mix and developing new advanced roles for person-centred care. Our Nursing, Midwifery, SCHPN Workforce Strategy supports the development of Registered Nursing Associates (RNA) and policy development for medical staff, including a review of the Physician Associate model.

The Specialty Doctor and Clinical Fellow Framework includes policies for registration through portfolio pathways (CESR) and Autonomous practice. This work will be consolidated into one framework for publication in 2025.

Improving workforce planning skills is a priority to address future workforce challenges. We align with National Workforce Strategies to support future workforce supply pipelines.

Since the Strategic Action Plan for the Gwent Partnership Board in December 2023, our work under the Gwent Workforce Board and College Consortium has evolved, focusing on foundational economies. In August 2024, Coleg Gwent celebrated our achievements.

Our Integrated Schools Programme showcases Health and Social Care roles to pupils aged 12 and above. Since the pilot in December 2023, we have reached over 1,000 pupils in seven secondary schools in Gwent. The programme received positive feedback and a nomination from Careers Wales.

The Health Board aims to reduce reliance on agency workers and high variable pay, aligned with the Agency Workforce Reduction Welsh Health Circular (2024-31). By September 2025, we aim to eliminate off-contract agency use for Health Care Support Workers, Admin and Clerical, and Estates & Ancillary roles. This will be achieved through a detailed action plan focusing on data scrutiny, roster management, recruitment, retention, flexible working, establishment control, and sickness absence management.

The rollout of Medical E-Systems (Job Planning and E-rostering) remains a priority. We aim to ensure that over 90% of all Consultants have an agreed job plan in place by 30 September 2025, linking to our Locum Bank and Agency systems for workforce planning and forecasting.

What we will deliver

| 2025/26 Milestones | | | |
|--------------------|----|--|----|
| People Plan | Q1 | Engage with staff and stakeholders to develop next iteration of People Plan | |
| | Q3 | Agree People Plan Priorities aligned | |
| Staff Wellbeing | Q1 | Undertake occupational health service and demand and capacity review of standards alongside SEQOHS standards; Evaluate our approach to Avoidable Employee Harm working with internal and external stakeholders | |
| | Q2 | Engage with EDI networks to identify mechanisms to support staff with protected characteristics to speak up safely | |
| | Q3 | Develop and implement staff sickness absence action plan based on Managing Attendance at Work training | |
| | Q4 | Evaluate employee assistance programme contract for quality/value/impact and review | |
| Employer of choice | Q1 | Review key vacancy areas and develop bespoke recruitment and retention plans whilst continuing local and international recruitment; Publish 5 year plan to increase Welsh clinical consultations & undertake roadshows to raise awareness; Proactively support implementation of the WHC Collective Agreement in Partnership | |
| | Q2 | Embed Values & Behaviours framework and enable staff to engage with our values & behaviours and integrate with every day interactions; Develop first draft of ABUHB LGBTQ+ action plan and share with relevant strategic boards and evaluate WRES feedback with our anti Racist Action Plan | |
| | Q3 | Widening Access engagement/ check-ins with hosts to check progress with new process and update work experience policy and apprenticeship opportunities and access to training and education with Gwent Partners Launch staff survey using incentives | |
| | Q4 | Continue to promote and implement agile working practices following refresh of programme plan in Q1 | |
| Sustainability | Q1 | Improve job planning compliance alongside the implementation of the suite of Medical E-systems | EA |
| | Q2 | Continue scrutiny of areas of high variable pay usage with action plan to reduce and reduction in admin in line with locally agreed target | EA |
| | Q3 | Accelerated Cluster Development with completed workforce planning pilot for Blaenau Gwent Workforce; Roll out workforce planning training across organisation | |
| | Q4 | Continued roll out of the Integrated Schools Programme across all secondary schools in Gwent | |

2026/27 Deliverables

Continued focus on staff wellbeing and reducing sickness absence through action plan and communication strategy

Ongoing review of vacancies developing bespoke recruitment & retention plans

Continue to support reduction in variable pay through actions aligned to WHC

2027/28 Goals

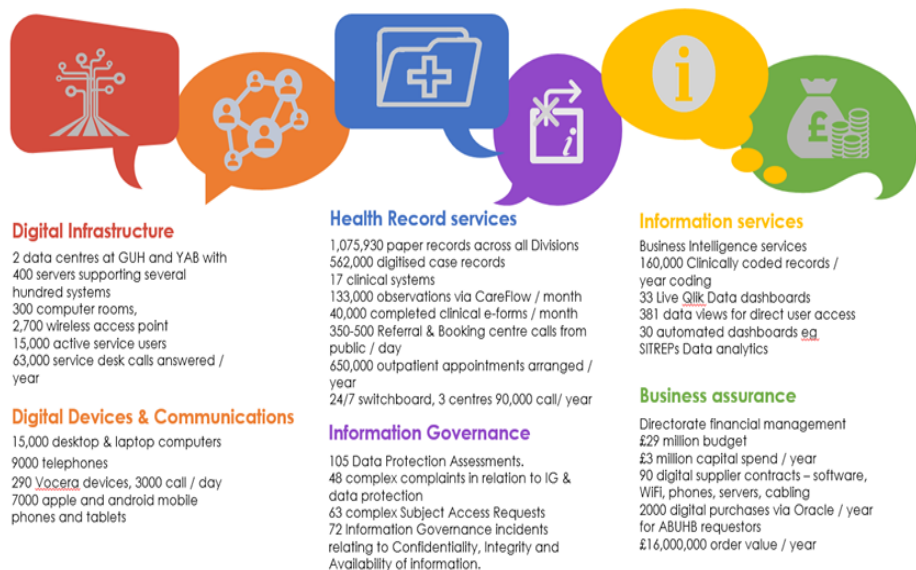
Continued work to support workforce plans for regional solutions

Delivering against Health Board priority programmes which impact workforce changes

Strategic Mental Health Workforce planning



Digital is recognised as one of the 8 key enablers for delivery of services. Its value is provided by the ease of which it makes information available to us and its ability to connect us to one another. Digital is now core to the everyday life of our staff and with the availability of patient facing digital applications, will become an ever more familiar channel for accessing and receiving health care for our citizens and residents.



The need for digital services is growing and will continue to grow for the foreseeable future. There is a multitude of opportunities to use digital tools to improve our processes, some of which are listed below:

- improving patient flow with real-time patient and bed status information with electronic ward boards and data dashboards
- applications at local and national level that provide patients with access to their own health data and control over and influence on their health care.
- artificial intelligence that is no longer a distant promise but a reality with real world benefits in use in Radiology
- health and care data analytics providing fresh insights on the health of our population guiding our public health activities that assist our citizens to stay healthy in their own homes.

Despite these opportunities, there remain a number of challenges:

- a lack of digital inclusion in communities with most need,
- the need to fund and maintain our digital estate, to secure it, keeping us safe from cyber threats.

Over the next three years there will be a number of strategic opportunities to create a sustainable service that is able to meet the digital transformation needs of the Health Board from refreshing our Digital Strategy to improving digital inclusion of staff and service users. In 2025/26 these are:

| | |
|---|--|
| Digital Transformation Strategy | A new Health Board Digital Transformation strategy aligned with the objectives of the Health Board’s new 10 year strategy will be developed supporting the development of primary and community services. Focus will be on the use of digital technologies and tools including AI and automation to meet the organisation and user needs. The development of an engaged digital workforce with the skills and capability to support digital adoption & exploit the benefits of technology and an investment strategy working within the national digital policy context. |
| Digital Strategy Component Plans | Completing a set series of strategic plans for Infrastructure Development & Sustainability, Service Management Strategy and Health Records Governance. These strategic plans are necessary foundations for a Health Board Digital Transformation strategy delivery. |
| Board Development | Allied to our Digital Transformation strategy implement a programme of Board development sessions to embed key concepts and gain understanding and confidence in plans for the Health Board’s digital agenda |
| Corporate & Divisions | Building on established monthly meetings with stakeholders develop medium to long term digital plans for divisions and health board transformational programmes e.g. Six Goals & Planned care. |
| Regional Working | Ensuring there is a Regional Digital Programme established that supports the ambitions of South East Wales Health Boards and Trusts for collaborative clinical service delivery. |
| Directorate structure & governance improvement | Undertake a formal organisational change process to reprofile management arrangements & implement stronger governance arrangements to meet the challenge of Digital Transformation including a technical design authority to ensure our developments are aligned to professional and national standards and supporting the target national architecture. |



| | |
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| Electronic Health Care Record | Present the strategic outline business case for the replacement of Clinical Workstation with a market sourced solution to meet the strategic delivery needs of our clinicians in both the community and in hospitals |
| Data, Analytics & Information Management Strategy | Implementing the governance and delivery plan for the Data, Analytics & Information Management Strategy |
| National Data Resource (NDR) | Working with the NDR team to maximise the opportunities of the platform, develop insights creating dashboards using patient level data to improve patient services |
| Health Records accommodation | To develop a plan to manage the accommodation needs of Health Records at Online House and the NHH Booking Centre |
| Decarbonisation | Continue to look at digital opportunities for decarbonisation and developing sustainable approaches to the digital life cycle |
| Digital Inclusion | Continue work to understand the digital needs of the workforce and patients ensuring appropriate induction is in place and enable staff and patients to access our digital solutions to allow them to support self-care management. To accredit with and deliver against the digital inclusion charter. |

- MS365 Team: Three products are set for delivery in 2025/26. A business case will be proposed to maximize MS365 benefits with an enhanced team.
- **Unscheduled Projects and Activities:** The service receives 3-6 new requests every two weeks. Currently, 23 new digital service requests are being assessed and prioritized, with funding needs to be determined for 2025/26 or later. All requests are discussed with Divisional management to align with corporate and divisional needs.

A high-level summary of funded projects and activities is provided below grouped by the four key mission themes as set out in our Digital Strategy.



Digital foundations –
Provide fast, highly reliable and secure devices, storage and networks



Digital organisation –
Enable staff to be equipped to deliver truly holistic care and high quality services



Digital community –
Enable people to manage their health and care needs independently wherever possible



Digital data, information and intelligence –
Getting the maximum we can from our data and information

In addition to strategic opportunities, teams will deliver:

- **Local & National Programmes, Projects & Activities:** Scheduled work for 2025/26 includes 24 funded digital projects. Nine projects need business case approval, and nine more await planning at local or national levels.
- **Capital Funded Priority Digital Foundation Projects:** Sixteen discretionary capital projects are funded to maintain core infrastructure. Twelve projects for 2025/26 need capital approval, and seven more require funding in 2026/27 and 2027/28. Delays could risk service reliability and compliance.
- **Product Delivery:**
 - Information Services: Delivering the Data, Analytics & Information Management Strategy, developing the National Data Resource, and managing data dashboards and bespoke analysis.
 - RPA: Currently, 40 live automations exist. Five more can be delivered in 2025/26, but robotic capacity will be exhausted. There are 20 backlog requests and 40 identified opportunities, with more expected. An RPA business case will be presented in Q1 2026/27 for additional capacity.

What we will deliver

2025/26 Milestones

| 2025/26 Milestones | | | |
|--------------------|----|--|----|
| Foundations | Q1 | Ensure we have the Application End Point Environment Replacement and undertake the Critical Server Refresh Programme. Take steps to advance Electronic Health Care Records and undertake the Datacentre Application Centric Infrastructure. | EA |
| | Q2 | Undertake the NHH Networks Critical Edge Refresh. Implementation of Firewall IOT / Advanced URL Wildfire Filtering. | EA |
| | Q3 | Continue to look at digital opportunities for decarbonisation and developing sustainable approaches to the digital life cycle ;Data Centre configuration management database and Environment Monitoring. | |
| | Q4 | Undertake the RGH Networks Critical Edge Refresh RGH and complete the NHH Outer Building Fibre Plan. Take steps in the Windows hardware refresh programme. Implement a technical design authority to ensure our developments are aligned to professional and national standards/ architecture. | EA |
| Organisation | Q1 | Support capital developments in 19 Hills Health Centre & GUH Discharge Lounge. Implement digital actions to improve Cancer with Cancer Information System replacement and Urgent Suspected Cancer referral processing on receipt into Health Records. | |
| | Q2 | Clinical Project Delivery in the Sexual Health Clinics at RGH & Ty Clarence; Automation in Clinic documentation from office forms to Clinical Workstation. | |
| | Q3 | Support capital developments in RGH Decontamination Unit & GUH Emergency Department Extension. Support the replacement of critical systems for Radiology and Pathology. | |
| | Q4 | Implement New Care After Death (CAD) Management System Team and systems that support CareFlow. Implement solution to develop a manage the accommodation needs of Health Records at Online House and the NHH Booking Centre | |
| Community | Q1 | Embed communication tools that patient feedback such as Civica SMS and Corporate PROMS Platform (Promptly) | |
| | Q2 | Continue work to understand the digital needs of the workforce and patients ensuring appropriate induction is in place | |
| | Q3 | Ensure there is a Regional Digital Programme established that supports the ambitions of South East Wales Health Boards | |
| | Q4 | Enable staff and patients to access our digital solutions to allow them to support self-care management | |
| (DA&I) | Q2 | Improve intelligence in Urgent Care through WECDS Phases 1 & 2 and advance the Dynamic Planning Programme of work | |
| | Q3 | Working with the NDR team to maximise the opportunities of the platform, develop insights creating dashboards using patient level data to improve patient services | |
| Strategy | Q2 | Develop the digital transformation strategy and the supporting component plans such as Health Records Governance and Infrastructure as the foundations for digital transformation delivery | |
| | Q3 | Implement a programme of Board development sessions to embed key concepts | |

2026/27 Deliverables

Electronic Care Record Improvement Programme

Connecting for Care - WCCIS replacement

WiFi Remediation

2027/28 Goals

Hospital E-Prescribing & Medicines Administration

Windows hardware (Desktops/Laptops) refresh programme

Electronic Care Record Improvement Programme



Our 10-year Estate Strategy (2018-28), approved in January 2019 and refreshed in 2021/22, outlines twenty Strategic Objectives across five sub-categories. The capital programme is crucial for delivering this strategy and maintaining our estate. Significant discretionary capital funding will support statutory obligations, estate maintenance, and timely equipment replacement.

While our approved Estate Strategy guides our 10-year major capital programme, we will refresh it in line with the new Organisational Strategy once approved by the Board. This will align with our March 2024 submission to the Welsh Government on our top 10 Strategic Capital Priorities for the next decade. This exercise ensures our programme aligns with the new Health and Care Quality Standards, promoting quality-driven strategic decision-making.

Key focuses include the rationalisation of St Woolos Hospital and the reconfiguration of Nevill Hall Hospital due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC). The AWC programme distinguishes between projects with some form of approval and those still in development. In 2024/25, we completed and opened The Bevan Health and Wellbeing Centre Tredegar, 19 Hills Health and Wellbeing Centre Newport, and Ty Gwent Admin Accommodation.

The reconfiguration of services at Nevill Hall Hospital is progressing due to RAAC. The Strategic Outline Case (SOC) will be submitted to the Welsh Government in Quarter 2. The Health Board's Works and Estates Division is actively managing RAAC with specialist advice.



Health and Wellbeing Centres are being developed for Aber Valley and Monmouth, funded through the Integration and Rebalancing Capital Fund (IRCF), to reprovide GP services and other Health Board and Local Authority services.

Improving access to cancer services is a priority, with the Satellite Radiotherapy Unit (SRU) at Nevill Hall, in collaboration with Velindre NHS, due for completion in May 2025.

Significant work is ongoing at Local General Hospitals following the Grange University Hospital's opening to ensure planned configurations support clinical models and flow. This includes moving services from St Woolos Hospital and investing through the Target Estates Fund in infrastructure, decontamination, decarbonisation, mental health, and infection prevention and control. A new Decontamination Unit is being delivered at the Royal Gwent Hospital.

To manage demand at Grange University Hospital, we are expanding the waiting area and creating a rapid assessment area, with Phase 1 expected to complete in spring 2025 and Phase 2 in summer 2025. A temporary discharge lounge will be operational by early April.

Funding will be needed to improve estates infrastructure, particularly at the Royal Gwent and community sites. Our Estates teams are vital for service delivery, and we are working on an estates and facilities workforce strategy to ensure sustainable services.

Our approved Estate Strategy continues to inform our 10-year major capital programme. The Health Board will refresh its Estates Strategy in line with the Organisational Strategy once agreed by the Board. This will also be developed in line with the submission made to Welsh Government in March 2024 on the Health Board's top 10 Strategic Capital Priorities for the next 10 years. This exercise sought to provide assurance that the Health Board's programme is aligned to the new Health and Care Quality Standards, ensuring quality-driven strategic decision-making as part of the prioritisation review.

What we will deliver

| 2025/26 Milestones | | | |
|------------------------------|----|--|----|
| Capital Projects | Q1 | Satellite Radiotherapy Unit (SRU) in collaboration with Velindre NHS on the Nevill Hall site; Development of a Strategic Outline Case (SOC) for Nevill Hall Hospital; Outline Business Case for Aber Valley and Monmouthshire Health and Wellbeing Centre | RM |
| | Q2 | Commence refresh Estates Strategy in line with Organisational Strategy | |
| | Q3 | Deliver Decontamination Unit at Royal Gwent Hospital | |
| | Q4 | Development of Strategic Outline Case for (SOC) St Woolos Hospital; Delivery of approved Targeted Estate Fund priorities for 25/26 | RM |
| Service Change & Improvement | Q1 | Support and respond to any approved plans of other Divisions which require the action of the E&F Division | |
| | Q2 | Support the commissioning and operationalisation of major capital schemes including 19 Hills and also the Satellite Radiotherapy Unit (NHH) | |
| | Q2 | Collate the detail of occupancy of community clinics across ABUHB to inform potential service plans and discussions re estate improvement | RM |
| | Q3 | New HSDU Endoscopy Unit in place ready for operationalisation of department in Q3; Continue to respond to any approved plans of other Divisions which require the action of the E&F Division | |
| | Q4 | Develop and implement proposals to move to a single Computer Aided Facilities Management System (CAFM) to support estate management | |
| Sustainable Estates | Q1 | Estate management – with continual focus on estates compliance and risk, continue to develop capital investment plans for the improvement of estate and reduce backlog maintenance with use of any capital provided including the new WG Targeted Estates Fund (TEF) | RM |
| | Q1 | Work with Divisions to support all lease issues and wider property management consequences of service provision changes | |
| | Q3 | Estate management – with continual focus on estates compliance and risk, continue to develop capital investment plans for the improvement of estate and reduce backlog maintenance with use of any capital provided including the new WG Targeted Estates Fund (TEF) | RM |
| | Q3 | Continue to work with Divisions to support all lease issues and wider property management consequences of service provision changes | |
| | Q4 | Develop proposals and plans to support ABUHB compliance for new waste segregation and recycling regulations in hospitals. REFIT decarbonisation schemes-subject to the formal approval of the IGP and corresponding Salix funding by WG to implement the approved programme of works across ABUHB estate in line with funding programme. | |

2026/27 Deliverables

- Outline Business Case for Nevill Hall Hospital and ongoing RAAC management
- Final Business Case for Aber Valley and Monmouth Health and Wellbeing Centres
- Delivery of approved Targeted Estate Fund priorities for 26/27
- Improve estate infrastructure, particularly at Royal Gwent and Nevill Hall Hospitals

2027/28 Goals

- Work with infection prevention and control to explore alternative approaches and technology for cleaning
- Mental Health Specialist Services Inpatient Unit commence build
- Build for Aber Valley and Monmouthshire Health and Wellbeing Centres
- Final Business Case for Nevill Hall Hospital



Background

The Health Board has established and approved a ‘route map’ to recovery and sustainability that sets out the ambition to achieve recurrent financial balance over a 3 year recovery period. Financial year 2025/26 falls as year 2 in the plan. The ‘route map’ expected outturn for 2025/26 was a deficit of £13m, following receipt of additional Welsh Government (WG) recurrent funding during 2024/25 the conditional expectation is to achieve a break even position from 2025/26 onwards.

The 2024/25 financial plan identified a deficit of £48.9m on the basis of achieving £40.5m savings. The Board has managed to improve savings levels and along with the receipt of additional WG funding (£40.5m) expects to achieve an outturn deficit of £7.3m (which meets the revised control total set by Welsh Government). This has been achieved through significant savings performance (plan £40.5m, forecast £45m).

The Board continues to give significant priority to improving the financial position going forward. Financial governance arrangements, staff awareness, training and tools have been developed to help improve financial decision making across the Board, including establishing the Chief Executive led ABUHB Value & Sustainability Board with Executive Leads for each theme area. The Performance Management Framework triangulates with budgetary delegation responsibilities to improve assurance and provide an escalation route for performance variation.

2025/26

The Board has developed a plan for 2025/26 that is ambitious, but focusses on deliverability reinforced by Welsh Government, the plan does assume elements of specific additional funding related to national digital initiatives and Ministerial Expectations and a savings programme greater than the 2% expected by Welsh Government and identified in the ‘route map’ and thus recognises the associated risk to its delivery.

The Board has continued to strengthen the established robust Planning Framework that provides granular level analysis and triangulation of service delivery, efficiency, workforce and financial implications. The key priority is to optimise delivery of, or towards, Ministerial Expectations within available resources, with patient safety, cancer services and waiting time reductions as the highest priorities for the Board.

The Board has developed a Financial Plan for 2025/26 which optimises the application of the 1.77% uplift to form the £1.8billion resources available. The enabler framework has been referenced to improve efficiency of delivery and identify opportunities for savings.

The route map has been used to consider the emerging Financial Plan for 2025/26, the table below summarises the comparison of plans. The key points to note are:

- The balanced forecast for 2025/26 is £13m improved over the ‘route map’ forecast.
- The underlying position would reflect the route map £56m (deficit), less £40.5m WG funding, indicating a £16m deficit entering 2025/26. The calculated underlying deficit is actually £27m, an £11m adverse position driven by JCC Specialist Services costs, high cost drugs growth and recurrent savings plan converting to non-recurrent during 2024/25.
- Income assumed an uplift of 3% in the ‘route map’ and is £26m less (noting the 24/25 additional funding has been allocated to the underlying position.)
- The spend increase is forecast to be below the ‘route map’.
- Total savings achievement is assumed to be fully delivered (however the recurrent level is lower) plus an additional £2m stretch to support financial balance for 2025/26. The level of confirmed savings compared to the £40m required for 2025/26 presents a risk to the financial forecast.

The financial plan for 2025/26 identifies a range of forecasts with a best case of financial balance. This position improves on the control total for 2024/25 by £7m.

| 2025/26 financial plan | Route Map £m | Draft Plan £m | Difference £m |
|-------------------------|-----------------|------------------|------------------|
| Opening Underlying | 56 | 27 | -29 |
| Income uplift | -53 | -27 | 26 |
| New Spend | 48 | 40 | -8 |
| Total Net Spend | 51 | 40 | -11 |
| Savings: | | | 0 |
| Recurrent | -31 | -26 | 5 |
| Non-Recurrent | -7 | -14 | -7 |
| Total Savings | -38 | -40 | -2 |
| Forecast outturn | 13 | 0 | -13 |



| ABUHB 2025/26 | £m | £m |
|---|-------------|-------------|
| Forecast for 2024/25 | 47.8 | |
| Additional WG funding | -40.5 | |
| 24/25 Forecast outturn deficit | 7.3 | |
| Underlying adjustments | 19.8 | |
| 2025/26 opening underlying position | 27.1 | |
| 2025/26 uplift | -27.6 | |
| 2025/26 opening position | | -0.5 |
| New Year Cost Pressures | | |
| Inflationary price increase | 23.8 | |
| Volume & Demand increase | 11.4 | |
| National Programmes | 0.2 | |
| Local Pressures | 2.9 | |
| Local Developments - ministerial targets | 2.6 | |
| 2025/26 new year cost pressures | | 40.9 |
| | | 40.4 |
| Savings 2025/26 | | |
| Confirmed (recurrent) | | -15.6 |
| Worst case forecast | | 24.8 |
| Potential Opportunities - with line of sight (assumed recurrent) | | -10.4 |
| Likely case forecast | | 14.4 |
| Further 'route map' Opportunities & stretch to break even tbc @risk | | -14.4 |
| Best case forecast | | 0 |

Underlying Analysis

- The 2024/2025 underlying deficit was planned to be £14.5m (after receipt of the £40.5 WG funding), this is driven by:
- Workforce & variable pay pressures £2m
- CHC cost pressures £2.6m
- Medicines Management (Prescribing & Acute drugs) £4.8m
- JCC Specialised services £5m

The IMTP process has identified a net additional £12.7m of underlying pressures:

- Workforce & variable pay pressures (including £2.4m unachieved bed closures) £3.9m
- CHC cost pressures (significant price inflation) £1m
- Medicines Management (Prescribing & Acute high cost drugs price & volume growth) £5m
- JCC Specialised Services unfunded growth and under achievement of savings plans £2.8m.

This has resulted in a starting underlying position for 2025/26 of £27.1m Summarised in the table below:

| 2025/26 Opening underlying position | 24/25 Plan £m | 25/26 movement £m | 25/26 opening plan £m |
|-------------------------------------|------------------|-------------------------|-----------------------------|
| Workforce & Variable Pay | 2 | 3.9 | 5.9 |
| CHC | 2.6 | 1 | 3.6 |
| Medicines management | 4.8 | 5 | 9.8 |
| JCC specialised services | 5 | 2.8 | 7.8 |
| Total | 14.4 | 12.7 | 27.1 |

Income Uplift

The Allocation letter and anticipated income identifies funding of £1.8billion for 2025/26, once recurrent adjustments have been factored through the Allocation Plan, the actual 'new funding' available as an uplift for 2025/26 is £27.6m.

Income is also anticipated to cover the costs of the national initiative for Electronic Prescribing Systems (EPMA) £2.1m, Urgent Care, SDEC, UPCC continued funding £3.1m, National digital system costs of £0.6m and maintaining planned care efficiency, cancer treatment and diagnostics £4.5m, presented net in the above Financial Plan table.

Cost Pressure Analysis

Inflationary Price estimates have used national and local business intelligence or assumed the 1.77% pressure aligned with the allocation uplift where there was not a specific forecast. The level of inflation is predominantly driven by JCC Specialised Services, Continuing Healthcare (CHC) and Drugs and LTAs.



Volume growth has been estimated using national and local intelligence. Predominantly driven by Velindre Cancer Centre NICE drugs growth, CHC and English LTA costs.

National Programmes include RISP, LIMS and Radio-Pharmacy cases.

Local Pressures include diagnostic point of care costs, revenue implications of capital schemes and GP practice contracts being returned to Health Board management.

Local developments include proposals to reconfigure neonatal services, expand diabetic pump services and proposals for wider service provision, which will be subject to the Board’s business case review process.

Savings

Savings are made up of the following elements:

| Savings Summary - Financial Plan 2025/26 | Confirmed £m | Potential Route Map opportunities £m | Opportunities to be identified £m | Total £m |
|--|--------------|--------------------------------------|-----------------------------------|-----------|
| CHC | 2 | 1 | 2 | 5 |
| Workforce | 4 | 3 | 3 | 11 |
| Medinines Management | 3 | 0 | 0 | 3 |
| Service Redesign | 1 | 3 | 6 | 10 |
| Non-Pay & Procurement | 4 | 0 | 0 | 4 |
| Planning Assumptions | 1 | 0 | 1 | 2 |
| Non recurring Savings estimate | 1 | 3 | 2 | 6 |
| Total | 16 | 10 | 14 | 40 |

Savings & cost reduction delivery will be driven through the Health Boards Value & Sustainability Board, additionally delegated budget holders including corporate directorates and service divisions will be required to identify opportunities and deliver greater levels of savings, where appropriate these may need to be considered through the Quality Impact Assessment process.

The Health Board will also pursue the opportunities identified by the All Wales Value & Sustainability Board.

Risks

Inherent uncertainty related to receipt of anticipated income, cost and activity growth and the level of savings achievement exist in forming this plan in advance of the financial year. Notable risks include pay negotiation and dispute settlements, drugs growth, new NICE pronouncements, managed GP practices and JCC Specialised Services final plan costs.

Three year outlook

Our ambition is to achieve and sustain a balanced plan over the next three years, acknowledging the level of assumptions and risks. Our high level routemap for this is set out below:

| Revised 3 year IMTP Financial Plan Draft Forecast | 25/26 £m | 26/27 £m | 27/28 £m |
|---|----------|----------|----------|
| Opening Underlying income uplift | 27 | 14 | 6 |
| spend new | -27 | -28 | -29 |
| savings rec | 40 | 42 | 43 |
| non rec savings supporting recurrent spend | -26 | -22 | -20 |
| | -14 | -6 | 0 |
| Forecast out turn | 0 | 0 | 0 |
| underlying c/f | 14 | 6 | 0 |

Conclusion

The assessment of the 2025/26 financial forecast ranges from a risk of up to £25m to financial balance dependent on the assumptions related to cost levels and confidence ratings of savings delivery. The Board are continuing to make progress in this area and, if the estimated level of the savings can be fully delivered and all in year mitigating cost reductions and income opportunities can be secured, there is the opportunity to deliver financial balance and this forms the basis of the financial plan for 2025/26.



Wales has a target to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be Net Zero by 2030. Welsh Government declared a 'Climate Emergency' in 2019 and set out their ambition that the public sectors in Wales should be in a carbon 'Net Zero' position by 2030.

There is significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because the NHS is the biggest public sector emitter (responsible for approximately 5% of all UK environmental emissions) but also because the health and social care system is at the forefront of responding to the impact upon health. The stability of climate is inextricably linked to human health and wellbeing. Extreme heat stress, severe weather events (flooding), changing patterns of infectious disease and food insecurity through reduced crop yields are already impacting upon health. The NHS is the first health system in the world to set a target for net zero carbon emissions and it's going to take a massive transformation for us to reach this.

Our 'Decarbonisation Framework' has an established Executive led management structure and responds to the national NHS strategy and provides a basis for the development of workstreams and action plans to decarbonise the Health Boards operations across 6 key areas:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate & Land Use
- Smarter Healthcare approaches



Since 2010, we have made consistent progress with reducing both energy consumption and carbon emissions from its buildings. Since the original baseline in 2009/10, we have worked to cut building energy carbon emissions by 14,241 tonnes CO2, equating to a 37% reduction.

Carbon Management: We will continue to develop staff engagement approaches to communicate building upon our 'Green Healthcare' pages on our staff Intranet where training products, written articles and videos to showcase the good examples of green improvements are provided, including the introduction of wildflower meadows on our sites.

Buildings: Our transformational energy and water efficiency programme is taking place to ensure every building with a long-term future has had energy efficient updates by 2030. We are also replacing all of our existing lighting with LED lighting and we are committed to meeting the target of 50% of viable renewable energy being installed by 2026. The 'ReFIT' programme will be a key enabler to this.

Transport: We have installed Electric Vehicle charging points across many sites with demand and usage being monitored. We will explore opportunities for a low carbon transport infrastructure as they arise (e.g. hydrogen) and implement if deemed feasible. This builds on our existing work of promoting the use of the Liftshare app to staff to ensure sustainable travel options are made available.

Procurement: We will continue our agenda to ensure there is reduced waste and better value to the local supply chain and that this will be maximised by promoting product selection, whilst maintaining high standards for goods and services.

Estate and Land: Our strategic estate planning now has carbon efficiency as a core principle. We are committed to promoting green space and ensuring it's maintenance as well as planning for large-scale renewable energy generation where viable.

Smarter Healthcare approach: We are redesigning the whole journey with care closer to home in a carbon-friendly primary care estate, with a reduced need to visit hospitals. A priority is supporting the work of existing groups, through the Green Theatres Initiative and the Welsh Environmental Anaesthetic Network, and we're proud that ABUHB is the first in Wales to stop Desflurane usage across all sites and we will continue to minimise gas wastage and the effects of inhalers.

We recognise that achieving net zero is everyone's business, touching all parts of our system, from the management of the estate to approaches to how we will sustainably organise, procure, and deliver healthcare. Working with wider stakeholders and partners will be key to future success.



What we will deliver

| 2025/26 Milestones | | |
|--------------------------------|----|---|
| Carbon Management | Q1 | Continue staff engagement and provide training and education products, including the use of 'Green Healthcare' intranet pages, and undertake consultations to support engagement; Development of the Investment Grade Proposal: firming up capital costs, pay back periods, guaranteed revenue savings & carbon reduction |
| | Q2 | Report obligations of the Biodiversity Study to consider and inform future action and common projects; Continue implementation of guidance set out in the Active Travel Action Plan for Wales |
| | Q3 | ReFit programme commencing Investment Grade Proposal (IGP) stage |
| | Q4 | Sus Qi staff training to be delivered and promotion of TEC Cymru Project Register |
| Buildings, Estates and Land | Q1 | LED upgrades across Health Board estates |
| | Q3 | Develop business case in collaboration with Vital Energies for solar PC opportunities at GUH, RGH, Serennu, STW, RGH and Chepstow Hospitals as part of Phase 1 |
| | Q4 | Development of Systems Link software to improve energy/carbon analysis and functionality |
| Transport | Q1 | Promote sustainable travel alternatives for staff and expand electric charging infrastructure |
| | Q3 | Continue to promote sustainable travel alternatives for staff and expand electric charging infrastructure |
| Smarter Health care approaches | Q1 | Change clinical practice with pre-operative paracetamol and the 'Green Theatre' initiative |
| | Q2 | Ensure all relevant theatres are equipped with appropriate pumps and equipment to support the Theatre Shut Down project; collate the detail of occupancy of community clinics to inform potential service plans and discussions re estate improvement and rationalisation |
| | Q3 | Develop proposals and plans to support compliance for new waste segregation and recycling regulations in hospitals |
| | Q4 | Embed clinical practice with pre-operative paracetamol and the 'Green Theatre' initiative |
| | Q4 | Optimise inhaler use, focussing on a reduction in the over-reliance of reliever inhalers where possible |

2026/27 Deliverables

Explore localised opportunities for low carbon transport infrastructure

Ongoing continuation of ReFit programme

Proceed with renewable energy installation in all viable instances

Plan for reduction in medicines waste through over prescribing

2027/28 Goals

Work towards implementing upgrades to ensure 60% of generated heat at acute sites is low carbon by 2030

Continue to certify all CHP plant to the CHPQA programme to ensure efficiency operation

Plan for the decommission of all CHPs by 2030 to eliminate fossil fuelled heating.



We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards plan collaboratively to maximise benefit to the wider population. Whilst not every service will lend itself to regional service provision, we continue to see the benefits that wider partnership working can provide to a sustainable future. The ongoing value of regional collaboration is fully acknowledged, but is also recognised that different health boards may approach region-wide discussions starting from different baselines and hence having varying priorities. The approach within Aneurin Bevan UHB has therefore been to consider all service areas on their own merits, progressing many areas of informal collaboration e.g. moving towards common pathways and procedures, whilst seeking assurance of the cost effectiveness of more formal projects, demonstrated by robust business cases.

Working across organisational boundaries is not easy and with the partnership soon to be entering into its third year we have collectively reflected on our journey to date. A key output from this reflection is that through 2025/26 the partnership will look to test and operationalise a 'collaborative commissioning model' in order to even better plan and deliver effective regional services. This model is depicted in the image below.



In terms of focus for regional planning in 2025/26 key areas of work include:

Llantrisant Health Park (LHP)

The LHP programme (led by CTMUHB) is a key priority for the partnership. The programme of work will see the creation of a diagnostic and treatment centre on a brownfield site adjacent to the Royal Glamorgan Hospital. The facility will be CTM owned but offering opportunities for the region in terms of additional capacity. To ensure this programme of work proceeds at pace and with the rigour required some key deliverables have been agreed for 25/26 in the region.

- An **overarching LHP vision document** that sets out the broad strategic vision for the use of LHP and its role in supporting regional solutions alongside the local opportunities for CTM – End of March 25
- An overarching **plan for endoscopy** for the region that sets out the demand and capacity for Endoscopy over the next 5 years that demonstrates maximisation of core activity and the case for a 6 suite endoscopy unit at LHP (including a training academy) including resource implications – End of March 25
- An overarching outline **plan for radiology** for the next 5 years and beyond setting out potential solutions to meet assessed demand from current infrastructure to inform optimising LHP (including CDC for CTM) and also considering potential of VCC radiology capacity – June 25
- An overarching **plan for an elective orthopaedic centre** at LHP to meet demand and support sustainability of Orthopaedics across SEW – Sept 25
- Explore **wider potential opportunities** that could be delivered through LHP – Q3

We are fully represented on the LHP programme board, and will remain closely involved with the process as it develops. As a high-profile regional project, it will be essential that any opportunities identified through this work reflect value for money when considered against other options. Position documents have been developed and updated to ensure the Health Board's position is clear in the context of the planning. A key principle of maximising existing infrastructure and workforce underpins the AB approach.



Ophthalmology

The regional Ophthalmology programme (hosted by ABUHB) is a key priority as partners continue to collectively address immediate pressures across cataract services but also importantly implement the pre-existing regional eye care strategy for South East Wales. The programme will continue to build on work undertaken to date by addressing waiting time challenges across cataracts whilst in parallel developing a long term sustainable cataract surgery solution and similar plans for glaucoma services.

Delivery against the regional cataracts performance could be improved depending the outcome of discussions regarding additional funding.

Stroke

The SEW region have agreed to the delivery of a transformative programme aimed at enhancing stroke care services across Cardiff and Vale University Health Board (CAVUHB) and Cwm Taf Morgannwg University Health Board (CTMUHB) through the provision of a Stroke Network for South Central. Whilst the programme is driven forward by CAVUHB and CTMUHB it will have profound implications for ABUHB, PTHB and WAST through the changes in flows created. All three partners consequently remain active and engaged in the work. The programme is being delivered through 4 phases; Governance and Planning, Analysis and Assessment, Planning and Development and Implementation, Readiness, and Launch. At the end of 2024/25 we have completed the governance and planning phase

Pathology

A regional Pathology programme has been stood up for 2025/26 in recognition of the fragility of the services due to workforce challenges, inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting times and diagnosis. The objective of the programme will be a focus on cellular pathology including;

- Implementation of the Digital Cell Path business case (subject to approvals)
- Standardisation across all organisations and services.
- Supporting development of a more networked approach.

Delivery against the above will inform the next stages of discussion re feasibility of any single managed service.

Cancer

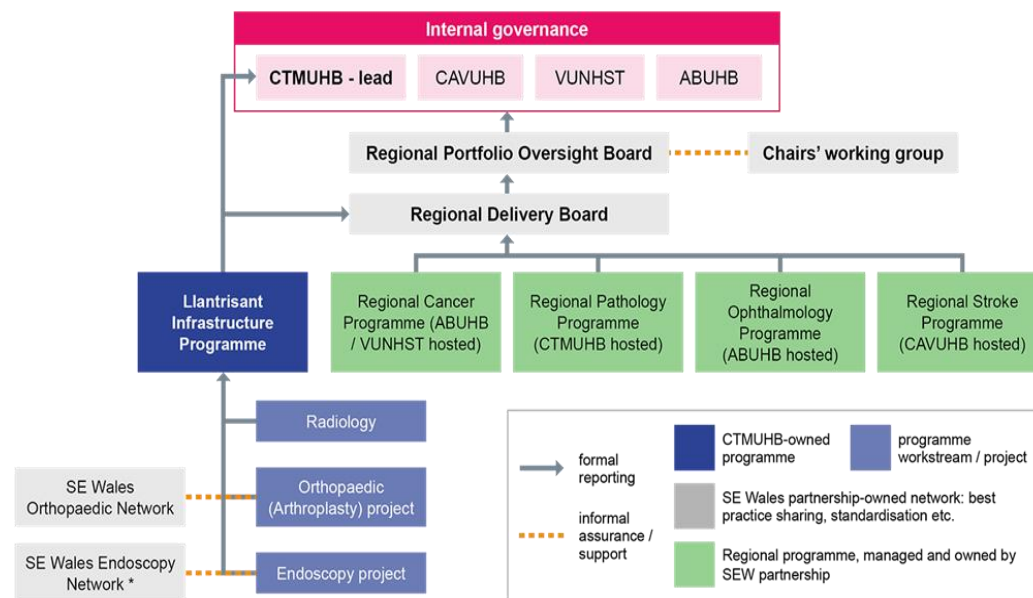
All partners recognised the importance of continuing to make progress across cancer services in the region and consequently the commitment to continue to proceed with a regional cancer programme (jointly hosted by ABUHB and VUNHST).

Early scoping of the cancer programme has identified four objectives for the programme. This objectives will see a focus on.

- The Satellite Radiotherapy Unit in Nevill Hall
- Shared Regional Cancer PTL (Patient Tracking List)
- Regional MDT Governance & Support
- Regional Cancer Workforce Development
- Prehabilitation to Rehabilitation

Governance

The governance structure for the regional agenda is set out below:



What will we deliver

2025/26 Milestones

| | | | |
|--------------------------|----|--|----|
| Ophthalmology | Q1 | Maintenance of 104 week maximum RTT wait for cataract surgery and confirm full delivery plan, including outsourcing requirements (subject of funding) | MD |
| | Q2 | Collaborative Commissioner approach trialled and principles agreed | |
| | Q3 | Develop sustainable cataracts business case for 2026/27 onwards (subject to capital) | |
| | Q4 | Develop plans and governance processes for regional rollout of 'Open Eyes' e-system and set out regional plans for glaucoma | |
| LHP | Q2 | Regional Plan for radiology | |
| | Q2 | Completion of business cases and key documentation through local governance processes | |
| Endoscopy | Q1 | Full utilisation of new screening workforce and confirm accreditation of RGH site. Complete local governance for regional business case. | |
| | Q2 | Maintenance of all endoscopy waiting time targets. Complete participation in regional tendering arrangements for managed service. | MD |
| | Q3 | Maintenance of all endoscopy waiting time targets | MD |
| | Q4 | Maintenance of all endoscopy waiting time targets | MD |
| Community Diagnostic Hub | Q1 | Maintain profile progress of commissioning programme for second MRI scanner in GUH | MD |
| | Q2 | Second MRI scanner commissioned and operational | MD |
| | Q3 | Completion of activity transfer from YYF to GUH as part of enabling work for CDH model | |
| | Q4 | Formal availability of any spare capacity to regional colleagues to support capacity gaps in neighbouring health boards | |
| Orthopaedics | Q1 | Completion of updated dem cap exercise to support service baseline assessment. Finalisation of health board approach to LHP option appraisal. | |
| | Q2 | An overarching plan for an elective orthopaedic centre at LHP to Sept Boards | |
| Pathology | Q1 | Completion of exercise to standardise demand and capacity definitions and ensure common approach | |
| | Q2 | Conduct a baseline assessment of all tests and processes | |
| | Q4 | Develop standardised processes for adoption across region. Undertake fieldwork into options pertaining to a single management model | |
| Stroke | Q1 | Maintain key engagement with programme governance, to ensure clear line of sight to any implications for ABUHB | |
| | Q2 | Complete demand & capacity modelling and analysis. Define and agree regional clinical care model | |
| | Q4 | Support development of business case for south central region. Undertake impact analysis of south central plans on south east service demand and patient flows | |



Value Based Care

Our approach to Prudent and Value-Based Healthcare is well established and embedded within the organisation. Person-Centred Value-Based Healthcare, i.e., doing what matters most to people as essential enablers to address the challenges we now face in the short, medium, and long term. The organisation has invested heavily in, and supported the development of Research, Improvement, Innovation and Value Based Healthcare to build the firm foundations to enable the organisation to think and work in different and more effective ways. The ever-changing landscape heightens our ambition to collaborate and innovate with our partners and to capitalise on opportunities to translate new understandings that enable us to optimise how we use the resources available to us to improve health outcomes.

Our goal is to deliver sustainable changes to our system, this means that not only have the process and outcome changed but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well. here are opportunities to embed a value-based approach at every stage of the healthcare pathway,

Many notable examples of which have already been introduced by teams across Wales. Working with our partners, in particular the Welsh Value in Health Centre we will expand our programme to enable the delivery of person-centred Value-Based healthcare throughout the entire pathway, for the entire population of Gwent in an equitable manner.



We have made significant achievements with the introduction, collection and used of outcome measures through many domains including; PROMs, COMs, PREMs). These have been introduced and aligned to local and Nationally agreed priorities and High Value, High Impact Interventions, across the optimal pathway, as seen in the diagram above.

Research

Our Research & Development approach aims to deliver essential clinical research and meet population needs. Technological advancements make research crucial for curing diseases, supporting recovery, and extending lives. We strive to diversify our research to maximize our potential as a leading organization. Active research in NHS organizations improves patient care, outcomes, and staff recruitment. Our strategy aligns with UK and Welsh policies, marking a new chapter as we embed research into NHS services with three strategic objectives.

Our most ambitious strategy to date marks an exciting new chapter as we embed research into NHS services, focusing on three high-level strategic objectives: A sustainable and supported research workforce, Investment in staff and infrastructure and a streamlined, efficient, and innovative research programme

As we enter the third year of our 5-year strategy, we continue to maximize opportunities for staff and patients to engage in research. Our Clinical Research Facility at the Royal Gwent Hospital remains central, but we are also bringing research directly to patients. More individuals are participating in research across various sites. We focus on building awareness of our research team and integrating research into services. Our adaptable approach ensures alignment with patient, staff, and government priorities, allowing us to adjust our path as needed to achieve our goals. Key achievements include:

- Partnered with Torfaen Local Authority on a successful £5 million NIHR-funded project.
- Advanced a £230,000 HCRW-funded project for blood biopsies in suspected lung cancer patients.
- Launched the Research Champion Programme.
- Expanded commercial research in haematology and rheumatology
- Recognized as a preferred recruiting site for Merck Sharp & Dohme (MSD), opening three trials in 18 months and recruiting the first UK patient within a week.
- Met the All-Wales recruitment metric, surpassing the 80% target for both commercial and non-commercial research in Quarter 3.

We are committed to embedding research within our organization by supporting staff in research governance and delivery, offering training programs, empowering Research Champions, integrating research into job planning and care pathways, and aligning our objectives with broader organizational strategies.

What we will deliver

| 2025/26 Milestones | | | |
|---------------------------------------|----|---|----|
| Business Delivery | Q4 | Enhance and upscale Value in Diabetes | EA |
| | Q4 | Enhance and upscale Value in Cancer Services | EA |
| | Q4 | Enhance and upscale Value in Heart Failure | EA |
| | Q1 | Align adoption of 'New' National High Value, High Interventions (HvHi). | EA |
| Digital, Data & BI | Q2 | Digital Outcome and Experience collection; design, develop, test, implement and maintain VBHC data insights and reports | |
| | Q4 | Implementation and transition of PROMs Platform to new provider. | |
| | Q3 | Enable the use of Outcomes and Costings to develop pathways that reduce unwarranted variation | |
| Business Development | Q4 | Continue to deliver 3 tier educational training programmes across the organisation | |
| | Q4 | Design, Develop and support services with celebrating success of their projects | |
| | Q4 | Work across the organisation to define, design and implement outcome toolsets, collection and automation | |
| Commercial Trial Focus | Q1 | Building on current opportunities within Rheumatology, with a further three studies pending | |
| | Q2 | Focusing on areas of strength in Haematology, collaborating with neighbouring Health Boards to refer patients | |
| | Q3 | Utilising departmental knowledge and expertise, and Health Board streamlined pathways, to open wound healing commercial research. | |
| | Q4 | Working closely with the HCRW Speciality Lead for Dementia to collaborate on commercial biomarker studies | |
| Research Cancer Priorities & Strategy | Q1 | Continuing to strengthen links and close working partnerships with Velindre and Cancer Research UK. | |
| | Q2 | Continued implementation of the Research Champions programme | |
| | Q3 | Appointment of a Clinical Research Fellow for the Clinical Research Facility to increase capacity to deliver research trials. | |
| | Q4 | Build on previous success in biomarker studies, extending into other disease areas. | |

2026/27 Goals

Drive innovative responses to challenges through the use of outcome measures

Implementation of clinically-led use cases for use of outcomes across pathways

Continue to implement the R&D Strategy

Continue contribution to development of Welsh policy to support research growth

2027/28 Goals

Continue to deliver educational training programmes across the organisation

Embed the use of Outcomes and Costings to reduce unwarranted variation

Foster research connections and relationships across Wales

Establish research opportunity as a normal part of patient's care pathway

Our Delivery Framework



High performing organisations have clearly understood and effective Performance Management and Accountability Frameworks (PMF). Our internal PMF is the mechanism to enable, monitor and achieve delivery of the Health Board’s strategic priorities, performance expectations and operational plans. PMF implementation included:

1. Accountability letters issued to Executive Directors and Divisions that covered the broader spectrum of deliverables over and above budget delivery
2. The planning cycle was more explicit about delivery expectations alongside clear milestones further strengthening the accountability letters
3. In year review of the structured Quarterly Outcomes Report strengthened reporting and performance reviews.
4. In year review of assessment of the escalation status through reporting and performance assurance reviews.

In Q1 of 25/26 the PMF will be reviewed and updated in line with feedback and learning from just over 12 months of its application. Our PMF coupled with our transformation programmes form a robust delivery framework for our organisation weaving together; Governance and Leadership, PMF, Programme Management Approach and Targeted Reporting.

Further work is ongoing to finalise the change programmes that will support delivery in 25/26. Below is a summary of our emerging transformation programmes and how they align with national programmes and our five system change themes. These will be finalised late March 25

Governance and Leadership

- Accountability Structures
- Monthly Executive Oversight
- Monthly Assurance

Performance Management & Accountability Framework

- Accountability Conditions
- Regular Reviews
- Robust Reporting

Targeted Reporting

- Integrated Performance Reports
- Quality Outcomes Framework
- Deep Dives

Programme Management Approach

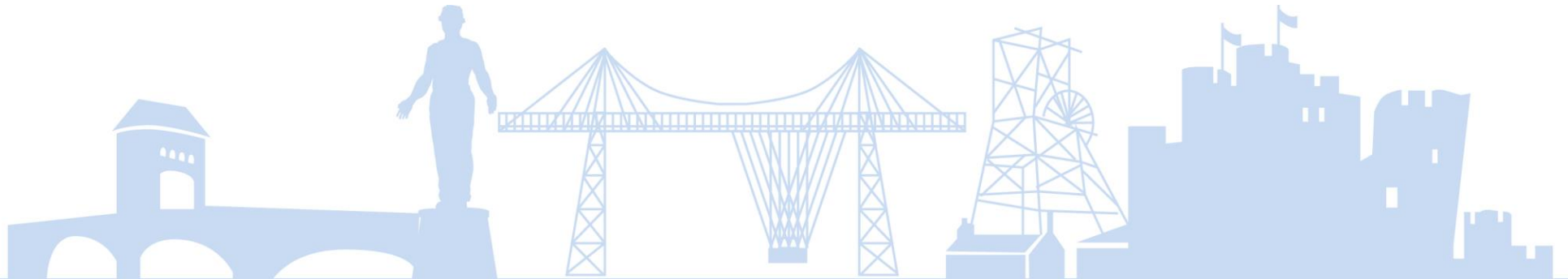
- Executive Leadership
- Dedicated PMO
- Standardised Processes, Governance & Reporting



| Programme | Purpose | System Change Theme Delivery |
|---------------------------------------|---|---|
| Place Based Care | Establish a clear community model for the organisation with a preventative approach | Embedding Prevention and Population Health in all that we do |
| | | Progressing place based models of care and sustainability in primary and community services |
| Six Goals for Urgent & Emergency Care | Delivery of clearly defined six goals transformation programme including maintenance of 50 day challenge | Improving our Urgent and emergency care system focusing on experience, access and discharge pathways |
| Planned Care & Cancer | Transformation in planned care and cancer drawing in primary and secondary prevention | Continuing to prioritise cancer, urgent and the longest waiting patients for planned care |
| Clinical Services Plan | Develop a clinical services plan for the organisation, setting out broad clinical model for the next 10 years | All five system change themes |
| Sustainability | Bring together Decarbonisation and Value and Sustainability into an overall focus on sustainability | All five system change themes |



| | |
|--|-----------------------|
| Appendix 1: Ministerial Delivery Expectations | Included Page 60 |
| Appendix 2: Enabling Actions | Included Page 61 - 64 |
| Appendix 3: Quality Statements | Included Page 65-67 |
| Appendix 4: Performance Expectations | (Excel Spreadsheet) |
| TSD1: Ministerial Templates | TSD Folder |
| TSD2: Minimum Data Set | TSD Folder |
| TSD3: Neighbourhood Care Network Plans | TSD Folder |



Appendix 1: Ministerial Delivery Expectations



| Delivery Area | Delivery Expectation | Meet Target | Forecasted Position 31 Mar 26 | Plan Section |
|--|---|-------------|-------------------------------|---------------|
| Timely Access to Care | Reduce the number of ambulance patient handovers over 1 hour –national target - zero | No | 500 | Urgent Care |
| | 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> | No | 750 | Urgent Care |
| | No patients waiting more than 104 weeks for referral to treatment. | No | 3,291 | Planned Care |
| | 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026. | No | 70% | Planned Care |
| | No patients waiting more than 8 weeks for a specified diagnostic | No | 1,077 | Planned Care |
| Population Health & Prevention | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | Yes | 47% | Prevention |
| | Achievement of vaccinations targets in the performance framework | Yes | Capacity Available | Prevention |
| Building Community Capacity | Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard | Yes | 160 | Urgent Care |
| | 100% of GP practices achieving all National Access Standards for In hours GMS | Yes | 100% | Primary Care |
| | Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP | Yes | 24,065 | Primary Care |
| | Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period | Yes | - | Primary Care |
| | Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible | Yes | 128,347 | Primary Care |
| | Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible | Yes | 5,277 | Primary Care |
| Mental Health Access (Adult and CAMHS) | 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s | Yes | 80% | Mental Health |
| | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s | Yes | 80% | Mental Health |
| | 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s | Yes | 80% | Mental Health |
| | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s | Yes | 80% | Mental Health |
| 61/68 Men's Health | Establishment of one Women's Health Hub in each health board area by March 2026 | Yes | Yes | Prevention |

Appendix 2: Enabling Actions



| | | | | |
|-----|-------------|---|-----------------|---|
| Key | Fully Adopt | F | Partially Adopt | P |
|-----|-------------|---|-----------------|---|

| Delivery Area | Enabling Action | Adoption | Plan Section | Justification |
|--|---|----------|--------------|---|
| Operational Productivity & Efficiency UEC | Community Based Falls Response | F | Urgent Care | Plans in place to fully adopt with benefits tracking (6 Goals) |
| | Remote clinical assessment services framework | P | Urgent Care | Awaiting WG Issue, strong flow centre model expanding to MDT hub |
| | Acute frailty model at the Front Door | F | Urgent Care | Plans in place to maintain with benefits tracking (6 Goals) |
| | Welsh Health Circular - Ambulance Handover Guidance | P | Urgent Care | Improvement in performance expectations |
| | Optimal Hospital Flow Framework | F | Urgent Care | Plans in place to fully adopt with benefits tracking (6 Goals) |
| | Maintaining the actions within the 50 Day challenge | F | Urgent Care | Plans in place to maintain with benefits tracking (6 Goals) |
| Operational Productivity Planned Care | Implement national guidelines with thresholds by Clinical Implementation Network (CIN). Including SOS and PIFU by default. | - | Planned Care | Awaiting CIN frameworks confirmation of speciality based PIFU SOS targets. Current baseline is 13.4% in organisation. Baselines for each specialty known. Will continue to work with National team. |
| | All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage (end of Q2). | P | | Baseline partial direct listing in place, plans to direct list all patients by end of Q4. |
| | Monitoring DNA/CNA for every Outpatient clinic. When DNA/CNA as a combined rate >5%, overbooking to be implemented & monitored. | P | Planned Care | DNA baseline 6%, CNA short notice baseline 4.5%. Overbooking would not be advisable, DNA deep dives with services look at short notice CNA's that affect utilisation |
| | Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists | - | | Awaiting CINs optimisation framework to assess compliance. Baselines known and understood. Workshop with national team 21 March |
| | On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers (end of Q1). | F | Planned Care | Baseline 97.6% |
| | Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026. | F | Planned Care | Baselines are late starts 44%, , early finishes 47%, theatre utilisation 89%. Plans to improve late starts & early finishes to 25%. |

Appendix 2: Enabling Actions



| Delivery Area | Enabling Action | Adoption | Plan Section | Justification |
|--|---|----------|---------------------|---|
| Operational Productivity Planned Care | Arthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2 | P | Planned Care | Current baseline 33% with plans to improve. In place for all HVLC lists however mixed lists are generally 7 hours with data not available to breakdown joints, being put in place to monitor from 2526 onwards |
| | Cataract 90% of lists to have 7 Cataracts per list by end of Q2 | P | Planned Care | Baseline currently 6 cataracts per list (high complexity). Improvement plan in place |
| | 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2. | P | Planned Care | Data not yet available to breakdown whether lists are hernia or gallbladders, being put in place to monitor from 2526 onwards |
| | Deliver improvements in day surgery rates, achieving a BADS daycase rate of 70% (April 2025), then 80% (June 2025) | P | Planned Care | Baseline 50%. Plans to improve to 55%. Following a review of procedures to identify opportunities to increase day case rate, implementation will commence and further opportunities to be scoped ahead planning for NHH Day Case Centre of Excellence |
| | Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact. | F | Planned Care | In place reported through outpatient transformation. |
| Workforce Productivity | Variable Pay & Agency Control Framework Welsh Health Circular | F | Workforce & Culture | 2024/25 total agency spend has reduced to £43.2m compared to £805m in substantive workforce which has inc from last year |
| | Sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure. | P | Workforce & Culture | 2024/25 agency reduction savings £11m. Total agency saving to achieve 30% reduction would need to be £7m |
| | Ensure a reduction in agency spend on HCSW, A&C, and E&A to zero by 30th Sept 2025 | P | Workforce & Culture | 2024/25 spend is £1.05m; Plans to achieve total off-contract and HCSW agency removal by September 25. A&C and E&A, reduction in spend will be achieved but zero spend difficult within current recruitment market. |
| | Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025. | P | Workforce & Culture | Baseline 38%. Monthly trajectory plan by division to achieve 90% compliance by September 25 and a positive number in progress. However progress will be in balance with benefits of new job planning system |
| | Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25 | F | Workforce & Culture | Baseline cumulative 12 month absence 6.53% in Jan 25 plans to reduce 25/26 in comparison to 24/25 |

Appendix 2: Enabling Actions



| Delivery Area | Enabling Action | Adoption | Plan Section | Justification |
|---|--|----------|----------------------|---|
| 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 | Three Year Route Map | In place reported through Value & Sustainability |
| | Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas | F | Three Year Route Map | In place reported through Value & Sustainability |
| | CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis. | F | Three Year Route Map | In place reported through Value & Sustainability |
| | Estate - strengthen estate utilisation including the appropriate repurposing & disposal of under-utilised estate. | F | Estates | In place reported through Value & Sustainability |
| Improving Value, Optimising Outcomes, & Minimising Variation | Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme | P | Cancer | Steps within pathways in place but timeframes now always with exception of Head and Neck where we have not fully implemented. |
| | Ensuring full compliance with straight to test guidance | P | Cancer | Head and Neck and Sarcoma only pathways outstanding, work ongoing to establish measures |
| | Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes | F | VBHC | Plans in place to fully adopt with benefits tracking through Value & Sustainability |
| | Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health | F | VBHC | Plans in place to fully adopt with benefits tracking through Value & Sustainability |

Appendix 2: Enabling Actions



| Delivery Area | Enabling Action | Adoption | Plan Section | Justification |
|---|--|----------|----------------------------|--|
| Improving Value, Optimising Outcomes, & Minimising Variation | Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee) | F | VBHC | Plans in place to fully adopt with benefits tracking through Value & Sustainability |
| | Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app. | F | VBHC | In place (Badgernet) |
| | 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 | Digital | Plans in place to fully adopt with benefits tracking through collaboration with DHCW |
| | Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation. | F | Digital | Plans in place to fully adopt with benefits tracking with benefits tracking |
| | Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1. | F | Enabling Action Appendices | Work with AWCEG to implement the clinical criteria and monitor the activity data for each intervention |
| | Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26 | F | Enabling Action Appendices | Implement the criteria once reviewed from the AWCEG and monitor the activity data, reporting as requested |
| | Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme. | P | Planned Care | Plan to increase won't meet 282 localised pathways. This would take financial investment without clear benefits realisation. |

Appendix 3: Quality Statements



| Quality Statement | Plans to Address |
|---|---|
| Care of the critically ill | <ul style="list-style-type: none"> • Maintain ability to surge level 3 capacity of 24 beds in line with escalation arrangements • Review of surge planning in take on board lessons learnt from critical incident • Working collaboratively with the Respiratory High Care Unit to ensure care is being delivered in the most appropriate setting |
| Care in Emergency Departments | <ul style="list-style-type: none"> • Further develop SDEC first model for Medicine at The Grange • Embedding of additional Consultant Workforce to improve timely assessment by senior clinical decision maker • System upgrades in order to comply with Welsh Emergency Care dataset • Completion of Emergency Department main wait extension phase 1 and phase 2 • Pilot of proposed Navigation Hub model |
| Older people and people living with frailty | <ul style="list-style-type: none"> • Increase the number of care home residents with a robust Future Care Plan (FCP) in place expanding into new care homes • Delivery aligned to workstreams, campaigns to raise awareness, piloting of Hospital Acquired Deconditioning tool • Develop an improved Gwent Telehealth service and response linking to community falls response • Actions in place to support our High Risk Adult Cohort in community settings • Embed processes to review Pathway of Care Delays with Local Authority Partners ensuring timely discharge • Roll out of Acute Frailty Response across all our sites • Pathway review of long ambulance handover waits of elderly patients • Develop Bereavement Pathway based on National Bereavement Standards • Establish a new 'Falls Strategic Oversight Panel' aligned to a re-evaluation and reconfiguration of the falls governance structure • Prepare for the extended data entry requirements of the National Audit of Inpatient Falls (NAIF) to include all fractures and falls |
| Osteoporosis and bone health | <ul style="list-style-type: none"> • Embed changes to Fracture Liaison Service learning from Welsh Government funded pilot • Building on research current opportunities within Rheumatology, with a further three studies pending |
| Respiratory disease | <ul style="list-style-type: none"> • Delivery of respiratory seasonal vaccinations for pregnant women, care homes and older adults • Produce a plan to achieve smoking cessation treated smoker target and identify risks to non-achievement • Delivery of Respiratory service change to improve workforce sustainability • Progress Asthma biologic management • Actions to address workforce sustainability through review of MDT staffing and weekend working • Focus on Cancer Waiting times and outpatient to improve RTT |
| Heart Conditions | <ul style="list-style-type: none"> • Reduce the risk of premature mortality from cardiovascular disease • Identify those with undiagnosed Hypertension to provide early preventative advise • Hypertension case finding service will be up and running across Gwent • Launch Hypertension treating to target programme across Gwent • Enhance and upscale Value in Heart Failure |



| Quality Statement | Plans to Address |
|------------------------|--|
| Cancer | <ul style="list-style-type: none"> • Opening of the Satellite Radiotherapy Centre in Spring 2025 • Deliver improvements in tumour site single cancer pathway with a focus on urology and gynaecology • Improve straight to test compliance • All cancer patients registered on WCP dataset forms and data now pulled from the cancer dataset dashboard • Development of Systemic Anti Cancer Therapy Outreach services in Gwent with Velindre NHS Trust • Spotting the Signs of Skin Cancer Event for Hair and Beauty Professionals • Implement recommendations from the Rapid Diagnostic Centre review • Enhance and upscale Value in Cancer Services • Continuing to strengthen research links and close working partnerships with Velindre and Cancer Research UK |
| Diabetes | <ul style="list-style-type: none"> • Participation in the All-Wales Diabetes Prevention Programme • Rollout of Diabetes recognition across all Care Homes • Population Health management approach to Diabetes prevention in partnership with NCNs • Care model in place to support pregnant women to reduce the prevalence of gestational diabetes • Progress implementation of Diabetes pumps • Enhance and upscale Value in Diabetes |
| Kidney Disease | <ul style="list-style-type: none"> • Working in partnership with Cardiff and Vale Health Board to deliver additional dialysis capacity • Continued service improvements through commissioned service review with Cardiff and Vale Health Board |
| Liver Disease | <ul style="list-style-type: none"> • Level 2 (full) accreditation by the Improving Quality In Liver Services (IQILS) scheme, plans to maintain standard • Fibroscan pathway improvements to increase capacity • Embedded Alcohol support service • Partnership working to address alcohol attributable admissions |
| Musculoskeletal Health | <ul style="list-style-type: none"> • MoveBetterGwent enables people to remain active and independent for as long as possible, using technology to enable the safe and efficient management of MSK conditions with signposting to evidence based information • MSK Primary Care Hub in place to ensure deployment of nationally agreed, locally optimised, high value, evidence-based pathways of care • Development of supported self management approaches in conjunction with leisure trusts and community infrastructure and additional supported self management approaches • Presence of MSK Specialists within minor injury and urgent primary care services • Improved insight into patient experience through rollout of PROMs on new system • Continued involvement with Community Health Pathway development • Development approach for first contact practitioner service delivery across the Health Board |



| Quality Statement | Plans to Address |
|-------------------------|---|
| Neurological Conditions | <ul style="list-style-type: none"> • Progress Functional electrical stimulation • Undertake work to address epilepsy stabilisation • Focus on RTT stabilisation and compliance |
| Stroke | <ul style="list-style-type: none"> • Stroke Improvement Programme with redesign of services to support timely and effective care • HASU and rehabilitation review with implementation of recommendations • Address workforce sustainability through Speciality Doctor development and CNS review • Implement bed base changes and ringfencing to support timely care |
| Vascular Disease | <ul style="list-style-type: none"> • Regional Hub and Spoke Model in model through South East Wales Vascular Network • Actively contributing to Network review and supporting improvement plans as appropriate |
| Women's & Girls Health | <ul style="list-style-type: none"> • Reduce the transmission of sexually transmitted infections and unintended pregnancies • Continuing to work towards accreditation in the Royal College of Psychiatrists Perinatal Quality Network standards for perinatal mental health • Working with all national workstreams to ensure standardised approach across Wales in supporting individuals with perinatal mental health • Focus on Gynae ambulatory unit maximisation • Implement pathfinder Women's Health Hub • Deliver 'She's not Your Rehab' to Y10 boys across secondary schools to address root causes of violence and aggression towards girls and women |

Section 1 - Preparation

Our Values are....

Mae ein Gwerthoedd yn.....



| | | |
|---|--|---------------------------------------|
| Integrated Impact Assessment | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
| Name of the policy, service, scheme or project: | Aneurin Bevan University Health Board Our Three-Year Plan 25-28 | |
| Executive Sponsor | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| <p>Brief description of what is being assessed, including aims and objectives</p> | <p>At its most strategic level, the aim of our Three Year Plan is to improve population health through reducing the health inequalities experiences by our communities, this is the corner stone of ensuring the sustainability of our health and care system into the future.</p> <p>Our plan sets out what we will achieve for our population over the next three years, but with a greater level of detail on the next 12 months. We have outlined the system changes we expect to deliver across five themes;</p> <ol style="list-style-type: none"> 1. Embedding prevention and population health in all that we do 2. Progressing place-based models of care and sustainability in primary and community services 3. Improving our urgent & emergency care system focusing on experience, access and discharge pathways 4. Continuing to prioritise cancer, urgent and the longest waiting patients for planned care 5. Improving our mental health services 6. <p>Our health and social care services (together with the independent sector, third sector and wider public) are critical to delivering the overarching objectives of A Healthier Wales, both through the provision of sustainable and effective health and care services and requiring a greater emphasis on prevention and early intervention. We place partnership at the heart of our planning, through our Gwent Public Service Board we are now a Marmot Region and supporting the delivery following the publication of the Gwent Well-being Plan in May 2023. This plan will set out the steps partner organisations will be taking to address health inequalities that will, over time, help us to deliver a sustainable health and care system.</p> <p>The Three-Year Route Map was agreed in July 24 and continues to drive the sustainability of our services ensuring we focus on efficient and effective care whilst delivering significant savings. The development of our new long-term strategy ensures we are taking the actions required to achieve health equity. Together, this balances the requirement to address service sustainability challenges and the health and care needs of our population. Our three year plan sets out how we will purposefully advance our prevention priorities including, population health management and place based care starting in deprived communities.</p> | |

Section 1 - Preparation

Our Values are....



Mae ein Gwerthoedd yn.....



| | | | |
|--|--|---|---------------------------------------|
| Integrated Impact Assessment | | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
| Name of the policy, service, scheme or project: | | Aneurin Bevan University Health Board Our Three-Year Plan 25-28 | |
| Executive Sponsor | | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| Is the plan related to, or influenced by, other Policies or area of work | <p>Our Three-Year Plan has been developed in the context of A Healthier Wales¹, long standing statutory duties under the Social Services and Well-being (Wales) Act, 2014 and the Well-being of Future Generations (Wales) act, 2015 and new including Our Duty of Quality and Candour (effective April 2023).</p> <p>Is responds to the NHS Planning Framework including Ministerial Priorities and is cognisant of National Programmes (Planned Care and Cancer Recovery, Six Goals of Urgent and Emergency Care), Regional Programmes and Policy Areas that represent the wider health and social care agenda including Net Zero Carbon Status by 2030, the Strategic Equality Plan and the Anti Racist Wales Action plan. We continually review, update and validate our framework in the context of the National Clinical Framework for Wales.</p> | | |
| Who are the key stakeholders, has a plan for engagement been agreed | <p>The fundamental purpose of our Three-Year Plan is to support the physical and mental health and wellbeing of every citizen in Gwent by ensuring high quality, effective and accessible health care, including prevention, continue to be available to all. In the broadest sense, every Gwent resident is a stakeholder because every one of us will make use of NHS and or care services at certain points in their lives, typically when we are at our most vulnerable (during maternity and at the beginning of life, childhood, older age and/or when we experience acute or chronic health problems) irrespective of whether or not we possess a protected characteristic.</p> <p>This work involves extensive engagement activities with a wide range of stakeholder including statutory advisory, staff groups and their representatives (TUPF) independent contractor services, public sector partners (through partnership arrangements including joint planning and development of cluster plans), regional partners (through Directors of Planning and regional planning programmes) and the general public, their representatives (local and national) and Gwent Llais.</p> <p>With regard to people, their families, carers and communities, we have adopted a 'digital first' approach and actively engage and interact with our patients, the public and stakeholders through social media. We use graphics, video clips, patient and staff stories and live Q&A sessions. We continue to use more traditional ways of communicating including banners, posters, TV screen content, moving billboards (on delivery vans) and</p> | | |

¹ A Healthier Wales, Our Plan for Health and Social Care (2018)

Section 1 - Preparation

Our Values are....



Mae ein Gwerthoedd yn.....

| | | |
|--|--|---------------------------------------|
| Integrated Impact Assessment | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
| Name of the policy, service, scheme or project: | Aneurin Bevan University Health Board Our Three-Year Plan 25-28 | |
| Executive Sponsor | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| | roadshows and other engagement events are regular features across our communities. We use all of these to explain how people can best access the services they need, listen and hear their views, concerns and comments to shape and influence our plans. | |
| Your decisions must be based on robust evidence. | <p>We have invested heavily, in terms of technology, people and time, to better understand our system and through our Gwent RPB Needs Assessments (23/24) and the Gwent Joint Strategic Assessment. The Joint Strategic Assessment (JSA) provides a comprehensive overview of the health and well-being of the people of Gwent in an accessible way for anyone to view. The majority of the data is sourced from publicly available national data sources such as Stats Wales, Wales Public Health Outcomes Framework and Office of National Statistics. The Joint Strategic Assessment provides partners across Gwent with a shared intelligence source about the current, future and influences of health and well-being of the population of Gwent. An evidence-base to inform planning for local service delivery, that provides us with a picture of health for Gwent and provides us with a framework for building a fairer, safer and healthier Gwent.</p> <p>As part of the continued development of our organisational planning approach, we have established our planning architecture. This architecture forms the strategic, tactical and operational elements. Recognising it does not sit in a hierarchy with our Strategy, it acts as the driving force underpinned through the granularity of integrated delivery plans to deliver the clinical service models. The Integrated Medium Term plan acts as the bridge stating what we can achieve in the next three years to deliver improved performance and population outcomes. Coupled with our performance framework, our planning architecture ensures we set realistic plans that are clinically driven and grounded in evidence.</p> <p>We provided all teams across the organisation with a set of planning assumptions. These assumptions set out to guide the organisation on the priorities, requirements and organisation expectations. They determined the level of ambition required, within resources and capacity, over the next three years, including:</p> <ul style="list-style-type: none"> • Prioritisation of patient safety, and service changes that could affect patient care will need a Quality Impact Assessment screening to be undertaken • A plan that achieves a balanced budget and lives within its own means • Prioritisation of capacity for treatment of cancer • Delivery and demonstration of optimum efficiency • Progress against Ministerial targets, confirming what is deliverable within the available resources | |

Section 1 - Preparation

Our Values are....



Mae ein Gwerthoedd yn.....

| | | | |
|--|--|---|---------------------------------------|
| Integrated Impact Assessment | | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
| Name of the policy, service, scheme or project: | | Aneurin Bevan University Health Board Our Three-Year Plan 25-28 | |
| Executive Sponsor | | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| Does this plan meet the objectives of our Strategic Equality Objectives (2020/24)? | As an organisation and with our partners we work to reduce hate crime, incidence of domestic, elder and 'honour' based violence and abuse. We also work to support carers, improve wellbeing of staff (across health and social care), improve patient experience and outcomes of physical, mental health and learning disability services, improve experience of LGBT service users and staff and ensure equitable remuneration for staff (gender/pay). | | |

Section 2 - Record of Potential Impacts: protected characteristics and other

Our Values are....



Mae ein Gwerthoedd yn.....

| Integrated Impact Assessment Annual Plan | | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning | | |
|---|--------|---|---------------------------------------|--|--|
| Executive Sponsor | | Hannah Evans, Director of Strategy, Planning & Partnerships | | | |
| AGE | Impact | | | Reason for your decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Children and younger people | ✓ | | | Giving every child the best start in life, and getting it right for children and young adults focuses our Integrated Medium-Term Plan on the actions and outcomes we seek to deliver as a healthcare provider. These are strengthened and deepened through our collaborative Gwent RPB actions to deliver against the Marmot principles. | |
| Working Aged Adults | ✓ | ✓ | | Our plans to make the best use of an individual's time for improving access and timely access to primary care services, urgent and emergency care, planned care and cancer | We recognise that we have a significant gap between demand and capacity, balancing |

Section 2 - Record of Potential Impacts: protected characteristics and other

Our Values are....

Mae ein Gwerthoedd yn.....



| Integrated Impact Assessment Annual Plan | | | | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
|--|--------|-----|------|---|---|
| Executive Sponsor | | | | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| | | | | services and relaunching our health protection and population health improvement programmes are set to deliver a more sustainable system for the future. | system pressures will mean that the sickest (most urgent) and those with suspected cancers will be prioritised over those who wait longest. |
| Older Adults | ✓ | ✓ | | Community health and social care services are very important to support vulnerable individuals, particularly in old age, to live independently in their own homes or with their own families for as long as possible. Our plans seek to consolidate and expand new models of care that prevent and/or reduce the need for or time spent in a hospital setting. Ambulatory care services and demedicalising the model of care for older people are key components of our plan. | Older people are presenting with higher acuity, many have deteriorated or deconditioned over successive lockdowns. Our focus on proactive frailty (supporting people at high risk of a hospital admission to remain at home) seeks to mitigate this feature |
| DISABILITY | Impact | | | Reason for your decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Visual impairment | ✓ | | | The provision of health services to individuals with a disability are core functions for our organisation and delivered in accordance with legislative (e.g., mental health measures) and statutory requirements and quality frameworks none of which are impacted negatively by our three-year plan. | |
| Hearing impairment | | | | | |
| Physical disability | | | | | |
| Learning disability | | | | | |
| Mental Health problems | | | | | |
| GENDER | +ve | -ve | none | | |
| Male | ✓ | | | Our Three-Year plan clearly articulates the actions we are taking to close the gap on the inequity in healthy life expectancy between Male and Females in Gwent. Male predicted years in healthy life at birth varies from 55.6 years in Blaenau Gwent to 68.7 years in Monmouthshire. Female predicted years in healthy life at birth varies from 55.3 years in Blaenau Gwent to 69.3 years in Monmouthshire. It commits to the following actions to respond to the Womens Health Plan for Wales; <ul style="list-style-type: none"> Establish baseline and understand the models and pathways being designed by Women's Health Network and Welsh Government Define scope and functions of Women's Health Hubs with teams across the Health Board and our partners Further develop service model to understand the financial and workforce implications whilst ensuring it fulfils the need of the local population | |
| Female | | | | | |

Section 2 - Record of Potential Impacts: protected characteristics and other

Our Values are....

Mae ein Gwerthoedd yn.....



| Integrated Impact Assessment Annual Plan | | | | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
|--|--------|-----|------|--|--|
| Executive Sponsor | | | | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| Gender Reassignment | | | ✓ | <ul style="list-style-type: none"> Implement pathfinder Women's Health Hub by end of quarter 4 <p>Healthcare services for transgender individuals are provided in accordance with Welsh Government Policy and specialised services commissioning policies including hormone therapy, prescribing and gender identity services. None of these are impacted by this plan</p> | |
| PREGNANCY AND MATERNITY | Impact | | | Reason for your decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Pregnancy | ✓ | | | Giving every child the best start in life from pre-conception to the first 1,000 days demonstrates our commitment to ensuring women and their families have a healthy pregnancy (smoking, weight, psychological wellbeing) with access to information and support to guide them through pregnancy, birth and caring for their new-born | |
| Maternity (period after birth) | ✓ | | | After birth care, particularly support to encourage and enable mothers to breast feed and maintain psychological wellbeing are being enhanced through out our maternity and health visiting services. Immunisation and vaccination programmes remain a first line of defence in respect of health protection for the 6,000 babies we welcome to our community each year. | |
| MARRIAGE/CIVIL PARTNERSHIPS | Impact | | | Reason for your decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Marriage | | | | Nothing in our three-year plan will impact on any individual either positively or negatively because of their marital status. | |
| Civil partnerships | | | ✓ | | |
| RACE/ETHNICITY | Impact | | | Reason for your decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Ethnic minority people | ✓ | | | Our Population Needs Assessment identifies healthcare needs for ethnic minority people and communities. We know that in addition to specific issues relating to language and culture, persons from ethnic minority backgrounds are more likely to come from lower income families, suffer poorer living conditions and gain lower educational attainment. In addition, certain ethnic groups have higher rates for some health conditions. | |

Section 2 - Record of Potential Impacts: protected characteristics and other

Our Values are....

Mae ein Gwerthoedd yn.....



| Integrated Impact Assessment Annual Plan | | | | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
|---|--------|-----|------|--|--|
| Executive Sponsor | | | | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| | | | | Together with our local authority partners and our Diverse Communities Health forum we are developing services to address the needs of ethnic minority people. Placed Based Care and our Marmot Region ambitions being key enablers. Newport has a higher percentage of ethnic minority residents (12%) compared with the Wales average of 4.4%. The ethnic minority composition of the remaining localities ranges from 1.5 to 2%. | |
| Asylum seeker, refugee and migrants | ✓ | | | Until recently relatively low number of asylum seekers and refugees decided to settle in Wales, however these numbers have increased since Wales became a dispersal area. We, together with our RPB partners, have developed service to proactively support asylum seekers and refugees, good communication, advocacy, health and wellbeing support and health protection services being key components of our response. This plan includes the development of Health Protection services that will continue to support these vulnerable people. | |
| Gypsies and travellers | | | ✓ | The largest gypsy and traveller population is in Torfaen and Nantyglo (Blaenau Gwent) also has a large population, many now living in 'bricks and mortar' in close proximity to long established sites. Support services that are in place for these communities are not impacted positively or negatively by this plan. | |
| RELIGION OR NON-BELIEF | Impact | | | Reason for your decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Islam, Judaism, Christianity, Sikhism, Buddhism, others | | | ✓ | We are bound by our overarching public sector equality duties, the national Strategic Equality Plan and the Anti Racist Wales Action plan. | |
| Non-believer | | | | | |
| Humanist | | | | | |
| SEXUAL ORIENTATION | Impact | | | Reason for your decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Gay men | | | ✓ | Nothing in our three-year plan will impact on any individual either positively or negatively because of their sexual orientation, as our plan will not affect any existing public sector equality requirements. | |
| Lesbian | | | | | |
| Bi-Sexual | | | | | |
| Other | | | | | |

Section 2 - Record of Potential Impacts: protected characteristics and other

Our Values are....

Mae ein Gwerthoedd yn.....



Integrated Impact Assessment Annual Plan

Ref no: OurThree-YearPlan2528

Department: Corporate Planning

Executive Sponsor

Hannah Evans, Director of Strategy, Planning & Partnerships

Section 3 - Record of Potential Impacts: Human Rights and Welsh Language

Our Values are....

Mae ein Gwerthoedd yn.....



| Integrated Impact Assessment Annual Plan | | | | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
|---|--------|-----|------|--|---|
| Name of the policy, service, scheme or project: | | | | Aneurin Bevan University Health Board Our Three-Year Plan 2025-2028 | |
| Executive Sponsor | | | | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| Will people's human rights be impacted by plan | Impact | | | Reason for decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Article 2 – right to life | ✓ | | | This three-year plan actively seeks to eliminate inequalities where they may exist and improve access to high quality and sustainable health care. The plan seeks to deliver services for the population of Gwent, with emphasis on developing placed based care, focusing on prevention and improving population health and wellbeing. Our joined-up partnership approaches are further strengthened as we embark on our journey to achieve marmot indicators for all our communities. | |
| Article 3 - prohibition of inhuman or degrading treatment | | | | | |
| Article 5 - right to liberty and security | | | | | |
| Article 8 – right to respect for family and private life | | | | | |
| Article 9 – freedom of thought, conscience and religion | | | | | |
| Article 14: prohibition of discrimination | | | | | |
| Will people's human rights be impacted by plan | Impact | | | Reason for decision (including evidence) | How will you reduce or remove any -ve impacts identified |
| | +ve | -ve | none | | |
| Opportunities for persons to use the Welsh Language | ✓ | | | We continue to embed the 'Active Offer' principle and develop our Partner IAITH network to support out Welsh speaking staff to maximise their linguistic skills, We have strengthened our training offer to ensure that appropriate learning is available for those who seek to improve their Welsh speaking skills. We actively seek to be employer of choice for Welsh Speaking Students Proportion of our population that can speak Welsh. Blaenau Gwent 7.6%, Caerphilly 10.88%, Monmouthshire 9.67%, Newport 9% and Torfaen 9.56%. | We will ensure that new arrangements maintain and support provision of services to Welsh speakers and benchmark against the effective practices identified in the Welsh Language Commissioners assurance report Stepping Forward. |
| Treating Welsh language, no less favourably than the English Language | ✓ | | | | |

Our Values are....



Personal Responsibility



Passion for Improvement



Pride in what we do.



Mae ein Gwerthoedd yn.....



Cyfrifoldeb Personol



Brwdfrydedd dros Wella



Balchder yn yr hyn a wnawn



| | | |
|--|---|---------------------------------------|
| Integrated Impact Assessment Annual Plan | Ref no: OurThree-YearPlan2528 | Department: Corporate Planning |
| Name of the policy, service, scheme or project: | Aneurin Bevan University Health Board Our Three-Year Plan 2025-2028 | |
| Executive Sponsor | Hannah Evans, Director of Strategy, Planning & Partnerships | |
| Summary of Key Findings | | |
| What has been assessed (copy form 1) | Aneurin Bevan University Health Board Our Three-Year Plan 2025-2028 | |
| Could any protected groups be negatively affected by this plan | The plan seeks to improve population health through reducing health inequalities, in its broadest, people with protected characteristics are more likely to experience health inequalities and our plan will have positive impacts, not only on people with protected characteristics but every Gwent resident. | |
| Could this plan be discriminatory under equalities legislation? | No, although we face workforce, financial and system challenges, clinical need/priority remains our guiding principle as we balance the capacity our system can deliver with demand, using value-based healthcare principles, to optimise outcomes for our population | |
| Is this plan of high significance | Yes, it set out the actions that will be taken over the next three years, the partnership working that we will be part of to improve population health and wellbeing, together with the transformation programme we are progressing to make our system sustainable for current and future generations. | |
| Did your assessment finding indicate the need to proceed to a full impact assessment | No, although service changes or transformations contained within the Annual Plan would be subject to individual EQIAs, some of which will proceed to full impact assessments | |
| Are monitoring arrangements in place so that you can measure what actually happens as you implement your plans. | The Health Board has robust governance mechanisms in place (as shown in the Delivery Section of the document) for all aspects of this plan. | |
| Where will this plan be approved | Public Health Board 26 th March 2025, then submitted to Welsh Government for scrutiny and subject to the outcome of that review, approval. | |

| Key Measure Details | | Quarterly Expectations | | | | | | | |
|--------------------------------|--|---------------------------|-----------------|--------------|----------------|-----------|-----------|-----------|-----------|
| Theme | Measure | MD/OE/EA? | National Target | Meet Target? | 24-25 Baseline | Q1 | Q2 | Q3 | Q4 |
| Prevention & Population Health | % uptake of the COVID-19 vaccination for those eligible Spring Booster | Ministerial Delivery | 75% | Yes | 61% | - | 75% | - | - |
| Prevention & Population Health | % uptake of the COVID-19 vaccination for those eligible Autumn Booster | Ministerial Delivery | 75% | Yes | 49%* | - | - | - | 75% |
| Prevention & Population Health | % children up to date with vaccinations by age 5 | Ministerial Delivery | 95% | Yes | 85.7% | 86% | 89% | 92% | 95% |
| Prevention & Population Health | % of children receiving HPV vaccination 1 dose by the age of 15 | Ministerial Delivery | 90% | Yes | 68% | 75% | 80% | 85% | 90% |
| Prevention & Population Health | % uptake of the influenza vaccination amongst adults aged 65 years and over | Ministerial Delivery | 75% | Yes | 73%* | - | - | - | 75% |
| Prevention & Population Health | Percentage of adult smokers who make a quit attempt via smoking cessation services | | 5% | Yes | 5.2% | 5% | 5% | 5% | 5% |
| Prevention & Population Health | Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks | | 40% | No | 18% | 20% | 24% | 28% | 32% |
| Prevention & Population Health | Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks | | 90% | Yes | 90% | 90% | 90% | 90% | 90% |
| Prevention & Population Health | Maintain physical examination at 6 weeks rates (Healthy Child Wales) | | - | - | 90.9% | 90% | 90% | 90% | 90% |
| Prevention & Population Health | Increase weight and measurement at 8 weeks rates (Healthy Child Wales) | | - | - | 65% | 68% | 72% | 76% | 80% |
| Prevention & Population Health | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | Ministerial Delivery | ↑ | Yes | 43.8% | 44% | 45% | 46% | 47% |
| Primary & Community Care | 100% of GP practices achieving all National Access Standards for In hours GMS | Ministerial Delivery | 100% | Yes | 100% | - | - | - | 100% |
| Primary & Community Care | Increase in people accessing PIPs where they would have visited their GP | Ministerial Delivery | ↑ | Yes | 22,919 | 4,820 | 9,583 | 17,131 | 24,065 |
| Primary & Community Care | Maintain the number of consultations undertaken by community pharmacy under CAS | | ↔ | Yes | 68,535 | 22,594 | 42,821 | 61,604 | 79,553 |
| Primary & Community Care | Maintain the number of patients accessing NHS Optometry Services | | ↔ | Yes | 246,133 | 58,471 | 121,913 | 184,023 | 246,133 |
| Primary & Community Care | Number of patients accessing urgent emergency services - Dental | | ↔ | Yes | 43,153 | 9,093 | 20,333 | 31,743 | 43,153 |
| Primary & Community Care | Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 | Ministerial Delivery | ↑ | Yes | 76,890 | 31,217 | 63,497 | 96,260 | 128,347 |
| Primary & Community Care | Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 | Ministerial Delivery | ↑ | Yes | 4,587 | 1,245 | 2,573 | 3,899 | 5,277 |
| Primary & Community Care | Maintain 95% of Palliative Care referrals assessed within 2 days | | 95% | Yes | 96% | 95% | 95% | 95% | 95% |
| Primary & Community Care | Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s | | - | - | 7.9% | 8.5% | 8.5% | 8.5% | 8.5% |
| Urgent & Emergency Care | Maintain the number of Urgent Primary Care contacts (inc. virtual) | | - | - | 90,611 | 22,923 | 43,628 | 68,488 | 95,147 |
| Urgent & Emergency Care | Reduce the number of ambulance patient handovers over 1 hour | Ministerial Delivery | 0 | No | 783 | 621 | 577 | 602 | 500 |
| Urgent & Emergency Care | Reduce the number of ambulance crew hours lost at GUH ED (per month) | | - | - | 3,158 | 2,750 | 2,500 | 2,750 | 2,500 |
| Urgent & Emergency Care | 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 | Ministerial Delivery | 0 | No | 1,338 | 1,101 | 757 | 937 | 750 |
| Urgent & Emergency Care | Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU | | 95% | No | 76% | 75% | 76.7% | 78.4% | 80% |
| Urgent & Emergency Care | Reduction in time from arrival to ED triage - no waits over 60 minutes | | - | - | 392 | 300 | 250 | 250 | 200 |
| Urgent & Emergency Care | 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. | Organisational Escalation | <60 mins | Yes | 163 min | 100 min | 80 min | 90 min | 60 min |
| Urgent & Emergency Care | % of patients directly admitted to an acute stroke ward <4hrs of clock start | | 50% | No | 19% | 20% | 20% | 20% | 20% |
| Urgent & Emergency Care | % of unique stroke patients given thrombectomy (all stroke types) | | 10% | No | 4% | 6% | 6% | 6% | 6% |
| Urgent & Emergency Care | % Assessed by one of OT, PT, SALT within 24 hours | | - | - | 55% | 70% | 70% | 70% | 70% |
| Urgent & Emergency Care | Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission | Organisational Escalation | ↓ | Yes | 416 | 400 | 390 | 380 | 370 |
| Urgent & Emergency Care | 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 | | ↓ | Yes | 232 | 190 | 180 | 160 | 160 |
| Urgent & Emergency Care | Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard | | - | - | 9,487 | 7,290 | 7,219 | 7,184 | 6,437 |
| Urgent & Emergency Care | Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment | Organisational Escalation | ↓ | Yes | 16 | 20 | 17 | 14 | 12 |
| Planned Care & Cancer | 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | Ministerial Delivery | 80% | No | 67% | 67% | 68% | 69% | 70% |
| Planned Care & Cancer | Reduction in backlog of patients waiting over 62 days (SCP) | | - | - | 300 | 280 | 240 | 220 | 200 |
| Planned Care & Cancer | Reduction in backlog of patients waiting over 104 days (SCP) | | - | - | 75 | 70 | 60 | 55 | 50 |
| Planned Care & Cancer | Increase in rate of cancer diagnosis or discharges within 28 days | | - | - | 75% | 75% | 75% | 75% | 75% |
| Planned Care & Cancer | Numbers of patients waiting over 104 weeks (all stages) | Ministerial Delivery | 0 | No | 464 | 966 | 1,917 | 2,680 | 3,291 |
| Planned Care & Cancer | Number of patients waiting over 52 weeks for Outpatients | | 0 | No | 16,500 | 16,892 | 17,802 | 17,655 | 18,095 |
| Planned Care & Cancer | Reduction in the number of patients waiting 100% past Outpatient follow-up target date | | ↓ | Yes | 29,889 | 31,500 | 30,250 | 28,750 | 27,275 |
| Planned Care & Cancer | Increase in the rate of See On Symptom and Patient Initiated Follow-ups | | ↑ | Yes | 10% | 11% | 12% | 13% | 13.5% |
| Planned Care & Cancer | Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA | Enabling Action | <5% | Partially | 6% | 5% | 5% | 5% | 5% |
| Planned Care & Cancer | Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic | Ministerial Delivery | 0 | No | 987 | 1,077 | 1,077 | 1,077 | 1,077 |
| Planned Care & Cancer | No patient waiting more than 14 weeks for a therapeutic assessment | | 0 | No | 203 | 170 | 140 | 110 | 105 |
| | Number of adults waiting more than 14 weeks for all audiology pathways | | ↓ | No | 5,001 | 5,045 | 5,119 | 5,366 | 5,440 |
| | Number of children waiting more than 6 weeks for all audiology pathways | | ↓ | No | 805 | 1,654 | 2,501 | 2,783 | 3,630 |
| Planned Care & Cancer | On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers | Enabling Action | 90% | Fully | 97% | 90% | 90% | 90% | 90% |
| Planned Care & Cancer | Theatre Utilisation, late starts to less than 20%, early finishes to less than 10%, session utilisation to 85% | Enabling Action | 20/10/85% | Partially | 44/47/89% | 40/43/85% | 35/37/85% | 30/31/85% | 25/25/85% |
| Planned Care & Cancer | Deliver improvements in day surgery rates, achieving a BADS daycase rate | Enabling Action | 70% Apr 80% Jun | Partially | 50% | 45% | 50% | 55% | 55% |
| Mental Health Services | Maintain Adults Part 1a to national target (assessment completed within 28 days) | Ministerial Delivery | 80% | Yes | 90.3% | 80% | 80% | 80% | 80% |
| Mental Health Services | Maintain Adults Part 1b to national target (interventions completed within 28 days) | Ministerial Delivery | 80% | Yes | 87.7% | 80% | 80% | 80% | 80% |
| Mental Health Services | Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan) | | 90% | Yes | 82.6% | 80% | 90% | 90% | 90% |
| Mental Health Services | Maintain rate of psychological therapy received within 26 weeks | | 80% | No | 45.4% | 48% | 60% | 60% | 60% |
| Mental Health Services | Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days) | Ministerial Delivery | 80% | Yes | 94% | 80% | 80% | 80% | 80% |
| Mental Health Services | Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days) | Ministerial Delivery | 80% | Yes | 84.8% | 80% | 80% | 80% | 80% |
| Mental Health Services | Maintain CAMHS Part 2 national target compliance | | 90% | Yes | 84.8% | 90% | 90% | 90% | 90% |
| Mental Health Services | Improvement in Neurodevelopment waiting times compliance | | 80% | Yes | 52.2% | 70% | 75% | 80% | 80% |
| Mental Health Services | Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | | 80% | - | 95% | 80% | 80% | 80% | 80% |