

Aneurin Bevan University Health Board Public Board

Wed 25 March 2026, 09:30 - 14:00

Conference Centre, St Cadoc's Hospital

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

 PB20260325_Board Consent Agenda.pdf (3 pages)

1.1. PRELIMINARY MATTERS

Oral *Chair*

1.2. Apologies for Absence for Noting

Oral *Chair*

1.3. Declarations of Interest for Noting

Oral *Chair*

09:30 - 09:30 2. CONSENT AGENDA BUSINESS

0 min

Chair

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

09:30 - 09:30 3. KEY UPDATES

0 min

3.1. Update from the Chair

Oral *Chair*

3.2. Update from the Chief Executive

Oral *Chief Executive*

09:30 - 09:30 4. PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT

0 min


4.1. Dementia Annual Report

Presentation *Director of Nursing*

a. Patient Experience Story

b. Dementia Annual Report

 PB 20260325 Agenda Item 4.1b Dementia Annual Report.pdf (9 pages)

 PB 20260325 Agenda Item 4.1b Dementia Annual Report Appendix A.pdf (38 pages)

4.2. Report from Llais, Gwent Region

Attachment *Regional Director, Llais*

09:30 - 09:30 5. ITEMS FOR DECISION

0 min

5.1. Integrated Medium-Term Plan 2025-2028

Attachment *Director of Strategy, Planning and Partnerships*

- 📄 PB 20260325 Agenda Item 5.1 Integrated Medium-Term Plan 2025 2028.pdf (10 pages)
- 📄 PB 20260325 Agenda Item 5.1 Integrated Medium-Term Plan 2025 2028 Appendix A.pdf (96 pages)
- 📄 PB 20260325 Agenda Item 5.1 Integrated Medium-Term Plan 2025 2028 Appendix B.pdf (2 pages)
- 📄 PB 20260325 Agenda Item 5.1 Integrated Medium-Term Plan 2025 2028 Appendix C.pdf (15 pages)

5.2. Budget Delegation Proposal 2026/27

Attachment *Director of Finance*

- 📄 PB 20260325 Agenda Item 5.2 Budget Delegation Proposal 2026-27.pdf (12 pages)

09:30 - 09:30 6. ITEMS FOR DISCUSSION

0 min

6.1. Strategic Equality Plan Annual Report

Attachment *Director of Workforce & OD*

- 📄 PB 20260325 Agenda Item 6.1 Strategic Equality Plan Annual Report.pdf (7 pages)
- 📄 PB 20260325 Agenda Item 6.1 Strategic Equality Plan Annual Report Appendix A.pdf (25 pages)

6.2. Maternity and Neonatal National Assurance Assessment

Attachment *Director of Nursing & Medical Director*

- 📄 PB 20260325 Agenda Item 6.2 Maternity and Neonatal National Assurance Assessment.pdf (25 pages)

6.3. 2025/26 Performance Reporting

Attachment *Executive Leads*

- a. Integrated Performance Report
- b. Financial Performance Report, Month 09

- 📄 PB 20260325 Agenda Item 6.3a Integrated Performance Report.pdf (10 pages)
- 📄 PB 20260325 Agenda Item 6.3a Integrated Performance Report Appendix A.pdf (81 pages)
- 📄 PB 20260325 Agenda Item 6.3a Integrated Performance Report Appendix 1.pdf (15 pages)
- 📄 PB 20260325 Agenda Item 6.3b Financial Performance Report, Month 09.pdf (27 pages)
- 📄 PB 20260325 Agenda Item 6.3b Financial Performance Report, Month 09 Appendix A.pdf (36 pages)

6.4. Strategic Risk Report, March 2026

Attachment *Chief Executive*

- 📄 PB 20260325 Agenda Item 6.4 Strategic Risk Report March 2026.pdf (9 pages)
- 📄 PB 20260325 Agenda Item 6.4 Strategic Risk Report March 2026 Appendix A Risk Assessments.pdf (43 pages)
- 📄 PB 20260325 Agenda Item 6.4 Strategic Risk Report March 2026 Appendix B SRR 011 NEW Green Health Broader Strategic Risk.pdf (2 pages)
- 📄 PB 20260325 Agenda Item 6.4 Strategic Risk Report March 2026 Appendix C Annual Risk Activity.pdf (2 pages)

6.5. Key Matters from Committees of the Board

Attachment *Committee Chairs*

- 📄 PB 20260325 Agenda Item 6.5 Key Matters from Committees of the Board.pdf (22 pages)

7. CONSENT AGENDA

7.1. FOR APPROVAL

7.1.1. Draft Minutes of the Health Board Meeting, held on 28th January 2026

Attachment *Chair*

 PB 20260325 Agenda Item 7.1.1 Draft Minutes of the Health Board Meeting held on 28th January 2026.pdf (17 pages)

7.1.2. Report on Sealed Documents and Chair's Actions


Attachment *Chair*

 PB 20260325 Agenda Item 7.1.2 Governance Matters.pdf (6 pages)

7.1.3. Violence Prevention & Reduction Strategic Plan

Attachment *Director of Allied Health Professions & Health Science*


 PB 20260325 Agenda Item 7.1.3 Violence Prevention and Reduction Strategic Plan.pdf (4 pages)

 PB 20260325 Agenda Item 7.1.3 Violence Prevention and Reduction Strategic Plan Appendix 1.pdf (21 pages)

7.2. FOR NOTING

7.2.1. Board Action Log with Updates

Attachment *Chair*

 PB 20260325 Agenda Item 7.2.1 Board Action Log.pdf (1 pages)

7.2.2. Pay Gap Reports 2025

Attachment *Director of Workforce & OD*

- a. Ethnicity Pay Gap
- b. Gender Pay Gap

 PB 20260325 Agenda Item 7.2.2a Ethnicity Pay Gap.pdf (6 pages)

 PB 20260325 Agenda Item 7.2.2a Ethnicity Pay Gap Appendix A.pdf (13 pages)

 PB 20260325 Agenda Item 7.2.2b Gender Pay Gap.pdf (6 pages)

 PB 20260325 Agenda Item 7.2.2b Gender Pay Gap Appendix A.pdf (11 pages)

7.2.3. Strategic Partnership Updates

Attachment *Director of Strategy, Planning and Partnerships*

- a. Regional Partnership Board

 PB 20260325 Agenda Item 7.2.3a Regional Partnership Board.pdf (9 pages)

7.2.4. Executive Committee Chair's report






Attachment *Chief Executive*

 PB 20260325 Agenda Item 7.2.4 Executive Committee Chair's report.pdf (6 pages)

7.2.5. An overview of Joint and Partnership Committee Activity

Attachment *Chief Executive*

- a. NHS Wales Joint Commissioning Committee
- b. NHS Wales Shared Services Partnership Committee
- c. Regional Joint Committee

-  PB 20260325 Agenda Item 7.2.6a Joint Commissioning Committee.pdf (4 pages)
-  PB 20260325 Agenda Item 7.2.6a Joint Commissioning Committee Appendix A.pdf (5 pages)
-  PB 20260325 Agenda Item 7.2.6b NHS Wales Shared Services Partnership Committee.pdf (3 pages)
-  PB 20260325 Agenda Item 7.2.6b NHS Wales Shared Services Partnership Committee Appendix A.pdf (5 pages)
-  PB 20260325 Agenda Item 7.2.6c Regional Joint Committee.pdf (5 pages)

AGENDA

| Date and Time | | Wednesday 25th March 2026 at 9.30 am | |
|----------------------|---|---|---|
| Venue | | Conference Centre, Headquarters, St Cadoc's Hospital | |
| Item | Title | Format | Presenter |
| 1 | PRELIMINARY MATTERS | | |
| 1.1 | Welcome and Introductions | Oral | Chair |
| 1.2 | Apologies for Absence for Noting | Oral | Chair |
| 1.3 | Declarations of Interest for Noting | Oral | Chair |
| 2 | CONSENT AGENDA BUSINESS | | |
| 2.1 | The Chair will ask if there are any items from the Consent Agenda (Item 7) that Board Members wish to bring forward to the Main agenda for discussion | | Chair |
| 3 | KEY UPDATES | | |
| 3.1 | Update from the Chair | Oral | Chair |
| 3.2 | Update from the Chief Executive | Oral | Chief Executive |
| 4 | PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT | | |
| 4.1 | Dementia Annual Report: a. Patient Experience Story b. Dementia Annual Report | Presentation | Director of Nursing |
| 4.2 | Report from Llais, Gwent Region | Attachment | Regional Director, Llais |
| 5 | ITEMS FOR DECISION | | |
| 5.1 | Integrated Medium-Term Plan 2025-2028 | Attachment | Director of Strategy, Planning and Partnerships |
| 5.2 | Budget Delegation Proposal 2026/27 | Attachment | Director of Finance |
| 6 | ITEMS FOR DISCUSSION | | |
| 6.1 | Strategic Equality Plan Annual Report | Attachment | Director of Workforce & OD |
| 6.2 | Maternity and Neonatal National Assurance Assessment | Attachment | Director of Nursing & Medical Director |

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|------------|---|------------|--|
| 6.3 | 2025/26 Performance Reporting: a. Integrated Performance Report b. Financial Performance Report, Month 09 | Attachment | Executive Leads |
| 6.4 | Strategic Risk Report, March 2026 | Attachment | Chief Executive |
| 6.5 | Key Matters from Committees of the Board | Attachment | Committee Chairs |
| 7 | CONSENT AGENDA | | |
| 7.1 | FOR APPROVAL | | |
| 7.1.1 | Draft Minutes of the Health Board Meeting, held on 28 th January 2026 | Attachment | Chair |
| 7.1.2 | Report on Sealed Documents and Chair's Actions | Attachment | Chair |
| 7.1.3 | Violence Prevention & Reduction Strategic Plan | Attachment | Director of Allied Health Professions & Health Science |
| 7.2 | FOR NOTING | | |
| 7.2.1 | Board Action Log with Updates | Attachment | Chair |
| 7.2.2 | Pay Gap Reports 2025: a) Ethnicity Pay Gap b) Gender Pay Gap | Attachment | Director of Workforce & OD |
| 7.2.3 | Strategic Partnership Updates: a) Regional Partnership Board | Attachment | Director of Strategy, Planning and Partnerships |
| 7.2.4 | Executive Committee Chair's report | Attachment | Chief Executive |
| 7.2.6 | An overview of Joint and Partnership Committee Activity: a. NHS Wales Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee c. Regional Joint Committee | Attachment | Chief Executive |
| 8 | OTHER MATTERS | | |
| 8.1 | Any Other Business | | |
| 8.2 | Date of the Next Meetings: • 20 th May 2026 | | |
| 9. | PRIVATE/IN COMMITTEE SESSION | | |
| | Motion to Exclude Members of the Public and the Press There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting: | | |

"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960



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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 March 2026 |
| CYFARFOD O: MEETING OF: | Board |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | 2025/2026 Dementia Annual Report |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Jennifer Winslade, Executive Director of Nursing |
| SWYDDOG ADRODD: REPORTING OFFICER: | Tanya Strange, Head of Nursing Amanda Whent, Lead Nurse Dementia |

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Welsh Government’s Dementia Action Plan and the All-Wales Dementia Care Pathway Standards set out clear expectations for improving the rights, experiences and outcomes of people living with dementia and those who care for them. The Regional Dementia Strategic Partnership, bringing together health, social care, third sector organisations and Dementia Friendly Communities, has continued to take a proactive, whole-system approach to delivering these national requirements. Significant progress has been achieved through multi-agency workstreams focused on improving access, responsiveness, person-centred pathways and strong partnership working across the Gwent region.

During 2025–2026, the Partnership has overseen substantial developments including the expansion of community-based dementia support, strengthened Memory Assessment Service pathways, enhanced carer education, and continued progress against the Dementia Friendly Hospital Charter. This collaborative work has been shaped by citizen and carer feedback and reflects a region-wide commitment to improving quality, safety and experience. The Board is asked to CONSIDER the Annual Report for assurance of progress made to date and to note areas where further support will be required to sustain and strengthen delivery of the dementia programme moving forward.

Background:

In 2021, Improvement Cymru published the *All-Wales Dementia Care Pathway Standards*—20 person-centred standards designed to improve consistency, quality and outcomes for people living with dementia and carers. Launched nationally in 2022, the standards are organised under four themes (Accessible, Responsive, Journey, and Partnerships & Relationships) and align closely with the Dementia Action Plan for Wales. Delivery in Gwent is intentionally whole-system, spanning health, social care, third sector and Dementia Friendly Communities to ensure coherent pathways across settings.

The Regional Dementia Strategic Partnership, reporting through the Regional Leadership Group and Regional Partnership Board, provides the governance, leadership and joint decision-making to embed the Standards across the five Gwent local authorities and Aneurin Bevan University Health Board. Dedicated workstreams drive improvements in access, pathway responsiveness, carer education, and hospital experience under the Dementia Friendly Hospital Charter, with progress framed by lived-experience feedback.

Delivery of the Dementia Standards is central to the Health Board's quality, safety and experience ambitions, supports equitable access, and underpins patient flow by reducing avoidable deterioration and admissions through earlier support, targeted education for carers, and person-centred pathways. This is reflected in regional progress on community engagement, Memory Assessment Service (MAS) pathway improvements, carer education (MEC), and hospital-based person-centred care.

Implementation leverages multi-agency assets including community dementia hubs, dementia advisors/connectors, learning and development, and monitoring, so people can access information, assessment, diagnosis and post-diagnostic support closer to home, with smoother transitions between community and hospital.

The Partnership oversees bi-monthly progress reviews, uses agreed data sets and workstream KPIs, and responds to patient/carers feedback to target improvement and reduce variation, with annual reporting to the Health Board. Programme delivery currently benefits from regional funding; however, national funding arrangements beyond 2027 remain uncertain, requiring active oversight of sustainability, prioritisation and risk.

The programme supports the Health Board's Quality Strategy and Patient Experience and Involvement Strategy, Health and Care Standards (e.g., Dignified Care; Peoples' Rights), and IMTP priorities for ageing well and independence, ensuring dementia care is person-centred, equitable and evidence-informed.

Asesiad / Assessment

The Dementia Programme continues to deliver a region-wide, multi-agency approach to implementing the All-Wales Dementia Care Pathway Standards. Progress during 2025–2026 demonstrates clear improvement across all workstreams, with actions aligned to strategic priorities, system flow, carer support, prevention, and person-centred care. Oversight is provided through the Regional Dementia Strategic Partnership, with bi-monthly performance review, KPI

monitoring and a strengthened focus on assurance, variation reduction and lived-experience feedback

Summary Assessment of Actions Taken

A comprehensive overview of all actions delivered across the dementia workstreams during 2025–2026 is provided in the attached Dementia Annual Report. The report sets out the evidence, activity, and outcomes achieved through each workstream in detail, demonstrating how the programme has progressed against the All-Wales Dementia Care Pathway Standards and regional priorities. The summary below highlights the key areas of progress and assurance for the Board and focuses on the elements most relevant to oversight, governance and strategic decision-making.

1. Community Engagement

Significant progress has been achieved in widening reach and improving access to dementia information and support. Forty community engagement events were delivered, engagement with diverse and intergenerational groups expanded, and Dementia Hubs were fully launched across all five local authorities. The Dementia Friendly Communities Network now includes over 400 participants, complemented by new programmes such as the Dementia Aware Trainer initiative, podcasts, Padlet resources and strengthened collaboration with local employers. These developments have enhanced preventative messaging, early access to advice, and community-based support.

2a. Memory Assessment Service (MAS) Pathway

This workstream has focused on increasing equity, accessibility and consistency of diagnostic pathways. Ten national and regional data measurement sets have been implemented to support benchmarking and improvement. New resources, including pathway leaflets and patient information, have been produced, and MAS partners are actively engaging people living with dementia and carers. Work has also advanced on innovative diagnostic research, including participation in the Sandbox blood biomarker study, positioning Gwent as an early adopter in Wales.

2b. Carers' Education and Support

The Mapping, Education and Carers (MEC) programme has substantially expanded its offer, delivering a standardised Gwent-wide Carers Information Course across all boroughs in face-to-face and virtual formats. Carers are routinely offered Positive Approaches to Care (PAC) training and receive new resource packs (digital and paper). A Carers Padlet is in development to streamline access to up-to-date information, and the DAVID document has been introduced to improve communication and reduce avoidable admissions or delays in crisis situations. Early trials of hospital-based carers hubs have commenced.

3. Dementia Connectors

A regional Dementia Connector model has been established, with role descriptors, skills frameworks and Welsh Government funding enabling new posts within Dementia Hubs and MAS. Connectors now provide personalised, proactive support to help people navigate services, optimise wellbeing and access timely help. A commissioning review is underway to strengthen Service Level Agreements with third sector partners to secure consistency and future sustainability.

4. Dementia Friendly Hospital Charter

The Health Board has continued to implement the Charter's three-year action plan, with strong multi-disciplinary engagement. Ward teams have delivered VIPS-based improvement plans, strengthened inclusion of carers through John's Campaign, expanded dementia volunteers and introduced bedside boards to support communication and person-centred care. Senior nurse presence has increased visibility and coaching, while intranet resources and guidance have improved staff access to specialist advice. Collaborative work has also extended to HMP Usk and Prescoed, with grant-funded programmes supporting meaningful engagement across hospital and community settings.

5a. Learning and Development

The Dementia GoodWork Learning and Development Framework has driven improvements in workforce competency and confidence. Mandatory dementia awareness compliance is at 81.7% to date, with a wide range of specialist sessions delivered across care homes, community settings, hospitals and partner organisations. Bite-size learning, induction programmes, external expertise and multi-agency training have strengthened capability across all levels. The end of practice educator funding presents a challenge, with future capacity for delivery flagged as a key risk.

5b. Monitoring

A structured monitoring approach is now embedded, with workstream leads supported to map available data, identify gaps and align with national reporting requirements. Work continues with performance teams across health, local authorities and third sector organisations to ensure coherent data sharing and analysis. Monitoring is strengthened through KPIs, AMaT ward audits, patient and carer feedback, and enhanced benchmarking activity.

Programme Assurance, Risks and Mitigation

The Dementia Programme has delivered meaningful improvements across all workstreams, demonstrating strong partnership working, system-wide coordination, and increasing alignment with the All-Wales Dementia Care Pathway Standards. The impact on quality, experience and access is particularly evident through strengthened community engagement, improved diagnostic pathways, enhanced carer support, and more person-centred hospital care. Progress is reinforced through bi-monthly reviews, KPI monitoring, patient and carer feedback, and maturing data and governance arrangements.

At the same time, the Partnership has identified a set of strategic risks that require continued monitoring and mitigation to maintain progress. These include future funding sustainability, workforce capacity, increasing diagnostic demand, variation across boroughs, hospital-based dementia care challenges, data and monitoring complexity, rising carer support needs and system flow pressures. These risks are recognised and actively managed through established governance forums, and the Partnership has set out clear, deliverable mitigation actions to reduce variation, strengthen sustainability and improve outcomes for people living with dementia and their carers. Continued Executive support will be essential to ensuring delivery of the next phase of the dementia improvement programme.

Dementia Programme Risk and Mitigation

| Risk Area | Description of Risk | Impact on Quality / Safety / Performance | Current Mitigation | Further Actions by the Regional Dementia Strategic Partnership |
|---|---|--|---|--|
| 1. Sustainability of Funding (post-2027) | National funding beyond 2027 is not yet confirmed, creating uncertainty for Dementia Hubs, Dementia Advisors, and L&D delivery. | Potential loss of capacity, reduced community access, slower progress on Standards, and increased pressure on core services. | Active monitoring of WG updates; alignment of workstreams to strategic priorities; use of RIF funding to maintain delivery. | <ul style="list-style-type: none"> • Develop a sustainability plan with costed options for 2027 onwards. • Identify priority functions for core-funding protection. • Strengthen evaluation data to demonstrate impact/value to support investment decisions. |
| 2. Workforce Capacity (loss of practice educator; staff absence) | A reduction in dedicated dementia education roles limits ability to meet training demand and maintain competency levels. | Reduced workforce preparedness, variation in practice, and slower implementation of Dementia Standards. | Use of multi-agency facilitators; continuation of bite-size and induction sessions; dementia champions supporting awareness work. | <ul style="list-style-type: none"> • Create a revised multi-agency L&D delivery model. • Explore joint funded educator posts across the region. • Consider digital training assets to reduce dependency on face-to-face educators. |
| 3. Increasing Diagnostic Demand (MAS pathway) | Rising diagnosis rates and activity through MAS will create increased pressure on follow-up, post-diagnostic support, and community services. | Longer waiting times; risk of unmet need; potential impact on early intervention. | Introduction of MAS booking centre; pathway streamlining; research participation to modernise diagnostics (e.g., biomarkers). | <ul style="list-style-type: none"> • Expand the MAS Community of Practice to standardise improvements. • Strengthen integration between MAS and Dementia Advisors/Connectors. • Model projected demand to inform future capacity planning. |
| 4. Variation Across Boroughs / Providers | Differences in local capacity, community support offers, and third-sector provision create inequity in access and delivery. | Inconsistent experience for people living with dementia and carers; variation in outcomes; governance complexity. | Shared governance through Regional Partnership Board; regional standards; Dementia Hubs model improving consistency. | <ul style="list-style-type: none"> • Complete commissioning review for Connector roles and dementia support services. • Consider single regional dashboards/KPIs. • Implement regional pathway documentation (MAS, Carers Packs, DAVID). |
| 5. Hospital Based Dementia Care | Need for continued improvements in dementia-friendly | Impact on patient wellbeing, flow, | VIPS improvement plans; John's | <ul style="list-style-type: none"> • Strengthen linking of dementia priorities to 6 Goals, Falls, and UEC |

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|--|---|--|--|---|
| (charter progress challenges) | environments, meaningful engagement, carer involvement, and staff confidence. | experience, and safety; risk of avoidable distress, prolonged stay or incidents. | Campaign; dementia volunteers; bedside boards; senior nurse visibility. | pathways. <ul style="list-style-type: none"> • Roll out Meaningful Engagement Programme to all divisions. • Continue AMaT audits and feedback loops. |
| 6. Data and Monitoring Complexity | Multiple systems and organisations with differing datasets make coherent performance reporting challenging. | Limited ability to provide consistent Board-level assurance; risk of missed trends or variation. | Workstream mapping of datasets; national alignment; bi-monthly reporting through the Partnership. | <ul style="list-style-type: none"> • Explore a unified regional dementia data set (community + MAS + hospital + carers). • Explore shared dashboards with LA and 3rd sector partners. • Align monitoring to national dementia KPIs when published. |
| 7. Carer Support Demand Outstripping Supply | Growth in carer education needs and emotional support is outpacing delivery capacity (MEC). | Increased risk of carer breakdown and preventable hospital admissions; lower satisfaction. | Expansion of Carers Information Course; digital resources; DAVID document; virtual delivery options. | <ul style="list-style-type: none"> • Increase collaboration with community and voluntary organisations. • Develop blended (digital + in-person) support model. • Map unmet need and prioritise high-impact groups. |
| 8. System Flow and UEC Interface | Pressure on discharge and ward moves impacts people living with dementia disproportionately. | Delays, distress, deconditioning, increased length of stay. | Alignment with 6 Goals; senior nurse leadership; bedside boards; Dementia Friendly Hospital Charter. | <ul style="list-style-type: none"> • Strengthen dementia considerations in UEC pathway redesign. • Enhance discharge communication tools (DAVID, connectors, carers hubs). |

The risks identified are appropriately recognised, monitored, and mitigated through established governance arrangements. The Regional Dementia Strategic Partnership has clear, deliverable actions in place to reduce variation, strengthen sustainability, align to national standards, and improve outcomes for people living with dementia and carers. Continued regional partnership and executive support, particularly around workforce and financial sustainability, will be central to maintaining progress and delivering the next phase of the dementia programme.

Going Forward: Strategic Priorities for the Dementia Programme

Looking ahead, the Regional Dementia Strategic Partnership will continue to take a proactive, whole-system approach to strengthening dementia care across Gwent. Building on the progress achieved in 2025–2026, the Partnership will prioritise sustainability, equity, and improved outcomes for people living with dementia and their carers. A key focus will be on ensuring that the actions set out in the risk and mitigation plan are delivered at pace, supported by robust governance,

transparent performance monitoring and a commitment to reducing variation across the region.

The coming period will involve strengthening the financial resilience of the programme in preparation for the end of Welsh Government funding in 2027. Work will include producing a costed sustainability plan, identifying essential functions for potential core-funding, and using strengthened evaluation data to demonstrate system-wide impact. Workforce capability and capacity will remain central, with a focus on developing a sustainable multi-agency learning and development model and increasing the use of digital learning resources to maintain competency across the wider workforce.

Ensuring the Memory Assessment Service pathway can meet rising diagnostic demand will be a key priority. The Partnership will support MAS to standardise practice through its Community of Practice, strengthen integration with Dementia Advisors and Connectors, and model future activity to inform long-term planning. Alongside this, work to improve equity of access across the five boroughs will continue, including refreshed commissioning arrangements, consistent pathway documentation and the development of unified regional dashboards.

Improving dementia-friendly hospital care will remain a core commitment. The Programme will continue to embed VIPS-based improvement plans, expand meaningful engagement interventions, and ensure dementia-related priorities are visible in unscheduled care redesign, discharge planning and key patient flow pathways. Data improvement will also be a priority, with the Partnership progressing the development of a single regional dementia dataset, expanding shared dashboards and aligning to national dementia KPIs once published. The Partnership will also focus on strengthening the support available to unpaid carers. This will include expanding blended learning opportunities, enhancing collaboration with voluntary and community partners, and mapping unmet need to ensure support is prioritised for those at highest risk of carer breakdown. Work to improve system flow for people living with dementia, particularly at discharge, will be progressed through enhanced communication tools such as DAVID, expanded connector roles and increased presence of carer support in hospital settings.

Collectively, these actions demonstrate a clear and proactive forward plan that prioritises sustainability, consistency, lived-experience feedback and measurable improvement. The Partnership remains fully committed to delivering a high-quality, person-centred dementia programme for Gwent and will continue to provide the Board with assurance on progress, risks and outcomes as work advances.

Argymhelliad / Recommendation

Board is asked to:

- **CONSIDER** the Dementia Annual Report and the assurance provided regarding progress across all workstreams during 2025–2026.
- **ACKNOWLEDGE** the significant improvements achieved through the Regional Dementia Strategic Partnership, including strengthened pathways, enhanced community engagement and improved person-centred hospital care.
- **NOTE** the identified risks and the actions underway to mitigate these across the region.

- **ENDORSE** the forward strategic priorities and planned actions that will sustain delivery of the Dementia Standards and reduce variation across Gwent.
- **SUPPORT** the continued development of strong regional governance arrangements to oversee delivery, assurance and risk management.
- **RECOGNISE** the contribution of people living with dementia, carers and partners whose feedback has shaped the programme's progress and future priorities.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|---|
| Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score: | |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care 4.1 Dignified Care 6.2 Peoples Rights |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Adults in Gwent live healthily and age well Older adults are supported to live well and independently |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Experience Quality and Safety |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item. |

| Gwybodaeth Ychwanegol: Further Information: | |
|--|--|
| Ar sail tystiolaeth: Evidence Base: | National Dementia Standards National Dementia Action Plan Quality Strategy Patient Experience and Involvement Strategy Mental Capacity Act |
| Rhestr Termau: | |

| | |
|--|---|
| Glossary of Terms: | |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Regional Dementia Strategic Partnership |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|--|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Yes, outlined within the paper |
| • Service Activity & Performance | Yes, outlined within the paper |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |
| Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/ | Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives |

Annual Progress Report

All-Wales Dementia Pathway of Care

February 2025- 2026.

Person-Centred Dementia Care Team

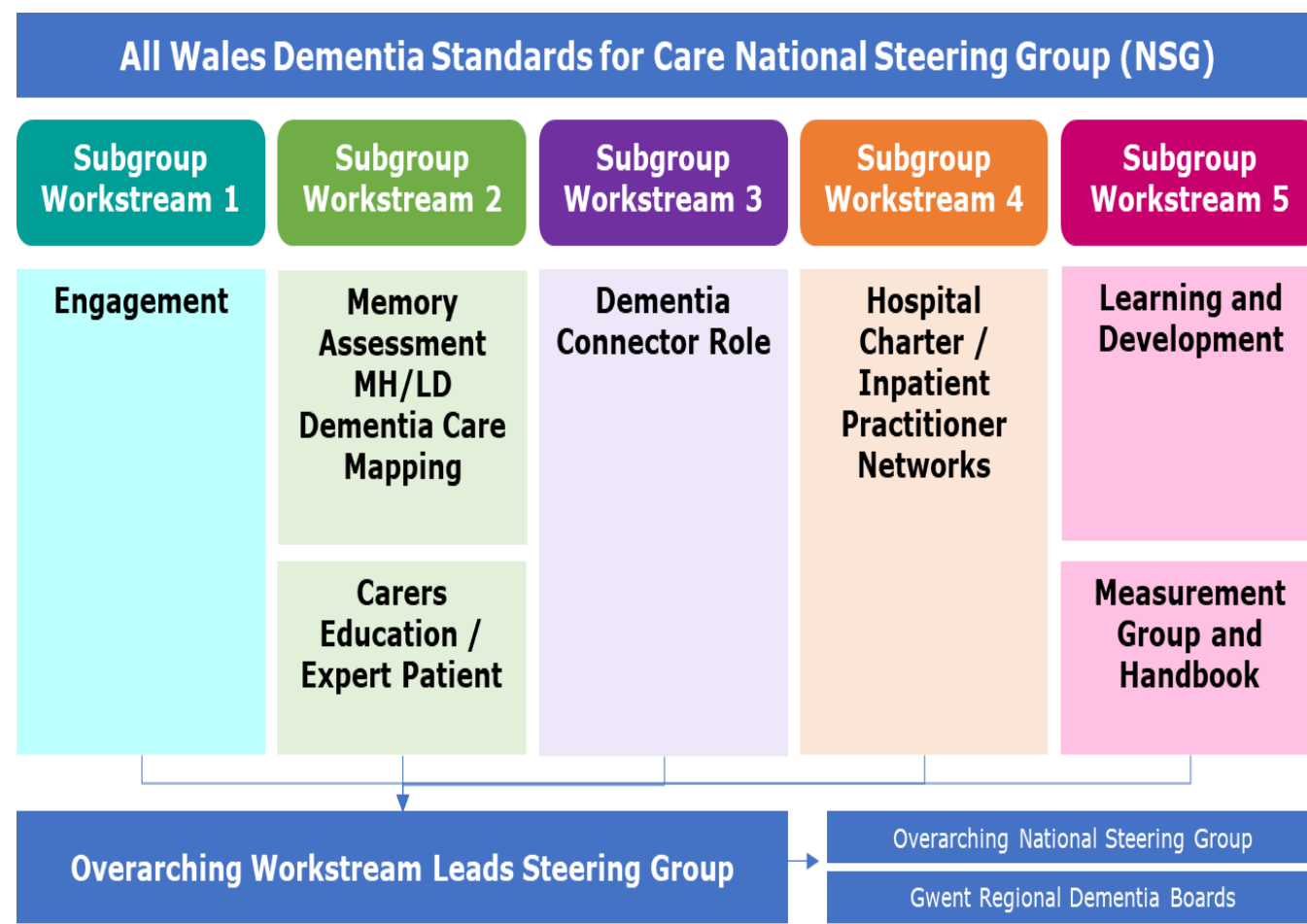
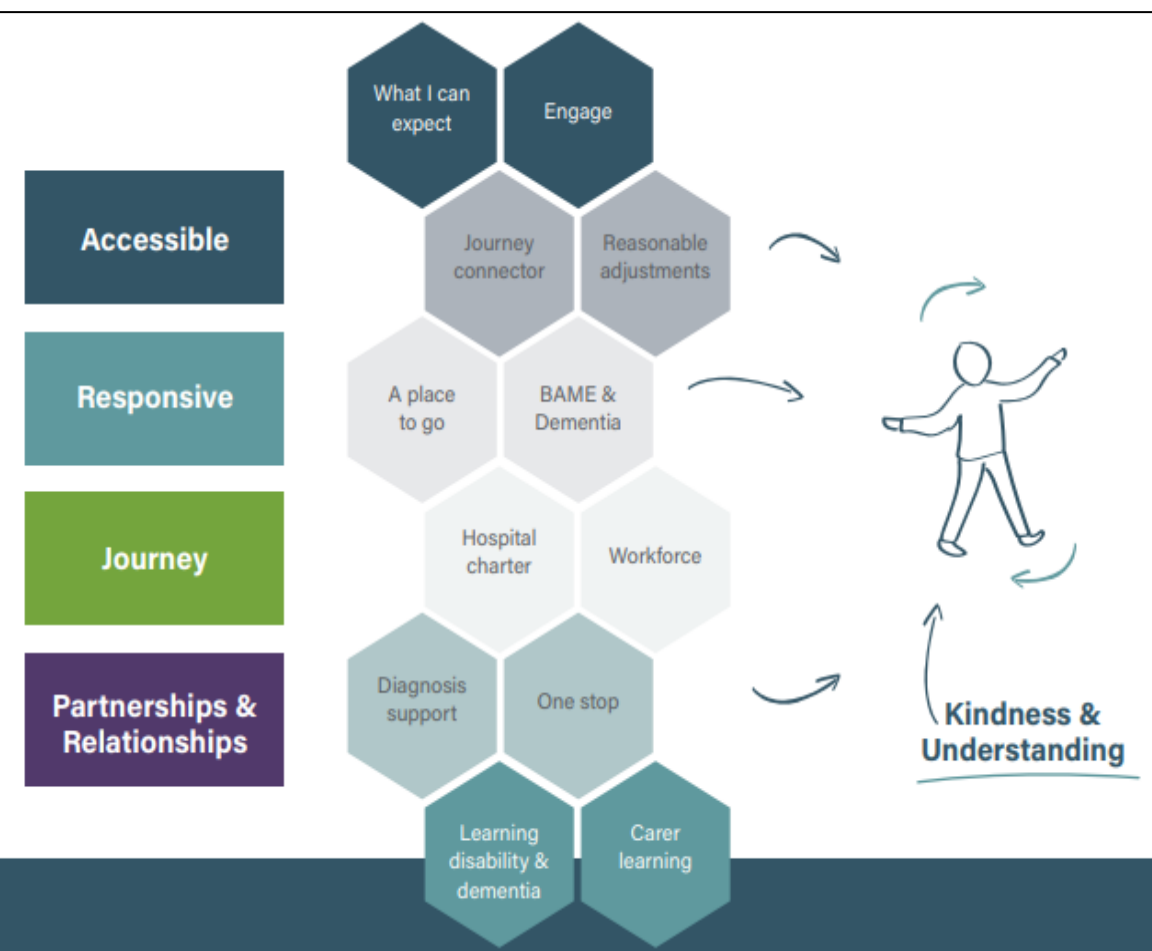
We are committed to supporting the workforce to deliver and embed the highest standard of dementia care for patients and carers.



Dementia Standards for Pathways of Care

The Regional Dementia Strategic Partnership, chaired by Aneurin Bevan University Health Board, continues to make good progress towards the requirements outlined within The All-Wales Dementia Care Pathways of Standards.

This Annual Report identifies the priorities and actions taken over the 12-month period **February 2025/2026**, set out under each of the **5 priority areas**.

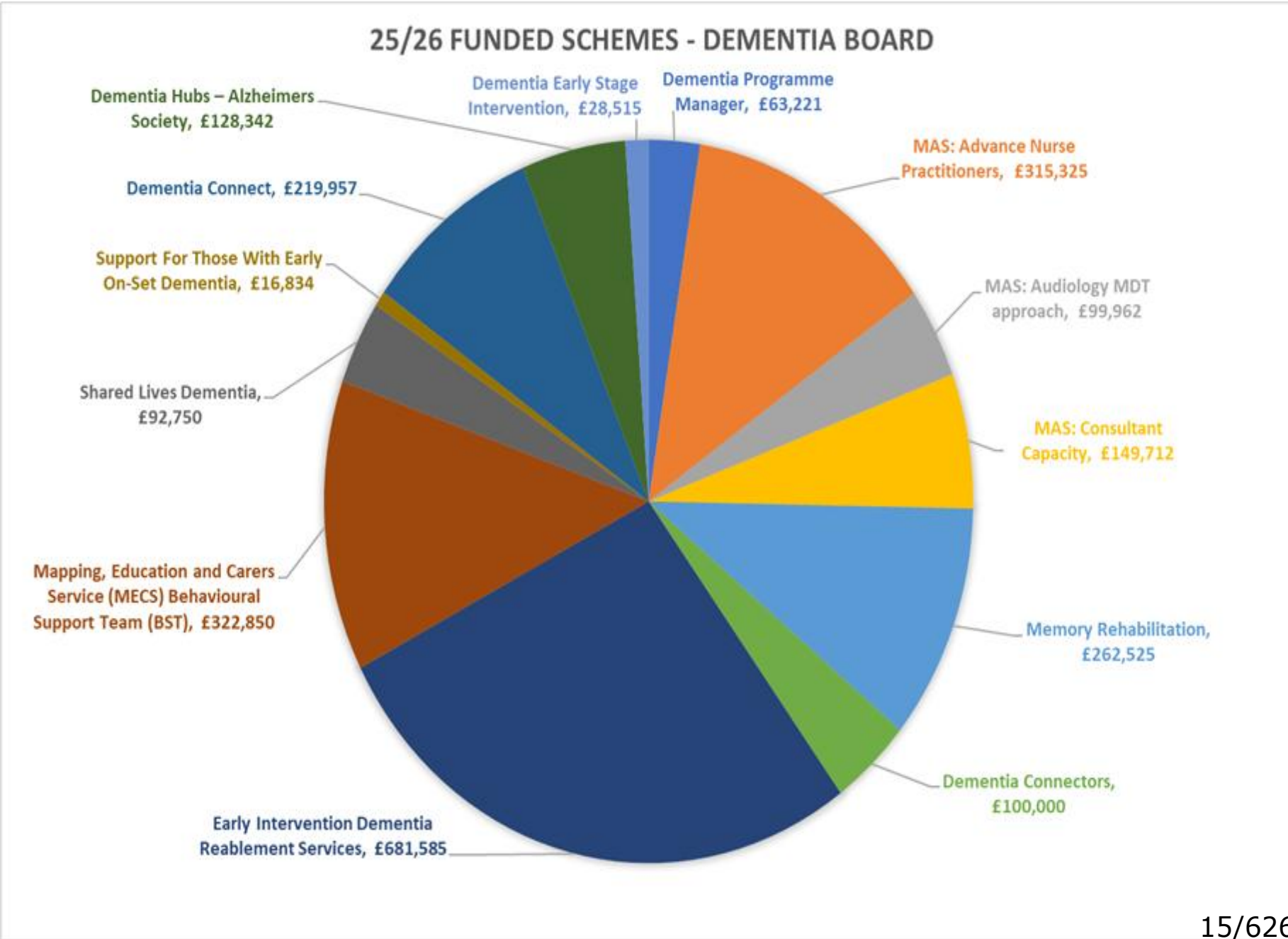


Funded Dementia Schemes

The Dementia Strategic Partnership Board has a total funding allocation of **£2.48m in 2025/26** to deliver the projects within the Dementia programme.

The RIF (Regional Integrated Funds) currently support several programmes of work which deliver against identified priorities and gaps in care.

The programmes identified remain under review and the Welsh government have not yet identified future funding allocation following 2027.

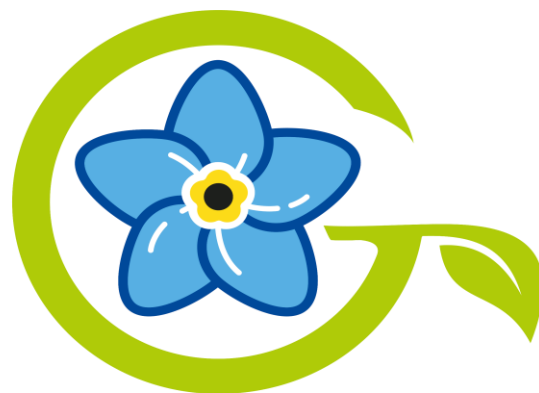


Workstream 1 Community Engagement

In Collaboration with Dementia Friendly Gwent's **475** members, there has been engagement with many groups and communities.

During the past year, over **40** events took place across many parts of the community including engaging with diverse populations and intergenerational opportunities with children throughout the community.

The events focused on raising awareness of dementia, promoting understanding, seeking views, gathering experience feedback and enhancing collaboration through partnership working.



**Gwent sy'n Deall Dementia
Dementia Friendly Gwent**



Collaboration and Partnership

During the last year, closer relationships have been built with the organisers of **Parkrun**. Promoting the risks of social inactivity and the benefits of the aim of the discussions is to make '**Parkrun**' dementia friendly. Parkrun provides an excellent opportunity to promote wellbeing and reduce the risks of inactivity.

Torfaen Talks partners with Dementia Friendly Gwent to launch Podcast Series in 2026

Dementia Friendly Gwent with the Health Board is proud to announce the launch of a brand-new **podcast** series with Torfaen Talks! This special series shines a spotlight on the inspiring work happening across Gwent to create communities that are supportive, inclusive, and understanding of people living with dementia and their families.

Charity No: 1172466 

Beginners Couch to 5K

A supportive walking/ running programme for people living with dementia and their carers — open to everyone!



Age Alive community event Newport-wellbeing



Get moving at your own pace in a friendly, understanding environment.

Together we'll work towards taking part in the Riverfront Parkrun!

- Dementia-aware and inclusive
- No running experience needed
- Carers and companions welcome
- Build fitness, confidence, and community

Every Thursday , 11am-12pm

First Session meet at Widdershins Centre, Sebastopol

VISIT YOUR LOCAL DEMENTIA HUB
EWCH I'CH HWB DEMENTIA LEOL

Concerns about your memory? Are you living with, or caring for someone with dementia?

The Dementia Hub is a space to access information, advice and support for people living with dementia.

Pryderon am eich cof? Ydych chi'n byw gyda neu'n gofalu am rywun â dementia?

Mae'r Hwb Dementia yn ofod i gael gfael ar wybodaeth, cyngor a chefnogaeth i bobl sy'n byw gyda dementia.

TO FIND A HUB IN YOUR AREA
 SCAN THE QR CODE

I DDOD O HYD I HWB
 YN EICH ARDAL SGANIWCH
 Y COD QR

For more information please contact
 gwentregionalpartnershipboard@torfaen.gov.uk
 01495 781691

Am fwy o wybodaeth, cysylltwch â

In 2025, **Dementia Hubs** were implemented in each local authority across Gwent as a pilot. In January 2026, the formal launch of the hubs took place, supported by the **27** multi agency partners, citizens of Gwent and **HTV Wales**.

These spaces allow professionals, volunteers and community members to access **information, advice and support** supporting people concerned about their memory, living with dementia or caring for someone with dementia.

In total, **1303** visits were made to the Dementia Hubs as of end of January 2026.

"I wanted to come back into the dementia hub and say thank you for all the information you gave me. I have passed this onto my Nan who wanted me to thank you too, she was very grateful" – Citizen

Community Engagement and Feedback: The hubs have been described as a "lifeline" by families, offering crucial support and information during difficult times. This engagement has also provided valuable feedback for improving dementia care and support services in line with the All-Wales Dementia Pathway of Care.

Positive Outcomes: The hubs contributed to raising awareness of dementia, and early diagnosis, post diagnostic support and increased community awareness, working to enhance the overall quality of life for individuals with dementia.

Dementia Aware Sessions – Creating Dementia Aware Communities

There are now **44** Dementia Aware **Session Leaders**

Between October 2025 and February 2026, **84** people attended a Dementia Aware session.

A co-produced **Regional Dementia Padlet** has been developed and launched in January 2026. This contains information and signposting.



Padlet

Roche, Erin + 3 • 1d

Dementia Friendly Gwent
Find useful information about a range of support, services and groups to help those affected by dementia. Want to add something? Contact Samantha.Froud@torfaen.gov.uk

- Concerns about your memory, what is dementia and reducing your risk
- Memory Assessment Service (MAS), diagnosis and living with dementia
- Looking after someone with dementia, and yourself

FACTORS LINKED TO DEMENTIA RISK

| EARLY LIFE | MID-LIFE | LATER LIFE |
|-------------------------|------------------------|----------------------------------|
| Quality of education 5% | Hearing impairment 7% | Depression 3% |
| Diabetes 2% | High cholesterol 7% | Traumatic brain injury 3% |
| Smoking 2% | High blood pressure 2% | Physical inactivity 2% |
| | Obesity 1% | Uncorrected visual impairment 2% |
| | Excessive alcohol 1% | |
| | Social isolation 5% | |
| | Air pollution 3% | |

ALZHEIMER'S RESEARCH UK FOR A CHANCE

DEEP The UK Network for Dementia Voices

Do you provide unpaid care and support?

Contact carers support in your area

| | |
|-------------------|--------|
| Posts | 324 |
| Contributors | 4 |
| Views | 552 |
| Visitors | 242 |
| Engagement time ? | 24h 0m |

FIND OUT WHATS ON IN THE COMMUNITY

VISIT OUR DEMENTIA FRIENDLY GWENT PADLET

Concerns about your memory? Are you living with, or caring for someone with dementia?

Scan the QR code to find local support, information and advice in your area.

ALZHEIMER'S RESEARCH UK FOR A CHANCE

Gwent sy'n Deall Dementia
Dementia Friendly Gwent

Dementia Action Week Dementia Action Week 19 – 23 May 2025

Dementia Wards Aneurin Bevan

- Annwylfan held an afternoon tea garden party with the opening of their new garden.
- Sycamore Ward arranged for a singers and multiple activities going on throughout the week.

Opal Team held information sessions for staff, visitors and patients. Lunch time sessions were held to focus on hydration- sessions on different wards providing water-based fruits, drinks and focusing on the importance of hydration.

Our **regional partners** joined us, aiming to make 7000 Dementia Friends – that's 1000 a day! running virtual information sessions every weekday.

Held a "**Let's Talk Brain Health**" information session designed to help people optimise their cognitive well-being. This session covered a range of topics, including:

- **Understanding Dementia:** Learn about the different types of dementia and understand how they affect individuals differently.
- **Risk Factors:** Discover the 14 risk factors for dementia.
- **Reducing Risk:** Explore ways to reduce the risk of dementia and taking control of brain health.
- **Memory Assessment Services:** Get information about the pathway for dementia diagnosis and support.
- **Dementia Hubs:** Learn about the dementia hubs located in each local authority area, which provide information and support for people living with dementia, their families, and carers.

The Patient Experience Dementia Team held **Roadshow** events at each hospital site to share the best practice, resources and information.

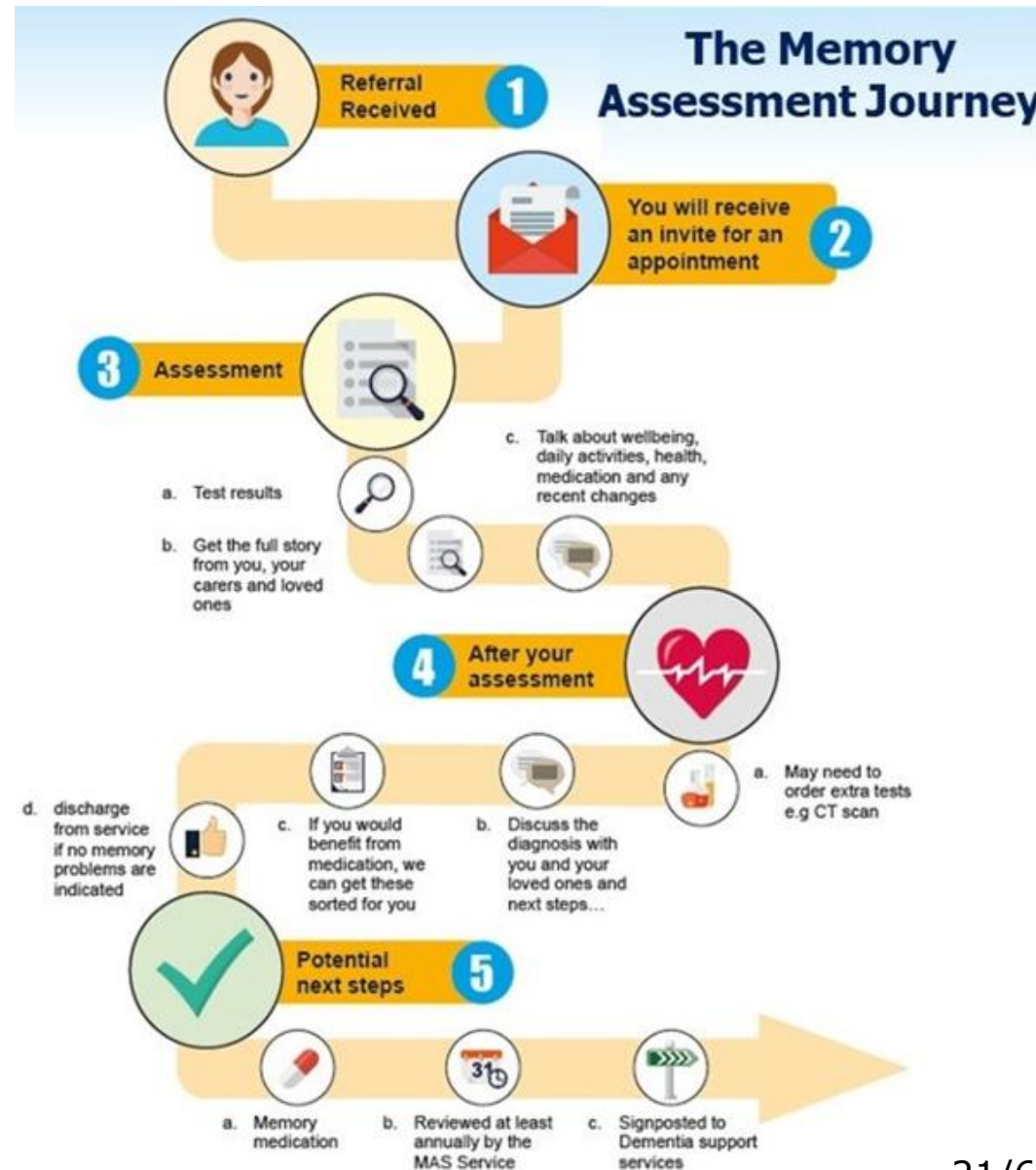
The aim of **Workstream 2(a)** is to ensure the development and creation of a seamless and **robust pathway** for people assessed and diagnosed with Dementia, their carers and others engaged with people living with Dementia.

Memory Assessment Journey leaflet has been developed to send out with all new appointments for MAS.

MAS Website now live including all contact details, services offered, directions.

MAS Central Referral and Booking Centre in place 1st December 2025-11th January 2026. Currently in final review stages of proposed model document. This will improve equity of access across all boroughs. It will allow patients and carers to choose their appointment time and place, and potentially reduce wait times, by using more efficient systems.

SANDBOX Research Study underway – Led by Dr Chineze Ivenso, looking at blood biomarkers in assisting early diagnosis of dementia. Aneurin Bevan are the first Health Board in Wales to work with this research study.

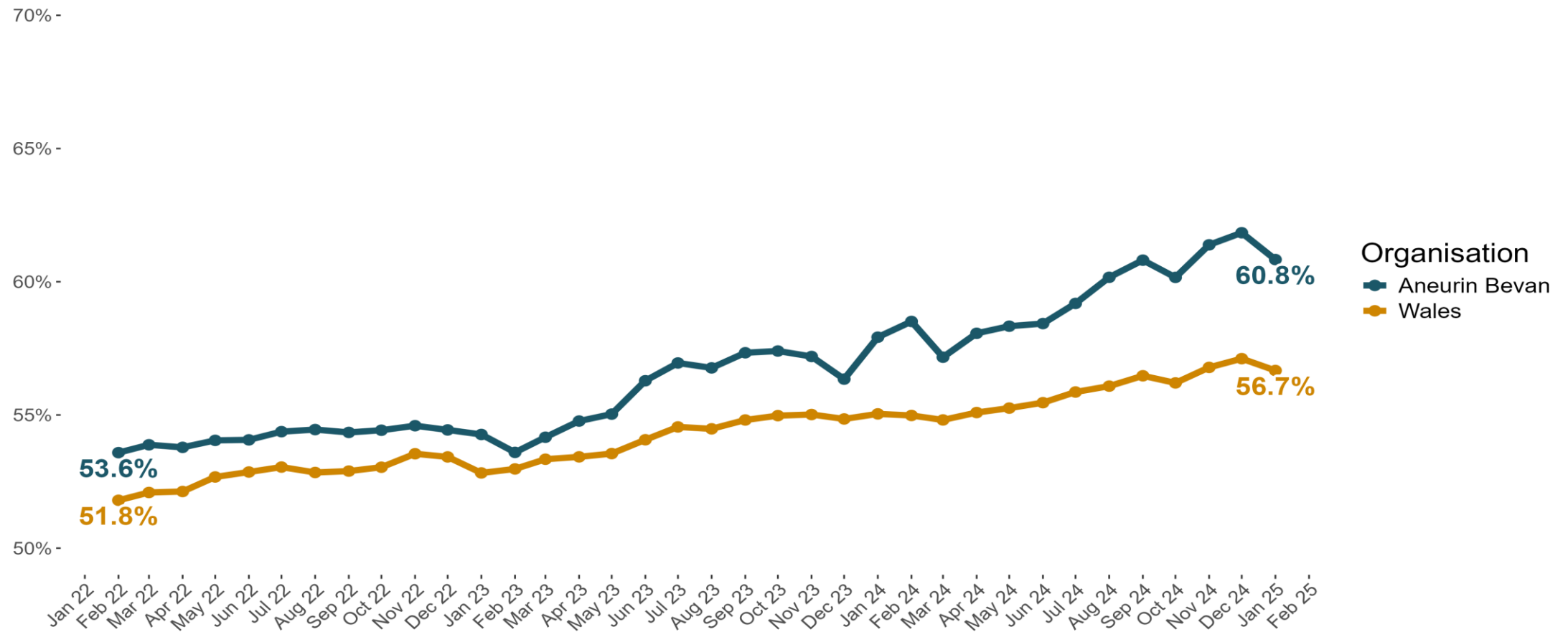


Workstream 2(a)

Memory Assessment Service Pathway

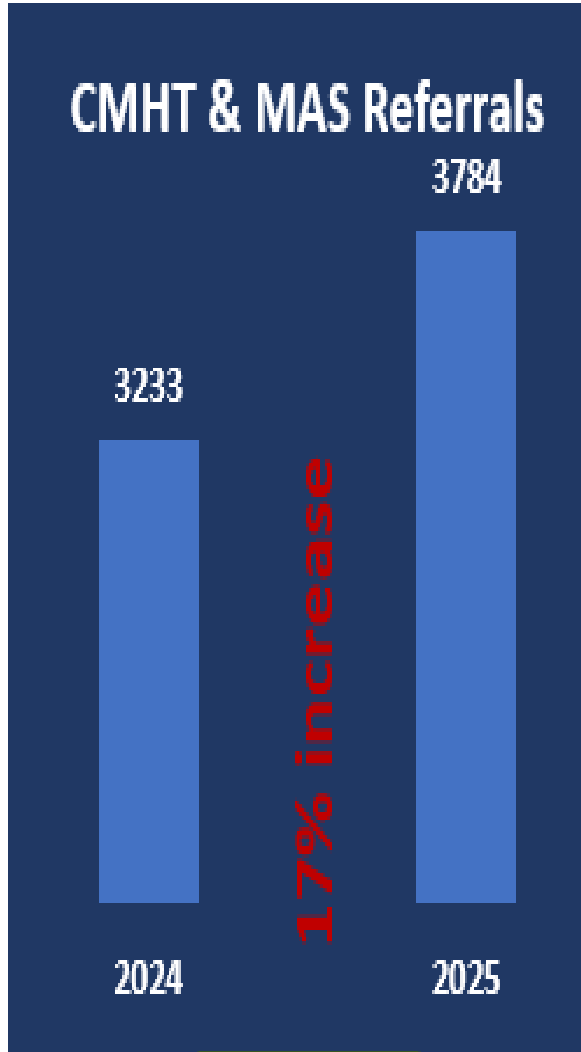
Estimated Dementia Diagnosis Rates: Aneurin Bevan University Health Board

In 2025 **Memory Assessment Services (MAS)** across ABUHB delivered **21,297** appointments, this is an **increase of 668** appointments. There have been further additions to the pathway for support following diagnosis as well as identification and recognition of dementia. Currently the diagnostic rates in the Health Board is above the Wales average.



Rates are not directly comparable with StatsWales or NHS Digital outputs! DRAFT - NOT FOR SHARING

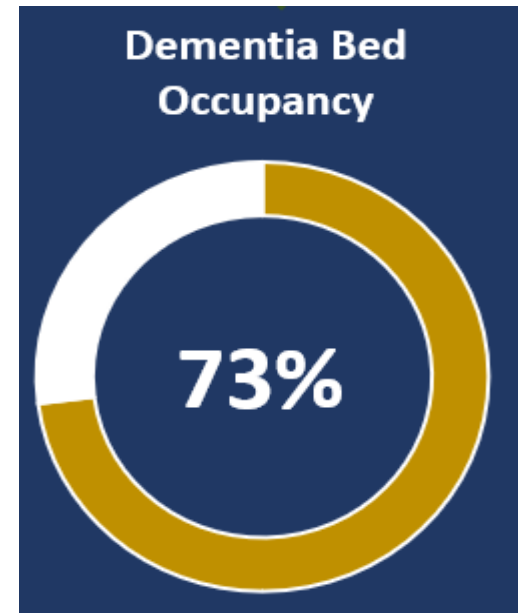
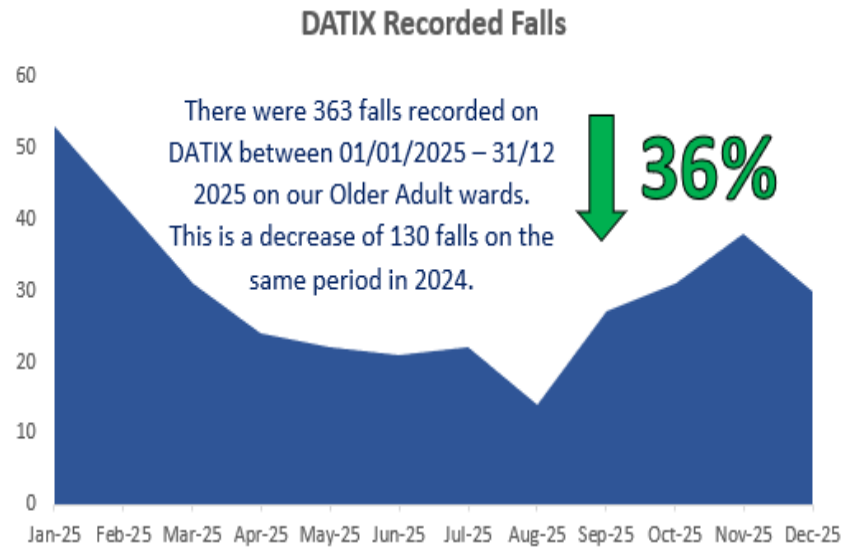
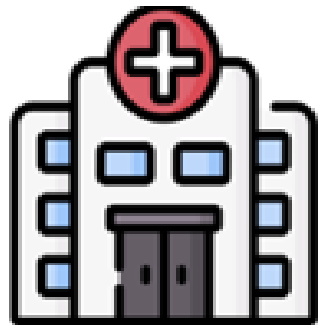
Impact of Improved MAS Pathway.



Older Adult Psychiatric Liaison
Delivered **21,375** hospital appointments.

This is an **increase** of 757 from 2024 (4%)

OPAL completed on average 187 appointments



Memory Assessment Services
delivered 21,297 appointments



Workstream 2(b)

Carers Education and Support

Workstream 2(b) aims to ensure that people living with dementia, carers and families are offered learning, education and skills training. This offer will be 'stage of condition' appropriate and will be provided at significant points of a person's journey.

- The **MEC** (Mapping, Education and Carers) team, have developed a Gwent wide **Carers Information Course** that now runs in six-week blocks in all five Gwent region boroughs. **374 referrals** have been received.
- Carers are also offered **Positive Approaches to Care** training, which is a person-centred approach and intervention in dementia care.
- A **resource pack** for Carers has been developed and is in use. This is in both paper and digital formats.
- The team are currently developing a **Padlet** for Carers to access a wide variety of up-to-date information.
- **National Exercise Referral Scheme** across Monmouthshire continues to run with input from MECS who facilitate Carer Information Sessions.
- **Courses** are also working in conjunction with Cognitive Stimulation Therapy groups in Torfaen with the hopes of expanding this across Gwent.
- **Carers Courses** will soon join with Sporting Memories (Newport Dragons).



FREE INFORMATION COURSE

Do you know someone living with Dementia?
Would you like to learn more

- WHAT IS DEMENTIA
- BRAIN CHANGES & EFFECTS IT MAY HAVE ON THE INDIVIDUAL
- LEGAL MATTERS/LASTING POWER OF ATTORNEY/MAKING A WILL
- ADVANCE CARE PLANNING
- HEALTHY LIFESTYLE
- LIVING WELL & SAFELY AT HOME
- FINANCIAL ENTITLEMENTS
- IMPORTANCE OF PHYSICAL HEALTH

AND MUCH MORE ADVICE & SUPPORT

A FREE information course facilitated by NHS professionals specialising in dementia care, with guest speakers from within the NHS, Emergency Services, Social Care and Third Party organisations.
Local venues, Face-to-Face Courses and Online Out-of-Hours Courses are available.

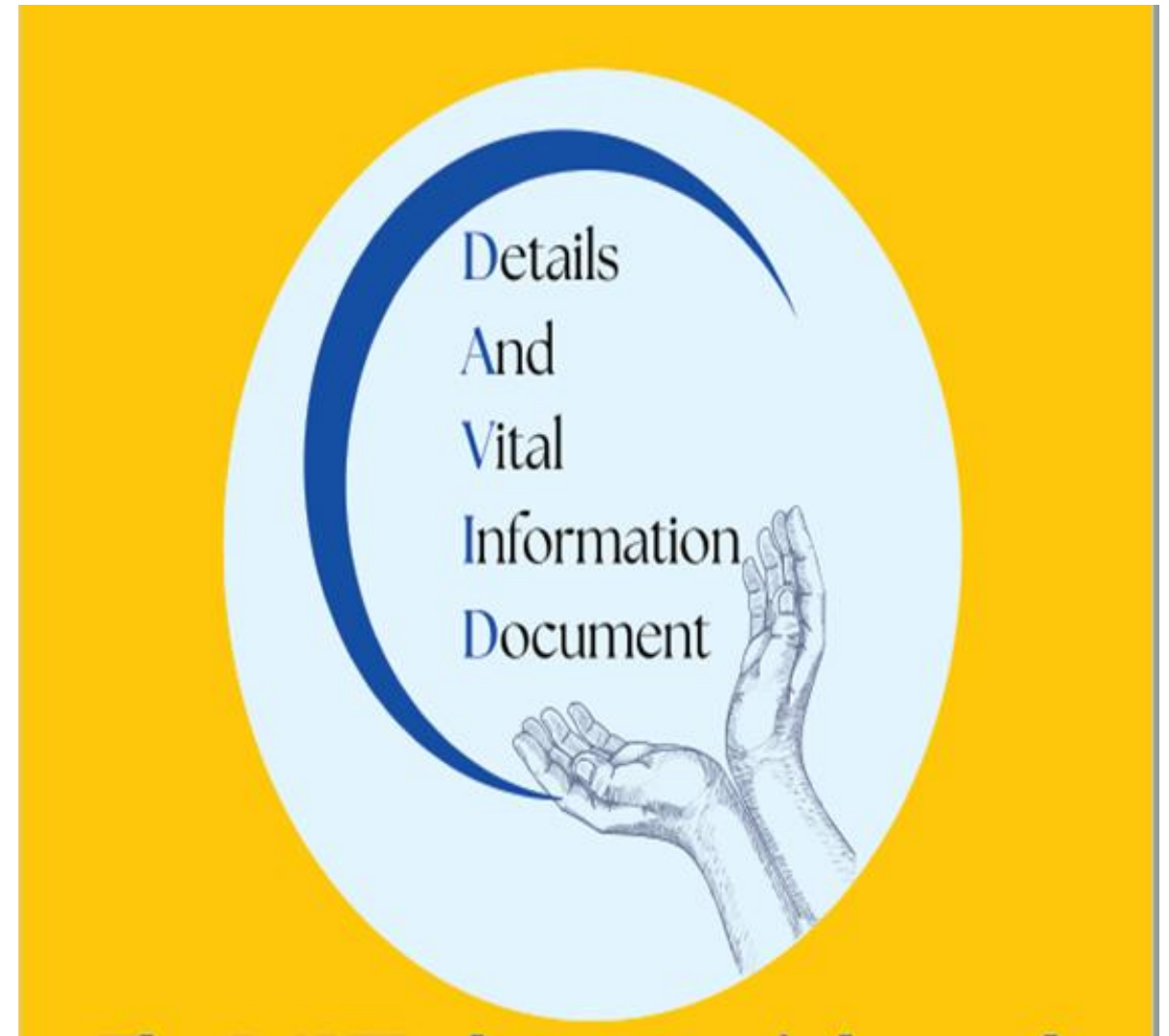
Please call the MEC3 Team on 01495 768637 or email abb.comh.dementiaservices@wales.nhs.uk for information for your local area Or alternatively talk to a health or social care professional for a referral

Details and Vital Information Document (DAVID)

In June 2025 the **DAVID** document was developed and launched by Dawn Morgan, Mapping, Education and Carers lead.

DAVID is a booklet designed to give **carers a voice** in an emergency situation, or when they are unable to communicate for themselves.

The booklet aims to provide **accurate information** in a timely manner, not only about the carer, but also the person they care for. This in turn will help facilitate the right treatment, right care, and to understand individual wishes, avoid or reduce hospital admission and may also help to facilitate discharge.



Workstream 3

Dementia Advisors

Dementia Advisors

Provide support for people affected by dementia to access services within their local area, around their diagnosis, emotional support, benefit advice, LPA applications, assistive technology grants, finance, Hebert Protocol registration, Blue Badge application, DVLA driving assessment, companions, bus pass, Welsh Water, winter fuel schemes, access to tele care, dementia research application, needs and carers assessments applications. We continue to review our Carers Information and Support Programme (CrIsP).



*"I was so unsure to begin with, I thought it was the end for me and my Dementia Adviser helped me sort things out when my family couldn't."
(Person living with dementia)*

In 2025, Welsh Government allocated **100k** to each Health Board to increase the dementia advisor provision.

The Alzheimer's Society are currently commissioned to provide this service.

Dementia advisors are based at each **dementia hub and Memory service** in the five local authority areas.

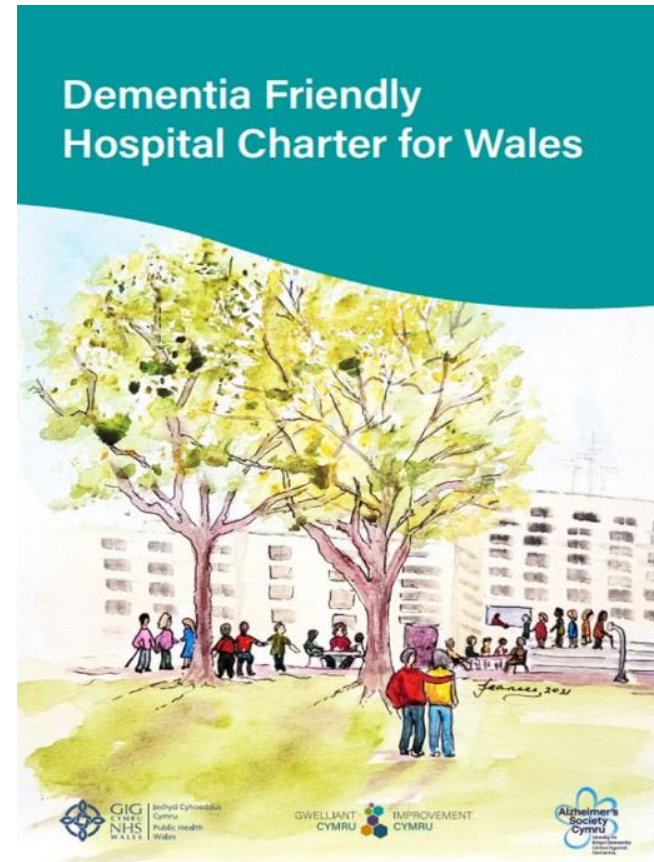
Although this is a strong offer, the **rise in diagnostic rates** will mean an increase in demand. It is predicted that further resources will be required going forward.

Workstream 4

Dementia Friendly Hospital Charter

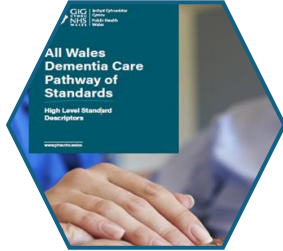
The **Dementia Friendly Hospital Charter** was adopted by the Health Board in 2022. The Charter aims to improve the experience of people living with dementia when they are in hospital. Staff must recognise an individual's personhood, diversity and preferences, recognising the importance of dignity, respect and kindness to embed person-centred dementia care. Much has been done across Aneurin Bevan University Health Board including better support for, and inclusion of carers.

The **3-year action** plan sets out priorities for **2025 – 2028**.



Dementia Hospital Plan Priorities 2025-2028: Our Focus

All Wales Dementia Standards



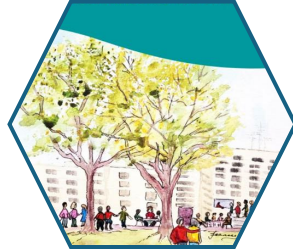
Dementia Friendly Environments



Learning and Development



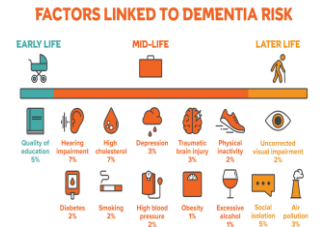
Dementia Friendly Hospital Charter



Dementia Volunteer Companions



Raising awareness/prevention.



Meaningful Engagement



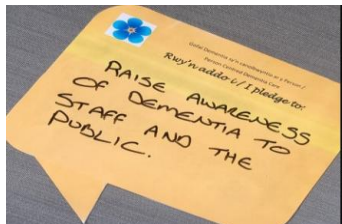
Person Centred Care, Getting to know me!

| MY NURSE TODAY IS: | | MY PREFERRED NAME IS: | |
|--|---|---|--|
| LANGUAGE | <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> British Sign Language | Other: | |
| COMMUNICATION | <input type="checkbox"/> Independent <input type="checkbox"/> Hearing aids <input type="checkbox"/> Lip reading <input type="checkbox"/> Speech-to-text <input type="checkbox"/> Interpreter required | Other: | |
| DIET | <input type="checkbox"/> None <input type="checkbox"/> High energy snacks <input type="checkbox"/> No oral diet Food allergies: | <input type="checkbox"/> Independent <input type="checkbox"/> Assistance needed <input type="checkbox"/> Full assistance <input type="checkbox"/> Dentures | |
| DRINKS | Level 1 Level 2 Level 3 Fluid restriction: _____ ml No oral fluids | <input type="checkbox"/> Sterilized drinks <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Sugar <input type="checkbox"/> Sweetener <input type="checkbox"/> Milk <input type="checkbox"/> Squash | |
| ABILITY | <input type="checkbox"/> Independent <input type="checkbox"/> Assistance Other: | <input type="checkbox"/> Supervision <input type="checkbox"/> Falls risk Other: | |
| OTHER CLINICAL CONSIDERATIONS: include relevant PFLAG symbols here | | | |
| WHAT IS IMPORTANT TO ME | | | |
| MESSAGES | | | |

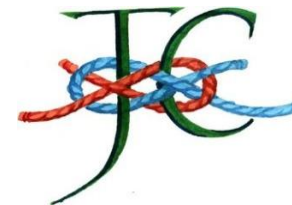
Patient / Carer Feedback

Using feedback to learn and improve care

Dementia Champions



Carers support, John's Campaign



VIPS ward Improvement Plan



Examples of Achievements in 2025/26. Hospital Priorities in Practice



Wards have **proactively engaged** in Ward Improvement Plans to help improve patient experience in their areas.
CIVICA patient experience feedback themes



Professional case discussions and the visibility of the Patient Experience and Involvement Team at ward level, providing coaching, advice and signposting, are having a very positive impact.



Staff feedback evidences that having the dedicated dementia intranet pages and access to expert advice through the dedicated e-mail address has significantly helped.



Alignment with other priority workstreams such as 6 goals, Welsh Ambulance emergency care pathway, deconditioning, nutrition and hydration, discharge groups etc help ensure dementia is a consideration in all areas of care.



Care Fit for VIPS

Aneurin Bevan University Health Board continues to work towards introducing **Care Fit for VIPS** into our hospitals.

Care Fit for VIPS is an online toolkit to improve the quality of dementia care using the internationally recognised VIPS framework. The Toolkit supports hospitals to embed person-centred care based on VIPS principles:

- Valuing people
- Individualised Care
- Persons Perspective
- Supportive Environment



The toolkit is based on Professor Dawn Brooker's widely recognised VIPS framework for **person-centred care**.

Over recent years **15 Ward areas** have implemented VIPS, and a dedicated VIPS tab is now available on the intranet for all areas to access.

Person Centred Meaningful Activities and Engagement

There is clear **research evidence** to show that engaging people in meaningful activity and engagement has significant benefits both to physical and psychological recovery.

NHS Charities Together grant funding has enabled the Team to make significant progress over the past year in rolling out meaningful activities in ward settings.

Phase 1 in general hospitals showed a very positive impact on patient experience. This work continues.

Phase 2 is in progress and will embed a multi-disciplinary approach in the community.

Going forward, the Team aim to develop and **rollout** a meaningful activity strategy to a range of care homes in Gwent, HMP Usk, the hospital wards within ABUHB.

Roll out will be supported by a **practitioner's forum** to support staff, volunteers and carers gain skills, knowledge and confidence to deliver non-pharmacological interventions and embed **person-centred** meaningful activity.



Rhaglen
Ymgysylltu
Ystyrlon

Meaningful
Engagement
Programme



Through the work being carried out for the Meaningful Engagement Programme it was identified that **access to information** resources to support were limited.

Staff needed information to be easily accessible and in one place. In 2025, the Meaningful Engagement Padlet was created.

The **Padlet** provides information, resources, signposting to agencies, departments and services which can help support someone with dementia, their carer and staff. The Padlet is available in **Welsh** and is linked to the intranet and internet.

The Patient Experience and Involvement team are working in partnership to promote the benefits of Meaningful Engagement. Meaningful Engagement promotes person centred care, valuing people and ensuring they feel listened to, included and understood.

Learning as much as you can about the person living with Dementia and working with carers and relatives can help you better understand and tailor activities and engagements to the person, and what matters to them.

Scan here for ABUHB Dementia Page

For any queries please contact us on: ABB.PCCTDEMENTIA@WALES.NHS.UK

Elisa Jones • 1 • 10d

Meaningful Engagement

If you require any further information or access to any of the documents contained within the Padlet, in a different format, please contact abb.pcctdementia@wales.nhs.uk

- Useful Resources
- Events
- Meaningful Engagement
- Training

CARIAD
Care And Respect In All Dementia

CARIAD is a service within the Hospices of the Valleys that aims to improve the quality of life of people living in community with a diagnosis dementia. Our specialist teams combine their expertise to help those living with dementia and their carers to achieve what matters most to them.

Support may include:
• Assessment of individual needs and identifying personal goals

you,
The Alzheimer's Society understands all aspects of dementia and can offer a range of support to carers and those diagnosed with dementia. From listening on the phone to a face-to-face visit we can provide information, support and advice. Including:
• Coping strategies and techniques

Dementia Support Gwent flyer ENGLISH
dementiasupportgwent@alzheimers.org.uk

to book your space, please use our dedicated email address: ABB.PCCTDementia@wales.nhs.uk

Dementia and Meaningful Engagement

DO YOU KNOW SOMEONE LIVING WITH DEMENTIA, BUT NEED MORE INFORMATION, SUPPORT AND ADVICE?

Scan here to access a range of resources on the **Dementia & Meaningful Engagement Padlet**

Scan here to access a range of resources on the Dementia & Meaningful Engagement Padlet



Understanding as much as you can about the person living with Dementia and working with carers and relatives can help you better understand and tailor activities and engagement for each individual, supporting what matters to them.

Scan to access ABUHB Dementia Page

Scan to learn more about Meaningful Engagement

Contact Us
abb.pcctdementia@wales.nhs.uk

Meaningful Engagement Programme

Rhaglen Ymgysylltu Ystyrlon | Meaningful Engagement Programme



Supporting Staff

Over the past year, the team has made numerous visits across Health Board sites to provide **dementia-specific advice**, support, and signposting for staff, visitors, and patients.

These visits ensure that **colleagues feel supported** in delivering high-quality dementia care and that **patients and families** have access to the guidance they need throughout their healthcare journey.



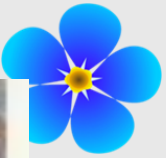
The Patient Experience and Involvement Team (PE&IT) Team have created **Themed Activity Packs** to distribute to all divisions – Ward Activity Coordinators, Volunteers, MAS clinics, Care Homes etc

The packs include a printed suggestion of themed activities, which will include a **'what you will need'** to complete the activity – incorporating the resources delivered by PE&I Team.

These packs will be launched each season a total of **4 times a year**

The packs aim to **encourage** the implementation of Meaningful Activities in all areas, by all members of staff, ensuring Meaningful Engagement remains relevant to person centered care.

The packs include easy **step by step** suggestions to conduct the activities.



The **Activity Co-Ordinator** role has been introduced into some Divisions. Due to some disparity in role functions, a Task and Finish Group has been developed to explore uniformity of roles and provide a supportive structure for those staff already in post.

The role is intended to provide meaningful engagement, emotional, physical and mental support, and stimulation.

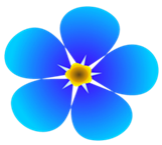
Progress so far:

- 10 Activity Coordinators currently in post
- Task and Finish Group set up with representation from all divisions
- Peer Support group for Activity Coordinators in place
- Support from The Patient Experience and Involvement Team – Regional Meaningful Engagement Dementia Activity Coordinator has worked closely with each Activity Coordinator
- Induction and framework developed/ uniform introduced

Next Steps



A role function scoping exercise has been completed to better understand the current position. This is to be presented to the Divisional Nurse team for consideration of a sustainable model going forward.





Dementia Friendly Environments



| MY NURSE TODAY IS: | | MY PREFERRED NAME IS: | |
|--|---|--|--|
| LANGUAGE |  | English <input type="checkbox"/> Welsh <input type="checkbox"/> British Sign Language <input type="checkbox"/> | Other: |
| COMMUNICATION |  | Independent <input type="checkbox"/> Hearing aids <input type="checkbox"/> Lip reading <input type="checkbox"/> Spectacles <input type="checkbox"/> Interpreter required <input type="checkbox"/> | Other: |
| DIET |  | Menu: High energy snacks <input type="checkbox"/> No oral diet <input type="checkbox"/> Food allergies: | Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Full assistance <input type="checkbox"/> Dentures <input type="checkbox"/> |
| FLUIDS |  | Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Fluid restriction: _____ ml No oral fluids <input type="checkbox"/> | Preferred drink: Tea <input type="checkbox"/> Sugar <input type="checkbox"/> Milk <input type="checkbox"/> |
| MOBILITY |  | Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Other: | Supervision <input type="checkbox"/> Falls Risk <input type="checkbox"/> |
| OTHER CLINICAL CONSIDERATIONS: include relevant PFLAG symbols here | | | |
| WHAT IS IMPORTANT TO ME | | | |
| MESSAGES | | | |

The Dementia Team have supported a wide range of requests across all areas of the Health Board, including ward spaces and clinic environments. This has included work on **signage**, bedside boards, and the use of the Kings Fund **Environmental Assessment**

Through this approach, the Team are helping each area move towards a more **Dementia Friendly environment**, working closely with our Maintenance Teams to ensure improvements are implemented effectively.





ABUHB Dementia Champion Whatsapp Channel

Please scan the QR code to request access to the Dementia Champion whatsapp Channel. This channel will provide a platform to receive Dementia related updates and announcements for our Champions.

This is a confidential, closed channel, accessible to workforce only.



abb.pcctdementia@wales.nhs.uk

Dementia Champions

Over the last year, the PE&IT have developed and implemented a **Dementia Champions Campaign** to help:

- Raise awareness of the role
- Develop and support existing Dementia Champions
- Listen to their feedback
- Recruit new Dementia Champions
- Share the resources available to Dementia Champions
- Share the Reflective Workbook
- Identify those that wish to continue to be a Dementia Champion
- Update the Corporate Register of Dementia Champions
- Provide Dementia Daisy Pin Badge

227 Dementia Champions are currently on the distribution list.

Two **staff videos** have been developed to showcase the role of Dementia Champions and are used as part of our training.

A "**WhatsApp**" group is now established with Information governance support following feedback from staff around access to information.

Volunteer Dementia Companions



Currently there are **61** active Companions

43 of these have been recruited between April 2024 & November 2025

34 active companions have completed the Dementia Awareness & Meaningful Training sessions

10 resource packs delivered to individual volunteers

Volunteers feedback that they would find smaller items like reminiscence cards, dominoes, playing cards, word searches helpful to encourage meaningful activity.

The PE&IT made **resource bags** containing a variety of these items and all volunteers who complete the Meaningful Engagement training now receive a bag to help them in practice.



Good News Stories

Alan – Alan is a regular volunteer on Hafan Deg ward and has become an integral part of the team. He often arranges special events, hosts quizzes and bingo and provides information on how patients are doing. The person he is and the work he undertakes on the ward is valued and appreciated by staff and patients.

Brett – Supported Brett during his induction process with this case with a person with a diagnosis of Dementia, to complete the *This is Me* document during his visit. This was a good exercise for Brett to get to know the client and implement skills to complete the document.

Gillian – Gillian attended a Dementia Training session to support her volunteer role at Chepstow Hospital, following this training, a *Care Home in Chepstow*, participating in the Meaningful Engagement Programme expressed that they would benefit from volunteer visits at mealtimes. Gillian responded to this request and supported the home twice. I hope this was beneficial for the home. I hope to continue this with Gillian for her induction and Gillian now attends once a week to offer her friendly service to the residents.



Intergenerational Practice

Over the past year, the Team have proactively developed meaningful **intergenerational activities** programmes in partnership with schools, colleges, wards and care homes. We know this approach supports:

- Reduction in loneliness/isolation
- Reduction in behaviours that are distressing
- Increased creativity/ mobility
- Increased knowledge about person-centred dementia care
- Reduction in falls
- Positive experience for patient and staff feedback.

The Team have linked the **16 care homes** in the Meaningful Engagement programme to the intergenerational programme with the aim of increasing the relationship between these areas and supporting with learning from schools, hospitals and care homes who already participate in the scheme.

In collaboration with the Health Board, **YYFM** radio production, Hengoed Primary School and **Singing for the Brain** in Caerphilly, children and people with dementia worked together and recorded a wonderful story and play and learned about each other along the way.



GENERATIONAL RADIO DRAMA
A RADIO PLAY PRODUCED BY YYFM IN COLLABORATION WITH 'SINGING FOR THE BRAIN' AND PUPILS OF HENGOED SCHOOL!
COME AND SUPPORT US!

The story written by Peter Grehan begins with an older gentleman sitting alone on a bench, seemingly confused and unsure of his surroundings. Three children come across him during a walk and gently ask if he's okay. From this small act of kindness, a touching journey unfolds—one that explores memory, empathy, and the simple beauty of human connection across generations.

DATE
20 JUNE 2025





Older Adult Mental Health Dementia Care Wards

- **Education:** Staff training in Positive Approach to Care, Living Well with Dementia, Therapeutic Observations.
- The **Journey of Achievement** core skills training for our HCSW's commenced.
- **Dementia Care Mapping:** three monthly cultural maps and individual referrals.
- Plan to implement **Patient Observation and Reflection Tool (PORT).**
- **FIND ME- Research Project** exploring the role of carers while the person living with dementia is admitted to the dementia wards.
- **Carers Education / support:** Some 1:1 support offered to carers of the person living with dementia while an inpatient.

AMaT Ward Accreditation Programme

- **Annwylfan Ward** achieved Silver Accreditation in December 2025.
- **Cedar Parc and Sycamore** have achieved Bronze Accreditation in November 2025, with Sycamore working towards Silver assessment in February 2026.

Older Adult Mental Health Ward - Environmental Improvement

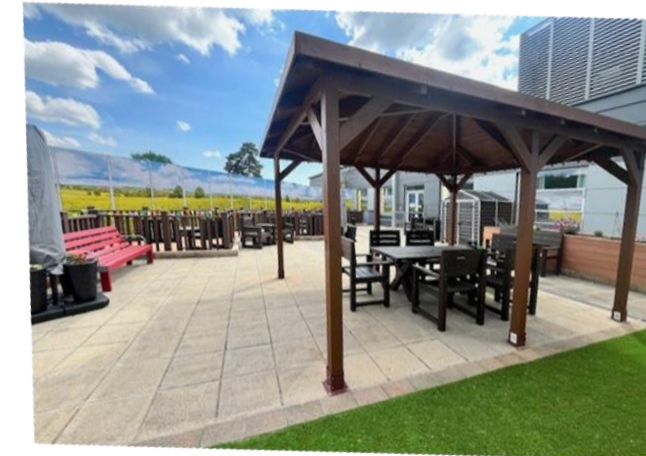
Cedar Parc Ward received capital funding to have all of their bedroom doors replaced as part of a wider Health Inspector Wales action plan. The doors have "Visomatic" panels to aid patients' privacy and dignity.

Sycamore Ward received capital funding to have lighting replaced with LED lighting, which has brightened the space up, especially the internal corridors with no natural light providing an improved environment for patients.

Annywlfan Ward had a refurbishment of their outdoor space. April 2025 with an official opening 'Garden Party' in July attended by people residing on the ward and their family members, staff, volunteers and senior health board managers.

It was important that the **dignitary** officially opening the garden was a person residing on the ward and had showed great interest throughout the refurbishment

Impact reviews indicated **improvement in wellbeing** and reduction in incidents reported.



**Workstream
5(a)
Learning
and
Development**

At the heart of the **Dementia GoodWork Learning and Development Framework** is what matters to people living with dementia, and aims to empower patients, carers and health and social care staff to ensure dementia care is person centred.

What we achieved during 2025/2026:

A series of **learning** provided by specialists in areas of practice as well as Staff Induction sessions, meaningful engagement and external learning opportunities have been secured and shared with all ABUHB and Regional **multi agency services workforce, Nursing and Residential Care homes and prison care units** within the 5 boroughs.

Although much has been achieved this year and there are clear priorities identified in the workstream 5 action plan the delivery of the learning will be a major challenge.

The achievement of securing a **practice educator** from the NHS together charity for the period of 18 months ended on October 1st, 2025. There is no further funding identified to allow for continuation of this level of learning opportunities and therefore no room for growth to meet demands.




Training Delivery

A total of **1,049** staff received training through the reporting period.

Breakdown of Sessions Delivered:


- 51 sessions delivered directly within **care homes**
- 24 monthly open-access sessions available to all staff across the **Health Board**
- 2 bespoke sessions delivered to **Hospice of the Valleys**
- 4 **RCN Cadets** Sessions
- 2 **A+E** specific Sessions
- 4 Dementia Experience Sessions
- Including **prison** staff.

Sessions throughout 2026 are scheduled for once monthly in different locations and are open to all staff.




Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

DEMENTIA AND MEANINGFUL ENGAGEMENT



PATIENT EXPERIENCE AND
INVOLVEMENT TEAM



Rhaglen | Meaningful
Ymgybylta | Engagement
Ystyron | Programme

The previous **Bite Size** sessions were reviewed and recommenced from 4th September 2025 with sessions including:

- Brain Health, RITA, Oral Care,
- Nutrition and Hydration
- Future Care Planning,
- Pain Management and Speech and Language.
- Sessions are delivered by facilitators who are
- experts in their field.

As of December 2025, **251** staff have attended the Bite Size sessions

These sessions are scheduled to run for a further 12 months.

In addition to this we have created a library of Bitesize videos to improve access for all staff.

Dementia Bitesize Sessions

| | | |
|---|--|---|
| SEPTEMBER 4 Brain Health 1.30pm Sonya Foley | SEPTEMBER 10 RITA 1.30pm Mike Hamilton | SEPTEMBER 18 Oral Care 1.30pm Carolyn Joyce |
| SEPTEMBER 24 Nutrition & Hydration 1.30pm Donna Price | SEPTEMBER 30 Pain Management 1.30pm Lisa Jones | OCTOBER 14 Speech & Language 1.30pm Laura Banci |
| OCTOBER 30 Brain Health 1.30pm Sonya Foley | NOVEMBER 5 RITA 1.30pm Mike Hamilton | NOVEMBER 13 Oral Care 1.30pm Carolyn Joyce |

Brain Health

The newly developed Prevention, Brain Health information session promotes awareness of the **14 risk factors** for dementia with the aim of increasing knowledge and understanding of a healthy brain and reducing risks associated with dementia.

FACTORS LINKED TO DEMENTIA RISK

EARLY LIFE



MID-LIFE



LATER LIFE



Quality of education
5%



Hearing impairment
7%



High cholesterol
7%



Depression
3%



Traumatic brain injury
3%



Physical inactivity
2%



Uncorrected visual impairment
2%



Diabetes
2%



Smoking
2%



High blood pressure
2%



Obesity
1%



Excessive alcohol
1%



Social isolation
5%



Air pollution
3%



Dementia Experiential Learning Day

In response to requests from staff who had visited The “Dementia Bus” (private provider £1000 per visit to Health Board) a **bespoke** Dementia Experience Learning day was developed.

The Team secured funding from the Regional Workforce Group to help purchase a variety of **learning aids** to assist the plan of learning.

The day is delivered by **specialist clinicians**, audiology, pain management, optometry, Mental Health and patient experience and involvement dementia specialist practitioner.

3 further dates have been agreed throughout **2026**, multi-agency and multidisciplinary attendance.

A bespoke **Influencer** session was created for the **Older People's Commissioner** and **Gwent Councillors** to attend with other senior staff in health and local authorities.



Workstream 5(b) Monitoring

The Dementia Team have supported workstream leads to identify what **data** is already collected and where there are gaps. The Team has also connected with performance and measurement leads within quality assurance departments, Local authority, wider Health Board and our Dementia Friendly communities, to collaborate on this work.

The **National Audit For Dementia** is currently under review, national KPI and benchmarking targets will be shared with Health Board when agreed.

The Health Board has an annual reporting process for Dementia which is supported by the **Regional Dementia Strategic Partnership**.

AMaT audit process monitors Ward Standards

Patient, carer and staff experience is monitored through the Patient Experience and Involvement Team and reported on annually. Wards have proactively engaged in Ward Improvement Plans to help improve **patient experience** in their areas.

Professional case discussions and **coaching** alongside the visibility of the Patient Experience and Involvement Team at ward level are having a very positive impact.

Staff feedback suggests that having the dedicated dementia intranet pages and access to **expert advice** through the dedicated e-mail address has significantly helped.

Local and National benchmarking and **recognition**.

Listening to People and Responding to Feedback

Created Dementia Hubs across all five local authority areas to improve access to information and support described as a "lifeline" by families.

Developed the DAVID Document to give carers a voice in emergencies and ensure staff understand the person—created directly in response to carers' needs

Created multiple **Padlets** (Regional Dementia Padlet, Meaningful Engagement Padlet, Carers Padlet) improving access to guidance / signposting.

Introduced bespoke dementia training, including the Dementia Experiential Learning Day, as staff requested deeper understanding of the lived experience.

Expanded Dementia Aware Sessions and trained additional Session Leaders to meet demand from staff and community partners.

Created Memory Assessment Journey leaflet to improve communication with patients/carers following unclear pathways feedback

Improved ward environments (lighting, signage, gardens) following patient/carer feedback about orientation, comfort and dignity.

Developed themed activity packs after staff reported needing easy-to-use tools to support meaningful engagement.

Designed volunteer resource bags after volunteers said they needed small, practical activity items to better support patients.

Strengthened communication pathways e.g. single point of access, supporting communication with wards etc

Responded to Civic feedback themes (e.g., boredom, lack of activity on wards) by delivering training, resources and improvement plans.

Enhanced the Dementia Champions campaign based on staff requests for visibility, clarity of role and improved communication

Delivered Carers Information Courses to meet carers' requests for more support, knowledge and skills.

Expanded intergenerational practice following positive feedback about benefits to wellbeing, connection and activity.

Built meaningful activity programmes responding directly to patient/staff feedback on the importance of engagement for recovery and wellbeing.

Recognition of Good Practice

The Home-Based Memory Rehab Team from Older Adult Mental Health , Occupational Therapy were **highly commended** in the award for Excellence in Rehabilitation in the Advancing Healthcare Awards Cymru.



Lisa Payne, Ward Manager, Sycamore Ward received **runner-up** for Nurse of the Year for the RCN Awards 2025

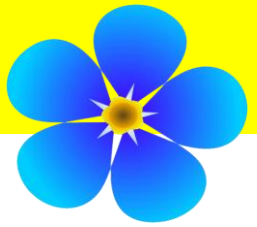


Amanda Strange, HCSW in MECs **won** HCSW of the year for ABUHB, as well being a **runner up** in the RCN Awards for HCSW of the Year



Dr Ivenso has **won** an Innovation in Health Care award for MediWales for her work with Dementia research.

Conclusion



The Regional Dementia Strategic Partnership continues to drive delivery of the All-Wales Dementia Action Plan and Dementia Standards.

This year has seen significant progress across all dementia workstreams, with improvements grounded in collaboration, co-production and person-centred care. People's feedback has directly shaped developments, ensuring services focus on what matters most.

Feedback from people living with dementia, carers and staff is shaping improvements and ensuring services are person centred. The partnership remains committed to continuous learning, inclusion and improving lived experience across the region.

Despite future funding uncertainty, the partnerships shared vision and regional collaboration place Gwent in a strong position to continue improving dementia care.

Ongoing review of the dementia programme will be overseen by the Regional Dementia Strategic Partnership.

Llais Gwent Region – Report for Aneurin Bevan University Health Board, Public Board Meeting.

March 2026



To inform Aneurin Bevan University Health Board of current issues of concern, and positive observations, or public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health and social care services.

Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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|---|----|
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| Local 'Gwent' activities and feedback | 7 |
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About Llais



We believe in a healthier Wales where people get the health and social care services they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure decision-makers use your feedback to shape your services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

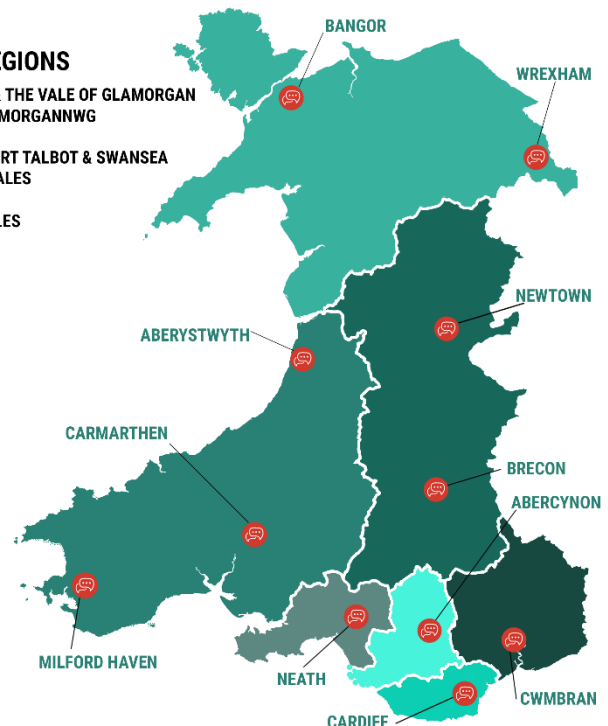
We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong, we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.

LLAIS REGIONS

- CARDIFF & THE VALE OF GLAMORGAN
- CWM TAF MORGANNWG
- GWENT
- NEATH PORT TALBOT & SWANSEA
- NORTH WALES
- POWYS
- WEST WALES





The purpose of this report is to inform Aneurin Bevan University Health Board of current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health and social care services.

Llais continues to work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS and social care, to monitor and consider routine and urgent service changes. We also continue to provide independent Complaints Advocacy Service.

A National Conversation: Llais Strategic Plan 2024-2027



We now have our first national strategic plan. This plan has been created using what we have been told by the people of Wales, by our staff and volunteers and other bodies and groups we work with.

When this plan was being created, we thought about our legal duties and responsibilities such as the Quality and Engagement Act 2020, Equality Act 2010, The Well-being of Future Generations Act 2015, The Welsh Language Standards 2016, The Socio-Economic Duty, the Public Sector Duty, and national plans and commitments such as the LGBTQ+ and the Anti-racist Wales Action Plan, as well as our remit letter.

Building on what we have learned in our first year, we have grouped things into five main priorities:¹

- 1) Drive a national conversation about the future of health and social care services
- 2) Push for services that meet everyone's needs.
- 3) Work together better.
- 4) Help people and services to use technology in ways that work for them.
- 5) Grow and improve as an organisation.

¹<https://www.llaiswales.org/about-us/national-conversation-llais-strategic-plan-2024-2027>

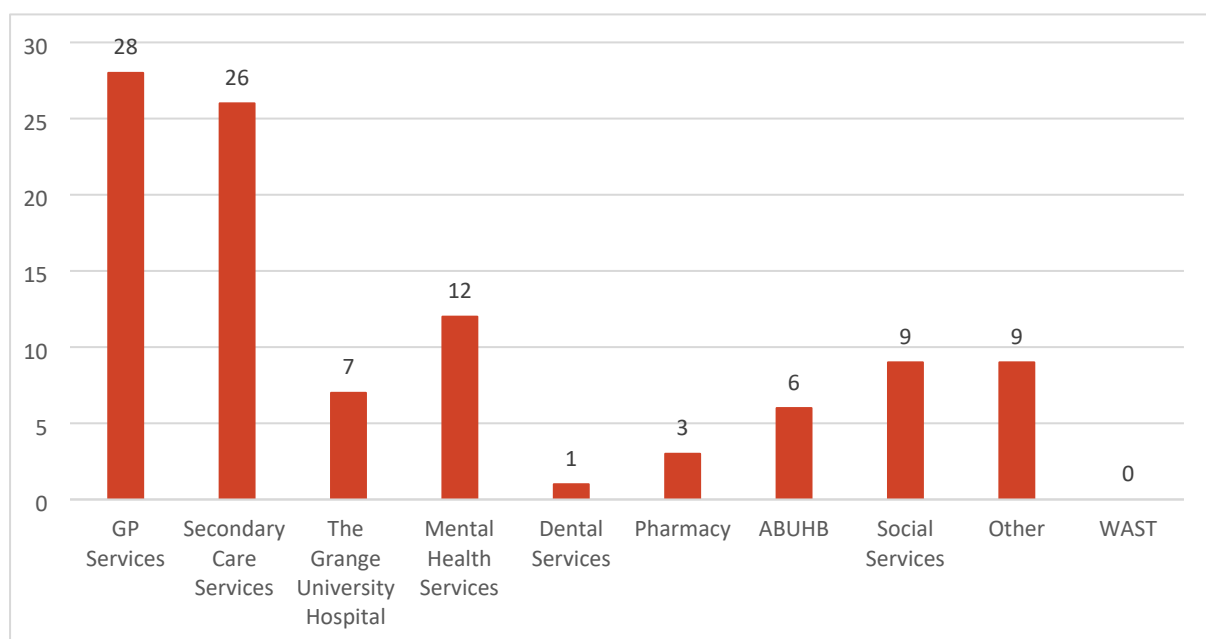


Local activities and feedback:

Gwent Advocacy Service

There were 101 contacts between January and February. 24 were formal concerns and 77 were enquiries that required early resolution or where we are awaiting consent.

Of the 101 contacts, 23 have now been resolved and 78 are still active.



Key Observations:

- **GP Services:** 28 contacts highlighting concerns such as missed or unsent referrals, failure to diagnose, issues with medication reviews, and limited appointment availability.
- **Secondary Care Services:** 26 contacts raising issues including failure to diagnose, long waiting times, discharge practices, and lack of hospital transport.

Engagement and Insights:

The Emergency Department at the Grange University Hospital

Following patient experiences shared with the Health Board, Llais was invited to visit the Emergency Department. A consistent theme emerging from patients and staff related to the significant pressures and challenges facing the service and how it impacts patient experience.

To support a fuller understanding, a wider programme of work is being explored. This will draw on multiple sources of insight, including Civica data, to build a more comprehensive picture.

Based on what we have heard so far, and reflecting on the broader concerns raised, we are keen to ensure we capture patient views as holistically and meaningfully as possible.

Health and Social Care Summit: Hospital Discharge

Llais Gwent brought together health, social care, and third-sector partners to understand the challenges impacting hospital discharge across the region. Participants described delays, communication gaps, and system pressures affecting both patient experience and service flow.

Key Issues Identified

- **Communication gaps** between teams and with families, including unclear discharge dates and roles.
- **Care placement shortages** and limited domiciliary care capacity, leading to prolonged hospital stays, especially for people with complex needs.
- **Fragmented working** across health, social care, mental health and learning disabilities, including slow agreement of Section 117 funding.
- **Limited information sharing** due to incompatible IT systems.
- **Workforce pressures** and inconsistent access to shared training.

Impact on People

A person receiving inpatient care was ready to leave hospital in late 2025, but ended up staying 231 days, including 165 days of avoidable delay, because Section 117 funding for their support in the community wasn't agreed.

A suitable place for them to move to had been found, but the move couldn't happen because funding wasn't resolved, even after multiple meetings and escalation.

The extended stay led to a decline in wellbeing, increased reliance on staff, and a bed being occupied for much longer than needed.

What People Want

Earlier discharge planning, clearer roles, shared budgets, improved information flow, stronger prevention, and consistent mental health and learning disability involvement.

Positive Developments

Emerging improvements include a culture shift around preventing deconditioning and a new regional discharge model being tested at Ysbyty Aneurin Bevan.

Next Steps

Feedback from the forum will inform joint work to develop timelier, coordinated and person-centred discharge pathways across Gwent.

The full report can be accessed [here](#).

ABUHB and Local Authorities: Response to Llais Spotlight on Rural Health and Social Care

Llais has recently published a spotlight on rural health and social care, based on what we've heard through our engagement with people in rural areas of Wales. To read the report in full

<https://www.llaiswales.org/news-and-reports/reports/spotlight-rural-health-and-social-care-wales>

As part of this work, formal representations were submitted to ABUHB and the Gwent Local Authorities, and the following section outlines their response.

1. People want successful rural approaches from across Wales to be scaled up, ensuring support is flexible, locally rooted and community-driven.

Across Gwent (Torfaen, Blaenau Gwent, Monmouthshire, Newport and Caerphilly), best practice is already shared through regional forums including the Gwent Regional Partnership Board (RPB), Public Service Board, and Neighbourhood Care Networks. National learning is also exchanged through Welsh Government Communities of Practice.

ABUHB and Local Authorities will continue to expand integrated, place-based models that are working well—such as Integrated Community Hubs, Home First and strengthened health and social care pathways.

2. People want prevention-focused, local services shaped in partnership with communities.

Gwent partners continue to improve information-sharing through newsletters, events, forums and digital platforms, ensuring citizen voice is central to planning. The Gwent RPB uses a co-production model, supported by the Gwent Citizen Network, to ensure lived experience informs service development. The network is currently under review to strengthen its effectiveness.

Engagement across the region uses mixed methods—community sessions, surveys, online and in-person forums—to reach diverse groups.

Partners will ensure rural needs remain central to planning and will strengthen collaboration with local rural networks, third sector organisations and Llais to maintain inclusive, representative engagement.

3. People want joined-up services

Gwent partners are committed to strengthening integration through regional boards, aligning key strategic planning documents such as the Population Needs Assessment, Area Plan and Market Stability Report. National work on the Integrated Community Care System (ICCS), led by Welsh Government's "A Healthier Wales," aims to support more

joined-up, place-based care. Local models such as Integrated Wellbeing Networks, Community Connectors and link workers complement this approach.

Digital transformation remains a key enabler, with work underway to enhance data-sharing and streamline processes across the region. ABUHB and Local Authorities will continue scaling up proven integrated models and ensure support remains flexible and accessible, including for rural communities.

4. People want more support for community organisations that play a crucial role but face instability due to short-term funding.

Gwent partners value the sector's contribution and continue to raise funding concerns at local and national levels. Work is underway to strengthen the Gwent RPB Third Sector Forum and expand the sector's role in early intervention, prevention and community-based support. A comprehensive mapping exercise is ongoing to understand the full range of third sector provision, whether RIF-funded, contracted or spot-purchased, to inform future planning.

The Llais report is welcomed as a timely reminder of the needs of rural communities in Gwent to support future Health and Social Care Planning.

5. People shared language matters, particularly in mental health and dementia care, and people want services in the language they feel most comfortable with.

Local Authorities across Gwent actively promote bilingual services through the Active Offer, including correspondence, telephone services, early years support and Welsh-medium materials. New policies require commissioned care providers to offer services in Welsh and English. Compliance is monitored through regular audits and collaboration with Welsh-language organisations.

ABUHB also provides an Active Offer, with staff displaying "Working Welsh" badges and prioritising Welsh-medium care where language is a clinical need, such as in mental health, dementia and stroke services. Health and Local Authorities will continue promoting Welsh-language capability as part of regional workforce planning.

The People's Principles

Llais engaged in an all-Wales conversation with thousands of people through national and community events, one to one conversation, and through health and social care networks and associations. This was an opportunity to share experiences of health and social care as part of the Health and Social Care We Want project.

We spoke with people juggling impossible waits, carers stretched to breaking point, and people who told us what keeps them going, what gets in the way, and what they want to be different.

A core message that ran through everything people shared with us was that; people want a health and social care system that treats them like human beings, not numbers.

We've recognised these as the [People's Principles](#):

- 1) Access that works for everyone
- 2) Dignity and respect, every time
- 3) Clear and honest communication
- 4) Joined-up care that feels seamless
- 5) Timely care, and support while waiting
- 6) Care should recognise and respond to the whole person
- 7) Care and support that enables independence
- 8) Inclusive, accessible and fair services for all



Thanks



We thank everyone who took the time to share their views and experiences with us about their health and social care services and sharing their ideas with us.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 26 March 2025 |
| CYFARFOD O: MEETING OF: | Public Board |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Annual Plan (Three Year Intent) 2026-29 |
| 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 2025 the NHS Wales Planning Framework was issued by Welsh Government confirming the policy requirements of the 2026/27 planning cycle. The Planning Framework set out the performance priorities in terms of Ministerial Delivery Expectations (annex 1 of the Planning Framework) and efficiency and service model actions, called "Enabling Actions" (annex 2 of the Planning Framework). 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 Ministerial Delivery Expectations for 2026/27 and a Minimum Data Set (MDS) with detailed information on workforce, activity and finances.

The Plan document, templates and minimum data set form the required submission to Welsh Government on 31st March 2026. 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 escalation arrangements but with the clear ambition to continue to develop and improve in a number of key areas. The plan is purposefully focused 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. In July the Board approved the Health Board's new organisational strategy Gwent 2035: Better Health, Better Care, Better Lives.

Therefore, this IMTP demonstrates the Health Board's approach to embed the three aims of Better Health, Better Care and Better Lives and the actions we will take for the first three years of delivery.

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,
- Divisional and Cross Divisional updates and input
- Enabling functions network input and challenge
- Integrated Partner Network update and input
- Trade Union Partnership Forum and
- Llais

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

Following a reassessment against the NHS Wales oversight and escalation framework in December 2025, the ABUHB escalation levels were raised to:

- Level 4 for finance, strategy and planning
- Level 4 for performance and outcomes related to urgent and emergency care at the Grange University Hospital

This has resulted in the approval status of the 2025 – 2028 IMTP being removed.

On 13th February 2026 the Chief Executive issued an accountable officer letter to Welsh Government confirming the draft position within the financial plan identified a range of forecasts at that stage of £56m to £79m which included the £25m risk associated with Welsh Risk Pool payments.

A Board Briefing session was held on 4th March to outline the different options for the Board to consider on the financial and performance implication for 2026/27. Following a robust discussion, it was agreed to assess further the appropriate balance between meeting patient safety, ministerial priorities and the financial challenges.

A Welsh Government Scrutiny session was held on 12th March which considered the 2026/27 Plan delivery statement, the expected delivery of the Ministerial Priorities & Enabling Actions, and financial assessment. This helped inform the further assessment and assumptions underpinning the plan.

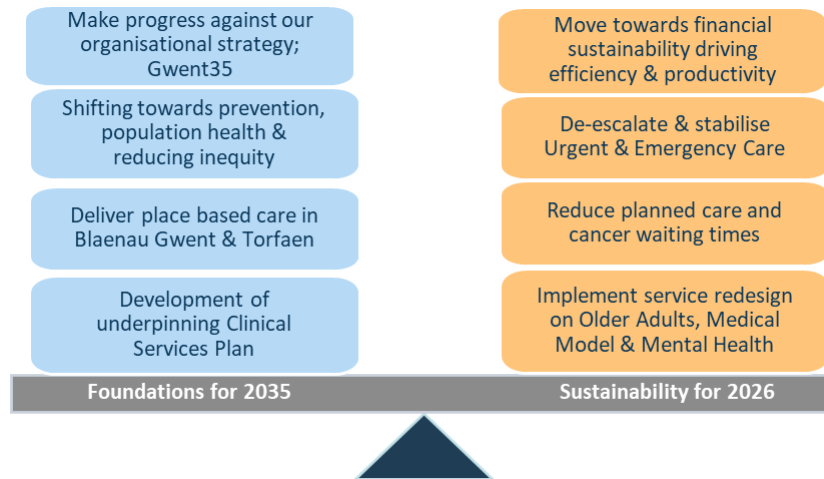
Asesiad / Assessment

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

The plan sets out what we will achieve for our population over the next three years, but with a greater level of detail on the next 12 months. Following the launch of the new organisational strategy Gwent 35 the plan outlines the targeted actions the Health Board will take against the three strategic aims;

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

The below diagram sets out what the Health Board trying to achieve with this plan demonstrating the necessary balance between the foundations for 2035 and the sustainability for 2026;



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



Under each strategic aim 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 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 “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, Ministerial Delivery commitments, these are summarised below:

| Theme | Measure | Baseline | March 27 | Meet Target ? |
|---|---|-----------------|--------------------------|------------------------------|
| Timely Access to Care | Ensure no ambulance patient handover waits over 45 minutes | 1,471 | 354 | No Delivers de-escalation |
| | Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge. | 1,089 | 799 | No Delivers de-escalation |
| | No patients waiting more than 104 weeks for referral to treatment. | 434 | 3,022 | No |
| | Health Boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027. | 55.9% | 75% | Yes |
| | No patients waiting more than 8 weeks for a specified diagnostic. | 2,387 | 0 | Yes |
| Population Health & Prevention | Increase the proportion of children in Wales who are a healthy weight by halting the rise and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. | 75.1% (2023/24) | 76% | Yes |
| | Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and prevention and care. | - | Quarterly reporting | Yes |
| | At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans. | - | 90% (care plan in place) | Yes |

| | | | | |
|---|--|-----------------------|--------------------------|-----|
| | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes. | 44.3% | 50% | Yes |
| Community by Design | Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard. | 180 Vol 6,085 Days | 120 Vol 3,840 Days | Yes |
| | 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. | 75,940 | 118,223 | Yes |
| Mental Health Access (CAMHS & Adult) | Implement and evaluate Open Access Mental Health Support by March 2027. | - | Milestones | Yes |
| | Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027. | - | Milestones | Yes |
| | Improve Physical Health of People with long term mental health problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027. | - | Milestones | Yes |
| Women's Health | Further expansion of the Women's Health Hub model in each Health Board area by March 2027 (aligned to the Women's Health Plan). | - | Milestones | Yes |
| | Improving the quality of our maternity services by reducing perinatal mortality rates. | 5.22 | 5.067 | Yes |
| Quality & Safety | Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate. | 1.36% | Determined through 26/27 | Yes |
| | Days of safe care delivered since the last never event, monitored using SPC T-Chart. | - | Implement | Yes |
| | Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027. | 33.9% | 40% | Yes |
| | The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all Health Boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year. | 88.9% | 91% | No |

This shows that:

- Of the 20 Ministerial Delivery Expectations, 16 are expected to be delivered albeit there are some risks,
- Whilst the planned trajectories for ambulance handovers over 45 minutes and patients spending over 12hrs in ED and MIUs do not deliver against the zero national targets, delivery against these trajectories would deliver against the respective de-escalation criteria,
- For the two other measures in the theme relating to Planned Care, the Health Board trajectory is not able to sustain the low levels of patients waiting over 104 weeks that has been delivered through the course of 25/26. This is due to fact that 25/26 has been enabled by additional, non-recurrent national funding, and five specialties (ENT, General Surgery, Maxillo-Facial, Ophthalmology, and Orthopaedics) have underlying deficits in demand & core capacity which would require significant additional cost to deliver,
- For diagnostics, the Health Board trajectory has the ambition to achieve zero waits in excess of the 8 week standard although there are a number of risks associated with in year pressures impacting on capacity including demand increases in urgents, cancer and routine, workforce pressures etc.
- For the eight NICE diabetes recommended care process, the Health Board will build on the progress from 25/26 and further improve performance to 50%. In addition to this, trajectories to achieve the national standard of 80% are in place for the individual checks for urine albumin and foot surveillance.
- The Health Board seeks to reduce Pathway of Care Delays (POCDs) by both volume and days delayed to their lowest levels.

Financial plan

The aims of the ABUHB Financial Plan for 2026/27 are:

- To develop a refreshed route map to recovery to achieve financial balance over 3 years.
- Reduce the underlying deficit, ultimately to zero.
- Reduce costs & increase recurrent savings across both workforce & non-pay throughout the deployed £2bn turnover.
- Demonstrate full delivery of enabling actions & improve efficiency & productivity across all service areas with a focus on releasing cash.
- Demonstrate benefits realised from investments with quantified metrics & value based outcomes.
- Demonstrate continued financial grip & control and excellent governance.
- Redesign service delivery (back office and patient facing) to operate within affordability limits.
- Manage demand, improve pathways, remove unwarranted variation, focus on improving value to patients.
- Improve allocative value efficiency through strategic prioritisation including shifting services outside of hospitals through community by design and place based care and prevention

To mitigate the underlying deficit of £38.2m, savings have been developed and assumed to offset the underlying position as the first priority, these are assessed at £28m with a further £17m opportunities to be confirmed, this savings target is c. 2% of turnover or over 3% when ring fenced funding is removed and is in excess of the 25/26 levels of savings however there are risks to the full delivery of these currently.




A Quality Impact Assessment process has been undertaken to provide a wider clinical and patient impact assessment of proposals to be considered.

The table below provides a high level summary of the IMTP financial plan for 2026/27, presenting all the above elements to establish a forecast deficit of £43.7m.

| ABUHB 2026/27 | Forecast £m |
|--------------------------------------|--------------|
| Starting Deficit | 18.3 |
| UL adjustments | 19.9 |
| OPENING UL DEFICIT | 38.2 |
| Savings (Green/ Amber) | -21.2 |
| Savings QIA to deliver | -6.8 |
| Further Savings to find (2+%) | -17 |
| TOTAL SAVINGS | -45 |
| FUNDING UPLIFT (& DPIF) | -24.7 |
| Demand & Inflation | 37 |
| National Pressures | 4.4 |
| Local Quality priorities | 1.2 |
| Performance Delivery | 4.6 |
| Winter/ONP | 3 |
| TOTAL COSTS | 50.2 |
| FORECAST DEFICIT (BEFORE WRP) | 18.7 |
| Welsh Risk Pool (WRP) | 25 |
| FORECAST DEFICIT 26/7 | 43.7 |

Plan Summary, Risks and Next steps

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

| Service Change  | Performance  | Enablers  |
|--|---|--|
| Proof of concept for Place Based Care in Blaenau Gwent & Torfaen | Achieve 75% against the Single Cancer Pathway | Embed a consistent Quality Management System across all front line teams |
| Redesign of the Older Persons Pathway achieving care closer to home | Deliver de-escalation criteria for UEC incl. improvement with Ambulance Handovers, 12 hrs waits & ED waits to be seen | Continue delivery of People Plan focusing on retention & attraction, providing opportunities for fair & meaningful work & career development |
| Optimal model for Acute Medicine including Medical Takes and bed base | Reduce pathways of care delays to lowest levels ever achieved | Significant financial savings through driving efficiency and change |
| Mental Health Transformation to deliver service and estate configuration | Deliver 0 patients waiting more than 8 weeks for specified diagnostics | Develop Estates Strategy & undertake 6 Facets Survey |
| Delivery of Preventable Premature Mortality programme & actions to combat Diabetes | Improve theatres and outpatient efficiency | NHH RAAC management and Outline Business Case development |
| Development of the Women's Health Hub | Improvement on 8 care processes for Diabetes | Modernise core clinical digital systems with major programmes incl. LIMS, RISP, Care Cubed & Open Eyes |
| South East Wales Regional priorities through Regional Joint Committee | Further increase weekend community nursing capacity | Develop climate response plan to embed climate adaptation & decarb biodiversity |
| MatNeo reconfiguration progressed to develop transitional care space & additional postnatal beds | Continue to maintain part 1a and 1b for mental health across Adults, Children & Young People | Continue to embed Value Based Healthcare and expand Research to deliver meaningful patient outcomes |

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:

- Continued focus on demand and capacity in areas where there is the largest profile for 104 week waits, and diagnostics
- 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 Annual Plan 2026 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 Annual Plan 2026

Appendices

| | |
|-------------------|--|
| Appendix 1 | Annual Plan 2026 and Appendices 1-4 |
| Appendix 2 | Annual Plan 2026 Appendix 5 (Performance Expectations) |
| 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 |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | N/A |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|--|
| Resource Assessment: | |
| • Workforce | Not Applicable |
| • Service Activity & Performance | Not Applicable |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | Yes Attached An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk |

**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working**

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

Not Applicable
Choose an item.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Annual Plan 2026/27

3 Year Intent

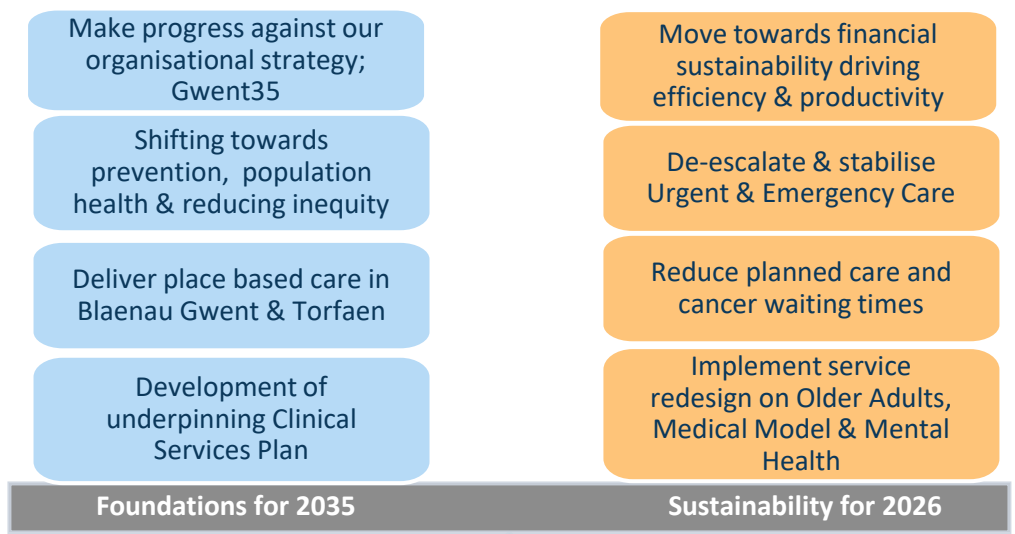




The Health Board’s plan (‘the Plan’) for 2026/27 sets out what will be achieved for the Gwent population over the next three years, but with a greater level of detail on the next 12 months. Following the launch of a new organisational strategy Gwent 35, the Plan outlines the targeted actions we will take against the three strategic aims;

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

Through the Plan we are intent on making progress in our strategic direction as set out in Gwent 35 whilst in parallel addressing the immediate financial, service and quality challenges and opportunities:



Quality and Safety remain a golden thread and our achievements and commitments are evidenced throughout. The plan sets out how we will purposefully advance 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.

Much has been delivered over the past 12 months including:

- Reduced the number of patients waiting over 104 weeks for treatment
- Significantly reduced patients waiting over 52 weeks for outpatients
- Achieving over 80% on mental health Part 1a and Part 1b targets for adults and children
- Significantly reducing the number of ambulance handover delays
- Grange University Hospital achieved its highest ever 12 hour compliance
- Sustained progressed made with Pathway of Care Delays by reducing the volume & numbers of days delayed
- Weight & Measurement at 8 weeks has massively improved throughout the year
- Continued to shift services into the community through common ailment services and independent prescribing in community pharmacies

Despite our continued efforts, the Health Board remains in a higher escalation status of Targeted Intervention for Planning & Finance and Urgent & Emergency Care. 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 non-recurrent initiatives

Following the contents page, a “plan on a page” sets out the framework for the Plan coupled with a Delivery Statement which outlines the key commitments to be delivered in 2026/27. The key below supports navigation and alignment of commitments through all sections of the Plan.

| Action Category | Colour Coding |
|---|---------------|
| Organisation Escalation; Targeted Intervention | TI |
| Partnership Actions (Regional Partnership Board/Public Service Board) | P |
| Ministerial Delivery Expectations (Welsh Government Planning Framework) | MD |
| Enabling Actions (Welsh Government Planning Framework) | EA |



| | | | |
|---|----------|---|-----------|
| Our Plan on a Page | 4 | Section 4 Enablers | |
| Our Delivery Statement | 5 | Workforce & Culture | 44 |
| Section 1 Context & Approach | | Digital Data & Technology | 48 |
| Strategic Context | 6 | Estates | 51 |
| Our Achievements | 8 | Finance | 53 |
| Our Planning Approach | 9 | Green Health | 55 |
| Demand & Capacity | 10 | Value, Innovation & Research | 57 |
| Organisational Escalation - Targeted Intervention | 11 | Our Delivery Framework | 60 |
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| Joint Strategic Assessment | 13 | A1: Ministerial Delivery Expectations | 61 |
| Gwent 35 | 14 | A2: Enabling Actions | 63 |
| Quality | 15 | A3: Quality Statements | 69 |
| Performance Expectations | 16 | A4: Priority Programmes | 72 |
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| Section 3 Strategic Aims | | A5: Life Course Impact Statements | 93 |
| Better Health | 20 | A6: Performance Expectations (Excel Spreadsheet) | |
| Better Care | 25 | TSD1: Ministerial Templates | |
| Better Lives | 36 | TSD2: Minimum Data Set | |
| Section 4 Enablers | | TSD3: Neighbourhood Care Network Plans | |
| Quality | 41 | | |



Plan on a Page

Drivers



Strategic Aims



Enablers





The delivery statement below provides a clear summary of key deliverables and priorities for 2026/27.

Service Change

Proof of concept for Place Based Care in Blaenau Gwent & Torfaen

Redesign of the Older Persons' Pathway achieving care closer to home

Optimal model for Acute Medicine including Medical Takes and bed base

Mental Health Transformation to deliver service and estate configuration

Delivery of Preventable Premature Mortality programme & actions to combat Diabetes

Development of the Women's Health Hub

South East Wales Regional priorities through Regional Joint Committee

MatNeo reconfiguration progressed to develop transitional care space & additional postnatal beds

Performance

Achieve 75% against the Single Cancer Pathway

Deliver de-escalation criteria for UEC incl. improvement with Ambulance Handovers, 12 hrs waits & ED waits to be seen

Reduce pathways of care delays to lowest levels ever achieved

Deliver zero patients waiting more than 8 weeks for specified diagnostics

Improve theatres and outpatient efficiency

Improvement on 8 care processes for Diabetes

Further increase weekend community nursing capacity

Continue to maintain part 1a and 1b for mental health across Adults, Children & Young People

Enablers

Embed a consistent Quality Management System across all front line teams

Continue delivery of People Plan focusing on retention & attraction, providing opportunities for fair & meaningful work & career development

Significant financial savings through driving efficiency and change

Develop refreshed Estates Strategy & undertake Facets Survey

NHH RAAC management and Outline Business Case development

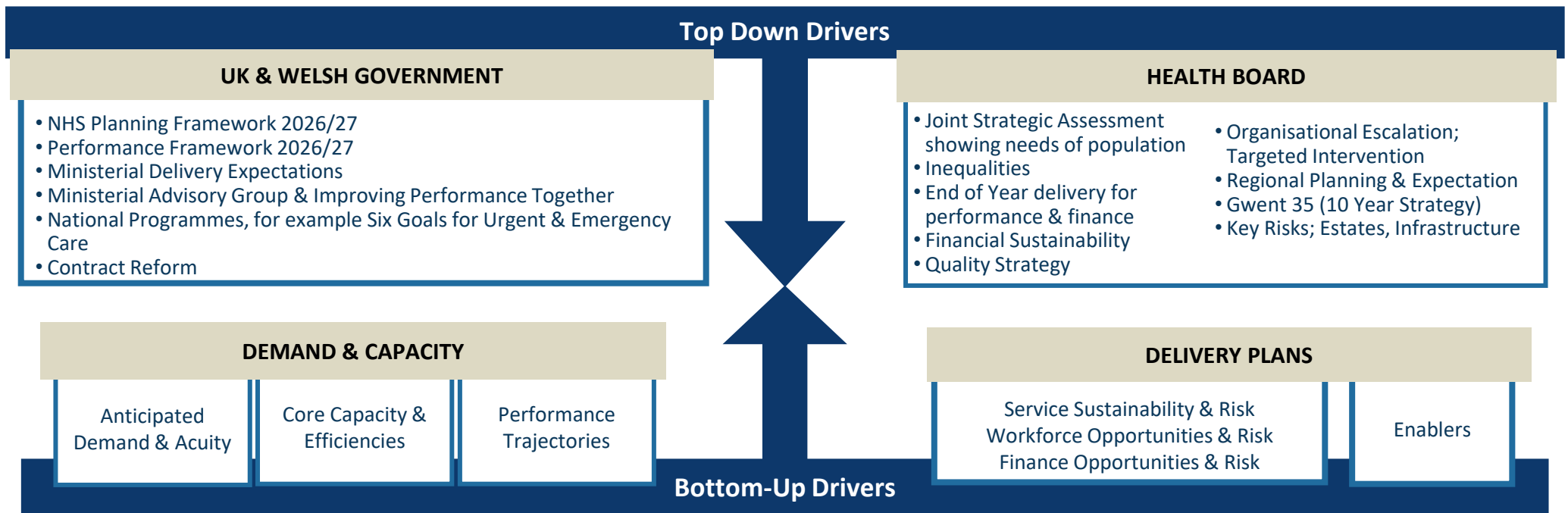
Modernise core clinical digital systems with major programmes incl. LIMS, RISP, Care Cubed & Open Eyes

Develop climate response plan to embed climate adaptation & decarb biodiversity

Continue to embed Value Based Healthcare and expand Research to deliver meaningful patient outcomes



The Plan responds to a number of UK, National, Regional & local drivers that form the strategic context. Throughout the plan we have evidenced our commitment to the duties of quality & candour including implementation of quality statements which have informed our delivery plan development. The launch of our new strategy Gwent 35 champions population health & puts the Wellbeing of Future Generations Act at the heart of everything we do to improve the health of our population through partnerships. Our three Strategic Aims of *Better Health, Better Care, Better Lives* also serve as our organisational wellbeing objectives as required under the Wellbeing of Future Generations Act.



The Welsh Government Planning Framework sets out six three-year strategic priorities. Throughout the strategic aims section of our plan, we have included these priorities & the year 1 delivery expectations in the following areas

| | | | |
|--------------------------------|---------------|----------------------|-------------|
| Timely Access to Care | Better Care | Mental Health Access | Better Care |
| Population Health & Prevention | Better Health | Women's Health | Better Care |
| Community by Design | Better Care | Better Lives | Better Care |
| | | Quality & Safety | Better Care |
| | | | Quality |



We continue to collaborate across Wales to deliver the National Clinical Framework identifying fragile services and the collective actions we need to take for service sustainability.

A key partner and advocate for our population is Llais who have recently published their manifesto & people principles. Gwent35 will enable us to embed the 8 people principles across our organisation ensuring we deliver what matters to our communities;

1. Access that works for everyone
2. Dignity and respect, every time
3. Clear and honest communication
4. Joined-up care that feels seamless
5. Timely care, and support while waiting
6. Care should recognise and respond to the whole person
7. Care and support that enables independence
8. Inclusive, accessible and fair services for all

We continue to embed the social partnership duty and submitted our annual report in September and this is published on our website [Social Partnership Duty Report](#).

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 • Mental Health WCCIS replacement & national eye care digitalisation • Support rollout of NHS App & proof of concept work for national e-referrals • Implementation of digital solution for Healthy Child Wales Programme 2 & E-PMA rollout • Radiology Informatics System procurement, LIMS 2.0 & National digital cellular pathology |
| Health Education & Improvement Wales | <ul style="list-style-type: none"> • Improve retention of staff and attraction through more flexible skill mix • National workforce plans coupled with Education Training & Commissioning pipelines • Increase supply through career entry pathways that improve diversity & widen access • Create compassionate cultures & delivery of leadership programmes • Improve quality & effectiveness of workforce planning • Support transition into employment for students & trainees upon qualification |
| Joint Commissioning Committee | <ul style="list-style-type: none"> • Deep Dives for renal and kidney services, individual patient requests and Thrombectomy • Strategic Reviews for Neonatal, Cardiac, Mental Health, Learning Disabilities and Vulnerable Groups and Ambulance Model • Enabling Projects for pathways ad referral management transformation project |
| NHS Wales Shared Services Partnership | <ul style="list-style-type: none"> • Continue to collaborate with customers to drive efficiencies, improve resilience & support • Support standardisation & value & sustainability e.g. recruitment, procurement & pharmacy |
| Velindre University NHS Trust | <ul style="list-style-type: none"> • Regional oncology workforce plan • Review of Phase 2 of Regional SE Wales AOS Business Case • Development of SACT Outreach services in Gwent • Ongoing work through to spring 2027 aligned to new cancer centre opening |
| Public Health Wales Trust | <ul style="list-style-type: none"> • Working in partnership on national screening programmes & surveillance data • Delivery of data insights that target preventative work programmes • Contribute to the National Child Death Review and embedding local actions • Development and implementation of Health Impact Assessments |
| Welsh Ambulance Service Trust | <ul style="list-style-type: none"> • Support care homes through enhanced education, robust escalation processes • Simplify access to urgent & emergency care services through single point of access • Delivery of right place, first time pathways for appropriate patients who could benefit from an initial timely assessment through an alternative service |



Achievements

Throughout 2025/26 a number of achievements have been delivered, below is a selection mapped against the 12 Health & Care Quality Standards:

Leadership

- 864 colleagues completed leadership programme
- Talent & Succession Planning Framework embedded
- Nursing & Midwifery Leadership Academy supporting progression – 32% achieving promotion
- Good Governance Institute development programme with Board and Executive team

Whole System Approach

- Strengthening South East Wales leadership through Regional Joint Committee
- Strengthened partnership delivery across Public Service Board, Regional Partnership Board & Integrated Services Partnership Boards in each locality
- Expanded Place Based Care through Integrated Teams
- Embedding support for families & children at the edge of care

Learning, improvement & research

- Quality Management Framework & System launched
- Expanded patient & staff stories as a core part of learning & improvement
- Continued implementation of research & development strategy and achieved 80% Time to Target research performance
- Delivered local Value Based Healthcare education programmes

Workforce

- Refreshed People Plan 2025-30 approved & launched
- Nursing & Medical vacancies reduced through targeted recruitment & retention
- Further reduced reliance on variable pay
- Widening Access opportunities enhanced working with partners & education providers

Culture

- Speaking up Safely culture strengthened
- Increase in NHS Wales Staff survey, staff engagement increased from 13.3% to 32.5%
- New Values & Behaviours Framework co-produced & launched
- Strengthened quality, diversity & inclusion culture aligned to national frameworks

Information

- Continued high utilisation of HealthPathways platform
- Improved data infrastructure for quality reporting
- Improved population health intelligence through Joint Strategic Assessment
- AMaT embedded as a single transparent audit system
- Sustained & significant improvement in Nationally Reported Incidents compliance

Safe

- Continue to be one of the highest in the All Wales peer group for Risk Adjusted Mortality Index
- Strengthened Deteriorating Patient & Sepsis Pathway
- Enhanced Infection Prevention Control & Health & Safety Compliance
- Strengthened End of Life Care & Bereavement Support (GRACE Model)

Timely

- Increased utilisation of Same Day Emergency Care
- Part 1a & 1b Mental Health Targets exceeding national target of 80% for over 18s & under 18s
- Improved Urgent & Emergency Care Flow & Ambulance Handovers
- Increased diagnostic capacity & reduced long waits
- Reduced waiting times for treatment & outpatients

Effective

- Continuing to improve rates of See on Symptom & Patient Initiated Follow Up
- Acute Frailty Response rolled out across all sites
- Increased uptake of Common Ailments Service & number of Pharmacists with Independent Prescribers
- 161 areas now taking part in ward accreditation programme with 38 at bronze & 10 achieving silver

Efficient

- Improved theatre efficiency and GIRFT aligned productivity gains
- Reduction in outsourced diagnostic reporting
- Improved Flow Centre efficiency (GP & WAST referrals)
- Cancer straight to test and pathway redesign
- Increased use of High Volume Low Complexity Lists
- Achieved 40m financial savings

Equitable

- Targeted vaccination equity work
- Cancer prevention and screening outreach in low uptake communities
- Acute Frailty & Older People Safety Improvements
- Continuation of the Women's Health Network
- Pilot Youth Board to strengthen young people's voice
- Best Start in life programme improving early years equity

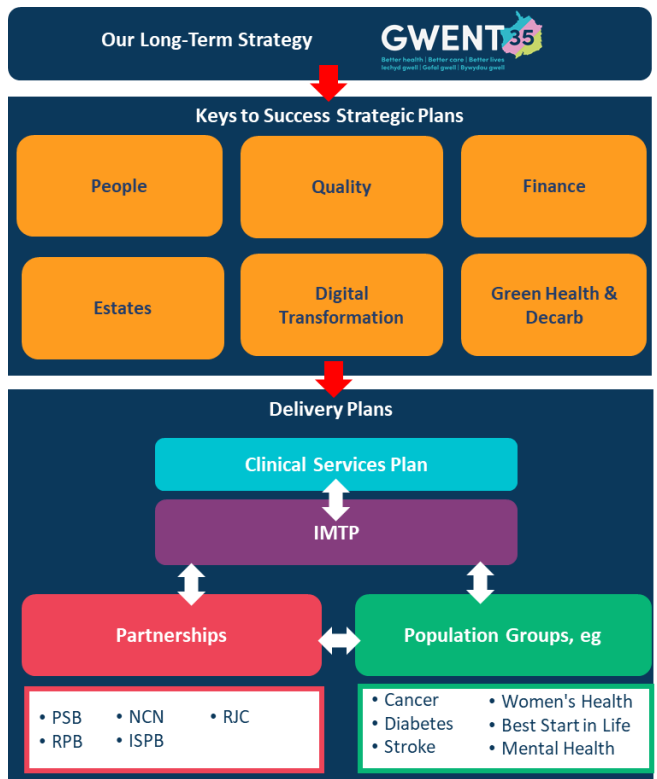
Person Centred

- Expanded PROMs and PREMs collection
- Continued development of Health & Wellbeing Centres
- Expansion of Diabetes Prevention Programme
- Improved Putting Things Right experience through more timely responses
- Continuation of co-produced social prescribing model



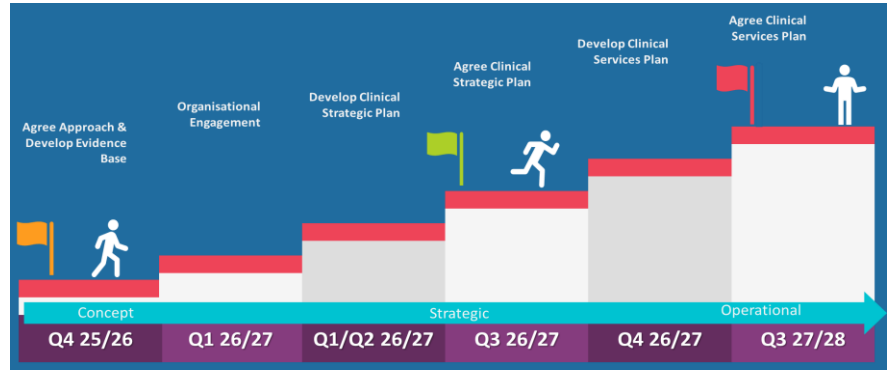
Planning Approach

We have introduced a strengthened organisational planning framework, aligning the Plan with the new strategy Better Health, Better Care, Better Lives. This year marks a significant shift by setting multi year commitments directly linked to strategic aims, explicitly embedding strategy delivery into the organisation's core business processes.



Substantial progress has been made in redesigning clinical services, beginning with the development of new models ahead of the Grange University Hospital (GUH) opening. Since GUH became operational, the clinical redesign programme has driven major service changes such as MIU reorganisation, centralised stroke rehabilitation, and revised maternity provision. Parallel developments have strengthened Mental Health care models and advanced the ambition for Place Based Care.

Regionally and nationally, the Health Board is working with partners to stabilise fragile services and ensure long term sustainability. The foundations of a clinical services plan are already in place; the next step is to bring this work together through strong clinical engagement to ensure it is future fit. The accompanying diagram sets out the key steps to complete the Clinical Services Plan.



The South East Wales Regional Joint Committee (RJC) first met in October 2025 and brings together ABUHB, Cardiff & Vale, and Cwm Taf Morgannwg UHB to oversee regional planning and service delivery for a population of more than 1.5 million. For 2026/27, the RJC has set four priorities:

- Deliver existing regional programmes (Ophthalmology, Orthopaedics, Diagnostics and Llantrisant Health Pak (LHP))
- Develop an operating model for the RJC including a framework for regional commissioning and contracting.
- Create a process to identify and prioritise opportunities for regional clinical services.
- Develop and implement a regional digital plan to support regional working.

To guide plan development, a number of planning assumptions were set and communicated throughout the organisation outlining expectations and required ambition within available resources. These included:

- Prioritising patient safety & applying QIA screening for changes affecting care
- Delivering a balanced budget
- Moving to a sustainable workforce model and reducing variable pay
- Demonstrating efficiency opportunities within core capacity
- Setting realistic progress against Ministerial targets based on available resources



Demand & Capacity

The Health Board continues to refine and mature its demand and capacity capability and methodologies, key highlights and challenges from this year's forecasts include:

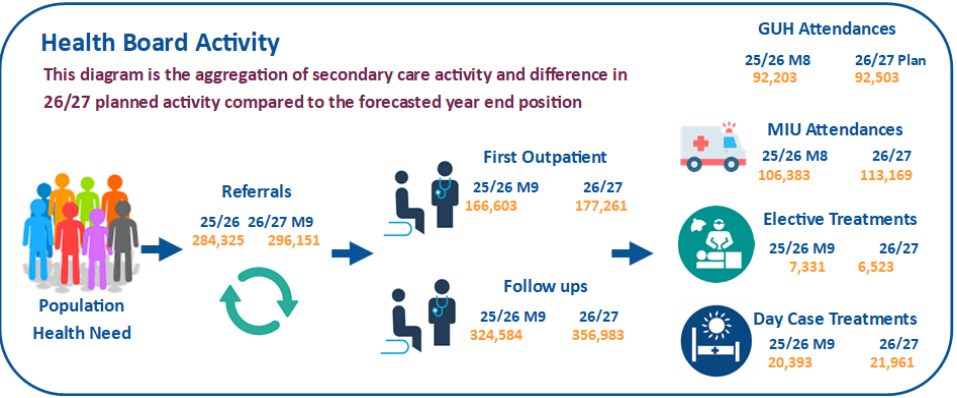
Primary and Community Care: GMS appointments in Primary and Community Care are projected to decrease by 7.6% in 25/26; with no recovery expected in 26/27. Urgent Primary Care is forecasted to grow by 4.8% depending on funding and care navigation. Driven by the new dental contract Emergency Dental activity is expected to drop 7.5% in 25/26, and then stabilise for 26/27. Optometry activity is forecasted to rise by 2% (2026/27), predominantly due to WGOS 4 and 5, and the Common Ailments Scheme activity is forecast to grow substantially by 19.1% however risks to achieving this are any pharmacy closures. District Nursing activity is expected to rise by 3.4%. CHC placements likely to remain at current levels pending changes in investment.

Mental Health services, including Adults and CAMHS: The impact of Open Access is still emerging and may affect the current assumptions with only modest demand growth expected and current modelling indicating the ability to sustain 80% performance levels. There are areas that indicate a rising risk due to rising demand and backlog, especially for Integrated Autism Service and ADHD access. The Memory Assessment Service is also experiencing more referrals and longer waiting lists, with demand exceeding current capacity and affecting diagnostic performance.

Urgent and Emergency Care : Emergency Department attendances are forecast to rise by 2.4% in 2026/27 with MIU activity projected to grow by 6.4% (95,678 attendances). Flow Centre activity via GP referrals is expected to rise by 6.5% and WAST 10% (15,000). Medical referrals from ED to specialty, through the pathway redesign are expected to rise 21.3% (14,400) and surgical referrals up 13.9% (13,308). Acute medical ward admissions are also forecasted to increase by 3.91%; and SAU admissions by 5.46%. Overall emergency assessment attendances are forecasted to rise by 3.8% due to rises in demand with Emergency inpatient admissions forecast to rise by 4.1%.

Diagnostics: For 26/27 CT demand will grow by 6%, requiring 93,100 capacity versus 100,206 demand. MRI activity is projected at 40,000 which is 5% increase from 25/26. Non-obstetric ultrasound (NOUS) demand remains high, requiring 46,590 capacity against 61,452 demand; supported by 9,804 agency or locum hours. Improvements have enabled the elimination of Plain Film outsourcing and capacity set for 26/27 is forecasted at 262,392. Nuclear Medicine activity is not forecasted to increase. Diagnostic Cardiology and Neurophysiology is forecasted to maintain a zero wait list position and through delivery of the Endoscopy plan activity will increase to 22,452 patients and a zero wait list position. Delivery of the diagnostic waits remain vulnerable to a number of in year pressures and present a risk that will require close monitoring.

Elective: Demand is projected to rise in 2026/27, with referrals up 4.2% from 25/26. A focus on productivity and efficiency opportunities is also affecting forecasts. New outpatient appointments are expected to increase by 6.8% and follow-up appointments will grow by 9.9%. Day case activity is anticipated to rise by 7.7% as plans progress to move more activity to day case, Elective treatments are forecast to decrease by 11%. The overall volume of treatments will rise by 2.7% due to improved Theatre efficiency and implementation of the GiRFT standards. Cancer referrals will grow by 3%, stabilising after post-pandemic increases. Although the current trajectory forecasts circa 3,000 patients waiting over 104 weeks, opportunities to improve this internally will continue to be explored and should additional monies be made available, there are draft delivery plans in place to deliver 0 patients over 104 weeks, subject to timing of decisions.



Section 1 Context & Approach



The Welsh Government Oversight & Escalation Framework sets out the approach to national escalation of NHS organisations. In December 2025 the Health Board’s national escalation status was raised to **Targeted Intervention** (Level 4) for Finance, Strategy & Planning, and Urgent & Emergency Care. Progress is tracked by Welsh Government via monthly oversight meetings and internally via a number of mechanisms. The Health Board’s response to de-escalation is also in the context of the refreshed Performance Management & Accountability Framework approved in September 2025 and the self assessment against the updated 2025 Planning Maturity Matrix. Focus will continue into 2026/27 on the actions & improvements required to achieve de-escalation. A Health Board specific Escalation Framework was published in January 2026 and confirms the interface arrangements and de-escalation criteria:

Finance

- Demonstrate that there are robust financial governance & robust financial control environment in place with risks minimised.
- Make substantial progress in delivering the level 4 action plan, including actions to improve the organisation’s understanding of the existing deficit & key drivers & development & realisation of opportunities.
- Demonstrate a clear, credible & deliverable plan to achieve financial balance.

Strategy & Planning

- Submission of a balanced & credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.
- Evidence a clear roadmap & implementation of the health board’s clinical services plan.
- increase Welsh Government’s confidence in delivery based on an assessment against an agreed planning maturity matrix.
- Delivery of commitments set out within the annual plan.

Performance & Outcomes

- Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months & maintained for three months (agreed baseline of 658).
- Continuous improvement towards no-more than 7% of patients waiting over 12 hours at each individual site & across the Health Board (agreed baseline of 7.6%).
- Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes (agreed baseline of 147 minutes).
- Continuous reduction in delayed pathways of care (with a focus on those caused by assessment issues) of 5% for three consecutive months & then maintained (agreed baseline of 165).

The Health Board has a clear ambition to de-escalate from level 4 in both domains and is committed to, via the commitments in this plan, making progress against this ambition to deliver a sustainable platform for further de-escalation and is keen to work with WG and NHS P&I in order to deliver the required improvements. The actions and performance delivery as set out throughout this plan is in line with the detail or the UEC recovery plan and de-escalation criteria. Similarly the financial section of the plan and underpinning detail supports a number of the financial requirements.

The escalation framework sets out the requirement to update the Health Board’s self assessment against the WG Planning Maturity Matrix 6 domains. This assessment is summarised below and an evidence base supports this.

| | | | |
|---|------------------|--|------------------|
| 1. Strategy Development/Clarity of Purpose, Vision & Strategy | Assessed level 3 | 4. Operational Planning | Assessed level 3 |
| 2. Strategy Alignment & Development of an IMTP | Assessed level 2 | 5. Realistic & deliverable | Assessed level 3 |
| 3. Dynamic & engaged planning | Assessed level 3 | 6. Best Practice approach to improvement - | Assessed level 3 |

Section 2 Drivers



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 format. The power of data informed conversations through a prevention lens has become evident since the establishment of the JSA supporting the region to tackle the root causes of the issues. Both the PSB and RPB have accepted the Gwent JSA as the “single source of truth”.

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 partners has allowed a shift in the focus to a wider population health approach.

A clear measurement of inequity across Gwent is the difference in healthy life expectancy, and Gwent has the widest gap of any Health Board in Wales. Males from the least deprived areas live 12.8 years longer in a healthy life state than in the most deprived areas. Females in the least deprived areas live 20.5 years longer in a healthy state compared to in the most deprived areas.

The JSA continues to develop with the establishment of data sharing agreements with partners.

The next refresh is planned for early 2026/27 following refinement and expansion based on wide stakeholder engagement.

Monmouthshire

A rural community bordering England, **Monmouthshire is the least deprived of the five communities**, but it has the highest percentage of adults who drink above the Chief Medical Officers' low risk drinking guidelines of no more than 14 units a week.

| | | |
|--|---|---|
| 6% population increase in 20 years | 3% of people are from an ethnic minority background | 95% are satisfied with their local area as a place to live |
| 44% of working age adults with a healthy weight | 80 yrs life expectancy for males (healthy life expectancy 66 yrs) | 84 yrs life expectancy for females (healthy life expectancy 66 yrs) |
| 17% of males aged 11 to 16 who have tried vaping | 23% of females aged 11 to 16 who have tried vaping | 7% of adults smoke |

Caerphilly

One of the two ex-mining communities in Gwent, Caerphilly covers a large geographical area (107 square miles) and has the **highest percentage of household members who speak Welsh**.

| | | |
|--|---|---|
| 1% population increase in 20 years | 2% of people are from an ethnic minority background | 88% are satisfied with their local area as a place to live |
| 28% of working age adults with a healthy weight | 77 yrs life expectancy for males (healthy life expectancy 59 yrs) | 80 yrs life expectancy for females (healthy life expectancy 58 yrs) |
| 27% of males aged 11 to 16 who have tried vaping | 33% of females aged 11 to 16 who have tried vaping | 14% of adults smoke |

Blaenau Gwent

The birthplace of the NHS, and an ex-mining community, **Blaenau Gwent is the most deprived of the five communities**.

| | | |
|--|---|---|
| 0% population increase in 20 years | 2% of people are from an ethnic minority background | 69% are satisfied with their local area as a place to live |
| 19% of working age adults with a healthy weight | 76 yrs life expectancy for males (healthy life expectancy 57 yrs) | 79 yrs life expectancy for females (healthy life expectancy 55 yrs) |
| 22% of males aged 11 to 16 who have tried vaping | 33% of females aged 11 to 16 who have tried vaping | 16% of adults smoke |

Newport

The only city in Gwent and the most diverse, Newport also has the highest reported domestic abuse rates in Gwent.

| | | |
|--|---|---|
| 11% population increase in 20 years | 15% of people are from an ethnic minority background | 79% are satisfied with their local area as a place to live |
| 34% of working age adults with a healthy weight | 78 yrs life expectancy for males (healthy life expectancy 58 yrs) | 82 yrs life expectancy for females (healthy life expectancy 57 yrs) |
| 22% of males aged 11 to 16 who have tried vaping | 33% of females aged 11 to 16 who have tried vaping | 14% of adults smoke |

Torfaen

One of the most easterly of the South Wales urbanised valleys, Torfaen has the **highest reported number of looked after children** in Gwent.

| | | |
|--|---|---|
| 4% population increase in 20 years | 3% of people are from an ethnic minority background | 91% are satisfied with their local area as a place to live |
| 35% of working age adults with a healthy weight | 78 yrs life expectancy for males (healthy life expectancy 59 yrs) | 81 yrs life expectancy for females (healthy life expectancy 53 yrs) |
| 18% of males aged 11 to 16 who have tried vaping | 26% of females aged 11 to 16 who have tried vaping | 16% of adults smoke |

Section 2 Drivers



In July 25, the new strategy for the Health Board was approved by the Board, Gwent 35: Better Health, Better Care, Better Lives [Gwent 35: Our Ten Year Strategy](#).

The strategy signals a step change – fundamentally rebalancing focus towards healthy communities whilst setting out intent to become powered by innovation & improvement in all we do. It sets the ambition that by 2035 we want everyone to have the chance to live a long, healthy life & improved healthy life expectancy.

After listening to what is important to the people of Gwent, & learning from research, we developed three aims;

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

The values underpinning the strategy are an integral part of the strategic direction. The newly agreed values of — Kindness, Integrity, & Respect — are the foundation of the compassionate care provided, the relationships, & the culture required for the future. The outcomes to achieve our ambition for 2035 focus on:

- The reduction of the prevalence of preventable diseases & the factors that contribute to poor health & support healthy behaviours
- Improving the standards of care & access to local services to enable healthy days outside of hospitals
- Improve access to healthcare services for all communities, community connection & the proportion of budget spend on out of hospital services.

A delivery and deployment plan underpins the strategy in order that Gwent 35: Better Health, Better Care, Better Lives drives not only the direction of travel of services but shapes the “operating model” for the Health Board, embedding the intent of the strategy in all we do. An annual report of strategy delivery & deployment will be developed in September 26.

Strategy Delivery : What we do

The Strategy sets out the strategic actions for 2026/27 & beyond. This Plan and future IMTPs will be a key vehicle through which the strategy will be driven, outlining the actions over 3 year timeframes. There are two key elements that support strategy delivery. The outcomes framework & the strategic plans from the keys to success

Strategy Deployment : How we do it

Strategy deployment relates to “How” as an organisation we re-orientate, review & refresh how we work (our operating model) to ensure the intent, ambitions & goals of the strategy run through everything we do.

Work has commenced to review, test and strengthen the Health Board's Operating Model taking account of Culture & Ways of Working, Organisational Design, Technology & Infrastructure, Governance & Accountability, Processes and Partnerships. The detailed action plan can be found in [Making it Happen, our strategy deployment & delivery plan](#). The actions are framed around the themes below. This action plan is a live document and will be updated to reflect the evolving Operating Model work plan.

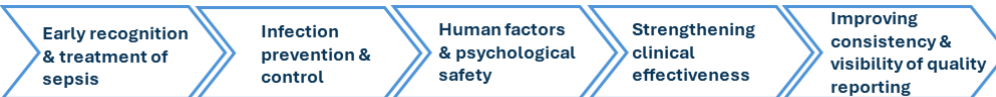




Quality, patient safety and patient experience remain the core purpose of the Health Board, reinforced by the Quality & Engagement (Wales) Act 2020, which introduces new duties for quality, candour and citizen voice. These duties require transparent, evidence-based decision-making that improves outcomes, experience and equity.

For 2026/27, quality is positioned as a strategic driver of system performance and improvement, not just an assurance function. We will continue to mature our Quality Management Framework and embed the Quality Management System as the method for delivering safe, effective, compassionate care at scale. Quality shapes how services are transformed, how the workforce is supported, how data is used, and how population health improves.

Over the past three years, we have strengthened our approach through the Quality Strategy, Patient Experience & Involvement Strategy, and the Listening & Learning Framework. Together, these have created a more coherent and system-wide learning culture based on openness, compassion and psychological safety.



Our ambition is to become a high reliability organisation where quality is actively lived and not just reported. This means:

1. Improving outcomes & reducing unwarranted variation
2. Strengthening the voice & experience of patients, families & communities
3. Embedding a Just Culture & psychological safety
4. Ensuring transparency, accountability & learning
5. Building system wide improvement capability

Our strategic Quality priorities for 2026/27 are:



As we look ahead, we will also prepare to adopt the new National Safety Framework once published, ensuring alignment with emerging national standards and reinforcing our commitment to proactive, evidence-based safety. During 2026/27 quality will drive:

- **Service transformation** through evidence-based pathways & outcome focused redesign
- **Workforce wellbeing & retention** through psychological safety & Just Culture
- **Digital innovation** through real time visibility & automated quality data
- **Financial sustainability** through reduction of harm, waste & unwarranted variation
- **Population health improvement** through equitable access, lived experience & community voice

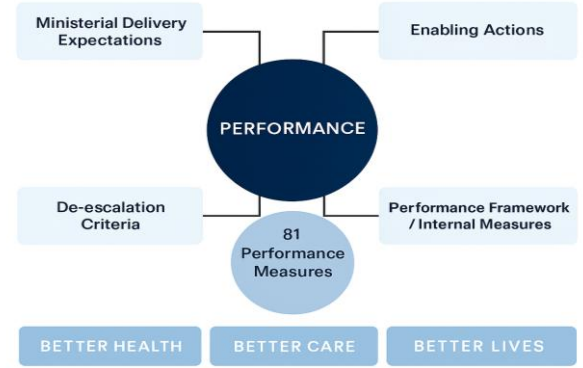
In 2026/27, we are committed to delivering safe, effective and compassionate care by embedding quality as a strategic driver of system performance. Through a strengthened QMS, a modernised QOF, a deepened learning culture and a focus on outcomes and experience, we will build a more reliable, transparent and compassionate health system for our population.



Performance Expectations

The performance expectations set out within this plan are derived from four key domains of national and local priority:

- **The NHS Wales Planning Framework**, which outlines the Ministerial Delivery Expectations and supporting Enabling Actions.
- **The NHS Wales Performance Framework**, reflecting the priorities within the NHS Wales Planning Framework 2026–2029 and aligned to the ‘A Healthier Wales’ quadruple aims.
- Welsh Government **de-escalation criteria**, associated with the Health Board’s national escalation status of Targeted Intervention for Urgent and Emergency Care (UEC).
- The Health Board’s **internal performance measures**, aligned to the Gwent 35 Strategy and representing key areas of organisational delivery and improvement.



For 2026/27, the plan includes 81 performance measures against the 3 aims of the strategy, **Better Health, Better Care, Better Lives**, & across the 4 domains as follows:

- 23 Ministerial Delivery Expectations (MDEs)
- 5 Enabling Actions included as core performance measures
- 2 measures related to the UEC Targeted Intervention de-escalation criteria, with the remaining two already captured within MDEs
- 51 measures drawn from the NHS Wales Performance Framework or the Health Board’s internal measures

The trajectories associated with each performance measure balance ambition with achievable improvement, set within the realities of operational constraints and the delivery pace of our strategic programmes. At a high level, the performance expectations within this plan aim to deliver the following:

| | |
|-----------------------|---|
| Better Health: | We will strengthen our focus on prevention and population health, driving sustained improvement in vaccination uptake, particularly among younger & older people, reducing inequity between the most and least deprived communities. We will continue to monitor delivery against the Healthy Child Wales measures to ensure the best possible start in life, while increasing the proportion of children who are a healthy weight. In addition, we will continue to prioritise the prevention of long term conditions (LTCs) & improve the management and outcomes of people already living with them. |
| Better Care: | We will expand community capacity to provide safe, effective alternatives to pathways traditionally accessed through primary or secondary care. Through our urgent care recovery plan, we will deliver improvements across the pathway, enabling better whole system flow so patients move more efficiently to the next stage of their care. This will reduce ambulance handover delays, prolonged Emergency Department stays, delayed discharges & improve overall discharge rates. In Planned Care, we will aim to ensure that no patient waits more than 8 weeks for diagnostic testing. We will also improve compliance with the Suspected Cancer Pathway to achieve the national 75% standard. In Mental Health, we will maintain delivery of the national standards for Parts 1a, 1b & 2, & improve performance against the 26 week Psychological Therapies standard. |
| Better Lives: | We will increase weekend patient contacts delivered by District Nursing teams, ensuring safe and continuous care at home & preventing avoidable hospital admissions. We will also improve the proportion of Specialist Palliative Care referrals assessed within two days, recognising the importance of timely, expert support for people with life limiting conditions & their families. We will monitor engagement with the Melo website, which provides immediate access to trusted, evidence based self-help resources without the need for referral or appointment, reducing barriers for mental health & wellbeing support. |

Section 2 Drivers



NHS Wales remains under significant and persistent financial pressure, characterised by structural deficits, demand pressures, workforce costs, and constrained budget growth. Recent independent audits, budget documents, and Senedd evidence highlight a system struggling to reach financial balance despite increased investment and substantial savings efforts.

Health Boards are required to develop a financial plan that balances over a rolling 3 year period. The Health Board has not been able to operate within available funding and has a rolling 3 year deficit. The outlook for 2026/27 remains financially challenging based on the operational and performance ambitions of the Board. The Board has advised Welsh Government that a financial deficit forecast is likely for 2026/27, in line with guidance the Board will produce an annual financial plan for 2026/27, with the ambition to recover to financial balance over a 3 year period.

The Performance & Accountability Framework is well established with Finance as one of the five performance & accountability domains. We have an established Value and Sustainability Board mechanism and structure which will be used to continuously search for further opportunities and a pipeline of potential savings going forward. This will be the key mechanisms to deliver long term financial recovery through a revised route map to sustainability and financial balance.

Following the development of this plan key service redesign work programmes have been identified with designated Executive Leads as well as the thematic areas which also have Executive Leads. These are summarised below;

| Service Redesign Programme | Deliverables | Executive Lead |
|--|--|---|
| Clinical Redesign | Bed Plan; Acute Medical Model; Older Persons Pathway | Chief Operating Officer |
| Mental Health Transformation | Reduction of footprint linked with service Change | Chief Operating Officer |
| Theatres | Delivery & consolidation of efficiencies | Director of Strategy, Planning & Partnerships |
| Estate Rationalisation | Opportunities to consolidate Estate | Director of Strategy, Planning & Partnerships |
| Therapies Workforce Review | Opportunities to consolidate Estate | Director of Therapies & Allied Health Professionals |
| Medicines Management – Medical Director | | |
| Continuing Healthcare – Chief Operating Officer | | |
| Workforce – Director of Workforce & Organisational Development | | |
| Non Pay - Director of Finance & Procurement | | |

Section 2 Drivers



There are 9 strategic risks that are managed & monitored at Board level. It is essential that the Plan recognises and responds to these risks to ensure it is grounded in real issues and challenges. The table below summarises each of the strategic risks & 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 Health Board (HB) will be unable to deliver & maintain high quality safe & sustainable services which meet the changing needs of the population. | Staff recruitment & retention; Staff Wellbeing; Leadership Level; Service models. | 12 | Workforce & Culture Strategic Aims |
| | Industrial action. | 16 | |
| | Strategic plans. | 8 | |
| | Sustainable finance. | 20 | Finance |
| | Failure to implement the required performance improvements in some areas of the organisation. | 12 | Performance Workforce & Culture |
| There will be significant failure of the HB's Estate. | Reinforced Autoclaved Aeriated Concrete (RAAC). | 15 | Estates |
| | Backlog maintenance. | 12 | |
| The HB is unable to respond in a timely, efficient & effective way to a major incident, business continuity incident or critical incident. | Ineffective & insufficient emergency planning arrangements. | 8 | Strategic Aims |
| | Insufficient arrangements across all service areas. | 12 | |
| The HB will be unable to deliver & maintain high-quality, safe services across the whole of the healthcare system. | Inadequate arrangements to support system-wide patient flow. | 16 | Strategic Aims |
| The Health Board has inadequate digital infrastructure & systems to maintain high-quality, safe service delivery . | Full or partial failure of existing systems. | 16 | Digital |
| | Implementation of new systems; Failure to develop sustainable & fit for the future solutions. | 12 | |
| The HB will be unable to deliver truly integrated health & care services for the population. | Likelihood of further austerity measures. | 8 | Strategic Aims |
| | Impact of fragile services. | 9 | |
| The HB fails to build positive relationships with patients, staff & the public. | Inadequate arrangements to listen & learn from patient experience & enable patient involvement. | 8 | Quality |
| The HB will fail to protect the Health & Safety of staff, patients, & visitors in-line with its duties under the Health & Safety at Work Act 1974. | Inadequate & ineffective systems, processes, governance, & assurance arrangements. | 12 | Quality Workforce & Culture |
| The HB will be unable to meet the carbon reduction target set by WG of a 16% reduction by 2025 & a 34% reduction by 2030. | Limitations to change estate & implement strategic changes at scale. | 15 | Green Health |

Section 2 Drivers

Section 3 Strategic Aims

| | | |
|---|--------------------------------|-----------------------------------|
| Better Health: Together we will support people to be healthy, active, & happy. | Health Protection | Health Improvement |
| | Prevention | Babies Children & Young People |
| Better Care: Together we will deliver what matters to people – supporting our staff to thrive & achieving quality, kind, & sustainable care. | Place Based Care | Access & Sustainability |
| | Improving Quality & Experience | Embedding Value & Efficiency |
| Better Lives: Together we will create strong, safe, & connected communities. | Healthy Places | Resilient & Connected Communities |
| | Safe Spaces | Quality of Life |

Throughout this section we have cross referenced back to the Ministerial Templates (MT) in the Technical Supporting Documents e.g. [MT: Community by Design]

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

Outcomes

There will be positive change in the factors that contribute to poor health

There will be more people who are a Healthy Weight

There will be a reduction in preventable diseases

Priorities

Health Protection

Health Improvement

Prevention

Babies Children & Young People

Quality Statements

SAFE

Improve chronic condition management services to address any increased risk across the whole population

TIMELY

Minimise treatment delays, maximise join-up of services, ensure good communication & make every contact count

EFFECTIVE

Promotion of health, across the life-course, through provision of advice on healthy lifestyle

EFFICIENT

Provide a framework for delivery at organisational level consisting of population outcome indicators

EQUITABLE

Engage with the population to identify the challenges they face & use this information to improve access

PERSON CENTERED

People are signposted to, or provided with, evidence based information including voluntary organisations

Why this is a Priority

Improving population health is essential to securing a sustainable future for services across Gwent.

Health protection focuses on areas such as vaccination and screening. Vaccination is one of the most effective tools for preventing illness, yet uptake across Gwent is declining. HPV vaccination has reduced cervical cancer rates in England by 87%, but uptake in Gwent is almost 30% below the national target. Screening programmes are another important tool in helping to detect and treat problems at an early stage. While bowel cancer screening rates have been increasing in Wales, in Gwent there is a 17% difference between uptake in our most and least-deprived areas, demonstrating the need to remove barriers experienced by our communities.

Health improvement is concerned with positive changes in the factors that contribute to poor health. Over a third of adults in Gwent report being active for fewer than 30 minutes per week, and 76% eat fewer than five portions of fruit and vegetables a day. While Wales aims to be smoke free by 2030, around 12% of residents still smoke.

We are taking action to help residents improve their health through proactive information and services including smoking cessation and weight management.

Prevention of premature mortality is a key focus, with 1 in 3 residents dying earlier on average compared to other areas across Wales. Heart disease, diabetes, liver disease and some late stage cancers can be prevented through lifestyle changes, yet many residents face barriers to adopting healthier habits. We aim to support residents by making it easier to make healthy choices.

The earliest years shape lifelong wellbeing, making **babies, children and young people** a key area to embed healthy behaviours and reduce inequity for future generations. Around 80 of the brain's structure forms by age 3. The first 1000 days sets the foundation for future health with adults who had stable, nurturing early environments show better mental health, stronger cognitive function, and greater resilience.

By focusing on prevention, early support and family resilience, we can reduce inequalities, improve healthy development, and protect future generations from avoidable ill health.

What we will deliver – 2026/27

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|--------------------|--|---|--|--|---|---|
| Health Protection | Screening & Vaccination <i>[MT: Population Health & Prevention]</i> | MD | Cancer prevention focus on screening within low uptake areas reducing inequity & addressing inequalities | Increase the number of Bowel Screening accredited clinicians | Establish in-house education on cervical screening for practice nurses | Finalise action plan for Lung Health Screening commencing in 2027 |
| | | MD | Implementation of Blaenau Gwent Vaccination Centre; Commence delivery of Brief Advice Awareness sessions | Implement Vaccination Equity plan; Priorities from DHP report targeted & delivery planned | Delivery of seasonal & staff vaccination programme with data analysis to inform targeted approach | Continued delivery of vaccination equity action plan & staff vaccination programme |
| | P | Develop partnerships with GDAS to deliver Hepatitis B&C elimination plan | Commence pilot latent TB case finding service & implement TB action plan | Implement needle exchange mobile - part of Hepatitis B&C elimination plan | Evaluate pilot latent TB case finding service & agree approach for 27/28 | |
| | | Develop HIV action plan with Fast Track Partners; Digital C-Card & increase condom access | Progress local HIV action plan; Implement C-Card evaluation action plan & service expansion | Progress local HIV action plan for Gwent & continue delivery of STI action plan | Progress local HIV action plan for Gwent; Apply for the All Wales C-Card Accreditation | |
| | Emergency Planning | P | Development of robust training & exercise plan from learning from Pegasus | Develop incident pathways for Public Health Response Plan; Major Incident Exercise | Commence implementation of Exercise Pegasus training & exercise plan | Full implementation & embedding of Public Health Response plan |
| Health Improvement | Health Education & Training | P | Implement early years Make Every Contact Count (MECC) hub/spoke model | Delivery of Gwent Connect5 training in Blaenau Gwent & Torfaen to improve wellbeing | Ongoing support to Health Visiting to implement MECC into family conversations | Develop early years MECC evaluation plan & continue roll out of training |
| | Active & Sport Partnerships | P | Following successful pilot Bite-Sized Mental Health Sessions at 9 Rugby Clubs further roll out | Further develop Healthy Weight Alliance & collaborate with Gwent Sports Partnership | Deliver Parkrun partnerships improving participation in physical activity | Projects with sports via community psychology aligned with NEST/ NYTH |
| | Healthy Weight | P | Commission Level 2 weight management from local providers, fitness & wellbeing tools | Continue progress made with managing demand & 'right sizing' for specialist weight management services | Identify gap in weight management service provision & develop action plan to support patients with diabetes | Evaluate the Level 2 weight management to embed learning for 27/28; Continue to deliver Healthy weight vision |
| | Preventing & reducing harm | P | Implementation of plan to increase treated smokers & % CO validated quits | Implement local action plan for suicide prevention & self harm community response | Develop & begin to implement an alcohol licencing triage & response system | Continued delivery of Try Dry Local project; Launch alcohol licencing risk matrix |

Section 3 Better Health

What we will deliver – 2026/27

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|---------------------------------|--|-----|---|--|---|---|
| Prevention | High Risk Populations <i>[MT: Population Health & Prevention]</i> | MD | Develop evidence based patient identification method for 0.5% population at greatest risk of admission & those rapid risers i.e. proactive frailty | Scale up MDT support model & embed within place based care through the 4 Integrated Service Partnerships Boards | Partner with 4 GP practices to compare primary care & acute data sets supporting outcome measurement | Progress with primary & social care data to fully assess outcomes; Increase the Future Care Plans utilisation |
| | Preventable Premature Mortality | MD | Continue to implement CVD risk-factor model embedding learning from 25/26 & combining with diabetes prevention | Develop Health Coach team & align to GP Practices for delivery of Brief Intervention; Train primary care on Diabetes & CVD unified model | Commence delivery framework for Diabetes & CVD unified model; Heart Health event for World Heart Day | Roll out CVD risk factor model across 68 GP Practices; Continue delivery of diabetes delivery framework |
| | <i>[MT: Population Health & Prevention]</i> | MD | Cancer prevention group focusing on symptom awareness within under served population groups | Review & development of Cancer Prevention as part of the Gwent Cancer 2035 delivery framework | Continue delivery of Nicotine Control Alliance workplan & implement actions from Part 2 of Nicotine Discovery Report | Implementation of Cancer Prevention as part of the Gwent Cancer 2035 delivery framework |
| | Population Health Management | P | Import Primary Care data into Public Health Data Warehouse & agree initial cohorts | Surface intelligence around agreed cohorts to stakeholders for proactive prevention action | Refine reports & cohorts based on observation & feedback | Commence evaluation of GP practice action |
| Babies, Children & Young People | Perinatal Health <i>[MT: Women's Health]</i> | IMD | Embed evidence-based care across maternity pathway with early optimisation public health messaging; Establish a single point of access for maternity triage for all women | Strengthen clinical risk recognition, & early escalation with improved recognition of maternal & foetal compromise via early warning systems; Review national audit findings | Implementation of updated approach for maternity smoking cessation; Implementation of Birmingham Symptom-specific Obstetric Triage System (BSOTS) | Review opportunities for provision for vulnerable groups including rainbow clinic for bereaved parents |
| | Maximising outcomes for Babies, Children & Young People | P | Develop 1st 1001 Days project plan that aligns to 1001 Critical Days Foundation Grant | Seek PSB approval of Best Start in Life (BSIL) delivery plan & agree monitoring framework | Breastfeeding uptake increased by pump loan scheme, peer support & improvement plan | Continued implementation of BSIL delivery plan |
| | <i>[MT: Population Health & Prevention]</i> | MD | Review Child Measurement process & identify service improvements; Implement training on amplifying the voice of the baby across social care | Undertake preparation for September 26 School term ensuring learning from 25/26 is applied; Develop action plan to deliver Healthy Child Wales 2 | Maximise Make every Contact Count to improve healthy weight for children; Pilot Youth Board supporting integration of young peoples voice | Explore opportunities for a Youth Justice Hub in Newport; Evaluation of school health model to drive improvements in service & healthy weight |

Section 3 Better Health

| Priority | Workstream | Q1 | Q2 | Q3 | Q4 |
|----------|------------------------|---|--|--|---|
| | Whole Family Wellbeing | P Develop monitoring framework to identify actions to progress against parenting charter | Targeted engagement with families re-referred to SPACE wellbeing to improve outcomes aligned to NEST/ NYTH | As part of parenting charter support care leavers into employment & training opportunities | Progress ACES & Trauma Information Approaches Report recommendations & monitor implementation |

What we will deliver – 2027/28

| Deliverables | |
|--|---|
| Scale delivery of targeted screening outreach programmes in low-uptake communities | Expand CVD risk factor model to all GP practices and develop targeted interventions & operationalise the Health Coach team across NCNs |
| Targeted vaccination programmes for underserved groups using improved analytics | High-risk population model improves outcomes for the most vulnerable 0.5% with reduced avoidable admissions |
| Secure All-Wales C-Card accreditation & expand condom access | Implement 1001 Critical Days project plan and full delivery of the Best Start in Life programme with PSB oversight & quarterly monitoring |
| Embed learning from Level 2 weight management evaluation & establish integrated weight-management pathways for people with diabetes. | Embed youth voice through all partnership work with established Youth Board |

What we will deliver – 2028/29

| Goals | |
|---|--|
| Increased & equitable uptake of screenings & vaccinations across Gwent | Deliver population health management insights to GP practices to drive proactive prevention |
| MECC embedded across all family and early-years pathways | Measurable reductions in smoking rates and nicotine dependency |
| Embedded prehabilitation reducing variation in cancer & elective care outcomes | Children receive a strong start in life through fully delivered 1001 Critical Days and Best Start in Life programmes |
| Significant reduction in preventable premature mortality through fully embedded CVD & diabetes frameworks | Trauma-informed & whole-family approaches embedded across education, care, & community services |

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|---|----|-----------------|--------------|-----------------|---------------|------------------------------|-----------|-----------|
| Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening & diabetes prevention & care. | MD | ↓ | Yes | N/A | Baseline data | Reporting | Reporting | Reporting |
| % children up to date with vaccinations by age 5 | | 95% | No | 85.3% | 87% | 88% | 89% | 90% |
| % of children receiving HPV vaccination 1 dose by the age of 15 | | 90% | No | 67.9% | 72.5% | 75% | 77.5% | 80% |
| % uptake of the influenza vaccination amongst adults aged 65 years and over | | 75% | Yes | 73.4% | - | - | - | 75% |
| % uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old | | 70% | No | 55% | - | - | - | 65% |
| % adult smokers who make a quit attempt via smoking cessation services | | 7.5% | No | 4.4% | 1.3% | 2.5% | 3.8% | 5% |
| % adult smokers who made a quit attempt via smoking cessation services who are carbon monoxide-validated as quit at 4 weeks | | 40% | Yes | 20.4% | 25% | 30% | 35% | 40% |
| Maintain physical examination at 6 weeks rates (Healthy Child Wales) | | - | - | 96.5% | 90% | 90% | 90% | 90% |
| Increase weight and measurement at 8 weeks rates (Healthy Child Wales) | | - | - | 90.2% | 90% | 90% | 90% | 90% |
| Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged | MD | ↑ | Yes | 75.1% (2023/24) | - | 76% (data expected Q2 28/29) | - | - |
| Increase in % of patients (aged 12 years & over) with diabetes who received all eight NICE recommended care processes | MD | 80% | No | 44.3% | 47% | 48% | 49% | 50% |
| Percentage of patients (aged 12 years & over) with diabetes who have had foot surveillance recorded within last 15 months | | 80% | No | 66.9% | 70.2% | 73.5% | 76.7% | 80% |
| Percentage of patients (aged 12 years & over) with diabetes who have had their urine albumin recorded within last 15 months | | 80% | No | 67.5% | 70.7% | 74% | 77.1% | 80% |
| At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans. | MD | 90% | Yes | N/A | - | - | - | 90% |
| Improving the quality of our maternity services by reducing perinatal mortality rates. | MD | ↓ | Yes | 5.2 | - | - | - | 5.1 |
| Uptake of eligible patients who attend cardiovascular disease risk factor management programme (CVDRFMP) | | - | - | N/A | 3,125 | 3,125 | 3,125 | 3,125 |
| % of people who attended CVDRFMP diagnosed | | - | - | N/A | 312 | 312 | 312 | 312 |
| No. starting 12-week intervention with Level Two Adult Weight Management Service | | - | - | N/A | 1,500 | 1,500 | 1,500 | 1,500 |
| No. with end weight recorded who accessed 8+ sessions who lost >5% weight | | - | - | N/A | 450 | 450 | 450 | 450 |

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

Outcomes

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

People will have more Healthy Days at Home

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

Priorities

Place Based Care

Access & Sustainability

Improving Quality & Experience

Embedding Value & Efficiency

Quality Statements

SAFE

Organisational learning & system review is highlighted where safe care is questioned

EFFECTIVE

Consistent use of nationally agreed evidence-based pathways

EQUITABLE

Care & treatment are determined by clinical priority

TIMELY

Timeliness of pathways is measured across their entire length, beyond first definitive treatment

EFFICIENT

Detection, diagnosis & effective management of high-risk conditions

PERSON CENTERED

Person-centred care is embedded through a common approach to assessing & managing people's needs

Why this is a Priority

The aim of Better Care is to provide quality care with an individual focus, helping to promote lasting health and building an efficient and sustainable healthcare system for the future.

Place based care is an approach to delivering care that meets people's unique needs by using the resources of the community where they live or that they feel connected to. It focuses on the resources available in an area to make sure that people get the right care, in the right place, and at the right time. This not only helps to provide early intervention and reduce hospital admissions but delivers value for money and aims to reduce inequity of care in our communities. We are focussing on providing place-based care across Gwent according to the health needs of the local population, such as Breathlessness hubs for those with chronic respiratory conditions. Place based care is also a key commitment in the NHS-led Women's Health Plan, with the opening of our first pathfinder women's health hub this year. Women and girls make up just over 50% of our population but research suggests that women's health concerns are not sufficiently discussed or taken seriously. The introduction of this hub will enable women to gain timely access to services and obtain the care they need while promoting preventative measures and empowering them to take charge of their health and

wellbeing. One measure underpinning this is determining the number of Healthy Days at Home which is an annual measure based on each person within the population having 365 days to spend at home or receiving care. In Gwent, the number of Healthy Days at Home is currently between 359-360, indicating an average of 5-6 days of receiving care per person.

Access and sustainability is about providing services in the right places for our residents but also ensuring these are viable for the long term. This spans all elements of our healthcare system, from increasing our primary care services, streamlining the flow through our hospitals, reducing patient wait times and ensuring specialist services are available in the most appropriate places, whether locally or regionally. In Planned Care, a key focus is on reducing the time it takes to be seen by the right professional for your needs. This is especially important in suspected cancer, as timely diagnosis & treatment leads to improved survival rates. Recent modelling by Public Health Wales has projected that by 2035, there will be around 24,000 new cancer cases each year, up from around 20,000 in 2019. The Suspected Cancer Pathway is a Welsh Government target for diagnosis and starting treatment more quickly, aiming to wait no more than 62 days from point of suspicion to starting definitive treatment.

The National Target is 75% but the Health Board has yet to reach more than 67% compliance in the past year. We are also committed to delivering regional services where one organisation cannot meet population demand, as exemplified by The South East Wales Regional Ophthalmology Programme. This was the first regional programme of its kind, led by ABUHB and spanning health boards within the South East of Wales. The aim is to ensure sustainable Ophthalmology Services that deliver high quality care and improved outcomes to patients in a timely way. The programme's success can be seen in the reduction of all 104-week waits to 0 by March 2025 and over 20,000 eyes treated to date. While the programme began with extra funding for outsourcing, the goal now is to increase NHS capacity by using high volume centres that can treat more patients, ensuring a sustainable model for the future.

Improving quality and experience is a priority for the organisation and is well reflected in the results of our Patient Experience CIVICA survey. Since its introduction in May, the overall satisfaction score ranges between 86-88%, with the lowest scoring question consistently relating to waiting times. A key area of national interest is improving patient experience in our emergency department and minor injury units, as our hospital system continues to see a rise in demand for urgent and emergency care. Despite this rise, ambulance handovers exceeding one hour at the Grange University Hospital have steadily improved over the past two years, recently reaching the lowest monthly figures for more than four years in September 2025. This demonstrates the hard work and dedication staff provided to help achieve the national Ambulance Performance Framework protocol. However, a difficult winter period has had a significant impact with the latest figures almost double the September low. This period had a negative impact on other measures including the patient waiting times.

The downstream effect of greater demand at the front door can also be seen in the number of patients admitted as an emergency who have stayed in hospital for more than 21 days, which reached its highest December figure for three years. The Health Board was consequently escalated into Targeted Intervention for performance and outcomes related to urgent and emergency care in recognition of these pressures.

interventions including the re-launch of the Our Next Patient initiative with a focused, time-limited plan to reduce ambulance handovers and restore continuous flow in the hospital system, leading to an improvement in quality of care and patient experience.

Embedding value and efficiency in how we provide care is essential for ensuring a sustainable health service in Gwent. We want to maximise the services we offer, ensuring they are managed efficiently, while providing the best value for patients. A key delivery area is our operating theatres, aiming to ensure patients receive treatment in a timely manner, avoid unnecessary cancellations and can continue their recovery at home without delay. Our performance for protecting elective theatre days has consistently exceeded the 90% national target, with session utilisation just under the 85% target. However, we are currently underperforming with regards to theatre late starts and early finishes, making these key areas of focus. Initiatives including direct listing for cataracts, increasing rates of high-volume low-complexity surgeries and the T&O Perfect Month aim to maximise our theatres performance. A recent success was the introduction of the Health Pathways platform, which provides the latest pathway guidance for specific conditions, as well as information on navigating the primary/secondary care interface, producing efficient pathways for both patients and clinicians. We now have 180 pathways live with the plan to introduce 32 more in the coming year. We are also focussing actions on our outpatient provision, overseen by our Outpatient Transformation Programme team. The rate of patients not attending or cancelling appointments has been steadily decreasing over the past year but is still performing above the 5% national target, requiring a targeted approach in areas with the highest rates. The team have also been focussed on the longest waiting patients on follow-up lists, as those waiting 100% past their follow-up rate has been steadily increasing over the past year. Patient validation has been key to identify discharge opportunities and those suitable for retrospective application of see on symptom and patient initiated follow-up pathways. By taking a whole system approach to embedding value and efficiency, we can provide the best experience for our patients.

By providing timely, quality services tailored to individual needs, we aim to deliver what matters most to our residents and create a sustainable care model where our staff can thrive.

What we will deliver – 2026/27

| Priority | Workstream | Q1 | Q2 | Q3 | Q4 | |
|-------------------------|---|----|--|--|---|---|
| Place based care | Neighbourhood Teams & Community Pathways <i>[MTs: Community by Design, Population Health & Prevention]</i> | MD | Define local integrated neighbourhood team roles & responsibilities aligned with Place-Based Care principles | Engage partners across social care & voluntary sector to co-design implementation for Torfaen & Blaenau Gwent | Establish integrated pathways and collaborative forums to align services with population health needs | Refine model and prepare plan for scaling Place-Based Care approach across additional localities |
| | | MD | Define multi-disciplinary team best practice and scale up across ISPBs; Develop & agree frailty patient identification | Bring together clinicians from across Gwent to agree future MD approach delivery defining role in place based care | Partner with 4 GMS practices to compare data; Develop outcome measurement for patients & health system | Gather additional partner data to fully assess outcomes; Increase utilisation & access of first contact practitioners |
| | | MD | Pilot Breathlessness hubs to improve early intervention in care for patients with chronic respiratory symptom | Following pilot evaluation, agree implementation approach; Explore options for community Audiology | Develop integrated breathlessness care pathways aligned with evidence-based practice | Implement integrated breathlessness care pathway through targeted approach to test feasibility |
| | | MD | Strengthen weekend working across community nursing maintaining 57% average | Review progress and work toward achieving 61% weekend working | Review progress, apply previous learning and work towards achieving 65% | Consolidate learning from the year aligned with national expectations to achieve 69% |
| | Women's Health <i>[MT: Women's Health]</i> | MD | Rollout of Women's Health Pathfinder Hub through digital platform & service expansion of Gynae Ambulatory Care Unit & Sexual Health Services | Continue to develop women's health single point of access (SPOA) for referrals; Training focused on removing stigma & patient-centred engagement | Scope expansion of women's health to next priority area; Ongoing development of SPOA for referrals; Implementation of delivery plan | Continue partnership engagement through ISPBs to further develop local community models that address women's health needs |
| Access & Sustainability | Primary Care Sustainability | | From 1 st April management & ensure ongoing GMS provision of GP practices without independent contractor status | Completion of procurement for returning available directly supported GP practices to independent contractor status | Support the returned GP Practices through enhanced monitoring ensuring access of care for the communities | Work with the returned GP Practices to ensure sustainability for the future year & long term sustainability |
| | | | Implement initial variation for dental practices of the new dental contract reform | Respond to individual dental practice requests and monitor for additional adjustments | Analysis of 1st six months of contract monitoring to maximise application to meet population need | Undertake evaluation of the 1st year contract delivery to adjust plans for 27/28 |
| | | | Full implementation of all Welsh Government Optometry Services pathway 4 elements | Maximise Pharmacy Independent Prescribing and Common Ailment Service | Timely management of urgent eye care issues by increasing Optometry Services activity | Maximise Pharmacy Independent Prescribing and Common Ailment Service |

Section 3 Better Care

What we will deliver – 2026/27

| Priority | Workstream | Q1 | Q2 | Q3 | Q4 | |
|-------------------------|--|-----|--|--|--|---|
| Access & Sustainability | Urgent Care & Emergency Care [MTs: Urgent & Emergency Care Community by Design] | MD | Enhance integrated front-door by streamlining access & Community Assessment Lounge (CAL) evaluation to inform future model | Relaunch of Care Home Escalation Framework; Commence agreed CAL model post evaluation; Refresh Community Capacity analysis | Develop plan using learning from Caerphilly pilot of wider rollout of care home support; Develop Community Capacity map & share across Gwent | Implement Care Homes Support Programme to additional locality; Evaluate impact of Future Care Planning training delivered in Q1-Q3 |
| | | MD | Simplify access developing an options appraisal for sustainable clinical model for Single point of Access (SPOA) | Continue review of flow centre pathways; Assess opportunity for community falls response linked to assistive tech | Implement integrated reporting system for SPOA referrals & outcomes; Develop a falls prevention programme with partners | Develop pathways to integrate community falls response in SPOA; Enhance front door response & timeliness for non-injurious falls |
| | | IMD | Continue to embed Optimal Hospital Flow Framework & criteria led discharge across all sites monitoring progress & benefits; Identify areas to pilot the Trusted Assessor (TA) model through engagement with stakeholders | Continue to ensure the Criteria Led Discharge framework is applied 7 days a week ; Define the optimal discharge pathway & co-design with stakeholders; Monitor impact & identify further areas to pilot TA | Implement the single integrated digital discharge platform; Pilot the optimal discharge pathway and refine for wider roll out; Commence implementation of new Optimal Staffing Discharge model | Evaluation of Criteria Led Discharge framework to evidence impact; Continue implementation of Optimal Staffing Discharge model; Roll out TA in phases coupled with optimal discharge pathway across Gwent |
| | Longest Waiting Patients [MT: Planned Care & Cancer] | MD | Commence pilot of service improvements in Endoscopy including Cytosponge, Colon Capsule, Trans Nasal Endoscopy & Speedboat | Continue oversight of 8 week trajectories diagnostics improving MR, CT & Ultrasound | Development of proposal for 3C service model in Endoscopy to improve sustainability & reduce waiting times | Achieve 0 patients waiting more than 8 weeks for a specified diagnostic through improving MR, CT, Ultrasound & Endoscopy |
| | | MD | Commence implementation of Audiology sustainability action plan to improve waiting times for babies, children & Adults | Take targeted actions on demand management schemes to benefit 52 week outpatient position | Delivering of efficiency & productivity schemes to reduce longest waiting patients for treatment | Deliver demand management, efficiency & productivity to benefit longest waiting patients for outpatients and treatment, achieving expected trajectory |
| | | IMD | Lower GI Cancer recovery plan driving reduction in time to scope; Establish Upper GI & Breast cancer recovery groups | Quarterly cancer backlog reduction to 9% or less; Monitor pathway cancer recovery groups compliance | Quarterly cancer backlog reduction to 7% or less; Review pathway cancer recovery groups compliance | Quarterly cancer backlog reduction to 5% or less; Revise pathway cancer recovery groups based on compliance |

Section 3 Better Care

What we will deliver – 2026/27

| Priority | Workstream | Q1 | Q2 | Q3 | Q4 | |
|-------------------------|--|----|--|---|--|---|
| Access & Sustainability | Longest Waiting Patients [MT: Mental Health Access] | MD | Commence action plan delivery to meet national target for Memory Assessment Service; Maintain Part 2 Care & Treatment Plan Adults national target of 80% | Maintain Adults Part 1a & Part 1b national target of 80% compliance; Complete pathway review to improve psychological therapies waiting times | Commence action plan delivery to meet national target for Memory Assessment Service; Maintain Part 2 Care & Treatment Plan Adults national target of 80% | Maintain Adults Part 1a & Part 1b national target of 80% compliance; Implement pathway changes to improve psychological therapies waiting times |
| | | MD | Maintain CAMHS Part 1a & Part 1b national target of 80% compliance; Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | Improve Neurodevelopment (ND) waiting times compliance to 80%; Maintain CAMHS Part 2 Care & Treatment Plan (national target of 80%) | Maintain CAMHS Part 1a & Part 1b national target of 80% compliance; Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | ND waiting times compliance meets 80%; Maintain CAMHS Part 2 Care & Treatment Plan national target of 80% |
| | | MD | Start to embed Open Access principles by expanding self-referral pathways | Engage with partners on plan to fully implement Open Access services for all ages | Implement plan to develop Open Access services across all ages | Evaluate opportunities to further develop Open Access services for all ages |
| | Models of Care | | Define the optimal service model for Acute Medicine & undertake service modelling | Design Acute Medicine patient pathways, workforce model and financial plan | Draft implementation plan; Service model shared with Llais and wider stakeholders ahead of engagement | Engagement and consultation with staff and the public to ensure shared understanding, and collective ownership |
| | | | Deliver Stroke Improvement Board agreed action plan aligned with revised National Stroke Quality Statement | Undertake 12 week consultation period on Stroke inpatient rehabilitation model | Implement outcomes of consultation on Stroke inpatient rehabilitation model | Evaluate Stroke action plan delivery to inform 2027/28 ensuring aligned with National Stroke Quality Statement |
| | | | Incorporate feedback into the Older Persons model to ensure alignment with strategic priorities | Engage wider stakeholders, including Local Authorities, voluntary sector, primary care, and community partners | Test the Older Persons model through a pilot to gather further feedback and refine | Implement the Older Persons model in phased stages with communication & staff training |
| | | | Agree strategic estate direction for inpatient & community based Mental Health service model | Identify Mental health estate requirements & potential options Further plans for Adult Mental Health Rehab ward as we move to Community Model | Confirm preferred Mental Health estate approach & phasing aligned to service & workforce; Progress Adult Community Rehab Service | Detailed plans for all Mental Health In-patient services developed; Progress the co-location of Mental Health Older Adults wards |

Section 3 Better Care

What we will deliver – 2026/27

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|--------------------------------|--|----|---|--|---|--|
| Access & Sustainability | Regional Planning | | <p>Primary arthroplasty model & pathway developed with workforce & finance model</p> <p>Regional diagnostics management group established</p> <p>Development of a Business Case for Regional Cellular Pathology Unit;</p> | <p>Radiology Workforce plan development</p> <p>RJC Agreement of the business case for Regional Cellular Pathology</p> <p>Regional Ophthalmology Alliance Model – Cataracts Pilot; Implementation of Open Eyes, OPERA & shared Patient Treatment List (PTL); Develop comprehensive strategic workforce plan</p> | <p>Refresh arthroplasty demand & capacity (D&C) & assess performance monitoring metrics</p> <p>Endoscopy training academy model & operating model for regional units established; Repeat D&C to inform Llantrisant Health Park; Consideration of complex procedure model with JCC</p> <p>Implementation of single Cataracts regional pathway</p> <p>Shared Cancer PTL established</p> | <p>Develop plan for sub-specialty orthopaedics opportunities</p> <p>Regional response & offer to Lung Screening programme</p> <p>Following agreement of Cellular Pathology business case, site agreement & associated development;</p> <p>Consistent SEW Cancer MDTs implementation of National MDT Charter & guidance; Implementation of cancer MAG actions; Regional Oncology workforce plan</p> |
| Improving Quality & Experience | Primary Care | | Undertake review of NCN supplementary services to understand the gap in provision | Explore options to engage on a multi agency basis to reduce inequity | Assess the level of latent capacity for GMS providers and explore capacity for inter practice referrals | Undertake end of year review to inform gap analysis and embed learning for 27/28 |
| | Urgent Care Recovery <i>[MT: Urgent & Emergency Care]</i> | MD | Review interim ED clinical model and identify if there are any digital opportunities to support delivery | Evaluation of eTriage; Develop Head injury pathway, initially looking at navigation within hospitals | Mapping of ED patient process & identify challenges, risks & areas for improvement | Identify opportunities for system flow within ED to create space within the department |
| | Babies & Children <i>[MT: Women's Health]</i> | MD | MatNeo A3 progressed to develop transitional care space & additional postnatal beds; Workforce review of sonography services & ongoing audit of small gestational age babies with shared learning | Continued improvements to Neonatal Ward through implementation of risk assessment action plan; Strengthen interface between maternity & neonatal services with MDT staff wellbeing training | MatNeo A3 Development progressed to develop transitional care space & additional postnatal beds; Improve investigation process & rigorous review of all stillbirths & neonatal deaths | Continued Improvements to Neonatal Ward through implementation of risk assessment action plan; Implement Parental review following baby deaths as a Patient Reported Experience Measures (PREMS) |

Section 3 Better Care

What we will deliver – 2026/27

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|--|---|----|---|--|---|---|
| Improving Quality & Experience | Planned Care & Cancer | | Undertake gap analysis of GIRFT recommendations & develop action plan; Develop plans to improve psychology support for cancer patients | Specialties to progress and track compliance with CIN Frameworks; Implement plans to improve psychology support for cancer patients | Implement GIRFT recommendations action plan; Implementation of plan to ensure Eye Unit meets RNIB compliance standards | Delivery of NICE drugs for Haematology patients; Implement prehabilitation for patients waiting for surgery as part of their cancer pathway |
| | Mental Health <i>[MT: Mental Health Access]</i> | MD | Complete Older Adults ward accreditation to at least bronze level | Complete Adults & Learning Disabilities ward accreditation to at least bronze level | Complete Adults & Learning Disabilities ward accreditation to at least bronze level | Complete Community ward accreditation to at least bronze level |
| | | MD | Carry out mortality reviews and ensure mechanisms for capturing learning in place | Carry out mortality reviews and develop improvement plans based on learning | Implement improvement plans incorporating learning from mortality reviews | Embed improvement plans incorporating learning from mortality reviews |
| Embedding Value & Efficiency (Enabling Actions) | Theatre Maximisation <i>[MT: Planned Care & Cancer]</i> | EA | Capture detailed learning from T&O Perfect Month & national benchmarking to achieve EA standard; Drive improvements in late starts/early finishes & theatres | Use Perfect Month learning & national benchmarking to design an action plan for wider roll out; Direct listing for cataracts; HVLC in General Surgery roll out (subject to coding agreement) | Continue to track improvements & problem solve in late starts/ early finishes and cancer patients attending Theatre within 21 days as per National Optimal Pathways | Achieve 25% HVLC Day Case Rate; Continue to track improvements & problem solve in late starts/ early finishes |
| | Health Pathways <i>[MT: Planned Care & Cancer]</i> | EA | Implement additional 8 new pathways; Develop approach to monitor consistency & GP feedback loops post triage | Implement additional 8 new pathways; Embed through targeted communication & clinical interface groups | Implement additional 8 new pathways; 6 monthly review of data, usage, impact & learning | Implement additional 8 new pathways; Reflect opportunities from 6 monthly review into focused actions |
| | Outpatient Transformation <i>[MT: Planned Care & Cancer]</i> | EA | Review outpatient space utilisation through audits of room use/start & finish time; SOS/PIFU retrospective application roll out; Implement Validation Strategy; | Template review & standardisation roll out by speciality (new, follow ups); Pilot of outpatient booking app in RGH; Additional specialities in Outpatient treatment Unit | Further Did Not Attend/Can Not Attend deep dives, Work with specialties to improve utilisation, roll out of booking app to NHH and YYF; | Continue working with specialties to improve utilisation |
| | Enhanced & Commissioned Care | EA | Delivery of Direct Payments aligned to legislation from April 2026; Roll out Care Cubed Digital platform | Develop alternative accommodation options for Learning Disabilities reducing out of area placements | Continued implementation Care Cubed Digital platform | Develop alternative Adult Mental Health accommodation options reducing out of area placements |

What we will deliver – 2027/28

| Deliverables | |
|--|--|
| Scale Place-Based Care model to additional localities informed by learning from Torfaen and Blaenau Gwent pilot | Begin phased implementation of the agreed Acute Medicine service model across all sites, including workforce realignment |
| Implement MDT core components and governance across all NCNs based on 26/27 evaluation learning | Implement full Open Access self-referral pathways for children, adults and older people |
| Strengthen community-based women’s health pathways through Integrated Service Partnership Boards | Complete implementation of Mental Health service model redesign aligned to estate consolidation |
| Deliver targeted interventions for practices experiencing instability, using NCN-level demand and capacity analysis | Continue to work across SE Wales to deliver regional models of care for fragile services |
| Continue to identify pathway opportunities where clinical review before conveyance would enhance patient experience and outcomes | Deliver improved neonatal transitional care capacity and embed risk-assessment actions consistently |
| Achieve consistent criteria-led discharge and full operationalisation of the integrated digital discharge platform | Deliver targeted action for Theatre Maximisation and Outpatient transformation |
| Implement 3C Endoscopy Service model to reduce waiting times and increase sustainability | Embed the Care Cubed digital platform for CHC commissioning |

What we will deliver – 2028/29

| Goals | |
|--|---|
| A fully embedded, Gwent-wide Place-Based Care model providing coordinated, proactive support in every locality | Fully accredited Mental Health services demonstrating high reliability and improved safety outcomes |
| A sustainable primary care system with stable contractor models, extended multi-professional pathways and improved same-day access | Widespread adoption of GIRFT and national frameworks improving quality and reducing unwarranted variation |
| Seamless urgent and community care pathways reducing conveyance, hospital attendance and delayed discharge | Significant improvements in efficiency through Theatre Maximisation and Outpatient transformation |
| Optimised hospital flow with reduced length of stay and improved patient experience | Significant reduction in out-of-area placements |

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 | |
|--|--|-----------------|--------------------|----------|----------|---------|---------|---------|-------|
| Increase in people accessing Pharmacy Independent Prescribing Services where they would have visited their GP | | - | - | 36,649 | 11,405 | 22,810 | 34,215 | 45,620 | |
| Maintain the number of consultations undertaken by community pharmacy under the Common Ailments Service | | - | - | 88,603 | 24,968 | 49,936 | 74,903 | 99,871 | |
| Maintain the number of patients accessing NHS Optometry Services | | - | - | 265,118 | 66,820 | 132,559 | 198,839 | 265,118 | |
| Number of patients accessing urgent emergency services - Dental | | - | - | 36,173 | 9,043 | 18,087 | 27,130 | 36,173 | |
| Increase in number of accepted referrals to Rapid Response services | | - | - | 4,885 | 1,267 | 2,534 | 3,801 | 5,068 | |
| Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s | | - | - | 8% | 8.5% | 8.5% | 8.5% | 8.5% | |
| Maintain the number of Urgent Primary Care contacts (inc. virtual) | | - | - | 96,371 | 25,437 | 50,873 | 76,310 | 101,746 | |
| 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 | | MD | ↓ | Yes | 180 | 150 | 140 | 130 | 120 |
| Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard | | MD | ↓ | Yes | 6,085 | 4,500 | 4,200 | 4,160 | 3,840 |
| Ensure no ambulance patient handover waits over 45 minutes - All Locations | | MD | 0 | No | 1,471 | 733 | 455 | 374 | 364 |
| Ensure no ambulance patient handover waits over 45 minutes – Grange University Hospital Emergency Department | | TI | 11% ↓ for 3 months | Yes | 943 | 578 | 400 | 330 | 320 |
| Reduce the number of ambulance crew hours lost – All Locations | | - | - | 3,556 | 1,949 | 1,250 | 1,031 | 960 | |
| Reduce the number of ambulance crew hours lost – Grange University Hospital Emergency Department | | - | - | 2,653 | 1,559 | 1,000 | 825 | 768 | |
| 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 | 1,089 | 1,066 | 875 | 908 | 799 |
| Increase and maintain national target of the percentage of patients waiting <4 hours in Emergency Department/Minor Injury Units | | - | 95% | No | 73.5% | 75% | 76% | 76% | 77% |
| Reduction in time from arrival to Emergency Department triage: no waits over 60 mins | | - | - | 414 | 300 | 200 | 400 | 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. | | TI | <60 mins | Yes | 135 mins | 100 | 80 | 80 | 60 |
| % of suspected stroke patients scanned within 20 minutes of clock start | | - | 40% | No | 24.1% | 25% | 28% | 31% | 35% |

Section 3 Better Care

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 | |
|--|--|-----------------|--------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------|
| % of patients directly admitted to an acute stroke ward <4hrs of clock start | | 50% | No | 7.7% | 20% | 21% | 22% | 23% | |
| % of unique stroke patients given thrombectomy (all stroke types) | | 10% | No | 4.5% | 5% | 5% | 6% | 6% | |
| % Assessed by one of Occupational Therapy & Physical Therapy within 24hrs, and Speech and Language Therapy within 72hrs | | - | - | OT 20% PT 20.7% SaLT 64.4% | OT 25% PT 22.5% SaLT 66% | OT 27.5% PT 25% SaLT 68% | OT 30% PT 27.5% SaLT 70% | OT 32.5% PT 30% SaLT 72% | |
| Improve the % of pre-noon Provider Spell discharges | | 33% | No | 16.3% | 16.5% | 16.7% | 16.9% | 17.1% | |
| 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | | MD | 75% | Yes | 55.9% | 66.5% | 74.3% | 74.8% | 75% |
| Reduction in backlog of patients waiting over 62 days (single Suspected Cancer Pathway) | | MD | ↓ | Yes | 342 | 350 | 300 | 240 | 170 |
| Reduction in backlog of patients waiting over 104 days (single Suspected Cancer Pathway) | | MD | ↓ | Yes | 99 | 105 | 90 | 72 | 50 |
| % of urgent suspected cancer patients diagnosed within 28 days from point of suspicion | | - | 75% | 69.6% | 72.5% | 75% | 75% | 75% | |
| Numbers of patients waiting over 104 weeks (all stages) | | MD | 0 | No | 434 | 842 | 1,577 | 2,213 | 3,022 |
| Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic | | MD | 0 | Yes | 2,387 | 3,048 | 2,559 | 1,292 | 0 |
| Number of patients waiting over 52 weeks for Outpatients | | | 0 | No | 1,834 | 3,587 | 5,435 | 5,578 | 5,898 |
| Number of patients waiting over 26 weeks for Outpatients | | | 0 | No | 12,222 | 15,772 | 19,475 | 20,948 | 22,361 |
| Reduction in referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally | | EA | ↓ | Yes | 900 | 900 | 900 | 800 | 800 |
| Monitoring of Did Not Attend rates Outpatient clinics | | | <5% | Yes | 5.2% | 5% | 5% | 5% | 5% |
| Reduction in the number of patients waiting 100% past Outpatient follow-up target date | | | 25% ↓ | Yes | 31,592 | 29,150 | 27,542 | 25,574 | 23,606 |
| Increase in the rate of See On Symptom and Patient Initiated Follow-ups | | | ↑ | Yes | 12.9% | 13.5% | 14% | 14.5% | 15% |
| No patient waiting more than 14 weeks for a therapeutic assessment | | | 0 | No | 237 | 395 | 540 | 685 | 830 |
| Number of adults waiting more than 14 weeks for all audiology pathways | | | 0 | No | 5,628 | 5,988 | 6,432 | 6,932 | 7,385 |
| Number of children waiting more than 6 weeks for all audiology pathways | | | 0 | No | 1,455 | 1,177 | 1,428 | 1,512 | 1,762 |

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|---|----|-----------------|--------------|--------------|-----------|------------------------|------------------------|------------------------|
| Theatre Utilisation: late starts to less than 15% | EA | 15% | No | 37% | 35% | 32% | 29% | 25% |
| Theatre Utilisation: early finishes to less than 15% | EA | 15% | No | 30.7% | 22.5% | 20% | 17.5% | 15% |
| Theatre Utilisation: session utilisation to 85% | EA | 85% | Yes | 83.1% | 85% | 85% | 85% | 85% |
| Deliver improvements in day surgery rates, measured through British Association Of Day Surgery day case rates | | 80% | Yes | 77% | 78% | 79% | 80% | 80% |
| Maintain Adults Part 1a to national target (assessment within 28 days) | | 80% | Yes | 93.3% | 80% | 80% | 80% | 80% |
| Maintain Adults Part 1b to national target (intervention within 28 days) | | 80% | Yes | 93.2% | 80% | 80% | 80% | 80% |
| Maintain Adults Part 2 rates (no of individuals with a valid care & treatment plan) | | 90% | Yes | 91% | 90% | 90% | 90% | 90% |
| Maintain rate of psychological therapy received within 26 weeks | | 80% | No | 48.8% | 56% | 58% | 60% | 62% |
| Maintain Child and Adolescent Mental Health Services Part 1a national target (assessment completed within 28 days) | | 80% | Yes | 100% | 80% | 80% | 80% | 80% |
| Maintain Child and Adolescent Mental Health Services Part 1b national target (intervention completed within 28 days) | | 80% | Yes | 88.3% | 80% | 80% | 80% | 80% |
| Maintain Child and Adolescent Mental Health Services Part 2 national target | | 90% | Yes | 98.3% | 90% | 90% | 90% | 90% |
| Improvement in Neurodevelopment waiting times compliance | | 80% | Yes | 57.2% | 60% | 60% | 60% | 60% |
| Maintain 80% compliance of Specialist Child and Adolescent Mental Health Services Choice Assessments within 28 days from referral | | 80% | Yes | 92.5% | 80% | 80% | 80% | 80% |
| Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs. | EA | ↓ | Yes | 0 | 0 | 0 | 0 | 0 |
| Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate. | MD | ↓ | Yes | 1.36% | 1.39% | Programme to predict % | Programme to predict % | Programme to predict % |
| Days of safe care delivered since the last never event, monitored using SPC T-Chart | MD | Implement | Yes | Not in place | Implement | Implement | Implement | Implement |
| Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027 | MD | 40% | Yes | 33.9% | 35% | 36.5% | 38% | 40% |
| The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with national measures. | MD | 95% | No | 88.9% | 91% | 91% | 91% | 91% |

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

Outcomes

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

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

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

Priorities

Healthy Places

Resilient & Connected Communities

Safe Spaces

Quality of Life

Quality Statements

SAFE

Ensure a system wide focus across all service areas including housing, leisure, TEC, third sector & others

TIMELY

Provide evidence based interventions, treatments & care in the most appropriate setting

EFFECTIVE

Embed a culture that encourages & enables innovation to improve outcomes

EFFICIENT

Value-Based approach to improve outcomes that matter most to people in a way that is sustainable

EQUITABLE

Co-produced services that utilise local needs assessment to understand & meet needs of population

PERSON CENTERED

Work in partnership with third sector to provide peer support opportunities for those with lived experience

Why this is a Priority

As a Marmot Region, Gwent is committed to reducing health inequalities by focussing on the social determinants of health.

Healthy places encompass the local areas we spend time in. Gwent residents have identified feeling part of a community, & being able to socialise as important factors for good health. Recent data shows that only around two thirds of Gwent residents agree that they belong to the area, that people from different backgrounds get on well together, & that people treat each other with respect & consideration. Additionally, people living in rural areas often reported feeling isolated and wanted better transport options to help them travel across Gwent.

To support **resilient and connected communities**, we are committed to increasing the budget and capacity for services in the community. In Gwent, around 12% of adults report being lonely, while more than a third of young people report that they can't count on friends when things go wrong. Evidence demonstrates the detrimental effect of loneliness with it significantly increasing the risk of premature death, the equivalent of 15 cigarettes a day. Wales is leading the way with its National Social Prescribing framework and we

are committed to connecting & mobilising the existing strengths within communities to enable them to thrive.

Having access to **safe spaces** is an important aspect of wellbeing, & pertinent considering Gwent still has the highest rate of domestic abuse-related incidents recorded by police in England & Wales, with 34 per 1,000 population in 2025. Around 57% of residents feel safe after dark when at home, travelling, or walking in their local area. However, this ranged from 47% in Blaenau Gwent to 76% in Monmouthshire, highlighting diverse challenges across our local communities.

Quality of life is a culmination of our social, physical and emotional wellbeing, and we want to enjoy a good quality of life for as long as we live, in sickness & in health. We are committed to supporting the wellbeing of residents through initiatives such as support cafes, Melo, our self-help website for mental health, and new "prehabilitation" programmes designed to speed up recovery & reduce complications following treatment.

By prioritising Better Lives, we can build stronger, safer, & more connected communities & give everyone the chance to live longer, healthier, & happier lives.

What we will deliver – 2026/27

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|-----------------------------------|--|---|---|--|--|---|
| Healthy Places | Built Environment & Green Spaces | P | Enhance health through the built environment in planning processes & integrated collaboration across Gwent | Blaenau Gwent Green Space initiative to improve health and wellbeing through the use of gardens and outdoor space | Enhance health through the built environment in planning processes & integrated collaboration across Gwent | Embed nature partnerships across integrated wellbeing networks aligned to place based care |
| | Education & School Partnerships | P | Whole school approach for emotional & mental wellbeing programme develop & commence delivery plan with Cynefin | Continue roll out of bitesize skills sessions for teachers including grounding techniques & stress response | Following successful pilot in Newport roll out transitions workshops for year 6s across Gwent | Continued implementation of whole school approach for emotional & mental wellbeing delivery plan in partnership with Cynefin |
| Resilient & Connected Communities | Building Community Capacity & Social Prescribing | P | Map existing community assets and implement social prescribing pathway to align with Place Based Care model; Enhance recruitment of wellbeing friends network | Co-produce social prescribing model through joint design sessions with NCNs, Integrated Wellbeing Networks, local authority, & voluntary sector partners | Ongoing work alongside partner organisations to identify, connect & mobilise the existing strengths within communities to enable them to thrive. | Continue partnership working with NCN networks, identifying gaps in provision & evaluate pilots of social prescribing pathways to scale up across Gwent |
| | Carers | P | Developing carer specific outcomes & partnerships across the programme | Establishing & rolling out Carer Friendly Accreditation model | Continued implementation of Carers Hub plan | Implementing end of Regional Integrated Fund transition plans |
| | Transport | P | Find a new voluntary sector delivery partner for patient transport | Develop a transport & health needs assessment to identify access barriers | Engage with partners on outcomes of transport & health needs assessment | Pilot community-based transport solutions for key health access challenges |
| Safe Spaces | Reducing Domestic Abuse | P | Promote Men's Ally Network & provide understanding of Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV) impact | Implement VAWDASV needs assessment recommendations with multi-agency partners | Continue delivery of Serious Violence Duty within Gwent | Development of 2027 VAWDASV strategy, aligned to national strategy |
| | Housing | P | Review Public Health & Severn Wye evaluation & implement findings into Gwent Warmer Homes project | Working in Partnership Analyse primary care data, working with GP Practices to identify people for the Warmer Homes Project | Finalise & deliver 2026 offering for Warmer Home Support; Finalise Housing & Health assessment & benchmarking with partners | Working in Partnership Evaluate the success of incorporating primary care data into the Warmer Homes cohort identification |

What we will deliver – 2026/27

| Priority | Workstream | Q1 | Q2 | Q3 | Q4 |
|-----------------|---------------------------|--|---|---|--|
| Quality of Life | Keeping Well | P Review Third Sector commissioned work to understand how they can best support reduction in loneliness & isolation | Improve health & wellbeing for patients accessing planned care through pro-active preparation for treatment | Continued development and engagement across our communities on Melo supporting mental wellbeing | Improve health & wellbeing for patients accessing planned care through pro-active preparation for treatment |
| | Recovery & Rehabilitation | P Develop a community directory outlining pre-hospital & discharge services; Set up a further Cancer Café, run by volunteers in 19 Hills Wellbeing Centre | Develop National Dementia Advocacy service specification with ambition of place-based delivery aligned with local hub | Implement organisational rehabilitation framework following development through wide engagement | Explore capital scheme to host existing dementia hub service delivered by Alzheimer's Society |
| | End of Life Care | Operationalising new workstreams (Workforce, Clinical Delivery, Digital & Data, Children Young people & Families & Bereavement & Carer support) aligned to New National Service specification & competency framework | New workstreams commence with a whole system approach and measurement of success agreed with key performance indicators | Continued implementation of key objectives against the five workstreams aligned to National specification & competency framework with whole system accountability | Evaluation of delivery of the key objectives identified against the five workstreams to inform delivery in 27/28 |

What we will deliver – 2027/28

| Deliverables | |
|---|---|
| Implement a framework for assessing health impact within local area planning | Finalise and launch the new VAWDASV strategy |
| Establish a cross-education health partnership forum | Scale Warmer Homes interventions across priority cohorts |
| Expand the wellbeing friends network and embed across NCNs | Embed the community directory for pre-hospital and discharge services |
| Maturity assessment of the Carers Hub with recommendations for sustainability | Implement psychological support pathway across specialist palliative care |

| Goals | |
|--|--|
| Health impacts consistently considered in all major planning decisions | Regional VAWDASV strategy delivers measurable reductions in harm |
| Community wellbeing & social prescribing fully embedded across Gwent | Improved health outcomes through prehabilitation & rehabilitation pathways |
| Health impacts of poor housing reduced | Consistent & equitable End of Life Care across all settings |

| Measuring our success: Performance Expectations | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|--|----|-----------------|--------------|----------|--------|--------|--------|---------|
| 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 | 75,940 | 29,556 | 59,112 | 88,667 | 118,223 |
| Maintain 95% of Palliative Care referrals assessed within 2 days | | - | - | 91.4% | 92% | 93% | 94% | 95% |
| Number of visits to the Melo Website | | - | - | 12,063 | 3,000 | 6,000 | 9,000 | 12,000 |

With our partners there is ongoing work to define the Better Lives performance indicators throughout 2026/27. This work includes development of the Gwent Public Health Indicators Framework & Gwent Public Health Outcomes Framework. This work will be evidenced in performance reporting and our plan for 2027/28.

Section 4 Enablers

Quality

**Workforce &
Culture**

**Digital, Data &
Technology**

Estates

Finance

Green Health

**Value, Innovation
& Research**



Quality and safety remain the Health Board’s highest priority, underpinned by the statutory Duty of Quality and Duty of Candour. These duties shape how assurance flows from ward to Board and are embedded through the strengthened Quality Management Framework (2025–28) and the developing Quality Management System (QMS), which together provide a consistent, organisation-wide method for planning, control, assurance and improvement.

Bringing together Quality & Patient Safety, PTR, Legal Services and Quality Improvement has improved consistency, strengthened escalation, and accelerated movement from incident or audit findings to action and assurance. Real-time data, lived experience and clearer governance structures now drive decision-making through our structures.

The focus for 2026/27 is to continue embedding the QMS, stabilise the Quality Outcomes Framework, and strengthen the systems, processes and culture needed for high reliability. Visible leadership for safety, psychological safety and real-time assurance will be essential. Ministerial expectations for quality are captured in *[MT: Quality]*.

Quality Management System & Quality Outcomes Framework – In 2025/26 we strengthened the operating discipline of the QMS by introducing more standardised indicators, clearer narrative and consistent visualisation across the organisation. Work to automate data flows and stabilise definitions across the six pillars improved reporting reliability. Granular run-chart data for key indicators, such as pressure ulcers and falls, enabled earlier identification of variation and supported more targeted action. In 2026/27 we will:

- Embed QMS operating discipline, shifting from framework to standard work
- Enable QOF dashboards to drill down to clinical area level
- Strengthen capability to interpret variation using standardised charts
- Provide clearer quarterly learning syntheses for QMG and PQSOC
- Deepen collaboration with Digital Data and Technology to maintain a unified visual language and support automation.

Embedding a Learning Culture - Embedding a learning culture means consistently identifying themes across incidents, complaints, audits, mortality

reviews and feedback, and turning these insights into sustained improvements. Stronger triangulation, structured reviews, accessible learning repositories and deeper engagement with patients, families and staff are making learning more visible, traceable and connected to outcomes as the QMS matures. In 2026/27 we will:

- Embed standardised Clinical Effectiveness reporting
- Strengthen outcome data and integrated audit planning
- Ensure visible, traceable learning loops, linked to improvement actions
- Expand learning, knowledge sharing and use of the learning repository
- Strengthen triangulation of quantitative & qualitative evidence, including lived experience

Deteriorating Patient & Sepsis Pathways - Significant progress was made in implementing NEWS2, PEWS and NEWTT2, supported by strengthened training through ESR and local packages. Preparations for Call 4 Concern (Martha’s Rule) advanced through coordinated communications. The Big Conversation on Sepsis brought powerful lived experience into improvement work, reinforcing the need for reliable escalation systems, clear communication and early recognition. In 2026/27 we will:

- Complete full EWS adoption across all areas, including maternity once the national template is available
- Resolve operational interface issues & reduce dual-chart risks
- Track impact through time-to-recognition, time-to-escalation & harm-related proxy measures
- Adopt CareFlow’s real-time “helicopter view” for ward visibility & early risk identification

Clinical Outcomes, Mortality, Audit & Effectiveness – We progressed Audit delivery under an agreed programme, supported by AMaT as a single transparent system for managing findings and actions. Learning from Death processes were strengthened through improved templates, enhanced data validation and better triangulation with audit, safety and outcome data. Thematic outputs informed CSEG, QMG and PQSOC, providing a more integrated view of harm and system variation. During 2026/27 we will:

- Integrate the CSEG audit tracker with the QMS



- Focus the Audit Plan on completed actions and demonstrable change
- Provide quarterly “closing the loop” summaries to QMG and PQSOC
- Strengthen mortality learning, ensuring visible actions linked to outcomes

Patient Experience, PTR & the Learning System - PTR processes improved through earlier acknowledgement, more consistent initial contact and the introduction of Datix validation dashboards. Targeted LEAN work, particularly in Medicine, reduced delays and improved data quality. Patient and staff stories played an increasingly important role in shaping improvement and supporting a compassionate, just learning culture. During 2026/27 we will:

- Consolidate improvements in PTR cycle time and backlog control
- Expand real-time feedback coverage
- Publish bi-monthly learning digests for front line teams
- Monitor Datix error reduction and data quality through QMS run charts
- Co-produce stories that illuminate system issues & improvement actions
- Strengthen transparency & trust through story-driven learning and compassionate engagement.

Infection, Prevention and Control and Health and Safety Compliance - IPC and H&S fundamentals have been strengthened through enhanced surveillance, improved RIDDOR oversight, policy standardisation & the close out of fire safety enforcement actions. Environmental risks linked to estates issues were reduced, and early development of the Violence Prevention & Reduction Strategy reflected the growing need to support staff safety and psychological wellbeing. In 2026/27 we will:

- Maintain statutory compliance while shifting to proactive risk reduction
- Track RIDDOR training and reporting timeliness
- Deliver targeted safety walkarounds
- Sustain fire safety improvements and clear the policy backlog
- Implement data-led violence prevention interventions
- Strengthen front line teams ownership of IPC and H&S risks, including environmental factors.

End of Life Care and Bereavement – This continues to strengthen through the GRACE model, with clearer pathways, earlier support and closer

coordination across ward, palliative, chaplaincy, mortuary and community teams. A single point of contact, community-based Graces’ Places and Grief Awareness training are improving continuity, communication and staff confidence, helping ensure families receive compassionate, consistent support before and after death. During 2026/27 we will:

- Embed the GRACE model with clear pathways and a single point of contact
- Strengthen anticipatory planning and documentation
- Expand Graces’ Places and community bereavement support
- Improve multidisciplinary coordination across end-of-life services
- Increase Grief Awareness training to build staff confidence.

Quality Improvement - We began embedding the Quality Improvement Capability Framework 2025–2028, strengthening our culture of continuous improvement through the launch of the QI Coach Programme with measurable improvements in cancer pathways, surgical flow, theatre safety & ward deterioration. Next year we will:

- Embed QI practice & supporting QI coaches
- Establish a QI Faculty and pipeline of QI leads across the organisation
- Pilot the new QI Leads Development Programme

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

| | |
|------------------|--|
| Quality Enablers | Leadership - visible, accountable leadership driving quality improvement |
| | Workforce - capability building, QI skills and psychological safety |
| | Culture - openness, learning, Just Culture and lived experience |
| | Information - reliable data, standardised charts, real-time visibility |
| | Learning, Improvement and Research - audit-to-improvement pathways, QI networks |
| | Whole Systems Approach - integrated governance, shared standards, divisional ownership |

We reaffirm our commitment to delivering safe, effective and compassionate care by embedding the QMS operating discipline, stabilising the QOF, strengthening deteriorating patient and sepsis pathways, and ensuring learning leads to demonstrable change. This operational focus will build the capability, conditions and connections needed for high reliability and measurable improvement in outcomes and experience.

| 2026/27 Milestones | | |
|---|----|--|
| QMS, QOF, Data Integration & QI | Q1 | Embed QMS processes across the organisation and evaluate year 1; Implement standardised charts and run chart interpretation; Establish QOF data interpretation group & agree All-Wales aligned QOF indicator set |
| | Q2 | Launch revised QMS post-evaluation; Pilot automated QOF data flows; Provide updated quarterly QMS/QOF summary; Embed QI practice |
| | Q3 | Improve consistency of QMS outputs; Publish refined All-Wales aligned QOF indicator set; Establish QI Faculty |
| | Q4 | Achieve full organisational adoption of the QMS, Complete year end QOF automation stability check; Annual review of QOF metrics; Pilot QI Leads Development Programme |
| Patient Safety | Q1 | Full EWS adoption in adult inpatient areas |
| | Q2 | Integrate CareFlow real time risk overview |
| | Q3 | Full maternity EWS adoption (national readiness dependent) |
| | Q4 | Embed CareFlow outcomes and evaluate harm related metrics |
| Clinical Effectiveness, Adult & Mortality | Q1 | Launch CSEG audit tracker |
| | Q2 | Deliver first quarterly “closing the loop” audit summary |
| | Q3 | Strengthen alignment of audit, mortality and QMS outputs |
| | Q4 | Final annual audit and improvement summary |
| Patient Experience, PTR & Learning System | Q1 | Implement faster PTR cycle (early acknowledgement, consistent contact) |
| | Q2 | Circulate bi monthly learning updates across organisation |
| | Q3 | Embed co produced patient and staff stories into operational business |
| | Q4 | Deliver year end PTR outputs demonstrating faster cycles and story driven learning |

| 2027/28 Deliverables |
|--|
| Full automation of QOF and QMS reporting |
| Integrated safety and learning system, combining data into a single triangulated view |
| Mature Divisional learning cycles, with standardised learning, routine thematic reviews and demonstrate evidence of learning-to-action loops |

| 2028/29 Goals |
|--|
| Fully embed high reliability operating model with proactive risk identification |
| Consistent, organisation wide delivery of Clinical Effectiveness |
| Sustained safety culture improvement, evidenced through psychology safety measures and year on year reductions in avoidable harm |

Section 4 Enablers



Our People Plan 2025–2030 builds on our previous workforce strategy & sets a clear direction for supporting & developing our people. Shaped through wide engagement across the Health Board, it reflects real experiences & aspirations. The Plan continues our commitment to improving employee experience, strengthening leadership, enabling transformation, & recognising the vital contribution of our volunteers, who give over **20,000** hours each year.

We have made meaningful progress in recent years. Nursing & medical vacancies have reduced through targeted recruitment & retention, & stabilised retention has helped cut agency reliance & improve continuity of care. We have co-produced a Values & Behaviours Framework, strengthened our Speaking Up Safely culture, expanded wellbeing services, embedded equality & inclusion practices, & introduced new digital systems to enhance analytics & support efficiency across the Medical & Dental workforce.

We recognise that challenges remain. Changing population needs, persistent health inequalities, & an ageing demographic are increasing service pressures. Workforce expectations are shifting, digital capability is advancing quickly, & future supply is uncertain. These factors highlight the need for a future-focused, agile workforce & shape the ambitions of this Plan.



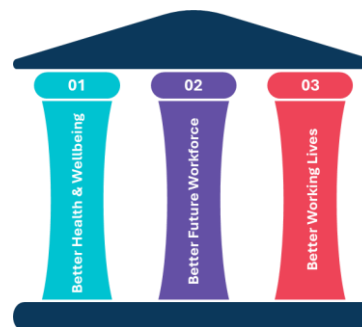
Our workforce today & challenges we face

The Health Board employs **13,717** WTE staff - an increase of **479** WTE over the past year, with the greatest growth in Nursing & Midwifery. Our demographic context presents long-term pressures: by 2030, Gwent is expected to have around **14,000** more residents aged over 65, while fewer young people are

entering the labour market. With a quarter of our workforce already over 55, we face rising retirement-driven attrition & widening gaps in critical areas. Primary Care reflects the same trend, with **33%** of staff - & **22%** of GPs - aged over 55.



Sickness absence remains a significant ongoing challenge. Rates remain consistently above 6%, with **33%** of all absence attributed to stress, anxiety, & depression. Absence is higher among our ageing workforce, reflecting wider trends in healthy life expectancy & chronic conditions. While progress has been made to reduce vacancies in key professions, skills shortages persist in some clinical & technical roles.



To meet these challenges, the People Plan is structured around three interconnected pillars - **Better Health & Wellbeing, Better Future Workforce, & Better Working Lives**. Collectively, they provide the platform for developing a resilient, compassionate, & future-ready workforce that supports our vision of empowering our people to thrive so we can care better for our communities.

Better Health & Wellbeing
 Supporting colleagues to stay healthy, feel valued, & thrive is critical to building a resilient, productive workforce. The People Plan commits to strengthening wellbeing services, sustaining Occupational Health capacity, improving attendance, & embedding compassionate, restorative people practices.

This year, we continue to enhance our culture of psychological safety & speaking up. Building on the Speaking Up Safely Framework, we have expanded the infrastructure required for staff to confidently raise concerns & see timely resolution. Staff Survey engagement increased from **13.3%** to



32.5%, providing stronger insights into where the we needs to focus efforts to build trust, belonging, & safety.

We continue to embed compassionate leadership as the foundation for culture change. Last year, **864** colleagues completed leadership programmes, with **32%** of Nursing & Midwifery Academy participants achieving promotion. Leadership development is becoming more inclusive, with strengthened EDI data capture to ensure equitable access. Talent & succession planning workshops are helping managers identify high-potential individuals who may previously have been overlooked.

Reducing sickness absence is a major priority for the coming years. We are deepening our understanding of the root causes & strengthening support for staff experiencing stress, anxiety, & depression. Through better use of data, enhanced manager capability, & accessible, sustainable Occupational Health & wellbeing services, we aim to support colleagues earlier & reduce long-term absence.

Better Future Workforce

02 Developing a modern, agile & future ready workforce is essential for delivering high quality care across acute, community, primary care & preventative settings. Aligning with the emerging Digital Strategy, we will focus on key initiatives including national digital systems, robotics & digitally upskilling our workforce to enabler modern practices & efficiencies.

Our plan commits to strategic, data led workforce planning to understand service demands, align resources, & strengthen capability. We will work with HEIW to deliver national priorities across Mental Health & Learning Disabilities, Health Care Scientists, Allied Health Professionals, Urgent & Emergency Care, Primary Care, & education & training pipelines.

Regional workforce collaboration will remain central to strengthened sustainability across South East Wales & we will continue to support &

inform to support & inform regional programmes in Ophthalmology, Orthopaedics & Cancer, ensuring our regional plans optimise capacity, resilience & support long-term sustainability.

To meet evolving service needs, we will create innovative, flexible roles that respond to changing care models, technology & population complexity. We will strengthen advanced practice & expand multidisciplinary, community based workforce models, including ACPs, Nurse Consultants, CAAPs & emerging Health Coach roles. Advanced practice will also grow in reporting radiography, with extended pharmacy technician & assistant roles supporting technician led wards, medicines optimisation & new perioperative innovations. Support & governance for SAS doctors has been strengthened through the SAS Charter, including the Autonomous Practice Policy, enhanced Portfolio Pathway support & improved IMG induction & mentorship, career progression, wellbeing & safe autonomous practice.

We will build on recruitment & retention learning to support colleagues to develop & grow, strengthening sustainable multidisciplinary teams, reducing variable pay & improving efficiency. Our aim is a workplace where people choose to join, stay & progress, embedding a resilient, future-focused workforce model.

The new Resident Doctor Contract, coming into effect in August 2026, introduces a modernised pay structure & stronger safeguards for training & wellbeing. While beneficial, it will require us to review medical workforce models & service transformation opportunities due to its operational impact. Our Steering Group, chaired by the Medical Director, will lead implementation & consider the risks and opportunities to ensure a safe, sustainable transition.





Our nursing workforce will evolve over the coming year under the National Agreement for Health Care Support Workers, with a more flexible skill mix that strengthens our models of care. This will ensure fair pay, support skills development, & enable staff to work at the top of their competence. A focused skill-mix review, targeted training, & new pipelines—such as Level 4 healthcare science apprenticeships in audiology & dietetics—will help us deliver more effective, responsive care & build a sustainable workforce for the future.

Looking ahead to 2026/27, we will mobilise the new Future NHS Workforce Solution - a modern, cloud-based platform that will streamline processes, improve data quality & enhance staff experience. While the benefits are significant, the transition brings risks linked to the capacity & specialist support needed for readiness & implementation. Our priority will be to progress foundational readiness & strengthen internal programme structures to ensure a safe, sustainable transition.

In parallel, the Health Board meets its duties under the Social Partnership & Public Procurement (Wales) Act 2023 by working closely with Trade Unions to co-design workforce changes, embed fair work principles & ensure decisions are informed by strong social dialogue. This strengthens trust, equality & shared ownership of change. Our first Social Partnership Report (September 2025) outlines how we are meeting the Duty. Over the coming year, we will deepen this approach through a joint self-assessment with Trade Unions, embedding Social Partnership principles into procurement, broadening representative voices in key forums, extending partnership into decarbonisation & net-zero plans, & exploring a Social Partnership Champion initiative.

Our wider equality obligations will be delivered by aligning our work to the Anti-Racist Wales, LGBTQ+, Disabled People’s Rights & VAWDASV Action Plans, as well as the All-Wales Accessible Communication & Information Standards. This is supported by our Strategic Equality Plan 2024–28 & our staff equality networks, which drive delivery & engagement. Looking ahead, we will focus on improving workforce ethnicity data, ensuring fair & inclusive recruitment & progression, building leadership capability, providing targeted support for internationally educated staff, & delivering the updated accessibility standards.



Better Working Lives

03 Better Working Lives
The Health Board is committed to creating a workplace where people feel proud to belong & grow. We will continue to strengthen our role as an anchor institution through partnership working &, as the largest employer in Gwent, invest in meaningful local employment particularly in communities facing economic inequality. We are exploring local entry routes & supporting skills development through initiatives such as the Gwent College Consortium, supported internships, Skills Surgery, the RCN Cadet & Connect schemes, & the Future Nurse Academy. These programmes widen access for local residents, including those furthest from the labour market, & promote fair, secure & meaningful careers that support community wellbeing & a locally developed workforce for the future in line with foundational economy principles.

The Health Board is committed to a robust bilingual skills strategy, ensuring Welsh language requirements are assessed for every new or vacant role. A new digital tool will improve the accuracy of these assessments & support recruitment managers. We are implementing a strategy to increase clinical consultations in Welsh, ensuring new digital systems are fully bilingual, & offering wide ranging learning opportunities to help staff build confidence & capability in using Welsh, aligned to More than Just Words.

Our People Plan will set out the actions needed to address current & longer-term workforce challenges. Our next steps will focus on building thriving teams & cultures while improving efficiency through better systems, ways of working & innovation.

| 2026/27 Milestones | | | |
|---------------------------|----|---|----|
| Better Health & Wellbeing | Q1 | Commence implementation of the sickness absence programme to achieve 6.49% target, using scrum methodology, mapping triggers, reviewing early-intervention processes & developing dashboards to track reduction trends. | EA |
| | Q2 | Demonstrate improvement in Occupational Health KPIs & introduce new monitoring dashboards. | |
| | Q3 | Sustain wellbeing service activity, diversify the offer, ensure outcome monitoring, & maintain >90% satisfaction rates. | |
| | Q4 | Improve staff survey scores on wellbeing & safety culture, & increase the number of people who feel able to speak up & are more engaged. | |
| Better Future Workforce | Q1 | Engage with Digital & Analytics to scope the digital workforce strategy, including workshops, maturity assessment & future-state modelling. | |
| | Q2 | Develop & implement local actions supporting national progression & career development frameworks. Deliver targeted interventions to meet PADR (>85%) & Stat/Mand compliance (>85%) | |
| | Q3 | Expand volunteering, apprenticeship, & supported employment roles by reviewing entry-level posts, mapping pipeline opportunities, expanding anchor institution commitments, & strengthening partnerships with FE/HE institutions. | |
| | Q4 | Increase workforce planning capacity & capability through training, shared resources & development of a strategic plan for priority areas. | |
| Better Working Lives | Q1 | Implement values & behaviours framework, embed into recruitment, PADR, leadership programmes, & establish a monitoring dashboard triangulating with quality, safety, & staff relations indicators | |
| | Q2 | Continue scrutiny of high variable pay usage, in line the Variable Pay & Agency Control Framework Welsh Health Circular, with deep dives, enhanced performance reporting, recovery plans, & targeted reduction in admin agency usage to achieve 30% reduction | EA |
| | Q3 | Achieve sustained reduction in organisational vacancies & turnover through targeted recruitment campaigns, review of selection processes, retention incentives, development pathways, & improved onboarding experience | |
| | Q3 | Improve job planning compliance to 80% alongside the implementation of the suite of Medical E-Systems | EA |
| | Q4 | Improve diversity & representation across all staff groups & leadership roles, delivering against Wales' Anti-Racism, Accessible Communications, Disability & LGBTQ+ Action Plans, aligned to our Strategic Equality Plan, & increasing Welsh language KPIs. | |
| | Q4 | Increase the number of staff participating in development programmes including leadership & development programmes | |

| 2027/28 Deliverables | 2028/29 Goals |
|--|--|
| Continuing to deliver & embed leadership & management support | Demonstrate a shift towards sustainable, future-ready workforce model & reduced variable pay |
| Implement new workforce solution – People Portal | |
| Build upon targeted workforce plans supporting sustainability, regional working & place based care | Delivered the ambitions of our Strategic Equality Plan 2024-2028 |
| | Seamless implementation of future workforce solution |

Section 4 Enablers

Digital, Data & Technology



Digital is a key enabler that enhances safety, improves outcomes, strengthens integration, supports staff & provides the data foundation for a modern, sustainable NHS. It is essential for meeting current & future demand & with patient-facing digital applications & supports the ambitions of our Gwent 35 strategy.



Digital Infrastructure
 2 data centres at GUH and YAB with 420+ servers supporting several hundred systems
 1,220+ SQL Databases
 300 computer rooms
 2,900 wireless access points
 1,000 Network switches deploying 30000+ user network points
 15,000 active service users
 99,300 service desk tickets raised / year
 320Tb of Data Storage + 400Tb of Backup Data

Digital Devices & Communications
 15,329 desktop & laptop computers
 2,318 Vocera devices, 98000 calls / day
 300-500 calls to booking centres / day
 5,500 apple and android mobile phones and tablets
 9,500 telephones
 18,000 Microsoft 365 licenses

Health Record services
 1,404,403 paper records across all Divisions
 663,139 digitised Acute case records
 506,189 digitised Non-Acute records (Inc 272,109 finance records / images)
 17 clinical systems
 140,000 observations via CareFlow / month
 506,879 completed clinical e-forms / year
 301 new form definitions created / year
 350-500 Referral & Booking centre calls from public / day
 534,283 outpatient appointments arranged / year
 24/7 switchboard, 3 centres 901206 calls / year

Information Governance
 71 Data Protection Assessments.
 63 complex complaints in relation to IG & data protection.
 205 complex Subject Access Requests
 708 Information Governance Incidents relating to Confidentiality, Integrity and Availability of information.

Information services
 Business Intelligence services
 198,732 Clinically coded records / year
 35 Live Qlik Data dashboards
 387 data views for direct user access
 25 automated dashboards eg SITREPs Data analytics
 17 data feeds

Business assurance
 Directorate financial management
 £33 million budget
 £7 million capital spend / year
 163 digital supplier contracts – software, WIFI, phones, servers, cabling / year
 3,160 digital purchases via Oracle / year for ABUHB requestors
 £19,000,000 order value / year

Demand for digital services is rising & there are opportunities to use digital tools to improve our processes, some of which are listed below:

- Digital Health Communications that help patients engage & co-produce their care.
- Transform Inpatient & Outpatient care by using new technologies.
- Improving patient flow with electronic ward boards & data dashboards.
- Artificial Intelligence that is a reality, delivering real-world benefits.
- Increased deployment, where appropriate, of Robotic Process Automation Technology with opportunities for efficiency & cash releasing savings.
- Seizing on further opportunities that Microsoft 365 presents.
- Increased clinical leaders in digital to support transformation.
- Data analytics guiding public health & supporting people to stay healthy at home.

Despite these opportunities, there remain several **challenges**:

- Maintaining our digital estate while investing in new technologies.
- Continuing challenges of digital suppliers adopting cloud only services rather than historical on-premise infrastructure & implementations - resulting in increased revenue financial requirements.
- Ensure we adopt digital inclusion initiatives in all our work.

Over the next three years there will be numerous strategic opportunities to create a sustainable service that is able to meet our digital transformation needs. In 2026/27 these are:

| | |
|---|---|
| Digital Transformation Strategy | Our new Digital Transformation strategy is currently in consultation stage with authorisation being sought for the strategy to be in pace for the start of 2026/27. This work will focus on the use of digital technologies & tools including AI & automation technologies approved by NICE and Health Technology Wales the development of an engaged digital workforce with the skills & capability at all levels to support digital adoption & exploit the benefits of technology, & an investment strategy working within the national digital policy context. |
| Digital Strategies | Completing a set series of strategies & plans for: <ul style="list-style-type: none"> • Digital Technology Infrastructure Strategy. • Service Management Strategy (how services operate). • Information Governance & Assurance & Cyber Security. • Digital software & application development capacities. • Health Records Governance. • Patient facing application strategy. • Digital Workforce Strategy. • Revisit clinical coding improvement plan. |
| Leadership & Board Development | Continue to engage & present regularly at Board development sessions; A Digital Clinical Council has been established & built into the overall Digital Governance structure; The council will work on securing ringfenced clinician time via discussions & support from the Medical Director. |
| Digital Transformation Planning | Building on established regular engagement meetings with stakeholders to develop medium to long term digital plans for front line teams & our transformational programmes. |




Digital, Data & Technology



| | |
|---|--|
| Directorate structure & governance improvement | Completion of Digital organisation change process; Planning controls to continue to embed in digital governance life cycle; Technical Design authority is established to ensure our developments are aligned to professional & national digital standards, patterns, policies & principles; Continue application of user centred design principles. |
| Digital Health & Care Record | Re-present business case for addressing the Clinical Workstation (CWS) risks along with associated technologies & capacity risks. |
| Data, Analytics & Information Management (IM) Strategy | Launch & commence delivery plans of the Data, Analytics & IM Strategy; Development of the Analytics Service & Data & Analytics Academy supporting skills development. |
| National Data Resource (NDR) | Working with the NDR team to maximise the opportunities & develop insights to improve patient services & support population health activities. |
| Information Governance, Assurance & Cyber Security | We will develop a business case for the creation of a Governance Assurance Team to proactively increase compliance & assure governance. We will continue to make progress against the Cyber Assurance Framework providing assurance into our committee structure. Provide Information Governance, including cyber security training to 85% of staff. |
| Decarbonisation | Continue to look at digital opportunities for decarbonisation & developing sustainable approaches to the digital life cycle. |
| Regional working | Continued engagement & planning with the Regional Digital Programme for South-East Wales Health Boards & Trusts to enable collaborative clinical service delivery with fit for purpose regional digital solutions. |
| Health Records | Consolidating physical record library locations. If expansion of piloting is successful, digitising areas of the non-acute record including Mental Health. |
| Business Assurance & Procurement | 25 new & renewal contracts are scheduled to be managed & processed for 2026/27; Decarbonation standards have been established for digital- to be embedded during the next three years. |
| Digital Inclusion | Continue work to understand the digital needs of the workforce & patients to enable access our digital solutions; Accredited with & deliver against the digital inclusion charter. |

We have priority ranking for digital developments as identified below:

| | | | | | |
|-------------------|---|-------------------|--|-------------------|--|
| Priority 1 | <ul style="list-style-type: none"> • CWS Risks • WCCIS Replacement • Digital Dictation & Speech Recognition • Digital Health Communications • Robotic Process Automation. • Governance & Assurance Audit Team | Priority 2 | <ul style="list-style-type: none"> • Outpatient Booking • Clinical Leaders • MS365 • My Medical Record • Growth Chart replacement • Cardiology PACS • Digital Cellular Pathology • Welsh Intensive Care Information System | Priority 3 | <ul style="list-style-type: none"> • E-Consent • Imprivata • Replacement Theatre System • Virtual Ward (Doccla) • CHC System • Community Health System |
|-------------------|---|-------------------|--|-------------------|--|

-  **30 Critical Infrastructure & Application Projects**- capital dependant in the current 2026/27 forecast that carry risk if there is no progression.
-  **129 new digital service requests**- which may require funding for delivery.
-  **21 additional new digital enabler support requests**- identified from Clinical Teams.

Information Services: Our Digital Strategy will be launched shortly, progression of NRD development & Hybrid/Cloud transition work. There are emerging plans for the WPAS Team.

A high-level summary of funded projects & business cases grouped by the four key mission themes:

-  **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

| 2026/27 Milestones | | | |
|---|----|---|----|
| Digital Foundations | Q1 | Capital Estates (Major)- Aber Valley & Dixton Surgery Monmouth. | |
| | Q2 | Networks Critical Edge Refresh- NHH; Infrastructure Strategy. | |
| | Q3 | Procurement for a Strategic Digital Partner | |
| | Q4 | LGH Fibre Refresh Service Improvement Plan | |
| Digital Organisation | Q1 | Radiology Informatics System Procurement; Eye Care Digitalisation - Open Eyes EPR; LIMS 2.0; ePrescribing Secondary Care (ePMA); Digital Cellular Pathology; Community: Dental EPR Upgrade ; National Eye Care Digitalisation - ERS (eReferral); Assessment of Patient Flow Solutions; CareFlow Connect; Welsh Nursing Care Record Paediatrics; MH & LD – WCCIS Replacement; RPA Business Case; Digital Dictation Implementation; Symphony v3 Upgrade; Digital Transformation Strategy; CWS risk business case; EPMA Phase 1: Allergy updates, meds to LCDR, CWS discharge, WRRS feed via HBIE, maintain MAR during transfers, & patient registration via CWS2; Cardiology Results feed to Local Clinical Data Repository; eAdvice Development CWS. | |
| | Q2 | Digital Health Communications; Align with NHS Wales Identity management standards Eliminate cybersecurity risk associated with IS4 (Cyber Response Plan); Community Health Electronic Patient Record; Information Governance Audit Team Business Case; Symphony Upgrade 3.1. | EA |
| | Q3 | Enable Histopathology Unexpected Result Notifications in CWS; Growth Chart - Replacement of legacy systems i.e CCUBE application | |
| | Q4 | Health Records Governance Strategy. | |
| Digital Community | Q1 | Support DCHW rollout of NHS Wales App | EA |
| | Q2 | MyMR – scale & spread; Patient Facing Application Strategy | |
| | Q4 | Digital Patient Communications (HCC) - Increase in service scope | |
| Digital, Data, Information & Intelligence | Q1 | NDR - Move to Cloud / Hybrid; Development of Analytics Services; Dashboard development; Refreshed RTT training & guidance. | |
| | Q2 | WPAS – Planned Care Academy Training | |
| | Q3 | WPAS Improvement Plan | |

| 2027/28 Deliverables |
|---|
| Connecting for Care - WCCIS replacement |
| ePrescribing Secondary Care (ePMA) |
| EPMA - Iteration 2 |

| 2028/29 Goals |
|---|
| Bed Management Solution |
| Regional Symphony ED Discharge Letter & Theatre Notes Integration |
| ECR/CCR 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, infrastructure risks and timely equipment replacement.

There is a significant amount of work which has been carried out in delivering the priorities for the extant Estates Strategy. The Health Board will continue to progress this work through the development of a new Estates Strategy, which will be a 3 lens approach to focus on the Service Need and Organisational Strategy, Condition and Utilisation of the Health Board Estates. It will reflect the regional (health) and regional (RPB) capital and estates agenda to ensure opportunities are aligned and integrated.

A Facet Survey is currently being procured and will be used to inform the strategic direction from an estate perspective. The work will be aligned with the new Health and Quality Care Standards, with completion anticipated by the end of quarter 3 of 2026/27.



Key priorities for 2026/27 are the rationalisation of St Woolos Hospital and the reconfiguration of Nevill Hall Hospital due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC). The All Wales Capital programme distinguishes between projects with some form of approval and those still in development. In 2025/26, we completed and opened the Satellite Radiotherapy Unit at Nevill Hall which is a joint project with Velindre University NHS Trust, the completion of the extension of the Emergency Department within the Grange University Hospital and also the delivery of a centralised Decontamination Unit at the Royal Gwent Hospital.

The Strategic Outline Case for the Nevill Hall reconfiguration was submitted to Welsh Government in November 2025 and discussions on next steps are continuing. In parallel with the longer term development, the Health Board continues to manage the risks associated with RAAC in line with prevailing technical guidance (which continue to emerge) with specialist support.

Health and Wellbeing Centres for Aber Valley and Monmouth are progressing through Integration and Rebalancing Capital Fund (IRCF), reproviding GP services alongside wider Health Board and Local Authority functions.

Following the opening of the Grange University Hospital, significant work continues across Local General Hospitals to align configurations with clinical models and patient flow. This includes service moves from St Woolos Hospital and Targeted Estates Fund investment in infrastructure, decontamination, decarbonisation, mental health, and infection prevention and control.

Phase 2 of the GUH extension - reconfiguring the old waiting area - will be delivered early 2026/27, creating a more appropriate space for patients who are 'fit to sit'.

The Health Board has secured two-year Targeted Estates Fund support. Extensive work has been delivered in 2025/26, with a full improvement programme continuing into 2026/27. Funding is provided on a 70% Welsh Government and 30% Health Board basis and allocated across the following areas:



Our Estates teams are vital for service delivery, and we are working on an estates and facilities workforce strategy to ensure sustainable services.

| 2026/27 Milestones | | | |
|------------------------------|----|---|----|
| Capital Projects | Q1 | Completion of Phase 2 of the Emergency Department Extension at the Grange University Hospital | |
| | Q2 | Development of Outline Business Case for Aber Valley and Monmouth | EA |
| | Q3 | Completion of the Health Board’s Estates Strategy | EA |
| | Q3 | Complete Strategic Outline Case for St Woolos Hospital | EA |
| | Q4 | Delivery of approved Targeted Estate Fund priorities for 26/27 | |
| | Q4 | Outline Business Case for Nevill Hall Hospital | EA |
| Service Change & Improvement | Q1 | Support and respond to any approved plans across the organisation which require the action of Estates & Facilities | |
| | Q1 | NHH RAAC – monitor/manage issues; support redevelopment casework | |
| | Q2 | SWH & Newport Campus – develop proposals to close old SWH estate and optimise Casnewydd & RGH utilisation | EA |
| | Q3 | REFIT decarbonisation schemes – deliver programme to Oct 2026 | |
| | Q3 | NHH PFI energy contract – develop proposals for ongoing maintenance & management | |
| | Q4 | Single Computer Aided Facilities Management system – maximise benefits of new system across ABUHB | |
| Integrated Regional Capital | Q1 | Continue development of Mental Health capital developments to support availability and stability of placements in Gwent | |
| | Q2 | Hub mapping to understand current Gwent provision & identify further opportunities for integrated hubs to support place-based care agenda | |
| | Q3 | Establish Hub Network to share learning & increase collaboration across hub services for all population groups in Gwent | |
| | Q4 | Finalise delivery of key small scale integrated hubs for key RPB population groups to support place base care with delivery partners | |

2027/28 Deliverables

- Full Business Case for Nevill Hall Hospital and ongoing RAAC management & Outline Business Case for St Woolos
- Final Business Case for Aber Valley & Monmouth Health & Wellbeing Centres
- Delivery of approved Targeted Estate Fund priorities for 27/28
- Improve estate infrastructure, particularly at RGH & NHH

2028/29 Goals

- Progress rationalisation of St Woolos Hospital
- Mental Health Specialist Services Inpatient Unit commence build
- Build for Aber Valley and Monmouthshire Health and Wellbeing Centres
- Commence redevelopment of Nevill Hall Hospital

Section 4 Enablers



Health Boards are required to develop a financial plan that balances over a rolling 3 year period. ABUHB has not been able to operate within available funding and has a rolling 3 year deficit. The outlook for 2026/27 remains financially challenging based on the operational and performance ambitions of the Board. The Board has advised Welsh Government that a financial deficit forecast is likely for 2026/27, in line with guidance the Board will produce an annual financial plan for 2026/27, with the ambition to recover to financial balance over a 3 year period.

Financial Plan Aims

‘Finance’ and the resources invested in are enablers & the aims of the ABUHB Financial Plan for 2026/27 are:

- To develop a refreshed route map to recovery to achieve financial balance over 3 years.
- Reduce the underlying deficit, ultimately to zero.
- Reduce costs & increase recurrent savings across both workforce & non-pay throughout the deployed £2bn turnover.
- Demonstrate full delivery of enabling actions & improve efficiency & productivity across all budget areas with a focus on releasing cash.
- Demonstrate benefits realised from investments with quantified metrics & value based outcomes.
- Demonstrate continued financial grip & control and excellent governance.
- Redesign service delivery (back office and patient facing) to operate within affordability limits.
- Reduce demand, improve pathways, remove unwarranted variation, focus on improving value to patients.
- Improve allocative value efficiency through strategic prioritisation including shifting services outside of hospitals through community by design and place based care and prevention

The financial plan has been developed and triangulated with workforce and service plans and aspirations, including assumed performance and savings delivery.

The constitution of the financial plan:

The starting financial position is established from an analysis of the underlying position, this is the recurrent cost of running the operations of the organisation at the start of the year with no further new year costs or savings included, this presents a running cost deficit in excess of funding of £38.2m, which is reflective of non-recurrent savings delivered in previous years, non-recurrent funding ending and the full year effect of costs and savings from prior years.

| Underlying deficit | Planned ULD closing 25/26 | 25/26 recurrent cost pressures into 2026/27 new in year | Opening Revised ULD 2026/27 |
|--|----------------------------------|--|------------------------------------|
| | £m | £m | £m |
| Workforce pressures | 2.0 | 13.4 | 15.4 |
| CHC | 2.6 | 2.5 | 5.1 |
| Medicines management (prescribing and acute drug costs) | 4.8 | 2.8 | 7.6 |
| WHSSC / EASC (service growth in excess of funded levels) | 5.0 | | 5.0 |
| Digital | | 5.1 | 5.1 |
| Total | 14.5 | 23.8 | 38.2 |

To mitigate this underlying deficit, savings have been developed and assumed to offset the underlying position as the first priority, these are estimated to be £28m identified and a further £17m opportunities to be confirmed, this savings target is c. 2% of turnover or over 3% when ring fenced funding is removed and is in excess of the 25/26 levels of savings.



Finance

There are risks to the full delivery of these currently. A Quality Impact Assessment process has been undertaken to provide a wider clinical and patient impact assessment of proposals to be considered.

| ABUHB Savings Plans 26/27 | £m | £m | £m |
|--|--------|----|---------------|
| Confirmed budget holder savings for 2026/27 | (13.3) | | |
| QIA Savings Options: | | | |
| Confirmed | (1.8) | | |
| Further work to confirm (assume Q3 and Q4 month impact for 26/27) | (6.1) | | |
| Total Savings expected to deliver with plans | | | (21.2) |
| Further savings opportunities | | | |
| Workforce V&SB | (3.7) | | |
| QIA Early Delivery | (3.1) | | |
| | | | (6.8) |
| Total Savings identified | | | (28.0) |
| Stretch Savings Target to deliver greater level than 25/26- Opportunities to be progressed | | | (17.0) |
| Total Savings for IMTP plan | | | (45.0) |

Funding for the new financial year includes allocation uplifts of £18.7m (1.11%) and assumed additional funding for Digital Priorities of £6m. Additional pay award funding is expected to cover 26/27 settlements. The Welsh Government expect 26/27 to be a non-discretionary investment year with additional spend limited to inescapable demand and unavoidable inflation.

The Board has assessed the new year costs for ABUHB as £75.2m. The most significant issues relate to unavoidable inflation and demand growth in CHC and drugs prescribing and essential digital system investments, costs of the ABUHB contribution to the Welsh Risk Pool and the national re-banding review of band 2 staff and the costs of patient services commissioned from other NHS organisations.

There are some limited value local investments proposed for quality improvement and cancer services as well as maternity, neonatal, diabetes and endoscopy service delivery. The table on the right hand side provides a summary:

| ABUHB New Year costs 26/27 | £m | £m |
|--|----|-------------|
| Demand and Inflation Growth (CHC, Drugs, 2% non pay) | | 28.2 |
| NHS Providers | | 8.8 |
| Local Pressures Quality | | 1.0 |
| Local Pressures cancer/Radiography | | 2.8 |
| National Pressures (WRP, B2 to 3) | | 29.4 |
| Winter/ONP | | 3.0 |
| RTT targets & endoscopy | | 2.0 |
| Total New Year costs 26/27 | | 75.2 |

There are several risks to the delivery of this financial plan, including, growth and funding assumptions, delivery of full savings plans, specialised services growth and operational risks arising during the period of the plan.

Overall Financial Plan Summary

The table to the right provides a high level summary of the financial plan for 2026/27, presenting all the above elements to establish a forecast deficit of £43.7m. The 26/27 forecast deficit of 43.7m compares with the £18.3m deficit experienced in 25/26 and the unmitigated new Welsh Risk Pool cost pressure of £25m.

| ABUHB 2026/27 | Forecast £m |
|--------------------------------------|--------------|
| Starting Deficit | 18.3 |
| UL adjustments | 19.9 |
| OPENING UL DEFICIT | 38.2 |
| Savings (Green/ Amber) | -21.2 |
| Savings QIA to deliver | -6.8 |
| Further Savings to find (2+%) | -17 |
| TOTAL SAVINGS | -45 |
| FUNDING UPLIFT (& DPIF) | -24.7 |
| Demand & Inflation | 37 |
| National Pressures | 4.4 |
| Local Quality priorities | 1.2 |
| Performance Delivery | 4.6 |
| Winter/ONP | 3 |
| TOTAL COSTS | 50.2 |
| FORECAST DEFICIT (BEFORE WRP) | 18.7 |
| Welsh Risk Pool (WRP) | 25 |
| FORECAST DEFICIT 26/7 | 43.7 |



The Health Board is already experiencing the impacts of climate change, which is exacerbating existing health inequalities & putting pressure on healthcare facilities & delivery systems. The Decarbonisation Framework sets out the Health Board's pathway to achieving a Net Zero position by 2030. It defines the priority areas for action, the goals & objectives required to meet national performance expectations, & the timescales & delivery plans that will guide progress over the coming years.

For 2026/27, the programme will continue to drive energy efficiency, reduce carbon emissions across all operational areas, & embed decarbonisation as a core principle of strategic planning & investment. The Framework also provides a clear governance & reporting structure to ensure accountability, transparency, & sustained organisational focus. Delivery is organised through five supporting workstreams:



Together, these workstreams provide the structure needed to coordinate action, monitor progress & accelerate the Health Board's transition to a low-carbon, climate resilient health system.

Estates: We are reducing the carbon impact of our estate through targeted energy efficiency measures, improved recycling & investment in low carbon infrastructure. Energy usage has fallen again in 2025/26, supporting a 4% reduction in carbon emissions. A key priority for 2026/27 is progressing the ReFit programme, with installation to commence following ministerial approval.

Communication & Training: We continue to strengthen staff awareness & engagement with the Health Board's Net Zero agenda through improved messaging & targeted content. A refreshed 'AB Green Healthcare Newsletter' has been developed alongside a new content calendar, & Climate Week promoted to highlight key sustainability priorities.

Clinical & Health Care: We're reducing the environmental impact of clinical practice by targeting medical gases, medicines waste, consumables, & behaviours. In 2025/26, we have progressed audits & trials to optimise gas use, improved cylinder management, Omnicell reviews, updated peri-operative guidance, & pilots to reduce unnecessary blood tests & draping, supported by staff education. We are also exploring funding for a Sustainability Nurse Lead to enhance nursing & ward level engagement.

Resources: We're strengthening carbon accounting, procurement, & performance monitoring to support Net Zero goals. Since 2018/19, we've reduced 4,380 tCO₂e from a baseline of 140,193 tCO₂e, with 6,000 tCO₂e more identified via planned solar generation at GUH. Current efforts include aligning with new reporting requirements, preparing for the refreshed NHS Wales Decarbonisation Plan, & improving dashboards for Type 1 & 2 emissions.

Wastes: We're advancing actions to meet new recycling regulations & maintain ISO14001 compliance. Waste segregation & environmental awareness training are progressing through approval, boosting staff understanding & supporting the Green Healthcare Champion network. Work is also underway to close gaps in toner & battery recycling & to introduce new internal recycling bins at RGH & GUH, aiming for full site compliance by Oct 2026.

This year, climate adaptation has become part of routine Health Board practice through completion of our first adaptation risk assessment, giving us a clearer picture of our highest risks & how to address them. In 2026/27, we'll develop a climate response plan to further embed adaptation, decarbonisation & biodiversity across the organisation.

A successful response to climate challenges can only be achieved through whole-system effort, influencing everything from estate management to clinical practice. Working closely with partners & stakeholders will be vital as we accelerate our transition.

What we will deliver

2026/27 Milestones

| | | |
|------------------------|-------|---|
| Estates | Q1 | ReFit Phase 1 LED Lighting completion & commencement of roof-top solar projects |
| | Q2 | ReFit Phase 1 completion of roof-top solar projects |
| | Q3 | ReFit Phase 1 solar car-port at GUH (subject to final Planning approval) |
| | Q4 | Completion of ReFit Phase 1 & commencement of scoping for possible Phase 2 |
| Comms | Q1 -4 | Ongoing communications of decarbonisation activity |
| Clinical & Health care | Q1 | COTE pilot of unnecessary blood test project |
| | Q2 | Medical gases cylinder SOP |
| | Q3 | Entonox switch from manifold to cylinders |
| | Q4 | Decommission of the N2O manifold |
| Resources | Q1 | Launch of ABUHB Carbon reporting dashboard |
| | Q2 | Approve a strategy to reduce Procurement emissions through both increased accuracy (moving from Type 1 to Type 3 reporting) & increased analyses of the impact of clinical & health care projects |
| | Q4 | Show progress against the agreed strategy & evidence the resulting reduction in emissions for 2026/27. |
| Wastes | Q1 | Recycling bins ordered for RGH, GUH, & NHH. Expected delivery date during first week of April & then imbedding to follow. |
| | Q2 | Divisional Management Team to review current compliance position with the new recycling regulations. More sites to be planned for compliance. |
| | Q3 | Reusable sharps boxes kick off meeting with Theatre ODP, Environmental Manager, Stericycle, & other interested parties. |

2027/28 Deliverables

- Possible Refit Phase 2 – subject to future WG funding
- Reusing of nursing uniforms
- Spread & scale of the blood test project

2028/29 Goals

- Reduction of unnecessary testing
- To embed Green Health Care into working & educational practices

Section 4 Enablers



Value Based Healthcare

Value Based Healthcare (VBHC) remains central to delivering better health, wellbeing, outcomes & value for our people, workforce & communities. Our focus on doing what matters most to people is key to addressing challenges in the short, medium, & long term.

The ever-changing landscape heightens our ambition to collaborate & innovate with our partners & to capitalise on opportunities to translate new understandings to optimise how we use the resources available to us to improve health outcomes. We are strengthening our value-based healthcare programme to support the NHS Planning Framework it's 3-year priorities. Working with partners, including NHS Wales Performance & Improvement Value Transformation Directorate, we will encourage the consideration of the value in everything we do, across the full care pathway- from prevention to long term/end of life care.



Our VBHC enabling strategy will maintain a focus on:

- **Outcome Measurement & Action:** We will Systematically collect, monitor, analyse & act on outcomes that matter to patients.
- **Whole Pathways of Care:** Looking holistically at whole-person, system-based care reducing fragmentation of care provision between sectors.
- **Maximise existing resources & costs:** We will assess the use of financial & resource utilisation ensuring a focus on quality of care & outcomes, & we will aim to stop low value activities.

- **Data & Technology:** We will maximise the use of local & national data, analytics & technology to systematically collect, combine analyse & present costs & other key data to support evidence-based planning & decision making.
- **Mindset:** We will promote value-based health & wellbeing by focusing on prevention, early access & teachable moments, enabling people to understand the consequences of poor health decisions & support people to better manage their health. This will be driven by leadership, education, awareness & training.

Delivering Value & Transformation

- Improve & measure outcomes that matter to people, clinicians & the healthcare system.
- Ensure the best use of resources to deliver the best possible outcomes.
- Review data, services, processes & practice identifying opportunities for improvement.
- Measure impact & benefits of VBHC adoption.
- Work with partners & 3rd sector to explore opportunities to deliver better value to patients.

Development & Sustainability of VBHC approaches

- Local Person-Centred Value-Based Healthcare Education Programme.
- Promotion of results of VBHC projects.
- Monitoring of innovation portfolio, demonstrating impact on people, projects, budgets and partnerships
- Pre-Investment Panel Assessors for VBHC consideration.
- Engagement, Communication & Marketing.
- Awards.
- Research for Patient & Public Benefit.
- VBHC Staff Development



Digital Enablers

- PROMs collection (Local & National Pathways).
- Use of outcomes in direct care.
- Use of outcomes to support waiting lists & access to care when needed.
- Use of outcomes to support remote monitoring.
- Patient initiated PROMs.
- Support of PREM collection (where applicable).
- Collection of PROMs long term to demonstrate sustainable change & inform re-design of services.

Business Intelligence & Insights

- Improve access to data.
- Enhance VBHC Information Strategy.
- Visibility of PROMs via clinical systems.
- Combining outcomes & costing visualisations.
- Adoption of National DSCNs for PROMs.
- Development of Local Data Proms Standards.
- Submission of PROM data in line with WHC.

Research

We recognise that active research leads to better patient outcomes & improved staff recruitment, retention & satisfaction. As a core pillar of University Health Board status, our Research & Development (R&D) approach focuses on delivering essential clinical research that meets population needs & supports A Healthier Wales. We remain committed to embedding research in care pathways & continue to expand our research education programme, including reaching research-naïve staff through induction & online training.

As we enter year four of our five-year strategy, we are reflecting on what works well & what is still yet to be achieved. Implementation of the strategy has progressed, supported by the quarterly Research Strategy Group which provides oversight & ensures alignment with the NHSR&D Framework & wider HCRW & Welsh Government policy direction.

Greater focus has been given to expanding research leadership opportunities for non-medical professionals, with physiotherapists, nurses, & podiatrists now acting as Principal Investigators. This reflects a deliberate effort to diversify research leaderships across professions & services.

Key achievements include:

-  Awarded 1.4 million in VPAG funding to increase the amount of industry funded research studies.
-  Celebrated the 1-year anniversary of the Research Champions Programme.
-  Medi-Wales Innovation Award for collaboration with industry for our work on the Sandbox Dementia Biomarker study which aims to transform the diagnosis of neurodegenerative disease.
-  Continue to meet the 80% Time to Target metric for all closed commercial & non-commercial studies.
-  The appointment of the department's first Clinical Research Fellow supporting Principal Investigators deliver clinical research
-  Associate Medical Director for Research & Development awarded an Honorary Professorship at Cardiff University.

VPAG funding has accelerated investment in key staff & infrastructure to advance commercial research. As this funding is time-limited, a priority for 26/27 will be increasing industry-funded research to ensure long-term sustainability.

What we will deliver – 2026/27

| 2026/27 Milestones | | | |
|---|----|--|----|
| Commercial Trial Focus | Q1 | All VPAG funded posts to be appointed. Introduce a fast-track set-up process for commercial trials. | |
| | Q2 | Introduce local scoring system to apply priorities from national & local metrics to support decision-making & performance improvement. | |
| | Q3 | Establish an internal quarterly performance review process to highlight issues, monitor progress & agree remedial actions if required to ensure we are on course to meet VPAG objectives | |
| | Q4 | Meet all T&Cs of VPAG funding | |
| Strategy Implementation | Q1 | Facilitate access & offer support for staff at all levels who wish to undertake research. | |
| | Q2 | Ensure research inclusion within HB induction programmes across relevant professions. | |
| | Q3 | Collaborate with services to deliver, assess & report against the pillars of the NHS R&D Framework for Research Delivery. | |
| | Q4 | Begin stakeholder engagement, collaboration & discussion to support development of the next research strategy. | |
| Business Delivery | Q2 | Align adoption of 'new' National High Value, High Interventions (HvHi) including Diabetes and Bone Health | EA |
| | Q3 | Enhance and upscale Value in Diabetes, Cancer Services, Heart Failure and MSK Services & Explore and adopt Value T&O opportunities | EA |
| | Q4 | Continue to measure and deliver anticipated benefits of existing VBHC programmes of work | |
| Business Development & Digital BI Enabler | Q1 | Digital Outcome and Experience collection; design, develop, test, implement and maintain VBHC data insights and reports | |
| | Q2 | Initiative planning for future provision of PROMs platform & implement collection of PROMs in Radiology, Chronic Pain, IBD, Escape Pain | |
| | Q3 | Enable the use of outcomes and costings to develop pathways that reduce unwarranted variation | |
| | Q4 | Adopt a process for adoption and use of National dashboards for Value cases where applicable | |
| Sustainable of VBHC Approaches | Q1 | Continue to deliver awareness and educational training programmes across the Organisation | |
| | Q3 | Support services with demonstration of value and share learning for scale beyond ABUHB | |
| | Q4 | Work across the Organisation to scope, design, implement outcome toolsets, collection and automation | |

2027/28 Deliverables

Cost recovery targets met as per VPAG plan

Final review of strategic objectives, evaluating impact & success.

2028/29 Goals

Able to report the economic value of research.

New Board approved strategy & implementation plan in place

Section 4 Enablers



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. In 25/26 the PMF was reviewed and updated in line with feedback and learning from just over 12 months of its application. This resulted in updating our performance and accountability domains to 5 in total;

- 1 **Quality & Safety**
- 2 **Leadership**
- 3 **Corporate Governance**
- 4 **Finance**
- 5 **Operational Performance & Delivery**

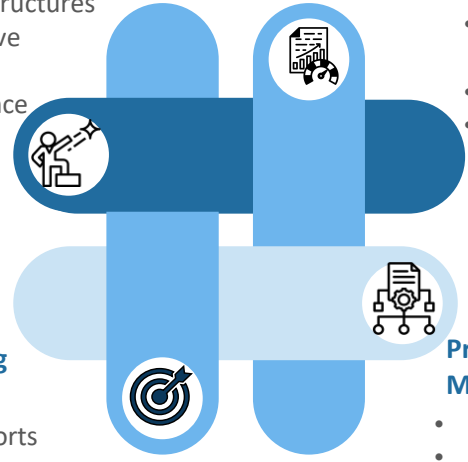
Our PMF coupled with our transformation programmes form a robust delivery framework for our organisation weaving together; Governance and Leadership, PMF, Programme Management Approach and Targeted Reporting.

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

Further work is ongoing to finalise the change programmes that will support delivery in 2026/27. Below is a summary of our emerging transformation programmes. More detail on the Programmes is set out in Appendix 4 and these will be finalised in April 26 following plan approval.

| Priority Programmes | Purpose |
|-------------------------|---|
| Place Based Care | Establish a clear community model for the organisation with a preventative approach, aligned to Community by Design |
| Urgent & Emergency Care | Delivery of clearly defined transformation within our Urgent and Emergency Care recovery plan to support de-escalation |
| Planned Care & Cancer | Transformation in planned care and cancer drawing in primary and secondary prevention and supporting improvement in waiting times |
| Value & Sustainability | A system wide focus on value & sustainability delivering service change and cross cutting themes in line with national VSB |

Appendix 1: Ministerial Delivery Expectations

| Ministerial Delivery Expectations for 2026-27 | | Baseline | Mar 27 | |
|---|---|-----------------------|--------------------------|---|
| Timely Access to Care | Ensure no ambulance patient handover waits over 45 minutes. <i>Plan to deliver de-escalation criteria</i> | 1,471 | 364 | N |
| | Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge. <i>Plan to deliver de-escalation criteria</i> | 1,089 | 799 | N |
| | No patients waiting more than 104 weeks for referral to treatment. | 434 | 3,022 | N |
| | Health Boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027. | 55.9% | 75% | Y |
| | No patients waiting more than 8 weeks for a specified diagnostic | 2,387 | 0 | Y |
| Population Health & Prevention | Increase the proportion of children in Wales who are a healthy weight by halting the rise and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. | 75.1% (2023/24) | 76% | Y |
| | Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care. | - | Quarterly reporting | Y |
| | At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans. | - | 90% (care plan in place) | Y |
| | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes. | 44.3% | 50% | Y |
| Community by Design | Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard. <i>Plan to deliver de-escalation criteria</i> | 180 Vol 6,085 Days | 120 Vol 3,840 Days | Y |
| | 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. | 75,940 | 118,223 | Y |

Appendix 1: Ministerial Delivery Expectations

| Ministerial Delivery Expectations for 2026-27 | | Baseline | Mar 27 | |
|---|--|----------|--------------------------|---|
| Mental Health Access | Implement and evaluate Open Access Mental Health Support by March 2027. | - | Milestones | Y |
| | Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027. | - | Milestones | Y |
| | Improve Physical Health of People with long term mental health problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027. | - | Milestones | Y |
| Women's Health | Further expansion of the Women's Health Hub model in each Health Board area by March 2027 (aligned to the Women's Health Plan). | - | Milestones | Y |
| | Improving the quality of our maternity services by reducing perinatal mortality rates. | 5.22 | 5.067 | Y |
| Quality & Safety | Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate. | 1.36% | Determined through 26/27 | Y |
| | Days of safe care delivered since the last never event, monitored using SPC T-Chart. | - | Implement | Y |
| | Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027. | 33.9% | 40% | Y |
| | The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all Health Boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year. | 89.9% | 91% | N |

Appendix 2: Enabling Actions

| Enabling Actions: mandating on the basis of “adopt or justify” | | | Baseline | 26/27 |
|--|--|---|--|---|
| Productivity | Ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position. | Y | TPF model and methodology is still under development awaiting update | Through using the model for 26/27 when available opportunities will be assessed and prioritised in the following areas: bed plan , improved length of stay and rationalisation, operational efficiency to reduce costs with a focus on Theatres |
| Mental Health | Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs. | Y | 0. | Hold to 0. |
| Population Health & Prevention | Ensure progress of the focused Diabetes High Value High Impact pathway | Y | All 8 care processes: 45.5% Foot surveillance: 66.9% Urine albumin: 67.5% | All 8 care processes: 50% Foot surveillance: 80% Urine albumin: 80%% |
| Building Community Capacity | Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions. | Y | Waiting list, referral and appointment function of the APP live, . | Full implementation of next phase of the APP in development with national digital team |
| 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. | Y | Oversight via Non Pay Board in our Value and Sustainability Programme. The theatre innovation group is reviewing national and local non-pay opportunities—such as sutures, energy devices, stapling, and orthopaedic products. | Minimum of £2.3m savings delivered through a range of schemes including utilities pricing and re:fit programme |

Appendix 2: Enabling Actions

| Enabling Actions: mandating on the basis of “adopt or justify” | | | Baseline | 26/27 |
|---|---|---|---|--|
| Maximising Value for Money | Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas. | Y | ABUHB continues to have the highest uptake of established biosimilars in Wales. A review of generic contract medicines has been undertaken. Direct Oral Anticoagulants - 93% for Primary Care, 95% for WP10(HP) Blood Glucose Testing Strips(92%) Sodium-Glucose Co-Transporter-2 (SGLT2) 81% for Primary Care, 88% for WP10(HP) | Programme of work will continue, reporting into V&SB. Blueteq business case process ongoing Maintain status as highest uptake in Wales. |
| | Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate. | Y | Estates rationalisation workstream priorities agreed and include St Woolos, NHH, Monmouth, Aber Valley | Pending review key business cases progressed for Nevill Hall, Aber Valley and Monmouth Mental Health Service Redesign leading to estates rationalisation 2028–2038 strategy completed |
| | Continuing Healthcare - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. | Y | Oversight via the Continuing Healthcare Board in our Value and Sustainability Programme includes ongoing monitoring, legal case progress, and unresolved eligibility issues with Local Authorities. | All Wales Digital Solution implemented Agreement progressed regarding eligibility and enhanced care with Local Authorities,. Delivery of £1.6 million savings across demand management and package reviews |
| Improving Value, Optimising Outcomes, & Minimising Variation | Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health | Y | Increased fragility-fracture identification and treatment rates. Coding review, outcome tracking, and service evaluation are underway, with stable staffing. | Adoption of the Missed Opportunity measure within the FLS-DB. Subject to funding expansion of the dedicated Fracture Liaison Service Pharmacist and support roles. |
| | Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation. | P | The Windows Server 2012 upgrade programme complete, with remaining servers covered by extended security updates while work begins on the 2016 upgrade and associated SQL Server updates. Cyber resilience continues to improve through incident-response exercises, expanded SIEM visibility, rollout of next-generation firewalls, and strengthened oversight via the Network and Information Systems Assurance Group. | Projects include: Removal of Windows server 2016 and MS Sequel 2012 ,2014 and 2016 Palo Alto implementation. Cyber exercising quarterly for 2026. CRU NIS CAF Audit Assessment June 2026. |

Appendix 2: Enabling Actions

| Enabling Actions: mandating on the basis of “adopt or justify” | | | Baseline | 2026/27 |
|--|---|---|--|---|
| Timely Access to Care | Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 High-Volume Low Complexity General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2 | P | Cataracts – 6.83 per list Arthroplasty – 3.6 per list General Surgery – awaiting relevant codes from National Team in order to be able to accurately baseline. | Cataracts – 7 per list Arthroplasty – 4 per list General Surgery – awaiting relevant codes from National Team in order to be able to accurately baseline. |
| | Ensuring the full implementation of the National Optimal Pathway in Cancer | P | National Optimal Pathways continue to be followed. | Map and cost a new malignancy of undefined primary origin/cancer of unknown primary pathway, with gap analyses and implementation planning for renal, myeloma, and sarcoma. |
| | Theatre session utilisation is improved to achieve national <i>Getting It Right First Time</i> standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key performance indicators to underpin the 85% standard | P | Late starts – 37% Early finishes – 30.7% Session utilisation – 83.1% | Late starts – 25% Early finishes – 15% Session utilisation – 85% |
| | Consistent clerical and clinical validation should be in place using the national standard operating procedure - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits | Y | All cohorts validated in line with the National Planned Care Policy Waiting List Validation Toolkit and Guidance. | Programme of work will continue across all stages, Validation strategy launched Q1 26/27. |
| | Referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally. | P | Referral rate: 900 per 100,000 population. | 800 per 100,000 population. |

Appendix 2: Enabling Actions

| Enabling Actions: mandating on the basis of “adopt or justify” | | | Baseline | 2026/27 |
|--|--|----------|--|--|
| Timely Access to Care | Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027. | N | Baseline at GUH ED is 24.9% within 15 mins, and 24.8% across all location types. | Achieve 80% within 45 mins at GUH ED and 100% at all other location types. Deliver de-escalation criteria |
| | Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges. | P | Criteria-led discharge has been rolled out weekly scrutiny of the longest-stay patients embedding of Optimal Hospital Flow Framework. Winter Sprint work with Local Authorities and a newly simplified discharge policy implemented. | Roll out of the OHFF across all sites, evaluate the implementations from 2025/2026 to assess the benefits, and continue to embed the principles 2026/2027. |
| | Deliver medical same day emergency care and acute frailty services at the front door of hospitals in line with all principles set out in national same day emergency care policy and strategy documents, and the six goals for urgent and emergency care programme Front Door Acute Frailty Service Framework for Acute Hospitals. | P | The Community Assessment Lounge has been extended with 76% home-discharge rate, Centralised Home First Team at the Grange expanded front-door therapy coverage. Older-person programme in place to map system needs, with frailty support delivered through community services, eLGH front-door clinicians, and a therapy-led model at the Grange University Hospital. | Older person programme to deliver redesigned clinical model. |

Appendix 2: Enabling Actions

| Enabling Actions: mandating on the basis of “adopt or justify” | | | Baseline | 2026/27 |
|--|---|---|---|--|
| Timely Access to Care | Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management. | P | Level 1 falls response increased to 34% up from 25%). Centralised therapist input via the Community Clinical Desk/Single Point of Access continues to strengthen falls triage and navigation. Conveyance rate baseline is 36%. | Continue programme of work and reduce 12-month average conveyance rate by a further 10%. |
| | Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including Welsh Ambulance Services and Local Authorities, to deliver coordinated and effective care across the urgent care pathway. | P | The Community Clinical Desk pilot launched in November 2025 (based within the Single Point of Access Hub), assessing over 200 patients with more than 60% supported to remain at home. Running through Q4, the Multidisciplinary Team model is proving effective, with most referrals via Welsh Ambulance Services APPNAV/C3 Stack, and work underway with the LMC to explore expanding its scope | SPoA pilot will run to the end of Q4 with evaluation and options appraisal to follow. |

Appendix 2: Enabling Actions

| Enabling Actions: mandating on the basis of “adopt or justify” | | | Baseline | 2026/27 |
|--|---|---|---|---|
| Workforce Productivity | Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular | Y | Recruitment campaigns and a focus on retention and sickness actions ongoing. Current delivery balanced against volume of additional workstreams prioritised against these urgent areas. | Health Board actions implemented. Will be undertaking a review of all governance/booking arrangements to refresh and update in 2026/27 |
| | Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure | Y | Q3 position projects with full-year spend 13.5% below last year | Aim to reduce agency by 30% due to improved vacancy position and fully eradicate off contract agency |
| | Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans. | P | Consultant job planning compliance 53.4% as of Jan-26. | Trajectory 80% by September 2026. |
| | Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026. | Y | Partially achieved 25/26 through strong recruitment, retention, and sickness-reduction efforts. Risk remains regarding additional bed capacity, levels of enhanced care, vacancies, and sickness absence. | Maintain significant reductions to date. Review of governance. Aim to achieve zero recognising skills shortages in particular for estates, catering and specific admin roles. |
| | Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26 to 6.49% which is the average sickness rate reported in 25/26 through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels. | Y | Sickness absence 6.96% in Jan-26. | People Plan commitment to 0.5% reduction in absence. £0.9m within plan savings from divisions linked to reduced variable pay from absence management. |

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"> • Deliver de-escalation criteria for urgent & emergency care incl. improvement with Ambulance Handovers, 12 hrs waits & waits to be seen • Simplify access to urgent & emergency care services within Gwent and Increase the utilisation of alternative pathways • 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 2 |
| Older people & 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 a falls prevention programme with partners • 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 • Prepare for the extended data entry requirements of the National Audit of Inpatient Falls (NAIF) to include all fractures & falls |
| Osteoporosis & 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 • Implementation of plan to increase treated smokers & % CO validated quits • Progress Asthma biologic management • Focus on Cancer Waiting times & outpatient to improve RTT • Implement integrated breathlessness care pathway through targeted approach to test feasibility |
| 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 embedded across Gwent • Hypertension treating to target programme embedded across Gwent • Enhance & upscale Value in Heart Failure • Heart Health event for World Heart Day |

Appendix 3: Quality Statements

| Quality Statement | Plans to Address |
|------------------------|--|
| Cancer | <ul style="list-style-type: none"> • Deliver improvements in tumour site single cancer pathway through targeted recovery plans • Quarterly cancer backlog reduction to 5% or less • All cancer patients registered on WCP dataset forms & data now pulled from the cancer dataset dashboard • Development of Systemic Anti Cancer Therapy Outreach services in Gwent with Velindre University NHS Trust • Enhance & upscale Value in Cancer Services • Continuing to strengthen research links & close working partnerships with Velindre University NHS Trust & Cancer Research UK |
| Diabetes | <ul style="list-style-type: none"> • Expansion of Diabetes Prevention Programme, modelled to target underserved groups • Embedding of Diabetes recognition across all Care Homes • Population Health management approach to Diabetes prevention in partnership with NCNs • Improvement on 8 care processes for Diabetes • Develop integrated weight management pathway for Diabetes • Progress implementation of Diabetes pumps • Enhance & upscale Value in Diabetes |
| Kidney Disease | <ul style="list-style-type: none"> • Working in partnership with Cardiff & Vale Health Board to deliver additional dialysis capacity • Continued service improvements through commissioned service review with Cardiff & 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 • Develop & begin to implement an alcohol licencing triage & response system • Continued delivery of Try Dry Local project; • Launch alcohol licencing risk matrix • Partnership working to address alcohol attributable admissions |
| Musculoskeletal Health | <ul style="list-style-type: none"> • MoveBetterGwent enables people to remain active & independent for as long as possible, using technology to enable the safe & 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 & community infrastructure & additional supported self management approaches • Presence of MSK Specialists within minor injury & 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 |

Appendix 3: Quality Statements

| 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 & compliance |
| Stroke | <ul style="list-style-type: none"> • Stroke Improvement Programme with redesign of services to support timely & effective care • HASU & rehabilitation review with implementation of recommendations • Address workforce sustainability through Speciality Doctor development & CNS review • Implement bed base changes & ringfencing to support timely care |
| Vascular Disease | <ul style="list-style-type: none"> • Regional Hub & Spoke Model in place through South East Wales Vascular Network • Actively contributing to Network review & supporting improvement plans as appropriate |
| Women's & Girls Health | <ul style="list-style-type: none"> • Rollout of Women's Health Pathfinder Hub through digital platform & service expansion of Gynae Ambulatory Care Unit & Sexual Health Services • Continue to develop women's health single point of access (SPOA) for referrals • Training focused on removing stigma & patient-centred engagement • Continue partnership engagement through ISPBs to further develop local community models that address women's health needs • Embed evidence-based care across maternity pathway with early optimisation public health messaging • Establish a single point of access for maternity triage for all women • Implementation of Women's Health Discovery Report Action Plan • Reduce the transmission of sexually transmitted infections & unintended pregnancies through community condom scheme & C-Card |

Appendix 4: Priority Programmes i. Place Based Care

Place Based Care

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

Place Based Care is critical to translating the strong ambition and early alignment into tangible, sustained system transformation that improves health and wellbeing outcomes for communities across Gwent. The delivery of Place-Based Care is overseen through governance structures that enables partners to work together within existing planning and delivery arrangements across the Health Board, Local Authorities and third sector. Furthermore, the partnership model addresses cultural and behavioural change challenges by fostering trust, shared accountability, and willingness to work differently across organisational boundaries.

The initial locality focus is Torfaen and Blaenau Gwent, targeting our most deprived communities. Our partnership approach dovetails place-based care with the “Torfaen deal” building resilience in communities. Our Place Based Care Programme service as our Community by Design delivery vehicle and one of the key change programmes (alongside the work of the RPB and PSB) in delivering the Better Health and Better Lives elements of our strategy.

Performance in 25/26

| Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|--|------------------|---|
| Increase in people accessing Pharmacy Independent Prescribing services where they would have visited their GP | 24,065 Mar-26 | 30,541 Jan-26 (Q4 Trajectory: 24,065) |
| Maintain the number of consultations undertaken by community pharmacy under CAS | 79,553 Mar-26 | 73,836 Jan-26 (Q4 Trajectory: 79,553) |
| Maintain the number of patients accessing NHS Optometry Services | 246,133 Mar-26 | 220,932 Jan-26 (Q4 Trajectory: 246,133) |
| Number of patients accessing urgent emergency services - Dental | 43,153 Mar-26 | 32,770 Jan-26 (Q4 Trajectory: 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 | 128,347 Mar-26 | 75,940 Jan-26 (Q4 Trajectory: 128,347) |
| Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 | 5,277 Mar-26 | 5,523 Jan-26 (Q4 Trajectory: 5,277) |
| Maintain 95% of Palliative Care referrals assessed within 2 days | 95% Mar-26 | 91.0% Dec-25 (Dec-25 Trajectory: 95.0%) |
| Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s | 8.5% Mar-26 | 8.0% Jan-26 (Jan-26 Trajectory: 8.5%) |
| Increase in people accessing PIPs where they would have visited their GP | 24,065 Mar-26 | 30,541 Jan-26 (Q4 Trajectory: 24,065) |
| Maintain the number of consultations undertaken by community pharmacy under CAS | 79,553 Mar-26 | 73,836 Jan-26 (Q4 Trajectory: 79,553) |

Place Based Care

Transformation Programme, Achievement 25/26 & Focus 26/27

Transformation Programme

Workstreams

Place Based Care

Executive Lead: Executive Director of Public Health

Workforce Development, Financial Strategy, Digital Data & Technology, Estates & Facilities, Communication & Engagement, Intelligence & Evaluation

Programme Key Achievements in 25/26

During 25/26 we delivered the following achievements:

- ✓ Established robust Programme governance & strategic oversight including appointment of Programme Manager to drive delivery.
- ✓ Learning session with the National Association of Primary Care
- ✓ Held a series of joint leadership meetings with Torfaen and Blaenau Gwent Local Authority to set the ambitions and commitment
- ✓ Evaluation Report completed showing conditional support & cautious optimism among stakeholders.
- ✓ Engagement of Integrated Service Partnership Boards (ISPBs) as accountable vehicles for delivery.
- ✓ Identified critical risks including governance complexity, uneven ownership, & capacity gaps.
- ✓ Early examples of progress in community infrastructure through Integrated Neighbourhood Teams & Multidisciplinary Teams.
- ✓ Strong system alignment around prevention, partnership, & place-based care principles.

Place Based Care Focus for 2026/27

| Area | Commitments |
|--------------------------------|--|
| Oversight | <ul style="list-style-type: none"> • Agree and take forward detailed implementation plan that draws on the finding of the evaluation report • Establish a mechanism for Place Based Care (PBC) to serve as the delivery arm of the Community by Design programme • Ensure alignment between the Integrated Community Care System (ICCS) & the Community by Design programme to foster integrated system transformation • Strengthening governance and leadership by simplifying structures, clarifying accountability, and ensuring the programme is the primary organising agenda for system change |
| Delivering through Partnership | <ul style="list-style-type: none"> • Delegating clear authority to Integrated Service Partnership Boards (ISPBs) as accountable delivery vehicles with decision-making power over neighbourhood planning, workforce configuration, and investment • Developing and activating Integrated Neighbourhood Teams as core delivery units, within each NCN cluster, supported by workforce strategies aligned to population needs • Permanently establish the Integrated Well-being Networks team, as a core element of Place Based Care delivery, along with Behaviour Change Practitioners and a Health Coach Team |
| Community Focus | <ul style="list-style-type: none"> • Deepening community engagement and co-production to ensure interventions reflect lived experience and local needs, moving from awareness to genuine participation |

Delivery against Strategic Aims (26/27)

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|------------------|--|----|---|--|--|---|
| Prevention | High Risk Populations | MD | Develop evidence based patient identification method for 0.5% population at greatest risk of admission & those rapid risers | Scale up MDT support model & embed within place based care through the 4 Integrated Service Partnerships Boards | Partner with 4 GP practices to compare primary care & acute data sets supporting outcome measurement | Progress with primary & social care data to fully assess outcomes; Increase the Future Care Plans utilisation |
| | Preventable Premature Mortality | MD | Continue to implement CVD risk-factor model embedding learning from 25/26 & combining with diabetes prevention | Develop Health Coach team & align to GP Practices for delivery of Brief Intervention; Train primary care on Diabetes & CVD unified model | Commence delivery framework for Diabetes & CVD unified model; Heart Health event for World Heart Day | Roll out CVD risk factor model across 68 GP Practices; Continue delivery of diabetes delivery framework |
| | | MD | Cancer prevention group focusing on symptom awareness within under served population groups | Review & development of Cancer Prevention as part of the Gwent Cancer 2035 delivery framework | Continue delivery of Nicotine Control Alliance workplan & implement actions from Part 2 of Nicotine Discovery Report | Implementation of Cancer Prevention as part of the Gwent Cancer 2035 delivery framework |
| | Population Health Management | P | Import Primary Care data into Public Health Data Warehouse & agree initial cohorts | Surface intelligence around agreed cohorts to stakeholders for proactive prevention action | Refine reports & cohorts based on observation & feedback | Commence evaluation of GP practice action |
| Place Based Care | Neighbourhood Teams & Community Pathways | MD | Define local integrated neighbourhood team roles & responsibilities aligned with Place-Based Care principles | Engage partners across social care & voluntary sector to co-design implementation for Torfaen & Blaenau Gwent | Establish integrated pathways and collaborative forums to align services with population health needs | Refine model and prepare plan for scaling Place-Based Care approach across additional localities |
| | | MD | Define multi-disciplinary team best practice and scale up across ISPBs; Develop & agree frailty patient identification | Bring together clinicians from across Gwent to agree future MD approach delivery defining role in place based care | Partner with 4 GMS practices to compare data; Develop outcome measurement for patients & health system | Gather additional partner data to fully assess outcomes; Increase utilisation & access of first contact practitioners |
| | | | Pilot Breathlessness hubs to improve early intervention in care for patients with chronic respiratory symptom | Following pilot evaluation, agree implementation approach; Explore options for community Audiology | Develop integrated breathlessness care pathways aligned with evidence-based practice | Implement integrated breathlessness care pathway through targeted approach to test feasibility |
| | | | Strengthen weekend working across community nursing maintaining 57% average | Review progress and work toward achieving 61% weekend working | Review progress, apply previous learning and work towards achieving 65% | Consolidate learning from the year aligned with national expectations to achieve 69% |

Place Based Care

| Priority | Workstream | Q1 | Q2 | Q3 | Q4 | |
|-----------------------------------|--|----|---|--|--|---|
| Access & Sustainability | Primary Care Sustainability | | From 1 st April management & ensure ongoing GMS provision of GP practices without independent contractor status | Completion of procurement for returning available directly supported GP practices to independent contractor status | Support the returned GP Practices through enhanced monitoring ensuring access of care for the communities | Work with the returned GP Practices to ensure sustainability for the future year & long term sustainability |
| | | | Implement initial variation for dental practices of the new dental contract reform | Respond to individual dental practice requests and monitor for additional adjustments | Analysis of 1st six months of contract monitoring to maximise application to meet population need | Undertake evaluation of the 1st year contract delivery to adjust plans for 27/28 |
| | | | Full implementation of all Welsh Government Optometry Services pathway 4 elements | Maximise Pharmacy Independent Prescribing and Common Ailment Service | Timely management of urgent eye care issues by increasing Optometry Services activity | Maximise Pharmacy Independent Prescribing and Common Ailment Service |
| Improving Quality & Experience | Primary Care | | Undertake review of NCN supplementary services to understand the gap in provision | Explore options to engage on a multi agency basis to reduce inequity | Assess the level of latent capacity for GMS providers and explore capacity for inter practice referrals | Undertake end of year review to inform gap analysis and embed learning for 27/28 |
| Resilient & Connected Communities | Building Community Capacity & Social Prescribing | P | Map existing community assets and implement social prescribing pathway to align with Place Based Care model; Enhance recruitment of wellbeing friends network | Co-produce social prescribing model through joint design sessions with NCNs, Integrated Wellbeing Networks, local authority, & voluntary sector partners | Ongoing work alongside partner organisations to identify, connect & mobilise the existing strengths within communities to enable them to thrive. | Continue partnership working with NCN networks, identifying gaps in provision & evaluate pilots of social prescribing pathways to scale up across Gwent |

| Performance Expectations (26/27) | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 | |
|---|--|-----------------|--------------|----------|---------|--------|---------|---------|---------|
| Increase in % of patients (aged 12 years & over) with diabetes who received all eight NICE recommended care processes | | MD | 80% | No | 44.4% | 47% | 48% | 49% | 50% |
| Percentage of patients (aged 12 years & over) with diabetes who have had foot surveillance recorded within last 15 months | | | 80% | No | 66.9% | 70.2% | 73.5% | 76.7% | 80% |
| Percentage of patients (aged 12 years & over) with diabetes who have had their urine albumin recorded within last 15 months | | | 80% | No | 67.5% | 70.7% | 74% | 77.1% | 80% |
| At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans. | | MD | 90% | Yes | N/A | - | - | - | 90% |
| Uptake of eligible patients who attend cardiovascular disease risk factor management programme (CVDRFMP) | | | - | - | N/A | 3,125 | 3,125 | 3,125 | 3,125 |
| % of people who attended CVDRFMP diagnosed | | | - | - | N/A | 312 | 312 | 312 | 312 |
| No. starting 12-week intervention with Level Two Adult Weight Management Service | | | - | - | N/A | 1,500 | 1,500 | 1,500 | 1,500 |
| No. with end weight recorded who accessed 8+ sessions who lost >5% weight | | | - | - | N/A | 450 | 450 | 450 | 450 |
| Increase in people accessing Pharmacy Independent Prescribing Services where they would have visited their GP | | | - | - | 36,649 | 11,405 | 22,810 | 34,215 | 45,620 |
| Maintain the number of consultations undertaken by community pharmacy under the Common Ailments Service | | | - | - | 88,603 | 24,968 | 49,936 | 74,903 | 99,871 |
| Maintain the number of patients accessing NHS Optometry Services | | | - | - | 265,118 | 66,820 | 132,559 | 198,839 | 265,118 |
| Number of patients accessing urgent emergency services - Dental | | | - | - | 36,173 | 9,043 | 18,087 | 27,130 | 36,173 |
| Increase in number of accepted referrals to Rapid Response services | | | - | - | 4,885 | 1,267 | 2,534 | 3,801 | 5,068 |
| Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s | | | - | - | 8% | 8.5% | 8.5% | 8.5% | 8.5% |
| Maintain the number of Urgent Primary Care contacts (inc. virtual) | | | - | - | 96,371 | 25,437 | 50,873 | 76,310 | 101,746 |
| 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 | | MD | ↓ | Yes | 180 | 150 | 140 | 130 | 120 |
| Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard | | MD | ↓ | Yes | 6,085 | 4,500 | 4,200 | 4,160 | 3,840 |

| Enabling Action | | Baseline | 26/27 |
|---|---|--|---|
| Diabetes High Value High Impact pathway | γ | All 8 care processes: 45.5%,Foot surveillance: 66.9%, Urine albumin: 67.5% | All 8 care processes: 50%,Foot surveillance: 80%, Urine albumin: 80%% |

Place Based Care

Urgent & Emergency Care

Urgent and Emergency Care demand is forecast to continue to increase Ambulance handovers at GUH ED by 9.11%, Minor Injuries Units attendances by 6.4%, Assessment Unit by 3.77%, Medical Assessment Units by 5.46%. Adults walk ins at GUH ED by 8.4%. Emergency inpatient admissions are forecast to increase by 4.06%

To support meeting this demand and to respond to the Welsh Government Escalation Framework which requires the Health Board to evidence that recovery and improvement plans for admission avoidance, reduced handover delays and stronger internal flow are in place, an Urgent and Emergency Care Improvement & Stabilisation Plan has been developed. The overall aim of the UEC Improvement & Sustainability Plan is to sustainably improve whole-system flow to reduce harm and improve patient experience by delivering the following objectives:

- Increase community care delivered away from emergency departments.
- Sustainably improve the time patients wait for Emergency Care.
- Deliver an effective acute medicine model
- Delivery of Older People’s Pathway
- Increase system-wide discharges while reducing variation.

Welsh Government's criteria for Urgent and Emergency Care performance and outcomes de-escalation will serve as the core performance metrics supplemented by the 2026/27 trajectories and individual programme metrics.

A new governance model for the Urgent and Emergency Care Programme will consolidate the current UEC programmes of work under a single structure so that there is one clear route for assurance, escalation, support and challenge. The UEC Programme Board chaired by the Chief Executive Officer will provide overarching oversight, supported by programme, operational and divisional groups covering the workstreams in each of the individual programmes. This structure is intended to eliminate duplication between previous arrangements and make Discharge, Our Next Patient, the Older Persons Pathway and the Acute Medical model workstreams mutually effective.

Urgent and Emergency Care improvements are being driven both internally within the Health Board and through the Regional Partnership Board which, as part of the Discharge Improvement Programme, is reviewing discharge pathways across the system to identify opportunities to streamline process, reduce duplication and target resources more effectively. Any efficiencies identified through that work will be used to support resource shifts that strengthen flow.

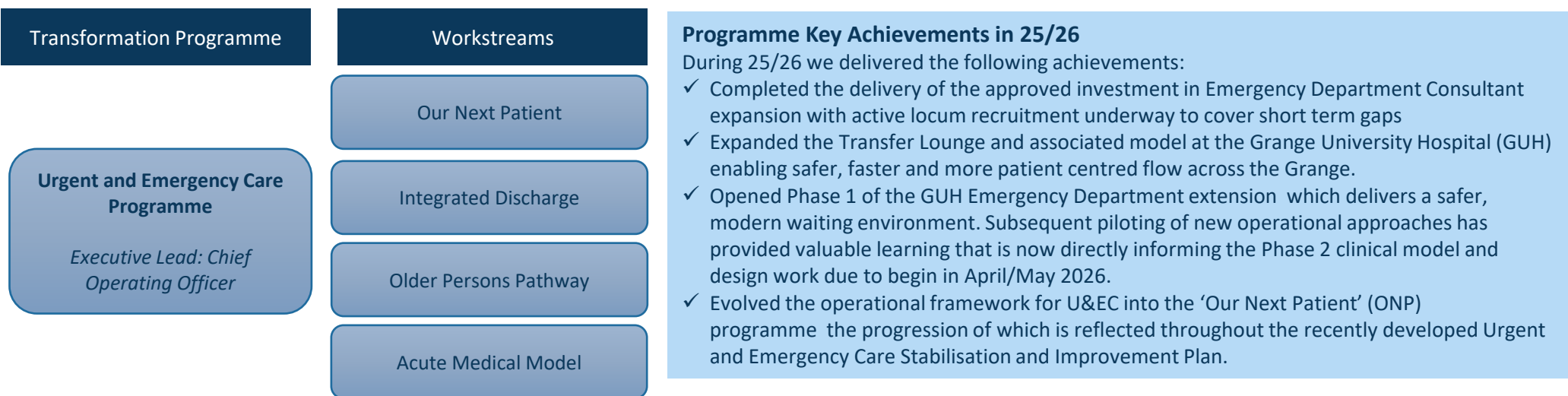
Through the actions in the UEC Improvement & Stabilisation Plan, the Health Board is determined to achieve the de-escalation requirement during 2026/27.

Commitments in this UEC plan will be updated as the Improvement & Stabilisation Plan is finalised

Performance in 25/26

| Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|--|------------------|---|
| Reduce the number of ambulance patient handovers over 1 hour | 500 Mar-26 | 687 Feb-26 (Feb-26 Trajectory: 578) |
| Reduce the number of ambulance crew hours lost at GUH ED (per month) | 2,500 Mar-26 | 2,302 Feb-26 (Feb-26 Trajectory: 2,750) |
| 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 | 750 Mar-26 | 1,089 Feb-26 (Feb-26 Trajectory: 731) |
| Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU | 80% Mar-26 | 73.3% Feb-26 (Feb-26 Trajectory: 80%) |
| Reduction in time from arrival to ED triage - no waits over 60 minutes | 200 Mar-26 | 343 Feb-26 (Feb-26 Trajectory: 250) |
| 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. | 60 Mar-26 | 136 Feb-26 (Feb-26 Trajectory: 70) |
| Maintain the number of Urgent Primary Care contacts (inc. virtual) | 95,147 Mar-26 | 80,564 Jan-26 (Q4 Trajectory: 95,147) |
| % of patients directly admitted to an acute stroke ward <4hrs of clock start | 20% Mar-26 | 1.2% Q2 25/26 (Q2 Trajectory: 20.0%) |
| % of unique stroke patients given thrombectomy (all stroke types) | 6% Mar-26 | 1.8% Q2 25/26 (Q2 Trajectory: 6.0%) |
| % Assessed by OT within 24 hours | | 21.9% Jan-26 |
| % Assessed by PT within 24 hours | | 18.8% Jan-26 |
| % Assessed by SaLT within 72 hours | | 75.8% Jan-26 |
| Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard | 160 Mar-26 | 180 Feb-26 (Feb-26 Trajectory: 170) |
| Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard | 6437 Mar-26 | 6,165 Feb-26 (Feb-26 Trajectory: 7,184) |
| Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment | 12 Mar-26 | 13 Feb-26 (Feb-26 Trajectory: 14) |
| Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission | 370 Mar-26 | 445 Jan-26 (Jan-26 Trajectory: 380) |

Transformation Programme, Achievement 25/26 & Focus 26/27



Urgent and Emergency Care Focus for 26/27

| Area | Commitments |
|---|---|
| De-escalation criteria (Our Next Patient) | Ambulance waits > 45 mins - Focussed improvement in this area will start March 2026 for 90 days as part of the UEC Plan Stabilisation phase and will aim for the following stepped changes 12 hours in ED - Reduce to 7% or less from April 2026 Wait to be seen - Improve to 60 mins by March 2027 |
| Integrated Discharge | Roll out of Optimal Hospital Flow Framework Roll out of criteria led discharge Review of all discharge schemes to develop single discharge pathway with LA partners Joint actions with LAs on Pathway of Care Delays |
| Older Persons pathway | Roll out of acute frailty at front door model Intermediate care Further development of Single Point of Access Emergency Care at home model Care homes programme |
| Acute medical model | Full options appraisal for sustainable model Bed reconfiguration |

Delivery Against Strategic Aims 2026/27

| Priority | Workstream | Q1 | Q2 | Q3 | Q4 |
|--------------------------------|------------------------------|--|--|--|---|
| Prevention | High Risk Populations | MD Develop evidence based patient identification method for 0.5% population at greatest risk of admission | Scale up MDT support model & embed within place based care through the 5 Integrated Service Partnerships Boards | Partner with 4 GP practices to compare primary care & acute data sets supporting outcome measurement | Progress with primary & social care data to fully assess outcomes; Increase the Future Care Plans utilisation |
| Access & Sustainability | Urgent Care & Emergency Care | MD Enhance integrated front-door by streamlining access & Community Assessment Lounge (CAL) evaluation to inform future model | Relaunch of Care Home Escalation Framework; Commence agreed CAL model post evaluation; Refresh Community Capacity analysis | Develop plan using learning from Caerphilly pilot of wider rollout of care home support; Develop Community Capacity map & share across Gwent | Implement Care Homes Support Programme to additional locality; Evaluate impact of Future Care Planning training delivered in Q1-Q3 |
| | | MD Simplify access developing an options appraisal for sustainable clinical model for Single point of Access (SPOA) | Continue review of flow centre pathways; Assess opportunity for community falls response linked to assistive tech | Implement integrated reporting system for SPOA referrals & outcomes; Develop a falls prevention programme with partners | Develop pathways to integrate community falls response in SPOA; Enhance front door response & timeliness for non-injurious falls |
| | | MD Continue to embed Optimal Hospital Flow Framework & criteria led discharge across all sites monitoring progress & benefits; Identify areas to pilot the Trusted Assessor (TA) model through engagement with stakeholders | Continue to ensure the Criteria Led Discharge framework is applied 7 days a week ; Define the optimal discharge pathway & co-design with stakeholders; Monitor impact & identify further areas to pilot TA | Implement the single integrated digital discharge platform; Pilot the optimal discharge pathway and refine for wider roll out; Commence implementation of new Optimal Staffing Discharge model | Evaluation of Criteria Led Discharge framework to evidence impact; Continue implementation of Optimal Staffing Discharge model; Roll out TA in phases coupled with optimal discharge pathway across Gwent |
| Improving Quality & Experience | Urgent Care Recovery | MD Review interim ED clinical model and identify if there are any digital opportunities to support delivery | Evaluation of eTriage; Develop Head injury pathway, initially looking at navigation within hospitals | Mapping of ED patient process & identify challenges, risks & areas for improvement | Identify opportunities for system flow within ED to create space within the department |

| Performance Expectations 26/27 | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|--|----|--------------------|--------------|----------|-------|-------|-------|-------|
| 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 | MD | ↓ | Yes | 180 | 150 | 140 | 130 | 120 |
| Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard | MD | ↓ | Yes | 6,085 | 4,500 | 4,200 | 4,160 | 3,840 |
| Ensure no ambulance patient handover waits over 45 minutes - All Locations | MD | 0 | No | 1,471 | 733 | 455 | 374 | 364 |
| Ensure no ambulance patient handover waits over 45 minutes – Grange University Hospital Emergency Department | TI | 11% ↓ for 3 months | Yes | 943 | 578 | 400 | 330 | 320 |
| Reduce the number of ambulance crew hours lost – All Locations | | - | - | 3,556 | 1,949 | 1,250 | 1,031 | 960 |
| Reduce the number of ambulance crew hours lost – Grange University Hospital Emergency Department | | - | - | 2,653 | 1,559 | 1,000 | 825 | 768 |
| 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 | 1,089 | 1,066 | 875 | 908 | 799 |
| Increase and maintain national target of the percentage of patients waiting <4 hours in Emergency Department/Minor Injury Units | | 95% | No | 73.5% | 75% | 76% | 76% | 77% |
| Reduction in time from arrival to Emergency Department triage: no waits over 60 mins | | - | - | 414 | 300 | 200 | 400 | 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. | TI | <60 mins | Yes | 135 mins | 100 | 80 | 80 | 60 |

| Enabling Actions | | Baseline | 26/27 |
|--|---|--|---|
| Ambulance Patient Handovers | N | Baseline at GUH ED is 24.9% within 15 mins, and 24.8% across all location types. | Achieve 80% within 45 mins at GUH ED and 100% at all other location types. Deliver de-escalation criteria |
| Optimal Hospital Flow Framework | P | Criteria-led discharge has been rolled out. Embedding of OHFF | Roll out of the OHFF across all sites |
| Same day emergency care and acute frailty services at front door | P | Community Assessment Lounge extended with 76% home-discharge rate, Centralised Home First Team & older-person programme in place | Older person programme to deliver redesigned clinical model. |
| Community-based falls response framework | P | Level 1 falls response inc to 34% from 25%. Centralised therapist input via SPOA. Conveyance rate baseline is 36%. | Continue programme of work and reduce 12-month average conveyance rate by a further 10%. |
| Single Point of Access | P | The Community Clinical Desk pilot launched in Nov 2025 (based within the SPoA Hub), assessed 200+ patients 60+% remaining at home. | SPoA pilot will run to the end of Q4 with evaluation and options appraisal to follow. |

Urgent & Emergency Care

Planned Care & Cancer

Planned care demand continues to grow, with total referrals forecast to rise by 4.2% in 2026/27 compared with 2025/26, continuing the pattern of year-on-year post-COVID increases. New outpatient appointments are expected to reach 177,261 (a 6.8% rise), with follow-ups increasing by 9.9% to 356,983. Elective treatments are expected to fall by 11% to 6,523, though day case activity will increase by 7.7% to 21,961. Overall treatment volumes are forecast to increase by 2.7% compared to 25/26 forecast, supported through Theatre efficiency improvements and progress with GiRFT standards. The activity plan is based on core capacity on an assumption of no additional activity.

Cancer demand is forecast to grow by 3% for total and GP-initiated referrals, stabilising after periods of elevated post-pandemic growth. While no major increase in total treatment volumes is expected, improved performance will depend on increasing the proportion of cancer treatments initiated within 62 days from suspicion, requiring robust, tightly managed pathways across diagnostics, outpatient appointments and treatment planning.

As part of our plan development we have undertaken detailed demand and capacity modelling across Planned Care to inform delivery within core capacity, identify opportunities for productivity and efficiency, and forecast expected performance against key metrics. This work has demonstrated material demand and capacity deficits across several specialties with specific subspecialties driving the deficit, particularly at the treatment stage.

Performance against the 2025/26 Ministerial Delivery Expectation for 104-week Referral to Treatment (RTT) has only been achieved through significant additional activity delivered outside core capacity (including Waiting List Initiatives, backfill sessions, and insourcing). This additional activity has been supported through a combination of national allocations and non-recurrent internal funding. As at Month 11, total additional treatment activity has cost £7.1m, with a further £2m forecast in Month 12 and we continue to work towards a near-zero position for patients waiting over 104 weeks by year-end with some risks. Without comparable levels of non-recurrent investment going forward, performance at 104 weeks will deteriorate due to the underlying treatment-stage demand and capacity gaps in ENT, General Surgery, Ophthalmology, Oral & Maxillofacial Surgery, and Orthopaedics.

The national outpatient insourcing programme has reduced the total size of the waiting list. When comparing the 104-week cohort for 2025/26 with that of 2026/27, the total cohort entering the new year is approximately 10,000 patients smaller, but this reduction is concentrated exclusively at the outpatient stage.

At other stages of the pathway, cohort sizes have increased when compared to 2025/26:

- Stage 2 Diagnostics is 68% larger than at the start of 25/26;
- Stage 3 Follow-Up/Therapies is 3% larger, and;
- Stage 4 Treatment is 15% larger.

At the treatment stage alone, this represents approximately 1,500 additional patients in the 104-week cohort compared to the same point last year, with the largest increases seen in Oral & Maxillofacial Surgery and Orthopaedics. While the Health Board remains committed to delivering its transformation objectives and the Enabling Actions within Planned Care as outlined in this IMTP, maintaining current performance levels without the additional non-recurrent capacity that has supported delivery to date will be highly challenging. We could make further progress on 104 and diagnostics should additional money become available and we have draft delivery plans in place to achieve this.

Performance in 25/26

| Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|--|------------------|---|
| 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | 70% Mar-26 | 55.9% (Jan-26 Trajectory: 69.0%) |
| Reduction in backlog of patients waiting over 62 days (SCP) | 200 Mar-26 | 344 (Jan-26 Trajectory: 220) |
| Reduction in backlog of patients waiting over 104 days (SCP) | 50 Mar-26 | 95 (Jan-26 Trajectory: 55) |
| Increase in rate of treatments starting within 28 days of decision to treat | 75% Mar-26 | 86.9% (Jan-26 Trajectory: 75.0%) |
| Numbers of patients waiting over 104 weeks (all stages) | 3,291 Mar-26 | 434 (Jan-26 Funded Trajectory: 459) |
| Number of patients waiting over 52 weeks for Outpatients | 18,095 Mar-26 | 3,779 (Jan-26 EoY Trajectory: 4,237) |
| Reduction in the number of patients waiting 100% past Outpatient follow-up target date | 27,275 Mar-26 | 31,478 (Jan-26 Trajectory: 28,750) |
| Increase in the rate of See On Symptom and Patient Initiated Follow-ups | 13.5% Mar-26 | 11.6% (Jan-26 Trajectory: 13.0%) |
| Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA | 5% Mar-26 | 5.2% (Jan-26 Trajectory: 5.0%) |
| Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic | 1,077 Mar-26 | 2,387 (Jan-26 Trajectory: 1,077) |
| Number of adults waiting more than 14 weeks for all audiology pathways | 5,440 Mar-26 | 5,628 (Jan-26 Trajectory: 5,366) |
| Number of children waiting more than 6 weeks for all audiology pathways | 3,630 Mar-26 | 1,455 (Jan-26 Trajectory: 2,783) |
| No patient waiting more than 14 weeks for a therapeutic assessment | 105 Mar-26 | 366 (Jan-26 Trajectory: 110) |
| On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers | 90% Mar-26 | 96.3% (Jan-26 Trajectory: 90.0%) |
| Theatre Utilisation late starts to less than 20% | 25% Mar-26 | 37.0% (Jan-26 Trajectory: 30.0%) |
| Theatre Utilisation early finishes to less than 10% | 25% Mar-26 | 50.6% (Jan-26 Trajectory: 31.0%) |
| Theatre Utilisation session utilisation to 85% | 85% Mar-26 | 83.1% (Jan-26 Trajectory: 85.0%) |
| Deliver improvements in day surgery rates, achieving a BADS daycase rate | 55% Mar-26 | 77.0% (Nov-25 Trajectory: 50.0%) |
| Number of adults waiting more than 14 weeks for all audiology pathways | 5,440 Mar-26 | 5,628 (Jan-26 Trajectory: 5,366) |
| Number of children waiting more than 6 weeks for all audiology pathways | 3,630 Mar-26 | 1,455 (Jan-26 Trajectory: 2,783) |

Transformation Programme, Achievement 25/26 & Focus 26/27

| Transformation Programme | Workstreams | Programme Key Achievements in 25/26 |
|---|---|--|
| <p>Planned Care</p> <p><i>Executive Lead: Director of Strategy, Planning & Partnerships</i></p> | <p>HealthPathways, Keeping Well, Outpatients Transformation, Theatres & Planned Care Academy.</p> | <p>During 25/26 we delivered the following achievements:</p> <ul style="list-style-type: none"> ✓ Achieved 180 live Healthpathways ✓ Launched Keeping Well service, supporting & signposting patients on elective treatment lists ✓ Successful roll out of Interface GP model across a number of specialties ✓ Scaled up HVLC lists with NHH focus for Day surgery & HVLC aligned to MAG report ✓ Successful delivery of Velindre @ NHH Radiotherapy Centre ✓ Theatre utilisation increased significantly from 56.5% → 79.1%, showing strong improvement & on track to meet GIRFT trajectories. ✓ Day surgery (BADs) performance has improved from 76% → 80%, demonstrating good progress towards national expectations. ✓ Significant innovation in diagnostics with deployment of AI in radiology, TNE and speedboat techniques in endoscopy ✓ Led the regional delivery of significant cataracts programme, supporting over 12,000 additional treatments compared to 2024/25 |
| <p>Cancer</p> <p><i>Executive Lead: Chief Operating Officer</i></p> | <p>Prevention, Early Detection, Timely Diagnosis, Improved & Standardised Care, Living With & Beyond Cancer & Improving our knowledge</p> | |

Planned Care Focus for 2026/27

| Area | Commitments |
|--------------------------|--|
| Demand Management | <ul style="list-style-type: none"> • Establishment of primary and secondary care interface groups across key specialties to strengthen clinical leadership and joint ownership • Fully embedding the benefits of Health Pathways alongside development of additional pathways in high volume areas • Deep dives into GP referral data across specialties and with primary and secondary care • Deployment of e-advice to support two way communication between primary and secondary care |
| Outpatients | <ul style="list-style-type: none"> • Focus on follow up waiting list through SOS/PIFU application prospectively and retrospectively • Clinic template review by speciality |
| Inpatients & Diagnostics | <ul style="list-style-type: none"> • Drive Theatre efficiencies building on progress made in 2025/26 including utilisation and productivity, including perfect month in Orthopaedics • Develop system wide theatres plan covering Outpatients treatment Unit (& other ambulatory options), Day surgery & Surgical high risk to maximise existing infrastructure & inform planning for NHH & LHP • Next stages of detailed planning for orthopaedics as part of regional & LHP • Regional diagnostics plan including implementation plan for Phase 1 of LHP • Finalise sustainability plans for specialities not in recurrent balance including orthopaedics |
| Enablers | <ul style="list-style-type: none"> • Launch and deployment of Validation strategy • Ongoing exploitations of opportunities in CIN frameworks • Next stage development of Planned Care Academy and roll out of training • Key digital priorities to support Planned care including Open eyes, e-advice, outpatient booking app |

Planned Care & Cancer

Cancer Focus for 26/27

| Area | Commitments |
|--------------------|--|
| Planning | <ul style="list-style-type: none"> Development of a long-term Cancer Improvement Plan to 2035 to provide continued evidence of planned improvement, governance and strategic priority following on from the Health Board's Cancer Strategy 2021-2026. Review of the benefits realised from the previous Cancer Strategy to inform the new Plan |
| SCP Performance | <ul style="list-style-type: none"> Suspected Cancer Pathway (SCP) performance trajectory is to clear the current backlog in Q1 and deliver a staged improvement through the remaining quarters to meet or be close to the national target of 75% by the end of the year. With regards to the 62 and 104 day backlogs, the trajectories seek to reduce these by over 50% through the course of 26/27 |
| Demand management | <ul style="list-style-type: none"> Stronger demand and capacity modelling will be undertaken to enable earlier anticipation of services pressures and ability to identify additional capacity where possible and required before performance deteriorates Alignment of diagnostics to recommended pathway stages/internal pathway (NOP) noting increasing demand across modalities |
| Recovery | <ul style="list-style-type: none"> Work across all tumour sites with focussed approach on Lower GI, Urology and Breast which have persistent sustainability issues. Formal improvement plans will be drafted setting out clear expectations on post MDT actions and pathway progression and Executive oversight will be provided where necessary. |
| Prevention | <ul style="list-style-type: none"> Continue the effective communications in areas of prevention, awareness, screening uptake and earlier presentation. Monitor operational impacts from targeted communications and utilise insights from responses to communication campaigns will feed into the Development of the Cancer Improvement Plan |
| Patient Experience | <ul style="list-style-type: none"> Alongside the focus on compliance which directly impacts on patient experience, priorities of clearer communication with patients following MDT, smoother progression through pathways and service redesign that improves patient experience. Embedding patient feedback into the cancer pathway and acting on relevant results and Civica feedback. |

Delivery against Strategic Aims (26/27)

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|-------------------------|---------------------------------|-----|--|---|--|--|
| Prevention | Preventable Premature Mortality | IMD | Cancer prevention group focusing on symptom awareness within under served population groups | Review & development of Cancer Prevention as part of the Gwent Cancer 2035 delivery framework | Continue delivery of Nicotine Control Alliance workplan & implement actions from Part 2 of Nicotine Discovery Report | Implementation of Cancer Prevention as part of the Gwent Cancer 2035 delivery framework |
| Access & Sustainability | Longest Waiting Patients | MD | Commence pilot of service improvements in Endoscopy including Capsule sponge, Colon Capsule, Trans Nasal Endoscopy & Speedboat | Continue oversight of 8 week trajectories diagnostics improving MR, CT & Ultrasound | Development of proposal for 3C service model in Endoscopy to improve sustainability & reduce waiting times | Achieve 0 patients waiting more than 8 weeks for a specified diagnostic through improving MR, CT, Ultrasound & Endoscopy |

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|--------------------------------|--|----|---|--|---|---|
| Access & Sustainability | Longest Waiting Patients | MD | Commence implementation of Audiology sustainability action plan to improve waiting times for babies, children & Adults | Take targeted actions on demand management schemes to benefit 52 week outpatient position | Delivering of efficiency & productivity schemes to reduce longest waiting patients for treatment | Deliver demand management, efficiency & productivity to benefit longest waiting patients for outpatients and treatment, achieving expected trajectory |
| | | MD | Lower GI Cancer recovery plan driving reduction in time to scope; Establish Upper GI & Gynaecology recovery groups | Quarterly cancer backlog reduction to 9% or less; Monitor pathway cancer recovery groups compliance | Quarterly cancer backlog reduction to 7% or less; Review pathway cancer recovery groups compliance . Rapid access to cancer diagnosis and treatment. | Quarterly cancer backlog reduction to 5% or less; Revise pathway cancer recovery groups based on compliance |
| Improving Quality & Experience | Planned Care & Cancer | EA | Undertake gap analysis of GIRFT recommendations & develop action plans for Lower GI and Complex Urology and plans to improve psychology support for cancer patients | Specialties to progress and track compliance with CIN Frameworks; Implement plans to improve psychology support for cancer patients | Implement GIRFT recommendations action plan; Implementation of plan to ensure Eye Unit meets RNIB compliance standards | Delivery of NICE drugs for Haematology patients; Implement prehabilitation for patients waiting for surgery as part of their cancer pathway |
| Embedding Value & Efficiency | Theatre Maximisation | EA | Capture detailed learning from T&O Perfect Month & national benchmarking to achieve EA standard; Drive improvements in late starts/early finishes & theatres | Use Perfect Month learning & national benchmarking to design an action plan for wider roll; Direct listing for cataracts; HVLC in General Surgery roll out (subject to coding agreement) | Continue to track improvements & problem solve in late starts/ early finishes and cancer patients attending Theatre within 21 days as per National Optimal Pathways | Achieve 25% HVLC Day Case Rate; Continue to track improvements & problem solve in late starts/ early finishes |
| | Health Pathways | EA | Implement additional 8 new pathways; Develop approach to monitor consistency & GP feedback loops post triage | Implement additional 8 new pathways; Embed through targeted communication & clinical interface groups | Implement additional 8 new pathways; 6 monthly review of data, usage, impact & learning | Implement additional 8 new pathways; Reflect opportunities from 6 monthly review into focused actions |
| | Outpatient Transformation [MT: Planned Care] | EA | Review outpatient space utilisation through audits of room use/start & finish time; SOS/PIFU retrospective application roll out; Implement Validation Strategy; | Template review & standardisation roll out by speciality (new follow ups); Pilot of outpatient booking app in RGH; Additional specialities in Outpatient treatment Unit | Further Did Not Attend/Can Not Attend deep dives, Work with specialties to improve utilisation, roll out of booking app to NHH and YYF; | Continue working with specialties to improve utilisation |

| Priority | Workstream | Q1 | Q2 | Q3 | Q4 |
|-----------------|--------------|----|---|----|---|
| Quality of Life | Keeping Well | P | Improve health & wellbeing for patients accessing planned care through pro-active preparation for treatment | | Improve health & wellbeing for patients accessing planned care through pro-active preparation for treatment |

| Performance Expectations 26/27 | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|--|----|-----------------|--------------|----------|--------|--------|--------|--------|
| Numbers of patients waiting over 104 weeks (all stages) | MD | 0 | No | 434 | 842 | 1,577 | 2,213 | 3,022 |
| Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic | MD | 0 | Yes | 2,387 | 3,048 | 2,559 | 1,292 | 0 |
| Number of patients waiting over 52 weeks for Outpatients | | 0 | No | 1,834 | 3,587 | 5,435 | 5,578 | 5,898 |
| Number of patients waiting over 26 weeks for Outpatients | | 0 | No | 12,222 | 15,772 | 19,475 | 20,948 | 22,361 |
| Reduction in referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally | EA | ↓ | Yes | 900 | 900 | 900 | 800 | 800 |
| Monitoring of Did Not Attend rates Outpatient clinics | | <5% | Yes | 5.2% | 5% | 5% | 5% | 5% |
| Reduction in the number of patients waiting 100% past Outpatient follow-up target date | | 25% ↓ | Yes | 31,592 | 29,150 | 27,542 | 25,574 | 23,606 |
| Increase in the rate of See On Symptom and Patient Initiated Follow-ups | | ↑ | Yes | 12.9% | 13.5% | 14% | 14.5% | 15% |
| Theatre Utilisation: late starts to less than 20% | EA | 20% | No | 37% | 35% | 32% | 29% | 25% |
| Theatre Utilisation: early finishes to less than 10% | EA | 10% | No | 30.7% | 22.5% | 20% | 17.5% | 15% |
| Theatre Utilisation: session utilisation to 85% | EA | 85% | Yes | 83.1% | 85% | 85% | 85% | 85% |
| Deliver improvements in day surgery rates, measured through British Association Of Day Surgery day case rates | | 80% | Yes | 77% | 78% | 79% | 80% | 80% |
| 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | MD | 75% | Yes | 55.9% | 66.5% | 74.3% | 74.8% | 75% |
| Reduction in backlog of patients waiting over 62 days (single Suspected Cancer Pathway) | MD | ↓ | Yes | 342 | 350 | 300 | 240 | 170 |
| Reduction in backlog of patients waiting over 104 days (single Suspected Cancer Pathway) | MD | ↓ | Yes | 99 | 105 | 90 | 72 | 50 |
| % of urgent suspected cancer patients diagnosed within 28 days from point of suspicion | | - | 75% | 69.6% | 72.5% | 75% | 75% | 75% |

Planned Care & Cancer

104 Week Speciality Breakdown

| Specialty Name | Q1 | Q2 | Q3 | Q4 |
|--------------------|------------|--------------|--------------|--------------|
| Ear Nose & Throat | 123 | 228 | 352 | 486 |
| General Surgery | 64 | 148 | 210 | 269 |
| Maxillo-Facial | 46 | 105 | 161 | 311 |
| Ophthalmology | 64 | 215 | 350 | 539 |
| T&O - Spines | 29 | 78 | 125 | 172 |
| T&O – Arthroplasty | 302 | 514 | 669 | 847 |
| T&O – Other | 214 | 289 | 346 | 398 |
| T&O - ALL | 545 | 881 | 1,140 | 1,417 |
| Urology | 0 | 0 | 0 | 0 |
| TOTAL | 842 | 1,577 | 2,213 | 3,022 |

| Enabling Action | Adopt | Baseline | 26/27 Plan |
|--|----------|--|---|
| HVLC (Cataracts, Arthroplasty, General Surgery) | P | Cataracts – 6.83 per list Arthroplasty – 3.6 per list General Surgery – awaiting relevant codes from National Team | Cataracts – 7 per list Arthroplasty – 4 per list General Surgery – awaiting relevant codes from National Team |
| Ensuring the full implementation of the National Optimal Pathway in Cancer | P | National Optimal Pathways continue to be followed. | Map and cost a new malignancy of undefined primary origin/cancer of unknown primary pathway, with gap analyses and implementation planning for renal, myeloma, and sarcoma. |
| Theatre session utilisation | P | Late starts – 37%, Early finishes – 30.7%, Session utilisation – 83.1% | Late starts – 25%, Early finishes – 15%, Session utilisation – 85% |
| Consistent clerical and clinical validation | Y | All cohorts validated in line with the National Planned Care Policy Waiting List Validation Toolkit and Guidance. | Programme of work will continue across all stages, validation strategy launched Q1 26/27. |
| Utilising Health Pathways optimally. | P | Referral rate: 900 per 100,000 population. | 800 per 100,000 population. |

Appendix 4: Priority Programmes iv. Mental Health

Mental Health

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 National Mental health & Wellbeing Strategy, Strategic Programme for Mental Health and National Programme for Suicide and Self harm Prevention.

In Mental Health, both Adults and CAMHS continue to use caseload-based demand and capacity modelling, with only modest demand growth expected and current modelling indicating the ability to sustain 80% performance levels, although the impact of the Open Access model remains uncertain and may influence future demand flows. CAMHS neurodevelopmental demand has risen during 2025/26, creating challenges in reducing the existing backlog and long waits, which will influence performance into 2026/27. Across Mental Health and Learning Disability services, a data-driven planning approach has been adopted, with early analysis indicating rising demand and a growing backlog in the Integrated Autism Service, exacerbated by constraints in ADHD access. The Memory Assessment Service is also experiencing sustained growth in referrals and increasing waiting lists, with demand outpacing modest gains in capacity, posing risks to diagnostic and assessment performance.

Performance in 25/26

| Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|---|------------------|---|
| Maintain Adults Part 1a to national target (assessment completed within 28 days) | 80% Mar-26 | 85.7% Jan-26 (Jan-26 Trajectory: 80.0%) |
| Maintain Adults Part 1b to national target (interventions completed within 28 days) | 80% Mar-26 | 94.8% Jan-26 (Jan-26 Trajectory: 80.0%) |
| Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan) | 90% Mar-26 | 91.7% Jan-26 (Jan-26 Trajectory: 90.0%) |
| Maintain rate of psychological therapy received within 26 weeks | 60% Mar-26 | 47.0% Nov-25 (Nov-25 Trajectory: 60.0%) |
| Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days) | 80% Mar-26 | 96.8% Jan-26 (Jan-26 Trajectory: 80.0%) |
| Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days) | 80% Mar-26 | 83.8% Jan-26 (Jan-26 Trajectory: 80.0%) |
| Maintain CAMHS Part 2 national target compliance | 90% Mar-26 | 92.6% Jan-26 (Jan-26 Trajectory: 90.0%) |
| Improvement in Neurodevelopment waiting times compliance | 80% Mar-26 | 51.6% Jan-26 (Jan-26 Trajectory: 80.0%) |
| Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | 80% Mar-26 | 93.2% Jan-26 (Jan-26 Trajectory: 80.0%) |

Transformation Programme

Developing Services Supporting the Mental Health and Wellbeing Strategy

Executive Lead: Chief Operating Officer

Workstreams

Inpatient Service, Community Services, Open Access, Alternative Accommodation Options

Programme Key Achievements in 25/26

During 25/26 we delivered the following achievements:

- ✓ Achieved 85.7% in Adults Part 1a compliance
- ✓ Achieved 94.8% in Adults Part 1b compliance
- ✓ Achieved 91.7% in Adult Part 2 Rates
- ✓ Use of PROMS expanded to all wards across adult and older adult services
- ✓ Full engagement with National Patient Safety Programme
- ✓ Delivered pilot of Ty Lafant service model
- ✓ Positive outcome following several HIW inspections
- ✓ All Crisis services have been scoped as part of the work around a Single Point of Access and the development of our 111 press 2 Mental Health Service with pilot commencing in April
- ✓ Achieved 96.8% in CAMHS Part 1a compliance
- ✓ Achieved 83.8% in CAMHS Part 1b compliance
- ✓ Achieved 92.6% in CAMHS Part 2 Rates

Focus for 26/27

| Area | Commitments |
|---------------------------|---|
| Inpatient Services | <ul style="list-style-type: none"> • Evaluate learning from Ty Lafant reduction in beds • Progress Co-location of Older Adults Wards Consider use of Adult Rehab ward at Maindiff Court as we move to Community Model • Agree strategic estate direction to support inpatient Models of Care • Further plans for Adult Rehab ward at Maindiff Court as we move to Community Model |
| Community Services | <ul style="list-style-type: none"> • Agree estate principles to support community based Models of Care • Progress Adult Community Rehab Service |
| Open Access | <ul style="list-style-type: none"> • Progress plan in line with the Open Access Steering group and direction from Welsh Government in respect of the Mental Health and Wellbeing Strategy • Commissioning of third sector partners to support Open Access |
| Alternative Accommodation | <ul style="list-style-type: none"> • Complete Assessment of needs for LD patients • Complete Assessment of needs for Adult Mental Health Services |
| Enablers | <ul style="list-style-type: none"> • Ward Accreditation and engagement with the National Safety Programme • Replacement Electronic patient record preparation for installation • Exploring option for robotic automation to support early triage and screening, with signposting to appropriate support |

Delivery against Strategic Aims (26/27)

| Priority | Workstream | | Q1 | Q2 | Q3 | Q4 |
|--------------------------------|------------------------------|----|--|---|--|---|
| Access & Sustainability | Longest Waiting Patients | MD | Commence action plan delivery to meet national target for Memory Assessment Service; Maintain Part 2 Care & Treatment Plan Adults national target of 80% | Maintain Adults Part 1a & Part 1b national target of 80% compliance; Complete pathway review to improve psychological therapies waiting times | Commence action plan delivery to meet national target for Memory Assessment Service; Maintain Part 2 Care & Treatment Plan Adults national target of 80% | Maintain Adults Part 1a & Part 1b national target of 80% compliance; Implement pathway changes to improve psychological therapies waiting times |
| | | MD | Maintain CAMHS Part 1a & Part 1b national target of 80% compliance; Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | Improve Neurodevelopment (ND) waiting times compliance to 80%; Maintain CAMHS Part 2 Care & Treatment Plan (national target of 80%) | Maintain CAMHS Part 1a & Part 1b national target of 80% compliance; Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | ND waiting times compliance meets 80%; Maintain CAMHS Part 2 Care & Treatment Plan national target of 80% |
| | | MD | Start to embed Open Access principles by expanding self-referral pathways | Engage with partners on plan to fully implement Open Access services for all ages | Implement plan to develop Open Access services across all ages | Evaluate opportunities to further develop Open Access services for all ages |
| | Models of Care | | Agree strategic estate direction for inpatient & community based Mental Health service model | Identify Mental health estate requirements & potential options Further plans for Adult Mental Health Rehab ward as we move to Community Model | Confirm preferred Mental Health estate approach & phasing aligned to service & workforce; Progress Adult Community Rehab Service | Detailed plans for all Mental Health In-patient services developed; Progress the co-location of Mental Health Older Adults wards |
| Improving Quality & Experience | Mental Health | MD | Complete Older Adults ward accreditation to at least bronze level | Complete Adults & Learning Disabilities ward accreditation to at least bronze level | Complete Adults & Learning Disabilities ward accreditation to at least bronze level | Complete Community ward accreditation to at least bronze level |
| | | MD | Carry out mortality reviews and ensure mechanisms for capturing learning in place | Carry out mortality reviews and develop improvement plans based on learning | Implement improvement plans incorporating learning from mortality reviews | Embed improvement plans incorporating learning from mortality reviews |
| Embedding Value & Efficiency | Enhanced & Commissioned Care | EA | | Develop alternative accommodation options for Learning Disabilities reducing out of area placements | | Develop alternative Adult Mental Health accommodation options reducing out of area placements |

| Performance Expectations 26/27 | | National Target | Meet Target? | Baseline | Q1 | Q2 | Q3 | Q4 |
|---|----|-----------------|--------------|----------|-----|-----|-----|-----|
| Maintain Adults Part 1a to national target (assessment within 28 days) | | 80% | Yes | 93.3% | 80% | 80% | 80% | 80% |
| Maintain Adults Part 1b to national target (intervention within 28 days) | | 80% | Yes | 93.2% | 80% | 80% | 80% | 80% |
| Maintain Adults Part 2 rates (no of individuals with a valid care & treatment plan) | | 90% | Yes | 91% | 90% | 90% | 90% | 90% |
| Maintain rate of psychological therapy received within 26 weeks | | 80% | No | 48.8% | 56% | 58% | 60% | 62% |
| Maintain Child and Adolescent Mental Health Services Part 1a national target (assessment completed within 28 days) | | 80% | Yes | 100% | 80% | 80% | 80% | 80% |
| Maintain Child and Adolescent Mental Health Services Part 1b national target (intervention completed within 28 days) | | 80% | Yes | 88.3% | 80% | 80% | 80% | 80% |
| Maintain Child and Adolescent Mental Health Services Part 2 national target | | 90% | Yes | 98.3% | 90% | 90% | 90% | 90% |
| Improvement in Neurodevelopment waiting times compliance | | 80% | Yes | 57.2% | 60% | 60% | 60% | 60% |
| Maintain 80% compliance of Specialist Child and Adolescent Mental Health Services Choice Assessments within 28 days from referral | | 80% | Yes | 92.5% | 80% | 80% | 80% | 80% |
| Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs. | EA | ↓ | Yes | 0 | 0 | 0 | 0 | 0 |

| Enabling Action | | Baseline | 26/27 |
|---|---|----------|------------|
| Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs. | Y | 0. | Hold to 0. |

Appendix 5: Life Course Impact Statements

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

Impact Across the Life Course



Starting Well

Babies, children, and their families receive early support through evidence-based perinatal pathways, targeted public health messaging, improved breastfeeding support, and enhanced early-years prevention programmes. Strengthened universal and targeted support through the Healthy Child Wales framework, perinatal optimisation, smoking cessation in pregnancy, and the 1001 Critical Days programme ensure that children have the healthiest possible start reducing inequalities from pregnancy into early childhood.



Growing Well

Children and young people benefit from emotionally supportive environments, timely access to mental health and strengthened prevention-focused health services. Improvements to emotional wellbeing and targeted support for vulnerable families, promote resilience, healthier behaviours, and improved developmental outcomes. The voice of babies, children and young people will be amplified informing how we tailor services to meet their needs. These integrated actions enable children and young people to thrive socially, emotionally, and physically as they grow.



Living Well

Adults are supported to live healthier lives through improved access and increased equity across screening, vaccinations and weight-management pathways. Avoidable harm is reduced preventing premature mortality through programmes reducing smoking, alcohol-related harm, and obesity. Enhanced focus on community prevention interventions including cardiovascular risk management and diabetes. Data helps us target support for those who need it most. Adults across Gwent maintain wellbeing, reduce avoidable illness, and stay active.



Ageing Well

Older people are supported to remain active, independent, and well for longer through targeted prevention for high-risk populations, integrated multi-disciplinary support, population health management, and proactive management of long-term conditions. Data-driven identification of those at highest risk of hospital admission, combined with Future Care Planning, rehabilitation programmes, and strengthened community support, enables healthier ageing reducing avoidable crises and inequalities in later life.



Dying Well

People approaching the end of life experience compassionate, personalised care supported by proactive planning, coordinated multi-agency support, and timely identification of needs. Strengthened Future Care Planning and improved palliative care approaches ensure that individuals and families feel informed, supported, and treated with dignity. Bereaved families receive consistent, high-quality support, helping them navigate loss respectfully and with care.

Appendix 5: Life Course Impact Statements

Impact Across the Life Course

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



Starting Well

Babies, children and families experience safer, more responsive care through strengthened maternity, neonatal and early years pathways. Improvements such as expanded transitional neonatal care,, enhanced perinatal support models, and better alignment of services ensure healthier early development, safer births, and more consistent follow-up. Integrated Place-Based Care and Early Help models ensure families receive seamless, proactive support from pregnancy through infancy.



Growing Well

Children and young people benefit from improved access to timely, appropriate care through consistent neurodevelopmental and mental health pathways, coordinated multi-disciplinary support and integrated community models. Enhanced CAMHS, SCAMHS and ND waiting-time performance, combined with better care navigation and place-based MDT support, ensures children receive help earlier and closer to home. Strengthened paediatric and neonatal improvements also create safer transitions during key developmental stages.



Living Well

Adults experience more accessible, coordinated and preventative care through stronger primary care sustainability, improved urgent and community care pathways, and expanded Mental Health self-referral/open access options. Integrated community teams, breathlessness hubs, improved diagnostics, and more efficient outpatient and theatres increase reliability, reduce waiting times and support people to remain well at home. Enhanced women’s health pathways also improve equitable access and reduce unmet need.



Ageing Well

Older adults are supported to stay independent, safe and well through integrated discharge pathways, trusted assessor models, improved falls response, and the Gwent-wide rollout of the Older Persons Care Model. Enhanced community capacity, strengthened care-home support, dementia pathway improvements, and robust multidisciplinary working reduce unnecessary hospital stays, prevent deterioration, and ensure timely, compassionate support tailored to complex needs.



Dying Well

People approaching the end of life receive more coordinated, person-centred and timely care supported by improved discharge pathways, enhanced community MDT working, and strengthened place-based care. Better flow between hospital and community, improved escalation frameworks, and more integrated access points ensure dignity, choice and comfort. Consistent use of care-planning approaches and enhanced support to care homes and community teams improves the experience for individuals and their families at the end of life.

Appendix 5: Life Course Impact Statements

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

Impact Across the Life Course



Starting Well

Babies, children and families in Gwent experience healthier environments, emotionally supportive schools, and strong community networks that help them thrive from the earliest years. Integrated family-centred services ensures improved emotional resilience, reduced adverse childhood experiences, better educational, developmental, and wellbeing outcomes. Families feel connected, supported, and able to create nurturing home environments that help children start well in life.



Growing Well

Young people grow up in communities that foster resilience, inclusion, and opportunity. Schools, health services, and community partners work together to promote emotional wellbeing, social connection, and healthy lifestyles. Young people benefit from safer community spaces, and opportunities to engage in positive activities. This leads to enhanced mental wellbeing, improved physical health, greater confidence and preparedness for adulthood.



Living Well

Adults across Gwent are empowered to maintain and improve their health through strong community capacity, accessible wellbeing networks, and proactive prevention. People live in healthier homes, are supported to stay active and connected through integrated care and third sector support that address both physical and emotional needs. They live in strong, safe and connected communities that improves day-to-day wellbeing, reduces inequalities, and enables people to live fulfilling, independent lives.



Ageing Well

Older people experience coordinated, place-based support that keeps them active, connected, and living independently for longer. Communities, housing partners, social care, and healthcare services work together to reduce frailty, prevent crisis escalation, and ensure safe, warm homes. Improved access to rehabilitation, recovery pathways, and community assets enhances confidence, mobility, and wellbeing. People feel valued and able to age well in the communities they call home.



Dying Well

People approaching the end of their life receive timely, personalised, and compassionate care that reflects their values, preferences, and needs. Future Care Planning is consistently embedded across care settings, ensuring dignity, comfort, and coordinated support. Psychological care and specialist palliative pathways improve the experience of patients and their families. A reliable, equitable bereavement identification and support model ensures that families are cared for before, during, after loss and helping them cope and recover.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

GWENT 35

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



| WG Theme | ABUHB Strategy | Key Measure Details | | | Quarterly Expectations | | | | | Notes | |
|--------------------------------|----------------|---|-----------------------|---|------------------------|------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
| | | Measure | MD/OE/EA? | National Target | Meet Target? | 25-26 Baseline | Q1 | Q2 | Q3 | | Q4 |
| Prevention & Population Health | Better Health | Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care. | Ministerial Delivery | Reduce | Yes | N/A | Baseline data | Reporting | Reporting | Reporting | To be determined through programme of work. |
| Prevention & Population Health | Better Health | % children up to date with vaccinations by age 5 | | 95% | No | 85.30% | 87% | 88% | 89% | 90% | As per national definition. |
| Prevention & Population Health | Better Health | % of children receiving HPV vaccination by age 15 | | 90% | No | 67.90% | 72.50% | 75% | 77.50% | 80% | As per national definition. |
| Prevention & Population Health | Better Health | % uptake of the influenza vaccination amongst adults aged 65 years and over | | 75% | Yes | 73.40% | - | - | - | 75% | As per national definition. |
| Prevention & Population Health | Better Health | % uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old | | 70% | No | 55.00% | - | - | - | 65% | As per national definition. |
| Prevention & Population Health | Better Health | Percentage of adult smokers who make a quit attempt via smoking cessation services | | 7.5% | No | 4.40% | 1.25% | 2.50% | 3.75% | 5% | As per national definition. |
| Prevention & Population Health | Better Health | Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks | | 40% | Yes | 20.40% | 25% | 30% | 35% | 40% | As per national definition. |
| Prevention & Population Health | Better Health | Maintain physical examination at 6 weeks rates (Healthy Child Wales) | | - | - | 96.50% | 90% | 90% | 90% | 90% | As per national definition. |
| Prevention & Population Health | Better Health | Increase weight and measurement at 8 weeks rates (Healthy Child Wales) | | - | - | 90.20% | 90% | 90% | 90% | 90% | As per national definition. |
| Prevention & Population Health | Better Health | Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged | Ministerial Delivery | Increase | Yes | 75.1% (2023/24) | - | 76% (data expected Q2 28/29) | - | - | As per national definition. |
| Prevention & Population Health | Better Health | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | Ministerial Delivery | 80% | No | 44.30% | 47% | 48% | 49% | 50% | As per national definition. |
| Prevention & Population Health | Better Health | Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months | | 80% | No | 66.89% | 70.17% | 73.45% | 76.72% | 80% | As per national definition. |
| Prevention & Population Health | Better Health | Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months | | 80% | No | 67.45% | 70.73% | 74.01% | 77.14% | 80% | As per national definition. |
| Prevention & Population Health | Better Health | At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans. | Ministerial Delivery | 90% | Yes | N/A | - | - | - | 90% | Awaiting national clarity on reporting capabilities. Pending ability, measure will be for those identified who have a care plan in place. |
| Prevention & Population Health | Better Health | Uptake of eligible patients who attend cardiovascular disease risk factor management programme (CVDRFMP) | | - | - | N/A | 3,125 | 3,125 | 3,125 | 3,125 | Local measure. |
| Prevention & Population Health | Better Health | Uptake of eligible patients who attend cardiovascular disease risk factor management programme (CVDRFMP) | | - | - | N/A | 312 | 312 | 312 | 312 | Local measure. |
| Prevention & Population Health | Better Health | No. starting 12-week intervention with Level Two Adult Weight Management Service | | - | - | N/A | 1,500 | 1,500 | 1,500 | 1,500 | Local measure. |
| Prevention & Population Health | Better Health | No. with end weight recorded who accessed 8+ sessions who lost >5% weight | | - | - | N/A | 450 | 450 | 450 | 450 | Local measure. |
| Building Community Capacity | Better Care | Increase in people accessing PIPs where they would have visited their GP | | - | - | 36,649 | 11,405 | 22,810 | 34,215 | 45,620 | As per national definition, MDS measure. |
| Building Community Capacity | Better Care | Maintain the number of consultations undertaken by community pharmacy under CAS | | - | - | 88,603 | 24,968 | 49,936 | 74,903 | 99,871 | As per national definition, MDS measure. |
| Building Community Capacity | Better Care | Maintain the number of patients accessing NHS Optometry Services | | - | - | 265,118 | 66,820 | 132,559 | 198,839 | 265,118 | As per national definition, MDS measure. |
| Building Community Capacity | Better Care | Number of patients accessing urgent emergency services - Dental | | - | - | 36,173 | 9,043 | 18,087 | 27,130 | 36,173 | As per national definition, MDS measure. |
| Building Community Capacity | Better Lives | 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 | Increase | Yes | 75,940 | 29,556 | 59,112 | 88,667 | 118,223 | As per national definition, but weekend district nursing contacts only. |
| Building Community Capacity | Better Lives | Maintain 95% of Palliative Care referrals assessed within 2 days | | - | - | 91.40% | 92% | 93% | 94% | 95% | Local measure. |
| Building Community Capacity | Better Care | Increase in number of accepted referrals to Rapid Response services | | - | - | 4,885 | 3,267 | 2534 | 3801 | 5,068 | Local measure. |
| Building Community Capacity | Better Care | Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s | | - | - | 8.00% | 8.50% | 8.50% | 8.50% | 8.50% | Local measure. |
| Building Community Capacity | Better Care | Maintain the number of Urgent Primary Care contacts (inc. virtual) | | - | - | 96,371 | 25,437 | 50,873 | 76,310 | 101,746 | As per national definition, MDS measure. |
| Building Community Capacity | Better 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 | Ministerial Delivery | Decrease | Yes | 180 | 150 | 140 | 130 | 120 | As per national definition. |
| Building Community Capacity | Better 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 | Ministerial Delivery | Decrease | Yes | 6,085 | 4,500 | 4,200 | 4,160 | 3,840 | As per national definition. |
| Urgent & Emergency Care | Better Care | Ensure no ambulance patient handover waits over 45 minutes - ALL LOCATIONS | Ministerial Delivery | 0 | No | 1,471 | 733 | 455 | 374 | 364 | As per national definition, all location types across GUH and eLGHs. |
| Urgent & Emergency Care | Better Care | Ensure no ambulance patient handover waits over 45 minutes - GUH ED | Targeted Intervention | 11% reduction for 3 months and maintain | Yes | 943 | 578 | 400 | 330 | 320 | As per national definition, Type 1 ED only. |
| Urgent & Emergency Care | Better Care | Reduce the number of ambulance crew hours lost - ALL LOCATIONS | | - | - | 3,556 | 1949 | 1250 | 1031 | 960 | As per national definition, all location types across GUH and eLGHs. |
| Urgent & Emergency Care | Better Care | Reduce the number of ambulance crew hours lost - GUH ED | | - | - | 2,653 | 1559 | 1000 | 825 | 768 | As per national definition, Type 1 ED only. |
| Urgent & Emergency Care | Better 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 | 1,089 | 1,066 | 875 | 908 | 799 | As per national definition. |
| Urgent & Emergency Care | Better Care | Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU | | 95% | No | 73.50% | 75% | 76% | 76% | 77% | As per national definition. |
| Urgent & Emergency Care | Better Care | Reduction in time from arrival to ED triage - no waits over 60 minutes | | - | - | 414 | 300 | 200 | 400 | 200 | Local measure. |
| Urgent & Emergency Care | Better 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. | Targeted Intervention | <60 mins | Yes | 135 mins | 100 | 80 | 80 | 60 | As per national definition. |
| Urgent & Emergency Care | Better Care | Percentage of suspected stroke patients scanned within 20 minutes of clock start | | 40% | No | 24.10% | 25% | 28% | 31% | 35% | As per national definition. |
| Urgent & Emergency Care | Better Care | % of patients directly admitted to an acute stroke ward <4hrs of clock start | | 50% | No | 7.70% | 20% | 21% | 22% | 23% | As per national definition. |
| Urgent & Emergency Care | Better Care | % of unique stroke patients given thrombectomy (all stroke types) | | 10% | No | 4.50% | 5% | 5% | 6% | 6% | As per national definition. |
| Urgent & Emergency Care | Better Care | % Assessed by one of OT & PT within 24hrs, and SaLT within 72hrs | | - | - | OT 20.0% PT 20.7% SaLT 64.4% | OT 25% PT 22.5% SaLT 68% | OT 27.5% PT 25% SaLT 70% | OT 30% PT 27.5% SaLT 70% | OT 32.5% PT 30% SaLT 72% | As per national definition. |
| Urgent & Emergency Care | Better Care | Improve the percentage of pre non Provider Spell discharges | | 33% | No | 16.30% | 16.50% | 16.70% | 16.90% | 17.10% | Local measure. |
| Planned Care & Cancer | Better Care | 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | Ministerial Delivery | 75% | Yes | 56% | 66.50% | 74.30% | 74.80% | 75% | As per national definition. |
| Planned Care & Cancer | Better Care | Reduction in backlog of patients waiting over 62 days (SCP) | Ministerial Delivery | Reduce | Yes | 342 | 350 | 300 | 240 | 170 | As per national definition. |
| Planned Care & Cancer | Better Care | Reduction in backlog of patients waiting over 104 days (SCP) | Ministerial Delivery | Reduce | Yes | 99 | 105 | 90 | 72 | 50 | As per national definition. |
| Planned Care & Cancer | Better Care | % of urgent suspected cancer patients diagnosed within 28 days from point of suspicion | | - | 75% | 69.60% | 72.50% | 75.00% | 75.00% | 75.00% | As per national definition. |
| Planned Care & Cancer | Better Care | Numbers of patients waiting over 104 weeks (all stages) | Ministerial Delivery | 0 | No | 434 | 842 | 1577 | 2213 | 3022 | As per national definition. |
| Planned Care & Cancer | Better Care | Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic | Ministerial Delivery | 0 | Yes | 2,387 | 3,048 | 2,559 | 1,292 | 0 | As per national definition. |
| Planned Care & Cancer | Better Care | Number of patients waiting over 52 weeks for Outpatients | | 0 | No | 1,834 | 3,587 | 5,435 | 5,578 | 5,898 | As per national definition. |
| Planned Care & Cancer | Better Care | Number of patients waiting over 26 weeks for Outpatients | | 0 | No | 12,222 | 15,772 | 19,475 | 20,948 | 22,361 | As per national definition. |
| Planned Care & Cancer | Better Care | Reduction in referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally | Enabling Action | Decrease | Yes | 900 | 900 | 800 | 800 | 800 | Local measure, referral rate per 100k population. |
| Planned Care & Cancer | Better Care | Monitoring of DNA rates Outpatient clinics | | <5% | Yes | 5.20% | 5% | 5% | 5% | 5% | As per national definition. |
| Planned Care & Cancer | Better Care | Reduction in the number of patients waiting 100% past Outpatient follow-up target date | | 25% reduction | Yes | 31,592 | 29,150 | 27,542 | 25,574 | 23,606 | As per national definition. |
| Planned Care & Cancer | Better Care | Increase in the rate of See On Symptom and Patient Initiated Follow-ups | | 15% increase | Yes | 12,905 | 13,267 | 14% | 14,507 | 15,031 | As per national definition. |
| Planned Care & Cancer | Better Care | No patient waiting more than 14 weeks for a therapeutic assessment | | 0 | No | 237 | 395 | 540 | 685 | 830 | As per national definition. |
| Planned Care & Cancer | Better Care | Number of adults waiting more than 14 weeks for all audiology pathways | | 0 | No | 5,628 | 5,988 | 6,432 | 6,932 | 7,385 | As per national definition. |
| Planned Care & Cancer | Better Care | Number of children waiting more than 6 weeks for all audiology pathways | | 0 | No | 1,455 | 1,177 | 1,428 | 1,512 | 1,762 | As per national definition. |
| Planned Care & Cancer | Better Care | Theatre Utilisation: late starts to less than 20% | Enabling Action | 20% | No | 37.00% | 35% | 32% | 29% | 25% | As per national definition. |
| Planned Care & Cancer | Better Care | Theatre Utilisation: early finishes to less than 10% | Enabling Action | 10% | No | 30.70% | 22.50% | 20% | 17.50% | 15% | As per national definition. |
| Planned Care & Cancer | Better Care | Theatre Utilisation: session utilisation to 85% | Enabling Action | 85% | Yes | 83.10% | 85% | 85% | 85% | 85% | Capped session utilisation for elective only. |
| Planned Care & Cancer | Better Care | Deliver improvements in day surgery rates, measured through BADS day case rates | | 80% | Yes | 77.00% | 78% | 79% | 80% | 80% | As per CHKS definition and publication. |
| Mental Health Services | Better Care | Maintain Adults Part 1a to national target (assessment completed within 28 days) | | 80% | Yes | 93.30% | 80% | 80% | 80% | 80% | As per national definition. |
| Mental Health Services | Better Care | Maintain Adults Part 1b to national target (interventions completed within 28 days) | | 80% | Yes | 93.20% | 80% | 80% | 80% | 80% | As per national definition. |
| Mental Health Services | Better Care | Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan) | | 90% | Yes | 91.00% | 90% | 90% | 90% | 90% | As per national definition. |
| Mental Health Services | Better Care | Maintain rate of psychological therapy received within 26 weeks | | 80% | No | 48.80% | 56% | 58% | 60% | 62% | As per national definition. |
| Mental Health Services | Better Care | Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days) | | 80% | Yes | 100.00% | 80% | 80% | 80% | 80% | As per national definition. |
| Mental Health Services | Better Care | Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days) | | 80% | Yes | 88.30% | 80% | 80% | 80% | 80% | As per national definition. |
| Mental Health Services | Better Care | Maintain CAMHS Part 2 national target compliance | | 90% | Yes | 98.30% | 90% | 90% | 90% | 90% | As per national definition. |
| Mental Health Services | Better Care | Improvement in Neurodevelopment waiting times compliance | | 80% | Yes | 57.20% | 60% | 60% | 60% | 60% | As per national definition. |
| Mental Health Services | Better Care | Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | | 80% | Yes | 92.50% | 80% | 80% | 80% | 80% | As per national definition. |
| Mental Health Services | Better Care | Implement and evaluate Open Access Mental Health Support by March 2027 | Ministerial Delivery | Implement & evaluate | Yes | - | Milestones | Milestones | Milestones | Milestones | As per national definition. |
| Mental Health Services | Better Care | Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027. | Ministerial Delivery | Improve | Yes | - | Milestones | Milestones | Milestones | Milestones | Awaiting clarity on national definition. PROM ReQuol usage on wards as proxy until further detail provided. |
| Mental Health Services | Better Care | Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027. | Ministerial Delivery | Review & implement | Yes | - | Milestones | Milestones | Milestones | Milestones | Awaiting clarity on national definition. Number of mortality reviews undertaken and actions taken as result reported as proxy until further detail provided. |
| Mental Health Services | Better Care | Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs. | Enabling Action | Reduce | Yes | 0 | 0 | 0 | 0 | 0 | As per national definition (Adult acute, Older Adult acute, & PICU only). |

| | | | | | | | | | | | |
|------------------------|---------------|--|----------------------|-----------|-----|--------------|------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------|
| Mental Health Services | Better Lives | Number of visits to the Melo Website | | - | - | 12,063 | 3,000 | 6,000 | 9,000 | 12,000 | Local measure. |
| Women's Health | Better Care | Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan) | Ministerial Delivery | Expansion | Yes | - | Milestones | Milestones | Milestones | Milestones | As per national definition. |
| Women's Health | Better Health | Improving the quality of our maternity services by reducing perinatal mortality rates. | Ministerial Delivery | Decrease | Yes | 5.22 | - | - | - | 5.067 | As per MBRRACE reporting. |
| | | | Ministerial Delivery | Decrease | Yes | 1.36% | 1.39% | Programme of work to predict % | Programme of work to predict % | Programme of work to predict % | As per national definition. |
| Quality and Safety | Better Care | Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate. | | | | | | | | | |
| Quality and Safety | Better Care | Days of safe care delivered since the last never event, monitored using SPECT-Chart | Ministerial Delivery | Implement | Yes | Not in place | Implement | Implement | Implement | Implement | As per national definition. |
| Quality and Safety | Better Care | Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027 | Ministerial Delivery | 40% | Yes | 33.90% | 35% | 36.50% | 38% | 40% | As per national definition. |
| Quality and Safety | Better Care | The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year. | Ministerial Delivery | 95% | No | 89.90% | 91% | 91% | 91% | 91% | As per national definition. |

EQUALITY IMPACT ASSESSMENT



| | | | | | | |
|---|--|--------------------------|----------|--------------------------|---------|--------------------------|
| Title of Procedure, Project, Proposal, Policy | Aneurin Bevan University Health Board: Our Three-Year Plan 2026-2029 | | | | | |
| Lead Author/Contact Email | Trish Chalk (Trish.Chalk@wales.nhs.uk) | | | | | |
| Executive Sponsor | Director of Strategy, Planning and Partnerships | | | | | |
| Division | DIRECTOR OF PLANNING | | | | | |
| Service Area | Corporate Planning | | | | | |
| EQIA Reference | | | | | | |
| New, Existing or Revised | New | <input type="checkbox"/> | Existing | <input type="checkbox"/> | Revised | <input type="checkbox"/> |

Our Values are...

People First

Personal Responsibility

Passion for Improvement

Pride in what we do.

This Equality Impact Assessment (EqIA) is a legal requirement under the Equality Act 2010 (as enacted in Wales) and Welsh Government expectations for public bodies. All information provided must be accurate and, where required, supported by appropriate research and evidence. All sections must be fully completed up to and including Section 7 before submission to the EDI Team (abb.edi@wales.nhs.uk). Supporting documentation, such as policy drafts, consultation papers, engagement summaries, data reports, or relevant guidance, must be submitted alongside this EqIA.

Section 1 – About the Proposal ①

1.1 Summary of the Proposal (What is changing and why?)

Provide a short overview including:

- What the proposal, policy, or change is
- Why it is needed (problem, risk, requirement, improvement)
- Who it affects
- What the intended benefits are

At a strategic level, the IMTP responds to several UK wide, National, Regional and local drivers that form the strategic context we are delivering in. The IMTPs three-year plan sets an ambition to improve the opportunity to have a healthy life and how the organisation will deliver this through better health, better care and better lives in accordance with the new Strategy for the Health Board, Gwent 35. By ensuring the strategy delivery is rooted within the integrated IMTP it ensures it is built into the business architecture of the organisation.

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 priorities we expect to deliver across the 3 key aims of the strategy:

- Better Health: Health Protection, Health Improvement, Prevention and Babies, Children and Young People.
- Better Care: Place Based Care, Access and Sustainability, Improving Quality and Experience and Embedding Value and Efficiency.
- Better Lives: Health Places, Resilient and Connected Communities, Safe Spaces and Quality of Life.

In accordance with the Gwent 35 strategy, the plan intends to have an impact across the life course from starting well to dying well.

Our Partnership Delivery plans cover 5 main partnerships outlining the collective actions we will take to improve the health of our populations as a Region, Local Authority and Neighbourhood. Our partnership commitments for the next year have been identified within each of our strategic aims:

- Public Services Board
- Regional Partnership Board
- Integrated Service Partnership Boards
- Neighbourhood Care Networks
- Regional Joint Committee (With South East Wales health organisations)





1.2 Purpose, Aims & Expected Outcomes


Explain:


- What this proposal intends to achieve
- Who will benefit
- What the short-term and long-term outcomes are
- How success will be measured

The plan outlines the local drivers that have shaped our delivery commitments and grounded our performance expectations. In addition, it reflects 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 launch of our new strategy Gwent 2035 champions population health & puts the Wellbeing of Future Generations at the heart of everything we do to improve the health of our population through partnerships.


For each of the three aims there are a set of performance expectations including their baseline, quarterly trajectories, national targets and anticipated target attainment.

| | |
|---|---|
| 1.3 Who Will Be Affected? (Scope of Impact) | <input checked="" type="checkbox"/> All staff <input type="checkbox"/> Specific staff group(s):  <input type="checkbox"/> <input checked="" type="checkbox"/> All service users <input type="checkbox"/> Specific service user groups:  <input type="checkbox"/> <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Community / public <input checked="" type="checkbox"/> Contractors / partners <input type="checkbox"/> No direct impact (justify):  |
| Specific staff group(s): | |
| Specific service user groups: | |
| No direct impact (justify): | |
| Approximate numbers affected (if known): | |
| 1.4 Alignment with ABUHB Strategic Equality Objectives (SEO 2024–2028) Does this proposal support one or more of the Health Board’s Strategic Equality Objectives? | <input checked="" type="checkbox"/> Objective 1 - Patients Our Pledge: By 2028, we will take action to positively engage and actively listen to our service users and embed the principles of co-production and co-design. <input checked="" type="checkbox"/> Objective 2 – Our People Our Pledge: By 2028, we will take action to create an inclusive and supportive culture based on building and maintaining relationships <input checked="" type="checkbox"/> Objective 3 – Our Population Our Pledge: By 2028, we will make better use of data to understand and to proactively and systematically work to reduce health inequalities. |
| 1.5 Alignment with ABUHB Values Does this proposal reflect ABUHB values (e.g., Kindness, Courage, Respect, Openness, Fairness)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Yes – explain how | Our IMTP will keep our strategy as a live document outlining the actions we are delivering over the next 1-3 years. It has the required governance & performance management already in place to embed strategy delivery throughout our organisation. When developing our strategy, it was important we considered the culture we want to create at the same time. Our values — Kindness, Integrity, & Respect — are the foundation of the compassionate care we provide, the relationships we build, & the culture we are shaping for the future. |
| No – justify | |

| | |
|--|--|
| Section 2 – Engagement & Evidence  | |
| 2.1 Engagement Completed (Wales requirement) Under Welsh Specific Duties, Health Boards MUST show “meaningful involvement” Select all that apply. | Internal <input checked="" type="checkbox"/> Affected staff <input checked="" type="checkbox"/> Wider staff groups <input checked="" type="checkbox"/> Trade Unions <input checked="" type="checkbox"/> Staff Networks (list): <input checked="" type="checkbox"/> EDI Team |

| | |
|---|---|
| | <ul style="list-style-type: none"> ⚙ Senior Management / Operational Leads ⚙ Welsh Language Team <p>External</p> <ul style="list-style-type: none"> ⚙ Patients / service users ⚙ Carers ⚙ Community / Third Sector ⚙ Protected characteristic groups ⚙ External specialists <p>No engagement yet</p> <p><input type="checkbox"/> No engagement (explain why & outline your plan)</p>  |
| Staff Networks (list): | Cross Divisional |
| No engagement (explain why & outline your plan) | |
| <p>2.2 Engagement Summary (What people told you & what you changed)</p> <p>Describe clearly:</p> <ul style="list-style-type: none"> • How people were involved (workshops, feedback, focus groups, surveys) • Key themes raised • Any concerns or barriers highlighted • How these influenced or shaped the final proposal | <p>The IMTP outlines the first year of delivery against the Gwent 35, 10-year strategy, which was co-designed and produced with a wide range of internal and external stakeholders and informed by advice from Llais.</p> <p>The strategy engagement resulted in contact / engagement with over 1% (7,000) of the population of Gwent, encompassing many diverse stakeholder groups. Comprehensive engagement has been supported by the Health Board's engagement team, who maintain contact with many community groups, including those representing people with protected characteristics.</p> <p>When undertaking engagement, we asked Gwent residents "what's important for you to feel healthy?" 23% of responses concerned health care whilst 77% were related to socio-economic factors, health behaviours and physical environment. These themes have shaped the first-year delivery of the strategy within the IMTP through the three aims.</p> <p>Once approved, the IMTP will be published widely both internally and externally, and via a wide range of formats and platforms.</p> |
| <p>2.3 Evidence Used to Inform the Assessment</p> | <ul style="list-style-type: none"> ⚙ Workforce data (ESR, WRES, local staff data) ⚙ Patient/service feedback ⚙ Research / Audits / best practice ⚙ Local/national data ⚙ Previous EQIAs ⚙ Lived experience / case studies ⚙ Complaints, feedback, surveys <input type="checkbox"/> Other (specify):  |
| Other (specify): | |
| Key findings from evidence: | <p>Key findings from evidence can be found within the following chapters of the IMTP:</p> <ul style="list-style-type: none"> • Workforce Enabler Chapter. • Quality and Patient Safety Enabler Chapter. • Innovation and Research Enabler Chapter. |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Strategic Drivers Chapter. |
| 2.4 Is the Evidence Sufficient? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, what further evidence is required and how will you obtain it? | |

| Section 3 - Equality Impact Assessment ⓘ | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--|
| For each protected characteristic: | | | | |
| <input checked="" type="checkbox"/> Tick impact <input checked="" type="checkbox"/> Add a brief explanation for positive or negative impacts <input checked="" type="checkbox"/> Add an action where negative impact exists | | | | |
| Protected Characteristic | Positive | Negative | Neutral | Explanation (only if + or –)  <input type="checkbox"/> and if a negative impact action to mitigate |
| Age | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Our Three-Year plan and Gwent 35 strategy identifies the impact across the life course:</p> <ol style="list-style-type: none"> 1. Starting well. 2. Growing well. 3. Living well. 4. Ageing well. 5. Dying well. <p>From ensuring babies, children and their families receive early support to children and young people benefiting from emotionally supportive environments. Adults are supported to live healthier lives, and older people are supported to remain active and independent and to live well for longer. The plan also identifies that people approach the end-of-life experience with compassionate, personalised care.</p> |
| Disability | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> |
| Race / Ethnicity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Our wider equality obligations will be delivered by aligning our work to the Anti-Racist Wales, as well as the All-Wales Accessible Communication & Information Standards. This is supported by our Strategic Equality Plan 2024–28 and our staff equality networks, which drive delivery & engagement. Looking ahead, we will focus on improving workforce ethnicity data, ensuring fair and inclusive recruitment and progression, building leadership capability, providing targeted support for internationally educated staff, and delivering the updated accessibility standards.</p> <p>Additionally, our three-year plan is underpinned by our Gwent 35 Strategy which places</p> |


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|---------------------|---|---|---|---|
| | | | | <p>emphasis on equity which will require us to further develop our ability to reach wider and more diverse audiences with important population health and service information, developing communications driven by insight. We regularly seek advice to ensure that our cultural communication styles are appropriate and meet the needs of our diverse communities, many of whom have voices that are seldom heard. We will communicate and engage in different languages where appropriate, with guidance and support from our partners.</p> <p>We will also remain cognisant of the evolving guidelines about inclusive language in our communication.</p> |
| Sex / Gender | ☀ | ☐ | ☐ | <p>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. Men and women in the least deprived parts of Gwent live 12.8 and 20.5 more healthy years respectively compared to those in the most deprived areas, highlighting diverse challenges across our local communities. Without action, growing demand risks overwhelming the system.</p> <p>Our place-based care priority also focuses on the Women's Health workstream and aims to do the following:</p> <ul style="list-style-type: none"> • Rollout of Women's Health Pathfinder Hub through digital platform & service expansion of Gynae Ambulatory Care Unit & Sexual Health Services • Continue to develop women's health single point of access (SPOA) for referrals; Training focused on removing stigma & patient-centred engagement • Scope expansion of women's health to next priority area; Ongoing development of SPOA for referrals; Implementation of delivery plan • Continue partnership engagement through ISPBs to further develop local community models that address women's health needs |
| Gender Reassignment | ☐ | ☐ | ☀ | <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> |
| Sexual Orientation | ☐ | ☐ | ☀ | <p>Nothing in our three-year plan will impact on any individual either positively or negatively because of their sexual orientation, as our plan</p> |


| | | | | |
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| | | | | will not affect any existing public sector equality requirements. |
| Religion or Belief | <input type="checkbox"/> | <input type="checkbox"/> | ☀ | We are bound by our overarching public sector equality duties, the national Strategic Equality Plan and the Anti Racist Wales Action plan. |
| Pregnancy / Maternity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Babies, children and families experience safer, more responsive care through:</p> <ul style="list-style-type: none"> • Strengthened maternity, neonatal and early years pathways • Improvements such as expanded transitional neonatal care, enhanced perinatal support models, and better alignment of services ensure healthier early development, safer births, and more consistent follow-up. • Integrated Place-Based Care and Early Help models ensure families receive seamless, proactive support from pregnancy through infancy. • Evidence-based perinatal pathways. • Targeted public health messaging. • Improved breastfeeding support, and enhanced early-years prevention programmes. • Strengthened universal and targeted support through the Healthy Child Wales framework • Perinatal optimisation • Smoking cessation in pregnancy • The 1001 Critical Days programme ensure that children have the healthiest possible start reducing inequalities from pregnancy into early childhood. |
| Marriage / Civil Partnership | <input type="checkbox"/> | <input type="checkbox"/> | ☀ | Nothing in our three-year plan will impact on any individual either positively or negatively because of their marital status. |
| Welsh Language | ☀ | <input type="checkbox"/> | <input type="checkbox"/> | Our three-year plan identifies that the Health Board is committed to a robust bilingual skills strategy, ensuring Welsh language requirements are assessed for every new or vacant role. A new digital tool will improve the accuracy of these assessments & support recruitment managers. The plan also identifies that a strategy will be implemented to increase clinical consultations in Welsh, ensuring new digital systems are fully bilingual, & offering wide ranging learning opportunities to help staff build confidence & capability in using Welsh, aligned to More than Just Words. |
| Armed Forces Community | <input type="checkbox"/> | <input type="checkbox"/> | ☀ | Nothing in our three-year plan will impact on the Armed Forces Community either positively or negatively. |
| Carers | ☀ | <input type="checkbox"/> | <input type="checkbox"/> | <p>Our better lives aim settings out the following delivery expectations in relation to carers:</p> <ul style="list-style-type: none"> • Developing carer specific outcomes & partnerships across the programme • Establishing & rolling out Carer Friendly Accreditation model |

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| | | | | <ul style="list-style-type: none"> Continued implementation of Carers Hub plan Implementing end of Regional Integrated Fund transition plans |
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| 3.1 Positive Action (Equality Act 2010 – Section 158) Is the proposal taking positive action to address under-representation or disadvantage? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Yes – explain why this is lawful and proportionate | The IMTP contributes to reducing health inequalities and inequities to improve health outcomes and is proportionate to meet the unmet need of the population we serve, including those with protected characteristics. It supports both national priorities and the organisations equality objectives. |
| 3.2 Armed Forces Act Duty (2022) – Statutory Consideration You MUST demonstrate conscious consideration of the Armed Forces community. Does this proposal impact people who currently serve, veterans, or their families? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable |
| Yes – explain how the Duty has been considered, including: <ul style="list-style-type: none"> Any service-related disadvantage Any need for special provision Any unique circumstances | |

| | |
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| Section 4 – Welsh Language Duty | |
| This must consider the implications of the policy/procedure on service delivery in Welsh and not simply whether the document/s have been translated. | |
| 4.1 Overall Welsh Language Impact | <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral / Negligible Impact |
| Evidence of language considerations | <p>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.</p> <p>We have strengthened our training offer to ensure that appropriate learning is available for those who seek to improve their Welsh speaking skills.</p> <p>We actively seek to be employer of choice for Welsh Speaking Students.</p> <p>The Health Board is committed to a robust bilingual skills strategy, ensuring Welsh language requirements are assessed for every new or vacant role.</p> |

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| Actions to treat Welsh no less favourably than English | The organisation is committed to continuing to adhere to Welsh Language Policy and Welsh Language Standards. Examples of actions include training, bilingual skills strategy, etc. |
| Will the proposal be delivered bilingually? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → explain:  <input type="checkbox"/> |
| <input type="checkbox"/> No → explain: | |
| Impact on staff ability to use Welsh: | 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. |
| Impact on service users' ability to receive services in Welsh: | The organisation is committed to continuing to adhere to Welsh Language Policy and Welsh Language Standards. |
| Does the proposal affect opportunities for staff to develop Welsh language skills? | Current arrangements will continue over the next three years. |
| Does the proposal increase, reduce, or not affect the ability to deliver services in Welsh? | We are implementing a strategy to increase clinical consultations in Welsh, ensuring new digital systems are fully bilingual, & offering wide ranging learning opportunities to help staff build confidence & capability in using Welsh, aligned to More than Just Words. |

| Section 5 – Socio-Economic Duty  | |
|--|--|
| 5.1 Could this proposal impact people experiencing socio-economic disadvantage? (Poverty, low income, digital exclusion, rural barriers, transport, housing, literacy) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe any operational or financial impacts contributing to inequality of outcome and how these will be reduced: | <p>As a Marmot Region, Gwent is committed to reducing health inequalities by focussing on the social determinants of health: the conditions in which people are born, grow, live, work and age. The importance of this was reinforced by Gwent residents: when asked, “<i>What’s important for you to feel healthy?</i>”, 23% of responses concerned healthcare while 77% were related to socio-economic factors, health behaviours & physical environment.</p> <p>To help promote Better Lives across Gwent, the Health Board is also committed to increasing the budget spent on services in the community. Operationally this includes the continuation of the Common Ailments Service, planning further health and wellbeing centres which aim to deliver integrated, community-based care, designed around the needs of local people.</p> |
| If yes, describe the impact (positive or negative) and how negative impacts will be reduced : WG expects clear evidence of this section. | <p>A clear measurement of inequity across Gwent is the difference in healthy life expectancy, and Gwent has the widest gap of any Health Board in Wales. Males from the least deprived areas live 12.8 years longer in a healthy life state than in the most deprived areas. Females in the least deprived areas live 20.5 years longer in a healthy state compared to in the most deprived areas.</p> <p>Our three-year plan and strategy signals a step change – fundamentally rebalancing focus towards healthy communities whilst setting out intent to become powered by innovation and improvement in all we do. It sets the ambition</p> |








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| | <p>that by 2035 we want everyone to have the chance to live a long, healthy life & improved healthy life expectancy.</p> <p>The strategy sets the ambition to improve the opportunity to have a healthy life & how we will deliver this through better health, better care & better lives.</p> |
| <p>Actions to reduce inequality of outcome:</p> | <p>The outcomes to achieve the purpose of the Gwent 35 Strategy focus on:</p> <ul style="list-style-type: none"> •The reduction of the prevalence of preventable diseases & the factors the contribute to poor health & support healthy behaviours •Improving the standards of care & access to local services to enable healthy days outside of hospitals •Improve access to healthcare services for all communities, community connection & the proportion of budget spend on out of hospital services. <p>Quarterly milestones and actions have been set out against each of the aims and their priorities within the IMTP.</p> |


Section 6 – Human Rights Impact ⓘ

The Human Rights Act contains 15 rights, but 7 are directly relevant to healthcare settings. You MUST consider whether your proposal affects any of these rights.

For each article:

- ✓ Tick impact
- ✓ Add a brief explanation for positive or negative impacts
- ✓ Add actions where needed






| Human Right | Relevant | Positive Impact | Negative Impact | Neutral | Explanation (only if + or -)  <input type="checkbox"/> |
|--|--------------------------|---|--------------------------|--------------------------|---|
| Article 2 – Right to Life | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | <p>The three-year plan sets an ambition to improve the opportunity to have a healthy life and how the organisation will deliver this through better health, better care and better lives in accordance with the new Strategy for the Health Board, Gwent 35.</p> <p>The launch of our new strategy Gwent 2035 champions population health & puts the Wellbeing of Future Generations at the heart of everything we do to improve the health of our population through partnerships.</p> <p>The plan reflects the national legislation and framework that guides our focus over the next three</p> |
| Article 3 – Freedom from inhumane or degrading treatment | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | |
| Article 5 – Right to liberty and security | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | |
| Article 6 – Right to a fair hearing / fair process | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | |
| Article 8 – Right to private and family life | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | |
| Article 9 – Freedom of Thought, Conscience and Religion | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | |



| | | | | | |
|--|--------------------------|---|--------------------------|--------------------------|--|
| Article 14 – Prohibition of Discrimination | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
|--|--------------------------|---|--------------------------|--------------------------|--|

Section 7 – Well-being of Future Generations Act 

| | |
|---|---|
| <p>7.1 How the proposal meets the 5 Ways of Working <i>Explain briefly how the proposal demonstrates the 5 Ways of Working:</i></p> | |
| <p>Long-term</p> | <p>The three-year plan recognises the current circumstances of the Health Board and any urgent short-term actions required to address these but also emphasises the most appropriate longer-term measures that can be put in place to ensure high quality sustainable services for our population in the years to come.</p> |
| <p>Prevention</p> | <p>Prevention is a key priority within the three-year plan setting out four key workstreams: High Risk Population, Preventable Premature Mortality, Reducing Cancer Inequalities and Population Health Management.</p> <p>Improving population health is essential to securing a sustainable future for services across Gwent. Many conditions such as heart disease, diabetes, liver disease and some late-stage cancers could be avoided, yet barriers make healthy living difficult.</p> <p>Preventable disease is a key focus, with 1 in 3 residents dying earlier on average compared to other areas across Wales. Heart disease, diabetes, liver disease and some late-stage cancers can be prevented through lifestyle changes, yet many residents face barriers to adopting healthier habits.</p> <p>Vaccination is one of the most effective tools for preventing illness, yet uptake across Gwent is declining and has fallen below the national target for most routine vaccinations. While HPV vaccination has led to an 87% reduction in cervical cancer rates in England, the uptake in Gwent is only 60.5% compared to the 90% target. We are seeing a reversal of historic vaccination success with the UK losing its measles elimination status. In Gwent, the update rate is 87.3%, below the 95% threshold required for herd immunity.</p> <p>Mental health is key for improving overall wellbeing. 15% of residents report feeling lonely, and communities have consistently told us they want earlier access to support, better mental health education, and more community-based services. Throughout last year, performance against the Ministerial Priority Part 1a and Part 1b measures have exceeded the 80% target for adults and children. However, improvement is still required in neurodevelopment waiting times and the rate of psychological therapy received within 26 weeks. The earliest years shape lifelong wellbeing. By focusing on prevention, early support and family resilience, we</p> |

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| | <p>can reduce inequalities, improve healthy development, and protect future generations from avoidable ill health.</p> <p>Through our commitment to Better Health, we will support people to be healthy, active, and happy.</p> |
| Integration | Our three-year plan aims to improve the collective wellbeing of staff and residents of Gwent through efficient and effective healthcare delivery and strong collaborative working with other organisations who influence health and wellbeing. |
| Collaborations | Our Partnership Delivery plans cover 5 main partnerships outlining the collective actions we will take to improve the health of our populations as a Region, Local Authority and Neighbourhood. In addition, Regional workforce collaboration will remain central to strengthened sustainability across South East Wales and we will continue to support and inform to support and inform regional programmes in Ophthalmology, Orthopaedics and Cancer, ensuring our regional plans optimise capacity, resilience and support long-term sustainability. |
| Involvement | Our Gwent 35 Strategy is deeply rooted within our three-year plan and during the development of the strategy, listening to what was important to the people of Gwent and learning from research we developed three aims to ensure everyone in Gwent communities have the best healthcare, environment, & lifestyle to be healthy. We want everyone to have: better health, better care, & better lives; which are our three strategic aims of the three-year plan. |
| 7.2 Well-being Goals (tick all that apply) | <input checked="" type="checkbox"/> A More Equal Wales <input checked="" type="checkbox"/> A Healthier Wales <input checked="" type="checkbox"/> A Wales of Cohesive Communities <input checked="" type="checkbox"/> A Wales of Culture and Thriving Welsh Language <input checked="" type="checkbox"/> A Globally Responsible Wales |

| Section 8 – Accessible Communications & Information Standards ⓘ | |
|---|--|
| 8.1 Does the proposal involve any communication, information, letters, forms, digital content, systems or public-facing materials? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> |
| If No, briefly explain why ACIS does not apply  | |
| 8.2 How have accessibility needs been considered? (Examples: plain language, Easy Read, BSL, audio, large print, clear layout) | Accessibility needs have been considered through ensuring a clear layout and plain language is used alongside digital content. |
|  | |
| 8.3 Will accessible formats be available if required? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> <input type="checkbox"/> NA |
| If no explain why  | The document will be available via the Health Board's website where it is noted that documents do not comply with the Digital Accessibility Standards. If an alternative format is required, the individual will need to contact the Health Board. A copy of the Digital Accessibility Statement is available via the Health Boards website for individuals to review. |

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| If yes, list formats you expect to provide (tick all that apply): | <input type="checkbox"/> Easy Read <input type="checkbox"/> Large Print <input type="checkbox"/> Audio <input type="checkbox"/> BSL <input type="checkbox"/> Braille <input type="checkbox"/> Screen-reader compatible <input type="checkbox"/> Other:  <input type="checkbox"/> |
| Other:  <input type="checkbox"/> | |
| 8.4 How will communication needs be identified and recorded? | These will be identified in accordance with the existing processes within the communications department. |
| 8.5 Are there any risks linked to accessibility? | See digital accessibility statement for the Health Board. |

Section 9 – Outcome Report ⓘ
 To be completed by the EqIA Panel

9.1 Equality Impact Assessment Recommendations
 Below are recommendations taken from the EQIA Panel and are to be completed as a result of this impact assessment

| Ser | Action Required | Potential Outcomes | Time Scale | Resource Implications |
|-----|-----------------|--------------------|------------|-----------------------|
| | | | | |
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| | | | | |
| | | | | |

9.2 Risk Assessment based on above recommendations

| Ser | Recommendation | Likelihood | Impact | Risk Grading |
|-----|----------------|-----------------|-----------------|-----------------|
| | | Choose an item. | Choose an item. | Choose an item. |
| | | Choose an item. | Choose an item. | Choose an item. |
| | | Choose an item. | Choose an item. | Choose an item. |
| | | Choose an item. | Choose an item. | Choose an item. |
| | | Choose an item. | Choose an item. | Choose an item. |

9.3 Reputation and compromise position

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9.4 Training and dissemination of policy

| | | | | |
|--|------------|--------------------------|-------------------------------|--------------------------|
| | | | | |
| 9.5 Monitoring Arrangements | | | | |
| | | | | |
| 9.6 Authorisation | | | | |
| Is the policy etc lawful? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the EqIA panel support the policy and agree it is to be adopted | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Signed on behalf of the Trust Equality Impact Assessment Panel | | | Click or tap to enter a date. | |

| Likelihood Description | |
|------------------------|--|
| 5 Almost Certain | Likely to occur, on many occasions |
| 4 Likely | Will probably occur, but is not a persistent issue |
| 3 Possible | May occur occasionally |
| 2 Unlikely | Not expected it to happen, but may do |
| 1 Rare | Can't believe that this will ever happen |

| Impact, Consequence score (severity levels) and examples | | | | | |
|--|---|--|--|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| | Negligible | Minor | Moderate | Major | Catastrophic |
| Statutory duty | No or minimal impact or breach of guidance/statutory duty Potential for public concern Informal complaint Risk of claim remote | Breach of statutory legislation Formal complaint Local media coverage – short term reduction in public confidence Failure to meet internal standards Claims less than £10,000 Elements of public expectations not being met | Single breach in statutory duty Challenging external recommendations Local media interest Claims between £10,000 and £100,000 Formal complaint expected Impacts on small number of the population | Multiple breaches in statutory duty Legal action certain between £100,000 and £1million Multiple complaints expected National media interest | Multiple breaches in statutory duty Legal action certain amounting to over £1million National media interest Zero compliance with legislation Impacts on large percentage of the population Gross failure to meet national standards |

Overall Risk Grading

How to calculate:

Likelihood (1–5) × Impact (1–5) = Overall Risk Score

| Score Range | Risk Rating | Action Required |
|-------------|-------------|---|
| 1 – 5 | Low | Proceed – monitor and review if required |
| 6 – 12 | Medium | Mitigate risk and monitor closely |
| 13 – 25 | High | Immediate action required before proceeding |

The higher the score, the more proactive the mitigation and monitoring should be before the policy is implemented.

| | |
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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 March 2026 |
| CYFARFOD O: MEETING OF: | Board |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Finance Report – Budget Delegation Proposal 2026/27 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Rob Holcombe - Director of Finance & Procurement |
| SWYDDOG ADRODD: REPORTING OFFICER: | Suzanne Jones – Assistant Director of Finance |

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

The Board is asked to approve the proposed budget delegations, comprising:

- The revenue budgets to be delegated for the 2026/27 financial year; and
- The budgets to be held in reserve, pending decisions on their delegation to support IMTP proposals.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The development of the IMTP financial plan has indicated that ABUHB is likely to report a deficit forecast for 2026/27, which is a breach of financial duty. As required by Welsh Government (WG), the CEO submitted an Accountable Officer letter on 13 February confirming that the emerging financial position was indicating a deficit for 2026/27.

The Board has subsequently considered an IMTP plan which sets out a forecast deficit after detailed cost assessment and an ambitious savings plan.

To ensure long-term sustainability, the Health Board will need to develop a financial recovery plan through a refreshed route map to sustainability.

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

The 2026/27 Health Board financial plan assumes the following:

- Baseline allocation 2026/27 £1,936.2m
- Anticipated allocation income of £1.7m
- Other central income of £14.8m
- **Total £1,952.7m**

The income assumption excludes the risk-adjusted elements within the plan relating to Digital as these remain subject to confirmation by Welsh Government.

Based on current assumptions, the available resource limit to support expenditure in 2026/27 is £1.953bn. This paper outlines the principles and proposed approach for delegating this funding at the start of the financial year.

The recommended approach is to delegate budgets at current rollover levels, applying the instructed 1.11% allocation uplift to LTA's where appropriate.

This process will determine whether or not any remaining budget can be delegated. It is important to note that the available budget is insufficient to support fully the 2026/27 financial plan. All centrally held funds have already been committed to underpin the Health Board's financial forecast for 2026/27; therefore, no central reserves will be available to support cost pressures arising outside the agreed plan.

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

Budget-setting principles require that the Health Board's total budget is aligned to the resources available. Consequently, the 2026/27 budget must reflect the financial plan and clearly identify where savings are required and delivered at delegated level.

The annual financial plan has been developed in line with these principles, with the budget strategy focused on:

- Ensuring delegated budgets fully reconcile to allocation funding and income.
- Aligning budget allocations to Welsh Government and ABUHB planning priorities – where affordable.
- Establishing reserves pending confirmation of anticipated allocations.
- Requiring budget holders to deliver services within their delegated budgets.



- Ensuring all other risks and pressures are proactively managed and mitigated.

The Board is asked to approve the proposed budget delegation for 2026/27.

Cefndir / Background

The financial provisions and obligations of the Health Board are set out under Sections 174 to 177 of the National Health Service (Wales) Act 2006 (c. 42) (Schedule 8 of the Act). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure that the Health Board meets its statutory obligation to perform its functions within its available financial resources.

The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it or its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The details and requirements for the two duties are set out in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

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

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

Asesiad / Assessment

The Minister confirmed the Health Board's allocations in a letter to Chairs issued in December 2025 (summarised in the Allocation Letter Briefing presented to the Board).



Board finance papers. Delegation reflects whether the allocation is recurrent or non-recurrent in nature.

Methodology for 1st April 2026 2026/27

The methodology for setting the initial budget delegations is based on the following approach:

1. **Delegating recurrent budgets** in line with the financial ledger position at Month 11 of 2025/26.
2. **Delegating pass-through funding** for the national NHS uplift (1.11%) and external NICE requirements.
3. **Holding the remaining budget in reserves** to support further discussion and the implementation of IMTP priorities.

Delegated budgets are based on the following funding assumptions:

- **Total anticipated allocations and income:** £1,952.7m
- Applied as follows:
 - **Delegated rollover recurrent ledger budgets:** £1,930.6m
 - **Residual budget held in reserves:** £22.1m

The £22.1m held in reserves is already supporting the Health Board's IMTP financial plan forecast for 2026/27 and is **not available to fund cost pressures outside of IMTP plan proposals.**

Anticipated allocations are listed below: -

| 2026/27 Anticipated Allocations | |
|--|--------------|
| HCHS | £'000 |
| Capital - DEL Depreciation - IFRS 16 Leases | 3,222 |
| Capital - AME Depreciation - IFRS 16 Leases (Peppercorn) | 62 |
| Revenue Lease Payment Budget Reduction (IFRS16 Equip) | (1,340) |
| Revenue Lease Payment Budget Reduction (IFRS16 Prop) | (1,406) |
| Substance Misuse & increase | 3,529 |
| Clinical Excellence Awards (CDA's) | 323 |
| AHW:Prevention & Early Years allocation | 1,114 |
| Welsh Risk Pool Risk Share agreement 25/26 | (6,582) |
| Digital Priorities Investment Fund (DPIF) for EPS go live (Community Pharmacy) | 74 |
| RIF-Short breaks for Carers-confirmed WG plan 2526 | 247 |
| Refit - E&F Invet to save payback | (295) |
| 25/26 VSM pay uplift | 82 |
| 25/26 ndependent Board Members pay uplift | 7 |
| Total HCHS anticipated allocations | (963) |
| GMS | |
| GMS Refresh | 1,603 |
| Dispensing Doctors & PADMS funding 26/27 | 1,087 |
| Total GMS anticipated allocations | 2,690 |
| Total Anticipated funding at January 25 | 1,727 |



An element of assumed funding is presented in the IMTP plan for DPIF (digital funding), this is speculative therefore is currently excluded from this exercise.



both internally and externally and the effective utilisation of all directed funding to maximise its intended impact.

Summary

This paper proposes a budget delegation of the Health Boards funding for 2026/27, it describes the methodology used and the impact on delegated budgets. The budget delegation is in line with the total income currently expected for 2026/27.

Argymhelliad / Recommendation

The Board is asked to approve the proposed budget delegations, comprising:

- The revenue budgets to be delegated for the 2026/27 financial year; and
- The budgets to be held in reserve, pending decisions on their delegation to support IMTP proposals.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Gwybodaeth Ychwanegol: Further Information:



| | |
|--|--|
| <p>Ar sail tystiolaeth: Evidence Base:</p> | <p>ABUHB efficiency compendium Financial and Other systems data Service plans</p> |
| <p>Rhestr Termau: Glossary of Terms:</p> | <p>A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children’s Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTCO – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case</p> |



FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community
 Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection
 Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK - Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring
 Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services
 Partnership
 ODTC – Optometric Diagnostic and Treatment
 Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care
 Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC –Pharmaceutical Services Negotiating
 Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment



| | |
|--|---|
| | <p>PFI – Private Finance Initiative RGH – Royal Gwent Hospital RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast SpR – Specialist Registrar STW – St.Woolos Hospital TCS – Transforming Cancer Services (Velindre programme) T&O – Trauma & Orthopaedics TAG – Technical Accounting Group UHB / HB – University Health Board / Health Board USC – Unscheduled Care (Division) UC – Urgent Care (Division) ULP – Underlying Financial Position VCCC – Velindre Cancer Care Centre VERS – Voluntary Early Release Scheme WET AMD – Wet age-related macular degeneration WG – Welsh Government WHC – Welsh Health Circular WHSSC – Welsh Health Specialised Services Committee WLI – Waiting List Initiative WLIMS – Welsh Laboratory Information Management System WRP – Welsh Risk Pool YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr</p> |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Finance & Performance Committee |

| | |
|--|---|
| Effaith: (rhaid cwblhau) | |
| Impact: (must be completed) | |
| | Is EIA Required and included with this paper |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | No does not meet requirements |



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





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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 March 2026 |
| CYFARFOD O: MEETING OF: | Board |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Strategic Equality Plan 2024 - 2028 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Sarah Simmonds, Executive Director Workforce & Organisational Development |
| SWYDDOG ADRODD: REPORTING OFFICER: | Star Moyo Head of Equality Diversity and Inclusion |

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper provides assurance to the Board on the Health Board’s progress during Year 2 (April 2025–March 2026) on the delivery of the Strategic Equality Plan (SEP) 2024–2028. The Year 2 progress update report, **Appendix 1**, summarises the key achievements, and the next steps across the SEP’s three strategic pillars: Our Patients, Our People and Our Population.

The Board is asked to note the update against the delivery of the SEP and approve the publication by the deadline of 31 March 2026.

Cefndir / Background

The Health Board’s current Strategic Equality Plan includes 59 equality objectives which were co-produced with, Staff Networks, Trade Unions, Llais and community partners. Objectives are aligned to key national frameworks including the Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Accessible Communication and Information Standards, and the Disabled People’s Rights Plan.

Year 2 focused on embedding foundations established in Year 1, accelerating accessibility improvements, and expanding inclusion and engagement across services and the workforce. The objectives have been aligned with the strategic priorities set out in *Gwent 35, Better Health, Better Care, Better Lives*. Our equality objectives reinforce a whole-system approach focused on prevention, early intervention, and addressing the wider determinants of health. This alignment is

further supported by the commitments outlined in the Health Board's People Plan 2025-2030.

Asesiad / Assessment

The SEP builds on the work undertaken over the past 2 years and is underpinned by our People Plan objectives, our Values and Behaviours, and Annual Plan. It provides a blueprint for creating an inclusive environment for all our staff and a framework to support and improve an inclusive service to patients.

Of the 59 priorities, 14 were due to commence in Year 2 (2025/26), all of the Year 2 priorities have commenced and are in varying stages of progress. There has also been progress made with several priorities that are outlined in the plan to commence in Year 3+.

The summary of progress made over the last year includes:

1. Accessible Communication and Information

Year 2 has delivered notable progress in strengthening accessible communication across the Health Board. Convo British Sign Language (BSL) and Language Line Insight have now been rolled out across all Health Board hospital sites, supported by dedicated interpretation devices and departmental equipment, improving access for patients requiring immediate language or communication support. Awareness raising has increased staff confidence in using interpretation tools and the Secondary Care Interpreting and Translation Policy is undergoing revision to ensure alignment with national standards.

Improvements within clinical environments have also been visible. In Ophthalmology, accessibility enhancement work progressed using Royal National Institute for the Blind (RNIB) recommendations to address lighting, signage, colour contrast and environmental layout. Audiology services have strengthened access for Deaf patients, including digital BSL routes such as QR codes and video relay options. Within the Grange University Hospital Emergency Department, work is ongoing to improve communication support pathways in response to concerns raised by community partners. Visual Awareness Training has further supported staff in developing confidence to meet sensory-related needs, with strong feedback demonstrating a positive impact on inclusive clinical practice.

2. Disability Inclusion and Workplace Adjustments

Delivery of the Disability Action Plan remained a key area of focus, with continued progress across several priority workstreams. The Health and Wellbeing Passport for staff became further embedded following positive evaluation, and continues to facilitate person-centred discussions relating to disability, neurodivergence, long-term health conditions and caring responsibilities. Insights from staff feedback have informed enhancements for the next revision of the Passport, including improved capability for monitoring data and greater consistency in the application of reasonable adjustments.

The introduction of the Neurodiversity Managers' Guide represented a significant advancement in supporting inclusive leadership and strengthening the experience of neurodivergent colleagues. Work also commenced on the development of a patient

communication passport to enable more personalised care for individuals with communication needs.

The Health Board achieved Disability Confident Leader (Level 3) accreditation and secured RNIB Visibly Better Employer status, providing external assurance of its commitment to accessible, inclusive and equitable employment practices.

3. Wales Race Equality Standards (WRES)

The Health Board continued to make measurable progress in advancing workforce race equality. Senior ethnic minority representation increased with the appointment of 3 Board members from ethnic minority backgrounds. Anti-racism e-learning was introduced as a national mandatory requirement, and the Health Board achieved completion rates exceeding 80%, supported by targeted communications and visible leadership endorsement. Insights from the Workforce Race Equality Standard (WRES) continued to inform the design of inclusive leadership development, talent programmes and succession planning activity.

Established workforce interventions continued to deliver positive impact. The International Medical Graduate (IMG) Induction Programme remained a valued mechanism for supporting internationally educated medical staff in navigating cultural transition, professional expectations and organisational processes. The Medic Mentor Scheme was introduced to complement formal supervision arrangements by providing structured peer support. In addition, the Reverse Mentoring pilot delivered throughout the year, received strong feedback for enhancing senior leaders' understanding of lived experience and informing leadership behaviours and organisational culture work.

Despite this progress, significant challenges persist. Incomplete ethnicity declaration rates continue to limit full assurance regarding workforce trends, and progression disparities for minority ethnic staff remain evident at senior levels. Targeted action will continue to address these areas of inequality and associated risks.

4. LGBTQ+ Inclusion

The Health Board has continued to strengthen its approach to LGBTQ+ inclusion, maintaining a visible and proactive regional presence across 9 Pride events and using structured engagement mechanisms to capture lived-experience insights from staff, patients and local communities. The award-winning 'Your NHS is Full of Pride' campaign remained active throughout the year, significantly enhancing visibility, promoting allyship and reinforcing a culture of inclusion across the organisation.

Targeted interventions including inclusive practice training, cultural intelligence sessions and wider awareness-raising activity has further enhanced staff capability and confidence in supporting LGBTQ+ colleagues and service users.

During Year 2, the LGBTQ+ Action Plan was developed and progressed into a formal consultation phase with staff networks and community stakeholders, demonstrating sustained momentum and a clear commitment to co-production.

5. Staff Networks and Inclusion Structures

Governance of our Staff Networks has been strengthened through the creation of a Networks Leads Advisory Group, providing a clearer framework. The Voices (Race &

Ethnicity) and Neurodiversity Networks have been relaunched with enhanced governance, defined purpose and refreshed leadership, ensuring they are better positioned to influence organisational priorities.

To embed inclusion more consistently across services, the Inclusion & Belonging Champions Network was launched enabling local ownership of inclusion activity, supporting early identification of emerging issues, and improving the flow of insight between clinical areas, corporate teams and the Equality, Diversity and Inclusion (EDI) function. Collectively, these developments create a more robust organisational infrastructure for inclusion, ensuring lived experience is captured systematically.

6. Patient and Public Engagement

The CIVICA patient feedback system was expanded to include Short Messaging Service (SMS), QR code and digital submission routes, improving accessibility and enabling more robust demographic monitoring. Participation panels grew in key priority areas, including bereavement and the Deaf community, providing more structured mechanisms for lived-experience input and ensuring insight is increasingly embedded in service improvement activity.

The Community Engagement Team broadened its regional footprint, undertaking structured conversations across communities and ensuring themes and risks were escalated through divisional and executive forums. Foundational work also commenced to establish a Patient Experience Community of Practice for 2026, designed to drive greater consistency, shared learning and quality standards across engagement activity.

7. Armed Forces Covenant and Veteran Support

The Health Board strengthened its delivery against the Armed Forces Covenant through enhanced partnership work with local military units and charities, a revitalised Armed Forces Staff Network, and improvements in identifying and supporting reservists and veterans.

The Step into Health employment programme and presence at Armed Forces career events helped strengthen recruitment pipelines and visibility. Work also commenced on scoping clinical pathways to ensure continuity of care for Armed Forces personnel.

8. Widening Participation and Workforce Pipelines

Widening participation activity developed significantly, shifting from outreach-only approaches to practical, inclusive pathways into NHS roles. A strengthened Work Experience offer and the new "Hosting Inclusive Work Experience Placements for All" toolkit improved consistency and accessibility for under-represented groups. Engagement with schools, colleges and career events remained strong, with activities reinforcing the Health Board's position as an inclusive employer.

9. Equality Impact Assessments (EQIAs)

Improvement work continued to strengthen EQIA governance and quality. A new EQIA screening tool and refreshed intranet guidance were introduced, supporting earlier identification of potential impacts within service change and policy development. EQIA prompts remain embedded within Board and Committee papers, reinforcing organisational accountability. The EQIA Panel process was also

strengthened to enable more consistent review, shared learning and quality assurance across divisions.

10. Summary of Remaining Risks & Areas Requiring Continued Focus

Despite meaningful delivery in Year 2, key organisational risks remain. Equality data completeness, particularly ethnicity declaration rates continue to limit the robustness of workforce insight. Consistent and timely application of reasonable adjustments requires further embedding. Certain areas of accessible information and communication standards require continued long-term implementation. Workforce progression inequalities for minority ethnic colleagues also remain an area for sustained focus. Addressing these issues will require ongoing targeted organisational attention during Year 3. Career progression inequalities for minority ethnic colleagues also remain an area for sustained focus.

Next Steps (Year 3 Focus)

Year 3 will focus on consolidating progress made to date and strengthening assurance, accountability and measurable impact across all equality, diversity and inclusion priorities. Emphasis will be placed on improving data quality, embedding standards and policies consistently in practice, and strengthening governance and outcome tracking. The overall aim is to move from implementation activity to demonstrable organisational impact, ensuring inclusion is fully integrated into mainstream operational delivery and performance frameworks.

Embedding equality, diversity and inclusion as a core organisational leadership ambition, aligned with our values, behaviours and People Plan, will continue to be a key priority. This will ensure EDI is not positioned as a standalone agenda, but integrated within leadership expectations, cultural development and workforce strategy, reinforcing collective accountability for inclusive practice across the organisation.

Argymhelliad / Recommendation

The Board is asked to note the update against the delivery of the SEP and approve the publication by the deadline of 31 March 2026.

| Amcanion: (rhaid cwblhau) | |
|--|--|
| Objectives: (must be completed) | |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | The monitoring and reporting of committee business is a key element of the Health Board's assurance framework. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 1.1 Health Promotion, Protection and Improvement 4. Dignified Care 6.1 Planning Care to Promote Independence 6.2 Peoples Rights |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Choose an item. All of the above |

| | |
|---|---|
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Partnership First |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Choose an item. All of the above |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | Anti-Racist Wales Action Plan Equality and Human Rights Monitor 2023: Is Wales Fairer? LGBTQ+ Action Plan for Wales Socio-Economic Duty Wellbeing of Future Generations Act |
| Rhestr Termau: Glossary of Terms: | BSL – British Sign Language EDI – Equality, Diversity and Inclusion EQIA – Equality Impact Assessment ESR – Electronic Staff Record IMG – International Management Graduate LGBTQ+ - an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. RNIB - Royal National Institute for the Blind SMS - Short Messaging Service |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | People & Culture Committee |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|--|---|
| Resource Assessment: | A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following: |
| • Workforce | Yes, outlined within the paper |
| • Service Activity & Performance | Yes, outlined within the paper |
| • Financial | Not Applicable |
| Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed | Yes not yet available |

| | |
|--|--|
| | <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p> |
| <p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p> | <p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves</p> <p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> |



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Strategic Equality Plan 2024/28:

Update on progress 2025/2026

Aneurin Bevan University Health Board Equality Objectives: 3Ps for Inclusion



A message from the Chief Executive

As we reflect on Year 2 of our Strategic Equality Plan (2024–2028), I am proud of the progress made to strengthen inclusion and reduce inequality across our services and workforce.

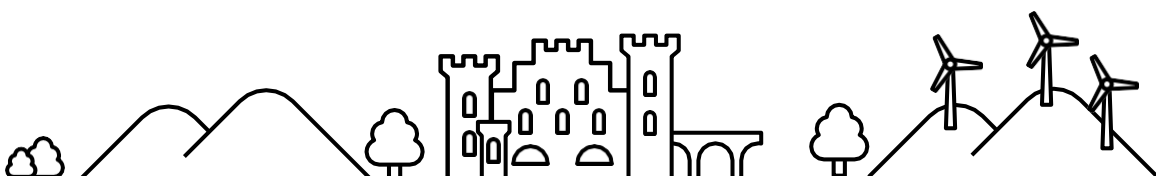
Over the past year, we have continued to build on our foundations, improving accessible communication, strengthening disability inclusion and reasonable adjustments, expanding staff engagement through networks, and embedding equality considerations more consistently into decision-making.

We also recognise that some actions require longer-term change, improved data quality, and shared ownership across systems. We continue to work on delivering across our services to support positive action.

Our focus in year 3 is to accelerate delivery, focus on data and impact to ensure lived experience continues to shape our priorities and aligns to our values of kindness, integrity and respect.

Nicola Prygodzicz

Chief Executive Officer,
Aneurin Bevan University Health Board



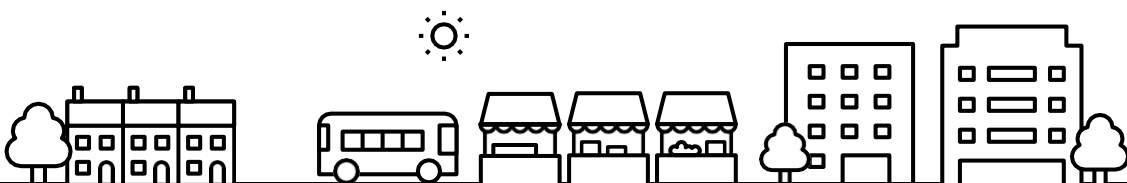
Introduction

The Health Board's Strategic Equality Plan (SEP) 2024–2028 was approved in March 2024 and sets out 59 equality objectives developed with Staff Networks, Trade Unions, Llais and stakeholders. The SEP supports an inclusive environment for staff and ensures our services meet diverse needs, especially where people experience inequality or barriers to access.

This document provides an update on progress against the SEP equality objectives during Year 2 (April 2025 – March 2026), in line

with the Health Board's statutory reporting requirements and reflects our continued commitment to the Public Sector Equality Duty, advancing equality, eliminating discrimination, and fostering good relations.

March 2026 marks the end of the second year of the Health Board's current Strategic Equality Plan and in accordance with the Public Sector Equality Duty 2011, the organisation is required to publish an update of its performance against the Year 2 priorities.



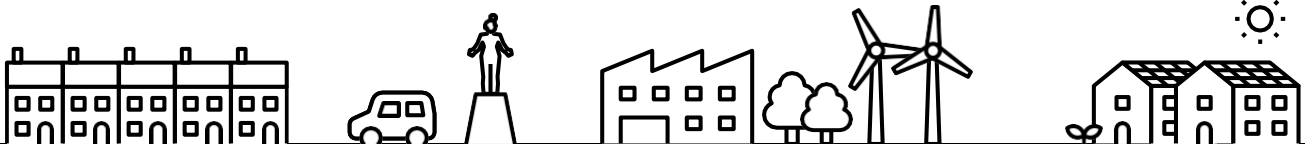
Legal Duties

The Equality Act 2010: the Public Sector Equality Duty (PSED) requires all public bodies to consider all individuals when carrying out their day-to-day work in shaping policy, in delivering services and in relation to their own employees. The Health Board must demonstrate 'due regard' to the three aims of the general duty of the Equality Act 2010 which are:

- Eliminate unlawful discrimination, harassment (including sexual harassment) and victimisation;
- Advance equality of opportunity between people who share protected characteristics and people who do not share them;
- Foster good relations between people who share protected characteristics and people who do not share them.




The Equality Act 2010 protects anyone who falls into a 'protected characteristic':

- Age
- Disability
- Ethnicity
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion/Belief
- Sex
- Sexual Orientation

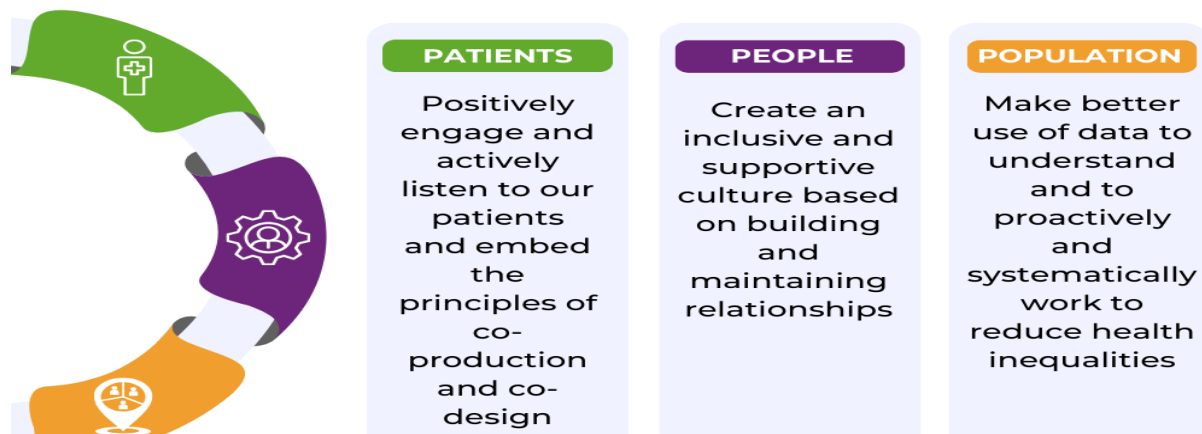


Equality Objectives: 3 Ps for Inclusion

The Health Board's Strategic Equality Plan is built around the 3 Ps for Inclusion:

-  Our **P**atients – accessible, inclusive care and communication.
-  Our **P**eople – inclusive culture, fair opportunity, supportive workplaces.
-  Our **P**opulation – using data and partnerships to reduce health inequalities.

These objectives set out how the organisation will reduce inequality, improve access and experience, and ensure fairness in outcomes across all areas of the Health Board.



Aligned to our long-term strategy **Gwent 35: Better Health, Better Care, Better Lives**, these equality objectives support a whole-system approach to prevention, early intervention and tackling the wider determinants of health. By embedding equality, inclusion and lived experience into service design, workforce development and population health planning, the Health Board are supporting the ambitions of Gwent 35 and improving outcomes for the communities it serves.

Year 2 of our plan focused on: strengthening accessible communication and information, expanding inclusion training and staff engagement, improving disability inclusion and reasonable adjustments, and embedding stronger equality governance.










Equality Objectives



Objective 1 - Our Patients






Our Pledge: By 2028, the Health Board will take action to positively engage and actively listen to its service users and embed the principles of co-production and co-design.

-  Ensure services are accessible to all patients and carers who require care, treatment and support.
-  Ensure the information provided can be adapted to meet individual needs.
-  Living the Health Board's values, personalised and compassionate care will be provided while respecting different people's needs, aspirations and priorities.
-  Ensure service users and carers have a positive experience of Health Board services and are not disadvantaged in any way.
-  Continue to align service plans with current and emerging Welsh Government
-  Plans and Standards (e.g., Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Workforce Race Equality Standards, and Disability Rights Action Plan, etc.).
-  Continue the Health Board's commitment to actively listen to its patients, carers, and the public, and amplify the voices of seldom-heard communities, to inform a process of continuous improvement and innovation.



Objective 2 - Our People




Our Pledge: By 2028, the Health Board will take action to create an inclusive and supportive culture based on building and maintaining relationships.

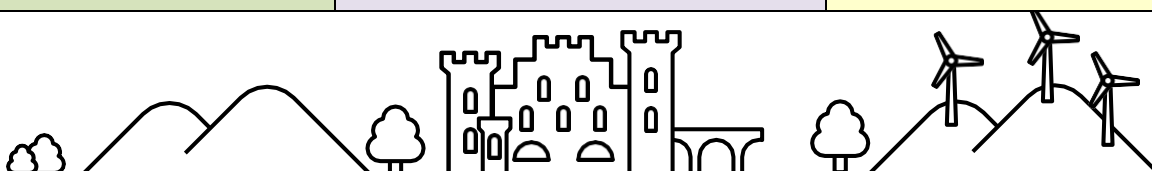
-  To create an environment that embraces diversity and promotes inclusion. The Health Board recognises the importance of providing a safe and caring environment for staff where they can be themselves at work.
-  Ensuring the development of an inclusive organisation with a diverse workforce representative of the communities served is critical to achieving this ambition.
-  The Health Board will continue to align its workforce plans with current and emerging Welsh Government Plans and Standards (e.g., Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Workforce Race Equality Standards, and Disability Rights Action Plan, etc.).
-  Analysis of the Health Board's current workforce demonstrates there are areas of under-representation within certain groups of staff. These include lower numbers of staff aged 25 and under, LGBTQ+ staff, and staff from various religions/beliefs compared to the local population. There are also lower numbers of male staff as a proportion of the overall workforce and lower numbers of ethnic minority staff in senior roles.
-  The Health Board will monitor the data and investigate gaps to ensure everyone has equity of access and opportunity.



Objective 3 – Our Population

Our Pledge: By 2028, the Health Board will make better use of data to understand and to proactively and systematically work to reduce health inequalities.

-  To provide safe, high-quality care and improve the health and wellbeing of everyone the Health Board serve. However, evidence shows that many people across Gwent are finding it harder to live healthy, fulfilling lives, and health inequalities are growing (Building a Fairer Gwent, 2023).
-  This Plan supports the Gwent 35 ambition to help people live well for longer, by tackling health inequalities, focusing on prevention, and working with partners to create healthier, fairer communities.
-  The Health Board will use local and national data, alongside patient feedback, to understand where experiences and outcomes differ and to target action where it is most needed. To make sure everyone can share their views, accessibility of feedback methods will be improved and there will be closer working with community partners across Gwent.



An overview of progress against all Year 2+ priorities is outlined in the following subject matter themes that underpin the 3 Ps.

We delivered our Year 2+ priorities through clearly defined themes supporting and strengthening structure, clarity and accountability.

Delivery is monitored through themed action plans, data and insight reviews, and formal reporting via governance structures. This will ensure consistent, evidence-based progress across all three of our core strategic pillars: **People, Processes and Partnerships**.

LGBTQ+

Wales Race Equality Standards (WRES)

Patient / Public Engagement

Accessible Information

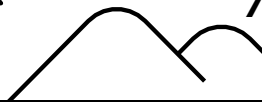
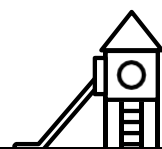
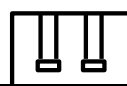
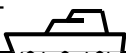
Staff Networks / Advisory Groups

Widening Participation

Disability

Armed Forces

Equality Impact Assesments (EQIAs)



LGBTQ+

| Year 2 Aim | Year 2 Progress | Year 3 Plan/Next Steps |
|--|---|--|
| <ul style="list-style-type: none"> Progress delivery of the LGBTQ+ Action Plan and strengthen alignment with the All-Wales plan and emerging national expectations. Increase engagement and strengthen visibility with LGBTQ+ staff and communities, using lived experience to shape priorities and service improvement. | <ul style="list-style-type: none"> Delivered year-round Pride engagement, including award-winning campaigns, staff-network partnerships, and attendance at nine regional Pride events, boosting visibility, allyship and participation. Rolled out visible allyship initiatives, including Full of Pride badges, helping create safer and more inclusive environments for staff and patients. | <ul style="list-style-type: none"> Finalising and implementing the LGBTQ+ Action Plan delivery programme, building on strong Year 2 progress and significantly expanding the scale and ambition of the Health Board's actions. Delivering further targeted engagement with LGBTQ+ communities, to strengthen access, experience and outcomes for patients, carers and staff. |
| <ul style="list-style-type: none"> Build staff confidence through inclusive practice, Cultural Intelligence (CQ) and awareness activity, including allyship and stigma reduction. | <ul style="list-style-type: none"> Expanded Cultural Intelligence (CQ) and inclusive practice training, increasing uptake across clinical and corporate services and strengthening inclusive, compassionate care. Continued to build culture, inclusion and belonging through the development and publication of the new <i>Belonging Magazine</i> and regular staff communication. | <ul style="list-style-type: none"> Continuing to grow training reach, awareness activity and visible allyship initiatives, ensuring inclusion remains embedded in everyday practice. |

Accessible Information

| Year 2 Aim | Year 2 Progress | Year 3 Plan/Next Steps |
|--|--|---|
| <ul style="list-style-type: none"> • Improve accessible communication, including interpretation, translation and BSL. | <ul style="list-style-type: none"> • Secondary Care Interpreting and Translation Policy under revision. • The Convo Community Directory (formerly SignLive) is being reviewed to improve signposting. This feature enables Deaf BSL users to instantly connect with organisations, businesses, and public services via a live video interpreter. | <ul style="list-style-type: none"> • Enhance monitoring and continue to embed the standards to daily practices. We will achieve this through our new Accessible Communication and Information Standards Delivery Group and Governance Structure. |
| <ul style="list-style-type: none"> • Embed the All-Wales Accessible Information and Communication Standards. | <ul style="list-style-type: none"> • Established an Accessible Communication and Information Standards Delivery Group and Governance Structure. | |
| <ul style="list-style-type: none"> • Increase awareness and use of digital interpretation tools. | <ul style="list-style-type: none"> • The 24/7 remote interpreting service of “Convo” and “LanguageLine” Insight was made available across all hospital sites. • Health Board-wide awareness raised on available language support tools. • Project Manager appointed to lead the Interpretation and Translation Optimisation Project. | |
| <ul style="list-style-type: none"> • Engage people with accessibility needs to reduce barriers. | <ul style="list-style-type: none"> • Continued work with Llais for patient engagement and feedback. | |



Disability Action Plan

In Year 2, the Health Board continued to commit to:

- Embedding disability considerations into planning, governance and decision-making, ensuring accessibility and inclusion are considered early and consistently.
- Improving access, experience and support for disabled staff, patients and the public across services.
- Engaging with staff, patients and communities with lived experience of disability to inform service design, workplace adjustments and improvement activity.



In Year 2, delivery progressed across the Health Board on:

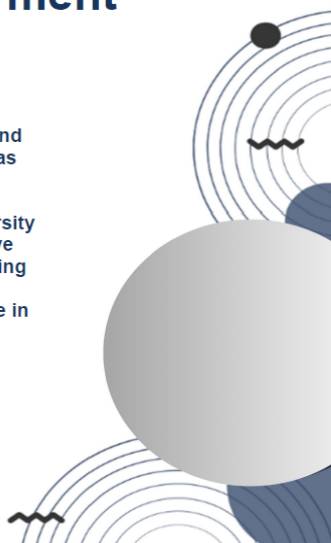
Health and Wellbeing Passport for Staff

- Further developed and embedded following the pilot.
- Supported consistent, person-centred conversations on health, disability, wellbeing and reasonable adjustments.
- Developed collaboratively with Equality, Diversity and Inclusion (EDI) Team, Occupational Health, Workforce and Trade Union partners.
- Staff and manager feedback informed improvements to strengthen its use for disabled staff, those with long-term conditions and carers.
- Ongoing work aims to improve consistency, monitoring and assurance of reasonable adjustments across the organisation.



Health & Wellbeing Empowerment Passport

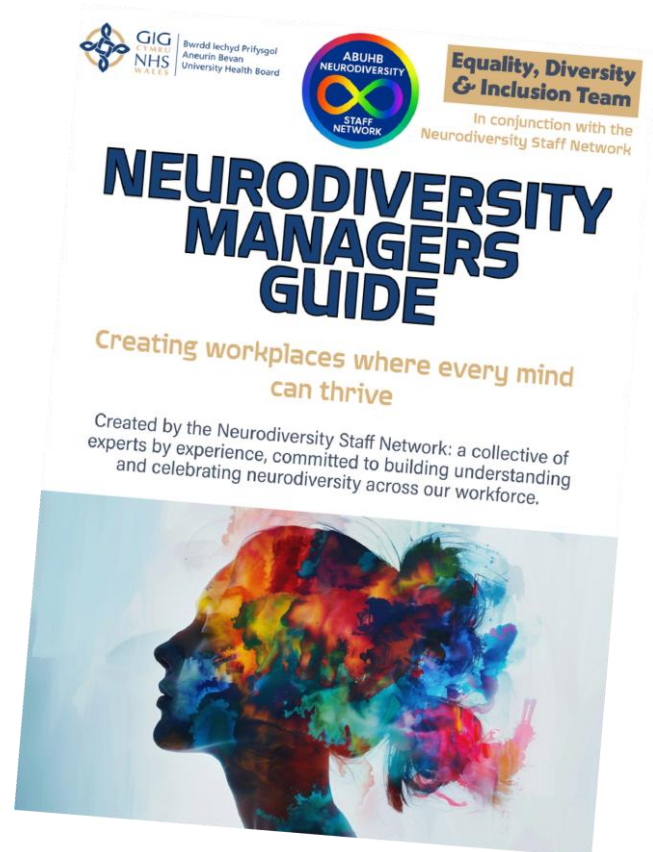
This editable Health and Wellbeing passport has been designed for individuals working in Aneurin Bevan University Health Board who have concerns with managing their health and wellbeing or carer role in the work place.



Disability Action Plan

In Year 2, the Health Board developed and launched the Neurodiversity Managers Guide to strengthen inclusive leadership practice and improve workplace support for neurodivergent staff.

- Developed and launched a practical guide to strengthen inclusive leadership and support neurodivergent staff.
- Offered clear advice on understanding needs and implementing reasonable adjustments.
- Co-created with EDI, Workforce, staff networks and subject experts to reflect lived experience.
- Supported consistent, compassionate management conversations and improves staff experience.
- Next steps will focus on embedding the guide into leadership development and training.



In Year 2, work began to explore the development of a **Communication Passport for patients, to support more personalised, accessible and inclusive care.**

- The passport aims to help staff better understand individual communication needs, preferences and reasonable adjustments.
- This will support improved patient experience, safety and dignity, particularly for disabled and neurodivergent patients.
- Development will be informed by co-production with patients, carers, staff networks and clinical teams, alongside best practice guidance.

This work will continue into Year 3, supporting the wider delivery of the Disability Action Plan.

Disability Action Plan



Disability Confident Leader (Level 3)


- The Health Board achieved Disability Confident Leader (Level 3) status.
- This recognises the Health Board's leadership in inclusive recruitment, retention, reasonable adjustments and support for disabled staff.
- Achieving Level 3 demonstrates the Health Board's commitment to going beyond compliance and embedding disability inclusion across employment practices.

Royal National Institute for the Blind (RNIB) Visibly Better Employer

- The Health Board has achieved RNIB Visibly Better Employer accreditation.
- This confirms our commitment to creating an accessible and inclusive workplace for blind and partially sighted staff.
- The accreditation provides expert guidance to support continuous improvement and strengthens the Health Board's approach to workplace



Wales Race Equality Standards (WRES)

| Year 2 Aims | In Year 2, workforce interventions focused on embedding, evaluating and targeting impact, rather than launching new initiatives: |
|--|---|
| <ul style="list-style-type: none"> Strengthening governance oversight of race equality through alignment with the Strategic Equality Plan and leadership development programmes. | <ul style="list-style-type: none"> The Health Board now has three Board members from ethnic minority backgrounds, improving senior representation and visibility. WRES insight informed inclusive leadership training, reverse mentoring and talent pipeline development. |
|  <ul style="list-style-type: none"> Using WRES findings to prioritise targeted interventions across recruitment, development, leadership and employee experience. | <ul style="list-style-type: none"> Learning from WRES was integrated into workforce planning, leadership development and employee experience work. These insights continue to inform targeted leadership, development and progression activity, including work to understand and address ethnicity and gender pay gaps The International Medical Graduate (IMG) Induction Programme continued as an established intervention, supporting internationally educated doctors to integrate into the organisation, with consistently positive feedback informing ongoing delivery and expansion planning. The Medic Mentor Scheme supporting IMG doctors new to working in the NHS and Wales was implemented to complement formal supervision and provide structured peer support during transition and early employment. Reverse Mentorship Programme progressed through its pilot phase, connecting Black, Asian and Ethnic Minority staff with Executive and Board members to strengthen understanding of lived experience and inform leadership practice. Evaluation feedback has been positive and is informing a planned next phase. Learning from these interventions has been used to shape leadership development, employee experience work and future WRES priorities, rather than operating as stand-alone activity. |
| <ul style="list-style-type: none"> Expanding engagement with staff networks, internationally educated colleagues, ethnic minority staff and leaders to inform and shape improvement activity. | <ul style="list-style-type: none"> Anti-racism e-learning was embedded as a mandatory national requirement, supported by targeted local action to drive engagement and completion. As a result, completion rates have increased significantly, with over 80% of staff now trained. |

Wales Race Equality Standards (WRES)

What the data tells us:

Positive indicators:

- Continued parity in shortlisting to interview.
- Fair access to non-mandatory training and development opportunities.
- Strong engagement with inclusive leadership and cultural competence programmes.



Ongoing challenges:

- Ethnicity declaration rates remain a barrier to full assurance.
- Progression to senior roles continues to require targeted action.
- Minority ethnic staff remain more likely to experience capability processes and discrimination.



Staff Networks and Advisory Groups

In Year 2, the Health Board's focus moved from establishing structures to strengthening effectiveness, accountability and influence of staff networks and advisory groups.

- Work progressed to reset and strengthen staff networks, supported by the establishment of a Network Leads Advisory Group to improve coordination, shared learning and escalation into organisational decision-making.
- The Voices (Race and Ethnicity) and Neurodiversity Staff Networks were successfully relaunched, with clearer purpose, stronger governance and improved alignment to organisational priorities.

- Across all networks, the focus in Year 2 was on strengthening leadership, clarifying roles and improving consistency, rather than increasing the number of networks. This supports clearer escalation, shared learning and local ownership of inclusion.
- The Health Board now have eight active staff networks, each supported by an Executive Director sponsor and aligned to revised governance arrangements.



Inclusion and Belonging Champions Network

In Year 2, the Health Board established the Inclusion and Belonging Champions Network to strengthen local leadership, visibility and ownership of inclusion across services.

- The network brings together staff volunteers from across the organisation to act as local advocates for inclusion and belonging.
- The network strengthens two-way communication, ensuring local insight informs organisational priorities and improvement activity.
- 41 Champions currently represent staff across at least 7 organisational divisions and service areas within the Health Board, spanning clinical, community, mental health, corporate and patient experience services.
- The aim is to achieve full coverage within Divisions/ service areas across the Health Board via targeted recruitment, clear role expectations, structured training, strong support, and simple impact monitoring and exec lead support.
- This work will continue to grow in Year 3, building local capacity and strengthening culture and belonging across the Health Board.



Quote from a Champion

💖 *I believe that every person deserves to feel seen, heard and valued in the workplace. By sharing updates, promoting inclusive initiatives and encouraging open conversations, I hope to help build a stronger, more connected team where everyone truly feels they belong.* 💖

Armed Forces:

In Year 2, the Health Board strengthened delivery of the Armed Forces Covenant, moving from establishment to action.



- Assigned Executive Director Champion and Independent Member and appointed Regional Armed Forces Lead.
- Strengthened delivery and embedding of the Armed Forces Covenant, progressing from initial setup to active implementation, embedding commitments within operational and quality improvement frameworks.
- Revitalised the Armed Forces Staff Network, establishing clearer governance arrangements and strengthening alignment with EDI structures to improve staff engagement, visibility, and support.
- Advanced Gwent-wide partnership working, deepening collaboration with local Armed Forces units, statutory partners, and third-sector charities to improve coordination, shared learning, and system-wide support for the Armed Forces community.
- Improved data quality and organisational awareness, strengthening mechanisms to identify veterans, reservists, and Armed Forces families, enabling more targeted support and informed service planning.
- Continued promotion of the *Step Into Health* employment programme and reservist support, increasing awareness of employment pathways, flexible working arrangements, and the value of reservist skills within the workforce.
- Initiated scoping of Armed Forces-specific clinical pathways, with a focus on improving access, continuity of care, and consistency of experience for veterans and Armed Forces personnel across services.



ARMED FORCES NETWORK



Patient / Public Engagement and Feedback

In Year 2, the Health Board strengthened how patient and public feedback is collected, analysed and used, moving towards a more consistent, system-wide approach to listening and learning.

The ambition was to develop reliable mechanisms for capturing patient experience and using this insight to inform service improvement.

- Between January 2025 and January 2026, the CIVICA patient feedback system captured 26,833 responses, with an overall satisfaction score of 86%, improving understanding of patient experience across services. PALS managed 6,336 cases, with 99.9% resolved through early resolution and only three cases escalating to Putting Things Right.
- People Participation Panels continued in priority areas including the Deaf community, with further panels planned for neurodiversity, mental health and sepsis.
- A series of “Big Conversation” events also supported listening at scale, including bereavement (170 attendees), sepsis (100 attendees), future care planning (90 attendees) and care home conveyance (90 attendees).
- Face-to-face engagement increased across Gwent, with over 40 community events delivered in partnership with local organisations. Dementia Hubs, delivered with 27 partners, launched in January 2026 and recorded 1,303 visits by the end of the month.
- In Year 3, the focus will be on completing the roll-out of CIVICA, embedding the Patient Experience Community of Practice, expanding People Participation Panels and strengthening how feedback is used to evaluate the impact of service improvements.

Widening Participation

In Year 2, the Health Board strengthened widening participation activity by focusing on practical pathways into NHS careers, rather than standalone outreach. This supports long-term talent pipelines, especially for young people from under-represented communities.

- Continued focus on practical pathways into NHS careers.
- Improved the application process for participants applying to our Work Experience offer
- Maintained strong presence at schools, colleges, and careers events across Gwent.
- Delivered training at 17 schools with a local training provider engaging with over 1,500 students.

- The Health Board's ongoing programme of inclusive recruitment, developed in partnership with Newport City Council and organisations such as CODI (formerly POBL) will continue as a core strategic focus into Year 3.
- This work aims to widen access to employment for people who are unemployed, not in education or training, individuals with experience of care, and those from ethnic minority communities.
- By expanding structured pathways including volunteering, work experience, entry-level roles, and apprenticeships, the Health Board will strengthen equitable access to the labour market and support sustainable progression into meaningful employment for under-represented groups.



Equality Impact Assessments (EQIAs)

In Year 2, the Health Board strengthened how EQIAs were used in decision-making.

- A new EQIA screening tool was introduced to support earlier, proportionate assessment at service level.
- EQIA Panel governance was refreshed to improve consistency, assurance, shared learning and support stronger compliance with the Public Sector.
- 43 EQIAs were considered in Year 2 and the numbers of EQIA's and screening tools continue to increase showing wider understanding of the process.
- Welsh language considerations were embedded throughout the EQIA process.
- EQIA prompts continue to be embedded in Board and Committee papers.
- Equality Duty and more meaningful consideration of equality and health inequality impacts. This supports earlier identification of potential inequality impacts and strengthens decision-making assurance.
- Core focus for Year 3 will be to start targeted training to further increase the awareness.



| | |
|---|---|
| Title of Procedure, Project, Proposal, Policy | |
| Lead Author/Contact Email | |
| Executive Sponsor | Choose an item |
| Divisor | Choose an item |
| Service Area | |
| EQIA Reference | |
| New, Existing or Revised | <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Revised |



This Equality Impact Assessment (EQIA) is a legal requirement under the Equality Act 2010 (as enacted in Wales) and Welsh Government expectations for public bodies. All information provided must be accurate and, where required, supported by appropriate research and evidence. All sections must be fully completed up to and including Section 7 before submission to the EDI Team (ahb.edi@swales.nhs.uk). Supporting documentation, such as policy drafts, consultation papers, engagement summaries, data reports, or relevant guidance, must be submitted alongside this EQIA.



Measures of Success

The Plan and its supporting programmes will continue to be monitored and measured by the Health Board through a range of appropriate metrics; including where possible, qualitative information. Progress will be published annually in the Health Board's Annual Strategic Equality Plan update report.

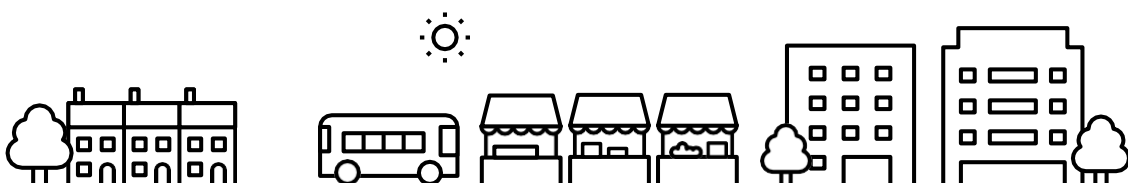
The actions within the Equality Plan provide a number of proposed and illustrative measurements, some of which are already routinely monitored and others not yet established.

Summary

In summary, Year 2 has marked a shift from commitment to delivery, with demonstrable progress across accessibility, workforce inclusion, governance and leadership practice. Equality, Diversity and Inclusion considerations are increasingly embedded within decision-making and service improvement activity.

To sustain momentum, Year 3 will prioritise on improving equality data quality through targeted self-reporting activity and strengthened ESR reporting; enhancing analytical insight to better identify disparities and risk; advancing accessibility through delivery of the Accessible Communication and Information Standards; and embedding structured engagement with staff networks and under-represented communities so that lived experience consistently informs decision-making and measurable outcomes.

Improving equality data quality remains a shared organisational priority, requiring consistent leadership, frontline engagement and system-wide ownership.



Glossary

Co-design - an approach to designing solutions, in which community members are treated as equal collaborators in the design process.

Co-production - a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all.

Cultural Intelligence - increasing our understanding of the ways that different cultures operate within organisations to develop language and behaviours that promote better problem-solving.

Discrimination - Discrimination means treating someone 'less favourably' than someone else, because of a protected characteristic.

Electronic Staff Record (ESR) - a HR and payroll database system commissioned by the Department of Health and Social Care used by the Health Board.

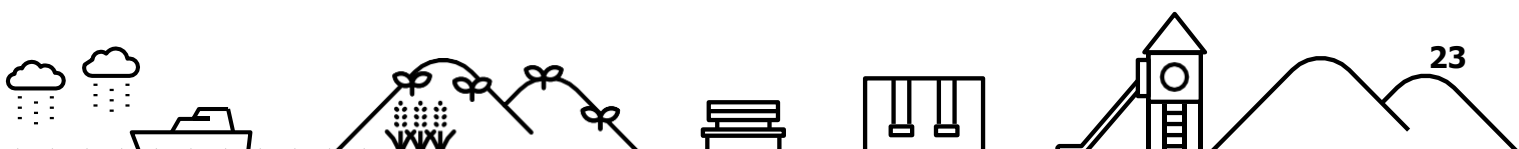
Equality impact assessment - a process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic. Experts by Experience - people who have personal knowledge of our services, either through their use of those services or through caring for someone else.

Inclusion Champions - members of staff who take responsibility for key inclusion and diversity objectives and visibly role model inclusion across the organisation.

LGBTQ+ - an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more.

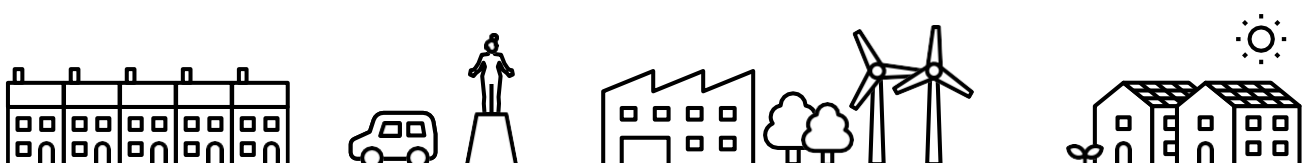
Marmot Principles - eight policy areas defined by Sir Michael, which include early years development, employment, living standards, communities, ill-health prevention, discrimination, and environmental sustainability.

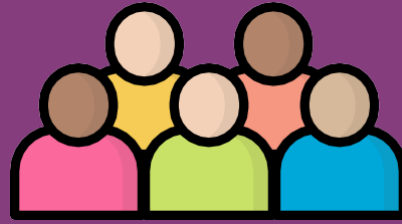
Microaggression - a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude towards another.



Prejudice - Any attitude held towards a person or group that is not justified by the facts. Prejudice includes negative and positive attitudes towards people solely on the basis of a protected characteristic.

Talent Management Strategy - how the Health Board intends to bring employees on board, keep them happy and productive and help them continue to develop their skills over time.





If you have any questions about this Plan or would like it in an accessible format (large print, braille, audio, BSL and/or other languages, please contact us using the details below:

Equality, Diversity and Inclusion

abb.edi@wales.nhs.uk

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 March 2026 |
| CYFARFOD O: MEETING OF: | Board |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Assurance Assessment of Maternity & Neonatal Services in Wales (2026) |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Jennifer Winslade - Executive Director of Nursing |
| SWYDDOG ADRODD: REPORTING OFFICER: | Jayne Beasley – Head of Midwifery, Gynaecology & Neonates |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In February 2026, Welsh Government published 'The Path to Safer Beginnings in Wales', the first real-time national assurance assessment of maternity and neonatal services across Wales. The review was commissioned to evaluate current safety, culture, quality, governance and workforce pressures, drawing on learning from previous maternity investigations in Wales and England.

The assessment was led by Professor Sally Holland and engaged with over 600 women, parents, families and staff across all Health Boards.

This paper provides an overview of the assessment its recommendations and pertinent actions for Aneurin Bevan University Health Board Maternity and Neonatal Services.

Cefndir / Background

'The Path to Safer Beginnings in Wales' follows several high-profile national reports into the safety and culture regarding maternity and neonatal services, which have exposed failures and highlighted the need for greater oversight learning and improvement.

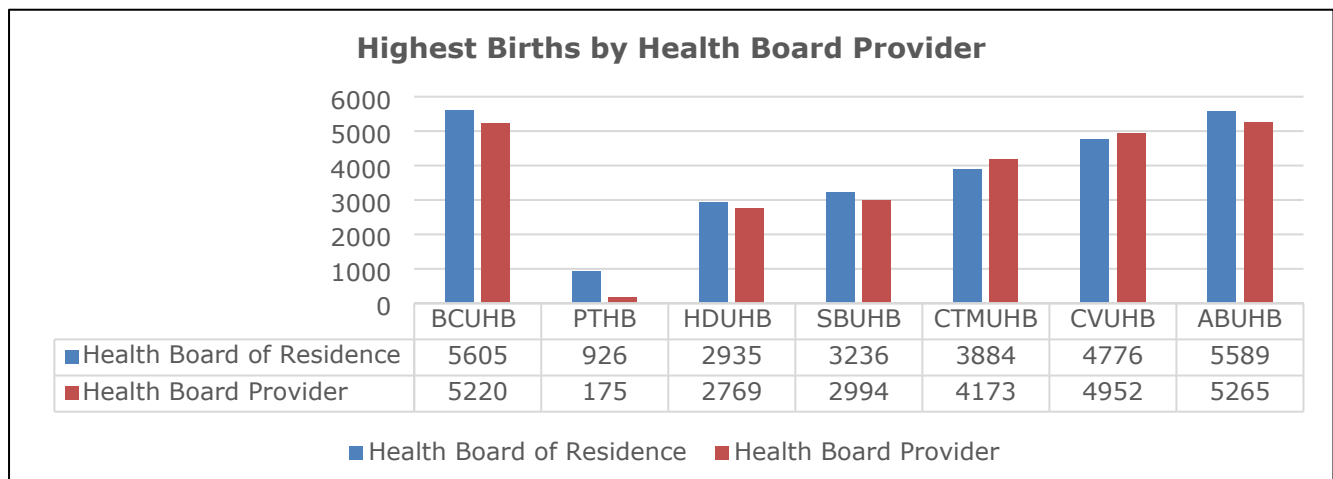


An independent oversight panel began the assessment work in September 2025 and over a 4-month period. The focus was for real time assessment, to identify good practice as well as risks and concerns and to provide independent assurance to the Cabinet Secretary for Health & Social Care about whether Welsh maternity and neonatal services are delivering safe, high-quality and compassionate care. Engagement with women and families was conducted between November 2025 and January 2026, listening groups, one to one sessions and shared stories were heard. Health board in person and virtual sessions were held in each Health Board across Wales, to meet with staff. Staff emails and online forms conducted. Finally self-assessment to gain insight into organisational leadership culture and governance was conducted with over 4500 pieces of evidence provided across all the Health Boards. Thus, providing triangulation, of patient and staff experience, leadership and culture.

Asesiad / Assessment

An overview of the Welsh data reveals: -

Demographic Data 2024



Changes to the national picture have emerged, with a 14.2% fall in births since 2018 and a 39% increase in terminations since 2022 and falls in spontaneous labour onset to 42%. Staffing levels have improved with a 32% increase in medical staffing since 2015 and a 13.3% FTE increase in Midwives and a 24.1% increase in FTE neonatal nurses since 2015. Midwifery and neonatal nurse sickness is high at 6.3% and 8.5% respectively. Stress and anxiety being the most common reason. 89% neonatal nursing shifts were staffed to BAPM standards.

| Data set 2024 | National Data | ABUHB 2024 |
|-------------------------------------|---------------|------------|
| First assessment Less than 10 weeks | 77% | 60% |
| Pre term birth | 7.9% | 6.2% |
| Body mass index >30 | 32% | 36% |
| Stillbirth | 4.7/1000 | 4.16/1000 |
| Neonatal mortality | 1.79/1000 | 1.7/1000 |



| Data set 2024 | National Data | ABUHB 2024 |
|----------------------------------|---------------|----------------------|
| Hypoxic Ischaemic Encephalopathy | 1.55/1000 | 2.2/1000 (HIE 1,2&3) |
| Smoking at initial assessment | 13% | 8.5% |
| Breastfeeding | 64% | 50% |
| Induction of labour | 33.2% | 32% |
| Planned caesarean section | 22% | 21.5% |
| Surgical site infection | 4.69% | 4.2% |

National Key Findings

Areas of Strength

- Many women and families reported compassionate, personalised care.
- Staff demonstrated strong commitment and professionalism despite sustained pressures.
- Positive examples of community engagement and supportive care environments.

System-wide Challenges

- Staffing and skill mix- pressures, with services stretched beyond sustainable levels.
- Variation in triage, induction of labour and care processes, resulting in inequities and safety risk.
- Insufficient perinatal mental health provision, including support for partners.
- Gaps in data quality and real-time- safety monitoring, limiting effective assurance.
- Cultural and psychological safety issues, including inconsistent family involvement in reviews.

National Priorities: Recommendations

The panel set out **eight priority areas** to strengthen the safety and quality of maternity and neonatal care: -

1. Strengthened national oversight of perinatal services
2. Universal offer of quality care throughout the perinatal journey
3. Urgent attention to triage and induction of labour
4. Adequate staffing and estates to deliver safe and quality care



5. Mental health support

6. Optimal neonatal care commissioning

7. Reliable process for adverse incident response and learning

8. Deepened engagement and evaluation to understand need and improve outcomes

The Welsh Government's acceptance of the recommendations with commitment to a three-year national improvement programme, including: -

- Establishment of a National Strategic Oversight Board to coordinate improvement across Wales.
- Introduction of real-time- safety monitoring systems.
- National service specifications for maternity triage, induction of labour and perinatal mental health pathways.
- Improved national guidance for routine birth--planning discussions.
- Creating a national forum for sharing best practice.

Implications for Health Boards

Health Boards will be required to demonstrate: -

- Alignment of local improvement plans with the eight national priorities.
- Strengthened workforce sustainability, data reliability and real-time- safety reporting.
- Adoption of standardised triage, induction and mental health pathways.
- Enhanced family engagement, trauma-informed- culture and psychologically safe working environments.

These requirements will form the basis of national oversight over the next three years.

Under these 8 priority areas there are a number of actions whereby Welsh Government NHS performance and improvement are tasked and also individual Health Boards. These have been formulated into an action plan taken from [The Path to Safer Beginnings in Wales](#) Summary Table of Recommendations (page 138).

The table below sets out the detailed Health Board actions and the associated assessment.



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|--|---|---|----------------------|------------------|---|
| 1.7 | Accelerate national data infrastructure, including the Beacon dashboard and a real-time safety signals dashboard | Perinatal dashboard in place and being expanded to include all KPI for neonatal services in real time with data extrapolated for overview via BEACON dashboard. National data standards group reviewing data set for digital implementation. | <ul style="list-style-type: none"> Progress KPI for neonatal services to complete local perinatal dashboard. Continue to support national work re: standardisation of data. | Q2 | Work in Progress | Welsh Government NHS P&I and Health Boards |
| 2.1 | Assess continuity of midwifery care in 2026–27 and develop a coproduced plan to increase continuity. | <p>Continual assessment of continuity of care pathways against staffing models and the experiences of women and families undertaken via digital system and explored via workforce meeting. The current model follows the All-Wales midwifery led care guidelines (to be updated April 2026) and NICE guidance for Antenatal Care (NG201).</p> <p>Continuity of care survey completed 2026 areas for improvement – noted a deteriorating position.</p> | <ul style="list-style-type: none"> To discuss in Empowering lead midwife meeting March 2026 and develop T&F group to progress improvement – undertake audit and survey Q2 2026. | Q2 | Work in Progress | Welsh Government NHS P&I and Health Boards |
| | | | <ul style="list-style-type: none"> Birth rate plus assessment 2026 will include a review of community – bookings and activity. | Q2 | | |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|--|--|--|----------------------|------------|--|
| 2.2 | Progress UNICEF Baby Friendly accreditation across maternity, neonatal and education providers | <p>A monthly breast-feeding MDT, including midwifery, neonates, health visiting, public health and local authority, meet monthly to focus on improvement around breast feeding rates and support.</p> <p>The ABUHB breast-feeding policy has been updated and some areas (Health Visiting) have achieved BFI accreditation.</p> <p>Breast pump loan service in place.</p> <p>Implementation of 3 tiers of breastfeeding well underway.</p> <p>Joint education maternity & neonatal services.</p> | <ul style="list-style-type: none"> For maternity and neonatal services to progress BFI accreditation in line with national requirements. Funding and operational plan to be reviewed. T&F working group to explore next steps. | Q4 | | Welsh Government, Health Boards |
| 2.3 | Ensure birth discussions before discharge with an appropriate MDT member. | ABUHB maternity has a 'Birth Afterthoughts' service and clear guidance around communication immediately following birth and beyond the postnatal period. Referral forms are accessed through the Badgernet system and/or directly with the Birth After-Thoughts team. | <ul style="list-style-type: none"> Fully implement guidance with the ABUHB maternity obstetric team through training and shared learning. | | | Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|---|---|---|----------------------|------------|----------------------|
| | | <p>As part of the induction to ABUHB maternity services, all midwives are given training on communication following birth and birth debrief - ABUHB Guideline for communication after birth</p> <p>Learning from events in Clinical Governance MDT forums, further embeds this guideline.</p> <p>Well-established anaesthetic perinatal debrief service.</p> | <ul style="list-style-type: none"> Consider a joint MDT debrief clinic for the women who would benefit from this approach- Pathway to be explored. | On-going | | |
| 2.4 | Provide clear, evidence based public information resources to support consistent communication with families. | <p>ABUHB maternity and neonatal services share access to the ABUHB Healthier Together website, with links to national documents. The healthier together website has the ability to translate into multiple languages with the exception of added documents ie Public Health Wales information which is currently in English or Welsh to comply with Welsh language requirements.</p> <p>Local information reviewed by specialist midwives and the wider maternity and neonatal teams. Potential decommission by February 2027 and will be replaced with a bespoke ABUHB internet version. There is a working group to ensure the revised version is populated safely, with a robust governance structure.</p> | <ul style="list-style-type: none"> Ensure safe transition to the new digital platform/ website work with local stakeholder groups MNVP to ensure co-produced information Work with system C following any update to translation services. | Q4 | | Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|---|--|--|----------------------|------------|----------------------|
| | | <p>Information available for pregnant women and new mothers through the digitalised Badgernet library and pertinent information can be sent in addition via a push notification. This is available in a number of languages via the navigation page, the welcome page and work is ongoing to translate other aspects of the app.</p> <p>Information is shared through social media platforms, displayed in public areas and on notice boards across the clinical areas.</p> <p>The ABUHB Maternity and Neonatal MNVP (BABI) supports with the readability and coproduction of some resources and information sheets.</p> | | | | |
| 4.2 | <p>Address immediate staffing pressures.</p> <p>Review obstetric workforce capacity considering complexity, geography and sustainability.</p> | <p>A monthly review of workforce is embedded and NICU has an establishment to meet BAPM standards which includes an uplift of 27% to cover for absence. Specialist roles such as outreach, bereavement etc are included.</p> <p>A monthly review of workforce is embedded and ongoing, alongside work in place with senior workforce business</p> | <ul style="list-style-type: none"> Progress vacant hours via TRAC (O&G) | On-going | | Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|--|--|--|---------------------------------|------------|-------|
| | Review midwifery and neonatal nursing staffing against Birth-rate Plus® and BAPM standards, factoring in absence and specialist roles. | <p>partner to maintain a structured workforce plan. No current vacancies in maternity or neonatal services. Oversight via Divisional Assurance.</p> <p>Clinical staffing shortfalls forms part of weekly DATIX and action.</p> <p>Roster housekeeping undertaken with senior oversight and regular roster reviews.</p> <p>Bank hours to cover rosters gaps with senior oversight to support safe staffing. Specialist midwifery roles increased following 2022 Birth rate plus. Current establishment is over 2022 birth rate plus by 7WTE.</p> <p>Funding has been approved for a Birth-rate Plus assessment.</p> <p>Overview of staffing compliment for TRIAGE to implement BSOTS.</p> | <ul style="list-style-type: none"> Birth rate plus assessment to commence in Q1 2026. Work with streamlining and universities re cohort 23 | <p>On-going</p> <p>On-going</p> | | |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|----------------|--|--|---------------------------------|------------|-------|
| | | <p>A review has taken place of the streamlining to consider attrition/sickness/secondment and maternity leave.</p> <p>Assessment of staffing and geography ahead of the implementation of the BSOTS system complete.</p> <p>Streamlining review completed taking into account attrition sickness and maternity leave.</p> <p>Ongoing review of medical (O&G) workforce, current vacant sessions due to retirement and sickness, emergency workstream covered. Vacant hours on TRAC.</p> <p>Assessment of the Neonatal Therapies provision has been completed and progressed to a full Business case to support a funded therapy workforce to align to BAPM standards. Presented to Board development session in October 2025, briefing paper shared with Executive team. Funded to BAPM standards would require 7.8WTE therapy workforce.</p> <p>Twice daily NICU monitoring of staffing via acuity tracker (with traffic light) to include ITU, HDU and SCU and baby to nurse</p> | <ul style="list-style-type: none"> Implementation of BSOTS Perinatal workforce strategy alignment <p>ABUHB perinatal escalation policy being developed to support safe staffing for ratification in clinical effectiveness forum April</p> | <p>March 26</p> <p>On-going</p> | | |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|---|---|---|----------------------|------------|---|
| | | <p>ration compliance. QIS & non QIS trained staff included with divisional oversight to support safety of unit. - any monitoring that highlights red or black status and the shift is deemed to be unsafe will trigger the need to send 6 hourly status reports to the Director of Nursing</p> <p>Engagement with yearly streamlining.</p> <p>Both maternity and neonatal services undertake safe to start.</p> | | | | |
| 4.4 | Review maternity theatre estate and capacity to ensure appropriate location, equipment and staffing | <p>A review of obstetric theatres and provision of theatres for scheduled work has taken place, alongside a revised booking system for scheduled theatre work (planned caesarean sections). Scheduling of caesarean section completed to stratify risk. There has been a staffing review of theatre and an additional compliment of registered nurses appointed to cover 2 obstetric theatres.</p> | <ul style="list-style-type: none"> Requires further audit and assessment regarding increased activity and ODP support. | Ongoing | | Health Boards |
| 5.1 | Develop a national service specification for perinatal mental health pathways, covering mild to severe needs, | <p>The current Perinatal Mental Health pathway follows the Royal College of Psychiatrists standards Royal College of Psychiatry standards for PNMH and accesses resources through NHS P&I PNMH, however, ABUHB maternity and neonatal services fully support the need</p> | | In place | | Welsh Government NHS P&I and Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|--|--|--------|----------------------|------------|-------|
| | father/ partner support and parent-infant relationships | <p>for an All-Wales strategic approach to PNMH.</p> <p>Within ABUHB, all women have access to structured antenatal classes with a focus on choice, consent and trauma informed care. In addition, bespoke antenatal classes are delivered for women who speak Bengali and/ or Urdu.</p> <p>There is a specialist service of classes and support for women and families who have highlighted safeguarding needs (jointly delivered through Barnardo's, local authority and ABUHB maternity services).</p> <p>Within Torfaen local authority (although accessible for all fathers within the ABUHB catchment), there is a well-established father's group for perinatal support and engagement.</p> <p>A PANDAS group has been established in Newport, jointly between ABUHB maternity services and local authority, to provide additional support for women with mild to moderate peri-natal mental health needs. This is currently being expanded to cover the Monmouthshire and Blaenau Gwent area.</p> | | | | |



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| | | <p>A monthly parent support group, Dinky Dragons, is held for parents of babies who have been on NICU and provide invaluable peer support.</p> <p>Family integrated care (FiCare) is well established on NICU and nursing staff support parents in gaining confidence in handling their sick or premature baby and introducing them to tasks usually associated with a nursing role such as temperature and blood pressure monitoring.</p> | | | | |
| 5.2 | Embed trauma informed training for all perinatal staff and those involved in incident processes | <p>Trauma informed learning and care provision is embedded in mandatory training for midwives, NICU nurses and support workers through mandatory training programmes.</p> <p>Members of the Senior Midwifery Management team have recently attended Solution Focussed training (February 2026). Within ABUHB maternity services, there is a well-established Clinical Supervisor for Midwives team providing staff support and learning, through a trauma informed lens.</p> | <ul style="list-style-type: none"> Review of trauma informed training for all obstetric and neonatology staff including language and narrative, choice, consent and the Montgomery process. Explore opportunities for creating trauma informed midwife to support women with mild to moderate mental health. | | | Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|--|---|--|----------------------|------------|----------------------|
| | | <p>An MDT group for 'Birth outside of guidance' has been established, to support staff with this level of care, alongside encouraging learning discussions with a trauma informed perspective.</p> <p>Work has commenced around CISM and TIMs, hot and cold debriefs for all members of the MDT following challenging or traumatic clinical events.</p> <p>Additional resources required to fully deliver RCS with variation in local models however within current resources it is noted that 20 RCS trained staff are within F&T with a further 18 to be trained. 6 have been trained in NICU. RCS noticeboard in place and is offered as part of PADR.</p> | <p>Ensure RCS fully embedded into preceptorship for newly qualified nurses. <u>With</u> register of supervisors to supervise. Themes and learning for action within the senior team.</p> | | | |
| 5.3 | Coproduct staff wellbeing support arrangements based on identified needs | <p>ABUHB maternity and neonatal services work closely with the ABUHB wellbeing team and have facilitated MDT Schwarz rounds.</p> <p>All staff have access to CANOPI.</p> | <ul style="list-style-type: none"> Action plan in progress regarding listening event with ongoing feedback to staff supported by workforce business partner | | | Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|----------------|---|---|----------------------|------------|-------|
| | | <p>Clinical Supervisors of Midwives team and support through senior leadership and MDT.</p> <p>Civility, culture and psychological safety incorporated in to mandated training for all midwives, NICU nurses and support workers, including psychological safety and embedding a fair and just culture.</p> <p>The Division actively promote a learning culture, providing feedback to staff following the raising of issues. Everyone has the freedom to speak and this is the ethos we instil in all staff. We also have a reporting system called Datix to report issues, but Staff Shout Outs and Greatix is also in operation to report good practice.</p> <p>There is currently work progressing around the implementation of Call4Concern, an additional layer of escalation when women and families feel they are not being heard.</p> <p>Annual surveys are produced both within Maternity Services and also through the ABUHB well-being service to include both maternity and neonates, to review staff well-being and the lived experiences of staff.</p> | <ul style="list-style-type: none"> ▪ Listening event to be taken forward with maternity staff Q3 <ul style="list-style-type: none"> ▪ Work has commenced around CISMs and TIMs, hot and cold debriefs for all members of the MDT following challenging or traumatic clinical events. To continue within maternity and neonatal services. <p>Agree and implement an engagement model to support co creation of improvement/ action plan. To take into account all themes identified in the listening event To work with staff</p> | | | |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
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| | | <p>Listening event undertaken in Neonatal Services.</p> <p>QPS lead for division has undertaken human factors training with neonatal staff, dates shared with staff for the forthcoming year and being monitored via band 7 and senior nurse.</p> <p>Bi monthly newsletter created, areas highlight have included wellbeing, speaking up safely .</p> | <p>Trade union and Division to finalise and implement. Working with workforce and business partner to support focussed workshops with all staff. Dates set for 12 sessions over April and May. Provide a report on the ongoing implementation via assurance and governance arrangements.</p> | | | |
| 6.1 | Urgently complete commissioning decisions on cot configuration, neonatal transport and transitional care. | NICU currently operates on 30 cots – 8 ITU, 10 HDU & 12 SC but is awaiting a decision from JCC regarding the cot reconfiguration exercise undertaken within the last two years, which resulted in a revised nominal cot allocation for Aneurin Bevan UHB. This allocation has not yet been implemented because Cardiff has been unable to progress | <ul style="list-style-type: none"> Transitional Care Business case prepared and accepted | | | NHSWJCC, Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|---|--|--|----------------------|------------|---|
| | | <p>additional intensive care cots due to staffing constraints. A further report is expected by the end of March outlining the next steps.</p> <p>Funding of the out-of-hours neonatal transport service (CHANTS) remains unresolved and is a priority for discussion at organisational level. ABUHB's Chief Executive intends to raise this matter with the Joint Committee.</p> | <ul style="list-style-type: none"> T&F group to progress work | | | |
| 6.2 | Accelerate implementation of a national maternity and neonatal bed/cot locator, with 24/7 availability, senior oversight and a single point of access. | | <ul style="list-style-type: none"> Work collaboratively with network | | | NHSWJCC, Health Boards |
| 7.2 | Create a specialist subcommittee of the National Strategic Oversight Board to oversee Health Boards' delivery of the National Reportable Incident process and produce national thematic learning. | <p>ABUHB maternity services have appointed a band 8 midwife lead for Governance and Risk. A SOP procedure for improving the incident process and family engagement has been developed.</p> <p>There are robust mechanisms for reporting incidents, reviewing guidelines and pathways, Duty of Candour, investigations and learning from events.</p> | <ul style="list-style-type: none"> SOP in development re: NRI Co creation of perinatal mortality dashboard data sheet to include expected reporting MBRRACE, NRI, DATIX and PMRT in development MBRRACE report 2024 received into the Health Board in March | Q1 | | Welsh Government NHS P&I and Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
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| | | <p>In addition, there are currently Mat-Neo champions in place (until March 2026), contributing to the implementation of the MatNeo SSp review recommendations.</p> <p>Quarterly mat/neo assurance group and Quality and patient safety meetings are embedded into service. Themes, learning and dashboard reviewed and monitored.</p> <p>Attendance at quarterly Divisional Quality & Safety meetings that contribute into Health Board meetings.</p> <p>Weekly multi-disciplinary Q&S meeting looking at themes. Monthly Q&S meeting (during Business meeting) looking at learning and actions – same emailed monthly to the neonatal team.</p> <p>Perinatal dashboard has been reviewed and updated.</p> <p>Maternity and neonatal services are co-located, supporting regular communication. Twice daily in person meet plus telephone communication with lead nurse and labour ward coordinator regarding activity and updates in place.</p> | <p>2026 – findings to be disseminated</p> | | | |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
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| | | <p>Shared learning within forums including Perinatal Mortality Review meeting, Maternity and Obstetric Clinical Governance and HIE morbidity review.</p> <p>72 hour rapid MDT review in place with representation from the medical examiner.</p> <p>Engagement with Patient Safety Team to update weekly Executive Safety briefing to include NRI – perinatal mortality for oversight.</p> <p>Work completed to review process for reporting NRI and alignment to MBRRACE.</p> <p>End of life pathway embedded into practice</p> | | | | |
| 8.1 | <p>Improve implementation of the Perinatal Engagement Framework to ensure women’s, families’ and communities’ views inform service development.</p> | <p>Maternity and Neonatal services have implemented the All-Wales Perinatal Engagement framework based on local review since publication. However, the All-Wales Perinatal Engagement Framework Implementation guide is anticipated to be published in April 2026 and therefore will be cross referenced further.</p> <p>ABUHB has an active MNVP (BABI) with formal meetings every 2 months and a roadshow where BABI members gain</p> | <ul style="list-style-type: none"> ABUHB MNVP (BABI) is awaiting remuneration of the Chair. A job description/ job plan has been developed, progress of post shared in DMT, exploration of funding streams to support. Currently there is an interim Chair (volunteer). | Q2 | | Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
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| | | <p>feedback and 'You Said-We did' within local community groups covering a diverse range of groups.</p> <p>CIVICA (including bespoke, national maternity and neonatal PREMs has been fully implemented in ABUHB and has been a success with rich data received in the first 6 months.</p> <p>Action plan developed re perinatal engagement framework oversight via MNAIG.</p> | | | | |
| 8.3 | Test and evaluate initiatives to reduce inequalities, especially relating to poverty and ethnicity. | <p>ABUHB maternity service have achieved Diverse Cymru accreditation. The actions taken as part of this process include over 150 actions. A new workstream has been established around neuro-inclusion to ensure adequate support and processes are in place to support women and families and staff members who are diagnosed or self-highlighted as neuro-divergent.</p> <p>EDI training is embedded in mandatory training for midwives, NICU nurses and support workers, alongside an ESR module.</p> <p>ABUHB maternity and neonates, alongside ABUHB Public Health team and digital services, have conducted a rapid</p> | | <p>Complete</p> <p>Complete</p> <p>Complete</p> | | Health Boards |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
|-----|----------------|--|--------|----------------------|------------|-------|
| | | <p>review of the demographics of users of maternity services in relation to complexities relating to pregnancy, birth and the postnatal period.</p> <p>In relation to measures and systems to support effective communication, hearing loops, face to face and 'The Big Word' translation services are provided. These facilities are readily available to all women who require this support. We offer a bilingual service whereby documentation is provided to women and is available in English and Welsh.</p> <p>A Consultant Midwife is in post to lead the multicultural agenda. All women have access to information in multi languages through the current website, interpreter services and volunteers.</p> <p>Interpreter service well embedded in neonatal services, utilised for sharing of learning to include duty of candour.</p> <p>Families signposted to healthier together with multi language use. IPADS in place for language line.</p> <p>PMRT reviews conducted through EDI lens with learning disseminated</p> | | Complete | | |



| No. | Recommendation | Assessment | Action | Timeframe Completion | RAG Status | Owner |
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| | | The Lead midwife for Public Health and the lead midwife for Safeguarding work closely with ABUHB Health Inclusion Service, alongside the Consultant Midwife and third sectors to support those seeking sanctuary. | | Complete | | |
| | | ABUHB Maternity services have signed up to the UK Charter Mark process for EDI and this assessment will take place in Q1 2026. | | Q1 | | |
| | | An 'Open access to triage' card has been created and will be implemented in Q1, 2026, to support women who need reasonable adjustments made in relation to access to care based on their language or communication needs. | | Q1 | | |
| | | Ethnicity and outcomes is recorded within the badgernet data set | To continue to work with the national data standards re badger net as this is rolled out across all Health Boards in Wales | Q2 | | |



'The Path to Safer Beginnings in Wales' provides a clear, evidence based- roadmap for transforming maternity and neonatal safety. It emphasises that safer care depends on: -

- Consistent national leadership
- A stable, well supported- workforce
- Equitable, high quality- clinical systems
- Strong cultures of psychological safety
- Reliable, real-time- data
- Genuine partnership with women, parents and families

The assessment sets the foundation for a nationally coordinated, system-wide approach to improving maternity and neonatal outcomes and strengthening public confidence in perinatal services across Wales. Aneurin Bevan University Health Board maternity and neonatal services have undertaken a preliminary assessment and set actions to support this work which will be monitored and reviewed via the senior leadership team, divisional assurance and the Maternity and Neonatal Assurance and Improvement Group and Quality Management Group.



Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the findings and priority actions
- **NOTE** the preliminary Health Board assessment and monitoring process

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|--|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 3.1 Safe and Clinically Effective Care 7. Staff and Resources 7.1 Workforce Choose an item. |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Every Child has the best start in life |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Choose an item. Workforce and Culture Choose an item. Choose an item. |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Choose an item. Choose an item. Choose an item. Choose an item. |

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



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



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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 March 2026 |
| CYFARFOD O: MEETING OF: | Board |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Integrated Performance Report: March Board |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Hannah Evans, Director of Strategy, Planning and Partnerships Sarah Simmonds, Director for Workforce and OD Jennifer Winslade, Director of Nursing Robert Holcombe, Director of Finance |
| SWYDDOG ADRODD: REPORTING OFFICER: | Trish Chalk, Assistant for Director Planning and Performance Paul Steynor, Head of System Planning and Performance Marie-Claire Griffiths, Head of Strategic Planning |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Board with an integrated overview of performance against the key Health Board and Ministerial Priorities throughout 2025/26, with performance figures including the most up-to-date, validated positions.

The Board is asked to:

- **Note** the progress against key performance metrics as of the latest, available information,
- **Note** the planned actions and progress against milestones as of Quarter 3
- **Note** the progress against the Enabling Actions as of Quarter 3 (included as an Appendix)

Cefndir / Background

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

Asesiad / Assessment

This report is structured across sections as follows:

Performance Summary

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

This report covers the commitments in the 2025/26 IMTP, bringing together the wider reporting on system change priorities, value and sustainability and the enablers on a quarterly basis.

This Integrated Performance Report reflects the totality of performance committed to as part of the 2025/26 IMTP and includes updated metrics and trajectories.

A summary of the report is provided below:

Prevention and Population Health

Noting that most up to date information is predominantly quarter 2 for this domain, performance across key prevention and population health measures shows continued strengthening, particularly in early-years services. Early-childhood indicators are strong, with newborn hearing screening and 6-week physical examinations consistently exceeding national standards. Weight and measurement at 8 weeks continues a multi-year upward trajectory, reaching its highest level to date, reflecting sustained improvements in delivery and engagement with families.

Notwithstanding that information for smoking cessation activity is only available up to quarter 2, progress is demonstrated with 4.36% of adult smokers making a quit attempt and 21.35% achieving CO-validated quits at four weeks—slightly below trajectory but supported by an improvement programme aligned to place-based care. Completion of the eight NICE-recommended diabetes care processes stands at 44.3% against a 46% trajectory, despite focused improvement work. Considerable effort has been directed at improving albumin-to-creatinine ratio (UACR) testing,

with targeted engagement across 10 pilot practices generating a 10% uplift in compliance, now at 66%. Additional engagement with over 300 primary care staff and process-mapping reviews are helping identify high-value activities for wider adoption. Although performance on foot surveillance remains static at around 66%, the structured approach to understanding variation, enhancing communication materials, and introducing community-based prompts offers a foundation for improvement as monitoring of these two key checks is planned to become formalised performance indicators in 2026/27.

Influenza vaccination uptake in adults aged 65 and over has improved and remains close to the national benchmark, supported by ongoing efforts to narrow variation between localities. However, challenges remain in vaccination uptake more broadly. COVID-19 booster coverage continues to fall below target levels, and while performance is marginally higher than all-Wales average, it remains significantly short of national expectations. Childhood immunisation rates have increased only slightly and remain below trajectory, with HPV uptake still notably behind target. Work is progressing to address these gaps through development of a Vaccine Equity Strategic Framework.

Q3 updates against ministerial templates show solid progress across prevention and community wellbeing priorities, with vaccination monitoring, targeted immunisation work and wider community-based interventions largely delivered to plan. Early-years work has strengthened its strategic foundation through a unified Gwent-wide definition, agreed ambitions and a developing delivery framework, and the Women's Health programme continues to advance following completion of the Discovery Report and preparation for a pathfinder hub business case. Two areas remain within tolerance but off trajectory: the preventable premature mortality programme, where uncertainty around future funding is constraining delivery of the 12-week behaviour-change offer, and place-based care, where progress varies across boroughs due to financial limitations and incomplete staffing despite positive collaborative work emerging through Wellbeing Collaboratives.

Primary and Community Services

Primary and community care performance reflects strong progress in shifting activity away from general practice through Pharmacy services. Pharmacist Independent Prescribing (PIPS) activity continues to outperform expectations, already delivering 127% of the annual target with two months remaining, supported by the expansion of participating pharmacies from 49 to 65. CAS activity also remains robust, reaching 92.8% of the annual target, with notable growth in Sore Throat Test & Treat and UTI consultations, both of which have doubled over the year. These gains follow pathway expansions and effective public awareness efforts, though future growth is expected to plateau as services approach their natural ceiling.

Patients accessing Optometry services remain broadly aligned with IMTP trajectory, with WGOS 4 and 5 pathways enabling more complex case management in community settings and potentially reducing hospital referrals. Assurance and support systems, including three-yearly practice visits and engagement events, are being strengthened. Urgent dental activity saw a notable spike in January, potentially linked to contract announcements and media coverage, helping reduce the gap to planned activity but leaving February and March delivery critical.

Q3 progress across core system-change programmes is mixed, with several areas continuing to deliver to plan while others face operational or structural constraints. Work to right-size commissioned care remains on track, with comprehensive placement reviews completed and preparation for the introduction of the new Care Cube tool underway. Implementation of revised optometry pathways is also progressing, supported by an interim electronic referral system and successful transition of providers into updated service models. However, the development of community pathways is off track within tolerance, reflecting challenges in establishing fully functioning Clinical Implementation Groups and the need for clearer strategic alignment between medical, operational and planning leaders.

Urgent and Emergency Care

Urgent and emergency care performance continues to experience significant pressure, with ambulance handover delays remaining above IMTP trajectory and de-escalation criteria. Although handover breaches have reduced from peak winter levels, performance remains off track, with the Health Board relaunching the Our Next Patient (ONP) improvement programme to drive more consistent discharge patterns, hourly patient movement and clearer operational standards. Twelve-hour ED/MIU performance remains relatively stable at around 92–93% compliance, but total breach volumes remain high due to bottlenecks linked to specialty response delays, high bed occupancy and system-wide flow constraints. Four-hour performance has been more heavily affected by winter demand, with sustained pressure limiting timely assessment and movement.

Triage and Wait to Be Seen (WTBS) metrics remain above trajectory, although >60-minute triage breaches have begun to reduce from the December spike. Daily huddles and strengthened flow processes are being actively used to prevent congestion and promote timely movement from initial assessment areas. Stroke pathway performance shows a complex picture: Q2 SSNAP data reports 1.2% meeting the 4-hour direct-to-stroke-ward admission target, though local unvalidated data from October/November suggests improvement closer to the ~20% trajectory. Thrombectomy rates remain well below target at 1.8%, with process issues such as imaging times, consultant review and delayed access to dedicated stroke beds continuing to constrain performance. Assessment by therapies (OT, PT within 24 hours; SaLT within 72 hours) shows gradual improvement.

Flow and discharge indicators show partial improvement. Pathways of Care Delays (POCDs) have fallen from the December peak of 223 to 180 in February, now just marginally above trajectory, although total days delayed remain elevated.

With regards to progress against Q3 milestones, activity across the admission avoidance and front-door/back-door programmes shows steady progress, with continued roll-out of the diabetes deterioration recognition programme across care homes and strengthened support through the Diabetes Specialist Nurse and DICE teams helping to prevent avoidable admissions and facilitate safer discharge. Work to enhance the community falls response has progressed to plan, supported by additional funding and closer alignment with WAST to improve the Level 2 response. However, implementation of the trusted assessor model remains off track within tolerance, with ongoing reliance on weekly multi-agency review processes to manage long delays and complex discharges. Focus is now on reviewing actions and learning from Our Next Patient, Winter Sprints and 6 Goals progress to pull together a comprehensive UEC recovery plan that consolidates and streamlines focus.

Cancer and Planned Care

Cancer performance shows a mixed picture. The Single Cancer Pathway compliance improved to 63% in December but has since dropped to 56% in January. Recovery actions have intensified, including pathway deep-dives, strengthened MDT engagement and targeted demand-and-capacity work in Urology and Lower GI. However, the 62-day backlog remains materially above trajectory at 344, representing almost 12% of the total PTL and above the 10% ambition, driven primarily by three tumour sites that together account for over half of the backlog. Despite this, the 104-day backlog has remained broadly stable over the past five months.

Planned care recovery continues to make sustained progress against long-wait trajectories, with the targeted year-end position for 104-week RTT waits on track, although Orthopaedics faces a risk of 30–40 patients waiting > 104 weeks due to a national cement shortage. The 26-week outpatient insourcing programme is delivering at scale, achieving 93% of its full-year plan by late February, and contributing to a continued fall in 52-week waits. However, follow-up demand remains high, with more than 31,000 patients waiting beyond 100% of target date, prompting a renewed systemwide plan to expand SOS/PIFU and accelerate validation. Capacity pressures remain evident across Diagnostics, Audiology and Therapies, where breach volumes are above trajectory due to sustained demand, staffing gaps and interdependencies with Orthopaedics and ENT pathways.

Operational productivity in theatres and day surgery shows areas of resilience alongside clear efficiency challenges. Elective theatre protection continues to perform strongly and remains a major enabler of planned care recovery, with performance consistently above the 90% target. Day-case performance aligned to BADS standards is similarly strong, supported by regular optimisation meetings. However, theatre utilisation faces structural inefficiencies: late starts remain above target, early finishes are significantly off trajectory at 50.6%, and session utilisation, while typically close to the national 85% benchmark, experienced seasonal deterioration in December before recovering in January. Work to reset governance structures, strengthen Theatres Utilisation Group oversight and embed 6-4-2 planning disciplines, where annual leave is finalised no less than 6 weeks in advance, lists are arranged 4 weeks in advance and then locked down 2 weeks before the date, remain ongoing to address these systemic constraints.

Q3 milestone progress across key pathway and transformation programmes, with Health Pathways development remaining firmly on track — national pathway targets have been exceeded ahead of schedule, and engagement with local Clinical Interface Groups is supporting strong utilisation and sustained growth in pathway views. Theatre maximisation work also remains on schedule, with monthly day-surgery optimisation meetings continuing and planning work underway for Orthopaedics, although wider theatre governance structures are being refreshed ahead of a Q1 workshop.

Mental Health

Adult mental health performance continues to show stability and sustained compliance across key access standards. Both Part 1a and Part 1b measures remain

consistently above the national 80% target, with the service balancing demand and capacity effectively to maintain performance throughout the year. Psychological Therapies presents a more challenged position, with performance declining over the past five months due to vacancies and data-quality issues; a refreshed divisional recovery plan is being implemented, supported by revised booking processes and improved dashboard visibility.

CAMHS performance mirrors many of the strengths seen in adult services. Both Part 1a and Part 1b remain above national standards, with recent slips attributable to data-entry issues rather than underlying capacity constraints — issues that have now been addressed through additional training and strengthened data processes. However, Neurodevelopmental Services continue to face significant pressure: rising demand, workforce gaps and administrative constraints have driven down 26-week performance, despite the service maintaining ministerial assurance that no child waits longer than 52 weeks. Strengthened screening and the phased embedding of the Neurodiversity Early Support Hub model are beginning to create greater process consistency, though throughput remains constrained.

Q3 progress across the quality improvement and mental health transformation priorities remains largely on track, with PROMS now embedded across adult and older adult wards and accurate recording underway. Ministerial priority work on children's Care and Treatment Planning continues to perform well, with compliance sustained above required levels and ongoing work to secure a dedicated clinical lead. Neurodevelopmental services, however, remain off track within tolerance, as rising demand, reduced clinical capacity and administrative pressures have slowed assessment throughput and impeded progress in embedding the wider transformation model. Rightsizing of inpatient and community learning disability services has advanced as planned, with a revised service model informing actions for 2026/27, while improvement work in Memory Assessment Services continues to deliver gains in assessment performance and a strengthened focus on diagnosis, supported by plans to consolidate booking processes.

Workforce

Workforce supply has remained broadly stable, with overall staff in post rising to 13,720 WTE by the end of January, supported by increases in Nursing & Midwifery and Estates & Ancillary roles, although Administration & Clerical staffing has fallen slightly. Sickness absence has reduced from the December peak to 6.96%, but remains significantly above the 5% target, driven predominantly by anxiety, stress and depression, alongside seasonal increases in respiratory illness. Long-term sickness continues to account for the majority of absence, and a new 12-month partnership plan, linked to the People Plan, is being developed to address the main causes of absenteeism, strengthen wellbeing support, and improve return-to-work pathways.

Variable pay usage continues to reflect workforce pressure points: bank usage reached 953.9 WTE, driven largely by HCSWs and Nursing & Midwifery, while agency usage has increased to 168.8 WTE, with enhanced care, sickness cover and occupancy pressure driving demand. Medical variable pay patterns show a rise in locum usage to 83.96 WTE, with vacancies accounting for more than half of all medical bank and agency deployment. Although medical agency usage continues its gradual downward trend, the Health Board remains focused on its strategy to reduce

reliance on temporary staffing and embed e-systems to improve medical workforce governance.

Retention and core workforce processes show a mixed but improving picture. Turnover remains within target at 8.87%, with a stability rate above 91%, although variation persists across staff groups. PADR compliance remains below the 85% All-Wales standard at 75.4%, despite strengthened divisional reporting and training support. Job-planning compliance continues to be a significant risk, with Consultant compliance at 53.4% and SAS at 50%, prompting strengthened controls including deep-dives, reinforced contractual expectations, and conditional approval of pay-impacting changes. Mandatory training compliance has risen to 81.6%, with eight divisions meeting or exceeding target, and the Time-to-Hire metric remains strong at 63.8 days, outperforming the 71-day All-Wales target.

Quality, Safety & Experience

Patient experience indicators remain broadly positive, with CIVICA satisfaction stable at 86–87% since introduction, supported by over 2,300 responses in January and ongoing rollout across divisions. Waiting times continue to be the lowest-scoring area, reflecting wider operational pressures, but improvements are being driven through strengthened feedback processes, enhanced reporting and the planned introduction of the new Cancer Treatment Survey. PALS contacts have risen to 1,548 in Q3, with communication issues, access to services and appointments continuing as the most common themes. Alongside this, Putting Things Right performance continues to improve, with Early Resolution compliance sustained above 80% and PTR 30-day performance meeting trajectory, supported by strengthened divisional oversight and focused backlog-reduction work in maternity and mental health.

Patient safety performance shows a combination of stability and targeted improvement. Mortality indicators remain favourable, with RAMI at 89.7, below the benchmark of 100, and hospital deaths continuing to track around 15% lower than previous years, despite predictable seasonal surges. Incident reporting volumes remain high at 2,549 in January, but with a reduction in catastrophic harm incidents and strengthened validation processes. The highest-volume categories remain pressure damage, falls, behaviour-related incidents and medication errors, each supported by focussed quality-improvement workstreams. Falls performance is particularly strong, with rates at 5.54 per 1,000 OBDs — the lowest in 12 months and 19% below the national average — marking nine consecutive months of positive variation. Work on pressure damage has intensified around correct grading, rapid validation and equipment access, supported by new education programmes and improved Datix processes.

Infection prevention metrics reflect a mixed but generally improving position. Healthcare-associated infections show reductions in *C. difficile* and *Staph aureus* bloodstream infections compared to 2024/25, though *E. coli* has risen slightly and respiratory-virus-related pressures continue to affect bed capacity. January saw 12 ward closures due to Norovirus, creating flow disruption and contributing to seasonal escalation, while enhanced outbreak control measures, visiting restrictions and strengthened IPC precautions have been deployed across affected sites. Safeguarding performance continues to improve, particularly in adult Level 2 training (now 86%), though children's and Level 3 training remain below expectations and are supported by ongoing recovery plans. Overall, these slides

present a system with strong patient-experience and safety foundations, balanced against heightened winter-period pressures, infection control challenges and the need for continued workforce development and governance strengthening across safeguarding and quality-improvement processes.

Finance

The financial position remains materially challenged, with the Month 10 reported variance showing an adverse position of £17.6m, which is £6m worse than the IMTP profile, although marginally improved on the Month 9 monitoring profile. The Health Board continues to forecast a year-end deficit of £18.3m, unchanged from previous reporting. Delivery of required savings remains a key risk, with £43.4m still to be achieved alongside continued dependence on anticipated Welsh Government funding streams relating to RTT delivery, ambulance handover measures, ED transitional services and seasonal winter pressures. The financial outlook is therefore highly sensitive to both operational performance and in-year volatility, with strict monitoring of delegated budgets and strengthened controls essential to maintaining the current forecast position.

Appendix 1- Enabling Actions Q3 update

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

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

Planned care efficiency work is progressing, with cataract pathway reform completed, theatre late-start performance improving, and day-case surgery consistently aligned to national standards. There remain a number of opportunities for further progress. Rolling validation programmes are now embedded across specialties and are supporting reductions in long waits. DNA/CNA improvement work is showing impact, and further outpatient pathway refinement, including SOS/PIFU adoption is advancing in high-volume specialties.

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

Significant progress has also been made in value-focused programmes. Non-pay rationalisation is advancing through standardisation of clinical products, and medicines optimisation programmes remain on track. High-value pathways in

diabetes and bone health are delivering measurable improvements in compliance, treatment uptake and data quality, and further phases are now in development.

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

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the performance report including progress achieved against IMTP milestones at the end of Quarter 3 25/26.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | The report highlights key risks for delivery against the IMTP |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety |
| Blaenoriaethau CTCI IMTP Priorities Link to IMTP | Choose an item. This is a report against the Integrated Medium-Term Plan and the key organisational priorities, informed by our detailed understanding of how our system operates. |
| Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP | Choose an item. |
| Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24 | Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. |

Gwybodaeth Ychwanegol:

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

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



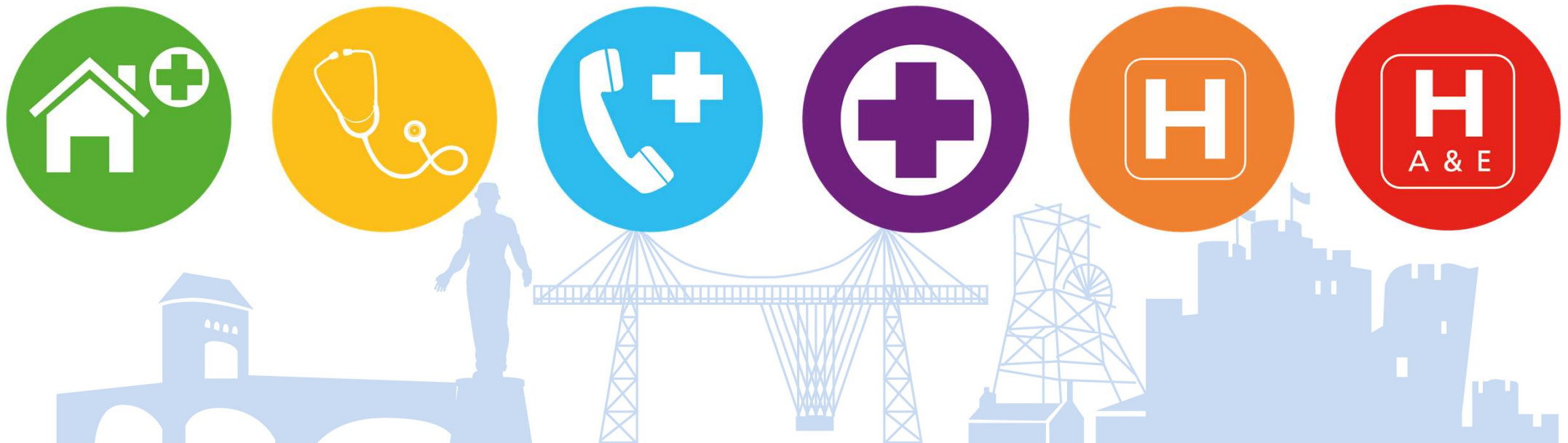
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ABUHB BOARD

Integrated Performance Report

March 2026





Performance Summary

Section 1: Ministerial Delivery Expectations

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

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

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

Section 2: Our Performance & System Change Delivery

The Performance Report section provides detail of Health Board performance across the quadruple aims and the system change themes identified in the Integrated Medium-Term Plan 2025-28. Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided under each aim against the Health Board's priorities and corresponding performance ambitions, including detail of Integrated Medium Term Plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

Appendix 1: Enabling Actions

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

| Quadruple Aim | | Health Board's System Change Theme and Integrated Report |
|---------------|---|--|
| Aim 1 | People in Wales have improved health and well-being with better prevention and self-management. | <ul style="list-style-type: none"> • Embedding Prevention and Population Health in all that we do |
| Aim 2 | People in Wales have better quality and more accessible Health and Social Care Services, enabled by digital and supported by engagement. | <ul style="list-style-type: none"> • Progressing place based models of care and sustainability in Primary and Community Services • Improving our Urgent and Emergency Care System focusing on experience, access and discharge pathways • Continuing to prioritise Cancer, Urgent and the longest waiting patients for Planned Care • Improving our Mental Health services |
| Aim 3 | The Health and Social Care workforce in Wales is motivated and sustainable. | Workforce and Culture |
| Aim 4 | Wales has a higher value Health and Social Care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes. | Quality, Safety and Experience Financial Performance |



What went well?

- 104-week RTT waits remain on track for year-end delivery following additional Q3–Q4 funding.
- Weight and measurement at 8 weeks has risen to 90.2%, consolidating a multi-quarter trend of improvement in early-life assessments.
- Adult and CAMHS mental health access standards (Part 1a and 1b) continue to exceed the 80% national target, reflecting stable capacity and effective demand management.
- Inpatient falls performance continues to demonstrate positive variation, with January’s rate at 5.54 per 1,000 occupied bed days, the lowest in a year and 19% below the national average.
- Early Resolution performance has held above 80% since May 2025, indicating more timely handling of concerns and improved first-stage resolution.
- RAMI remains favourable at 89.7, placing ABUHB below the Wales benchmark and evidencing improving mortality outcomes over time.

What were the challenges?

- Ambulance handovers over one hour remain significantly off track, reflecting ongoing front-door congestion and constrained systemwide flow.
- Four-hour ED/MIU performance remains challenged due to high demand, delays in specialty response, and continuing operational constraints across inpatient wards.
- Therapies services face sustained pressure from staffing gaps, rising referrals and competing demands from long-wait recovery work.
- Sickness absence remains high at nearly 7%, with stress-related and respiratory illness driving ongoing workforce strain and reliance on temporary staffing.
- Neurodevelopmental Services remain well below trajectory due to demand growth, workforce availability, administrative pressures and dependency on short-term funding.
- Theatres continue to experience high levels of late starts and early finishes.

What actions are we taking to improve?

- A reset and relaunch of the “Our Next Patient” flow model is underway, including new standards, strengthened hourly discharge discipline, and senior-led rapid assessment.
- A structured improvement plan has been introduced to reduce ambulance handover delays, with staged monthly milestones and benefits-mapped local improvement projects.
- Cancer recovery actions include pathway deep-dives, increased MDT oversight, and targeted demand-and-capacity work in Urology, Lower GI and Head & Neck.
- The new Neurodiversity Early Support Hub model is being embedded to streamline CAMHS ND screening, triage and early-support referral pathways.
- A Health Board wide programme is improving the quality and validation of Datix incident reporting, particularly around investigation detail and learning extraction.
- Job planning compliance is being driven through divisional deep-dives, conditional approval processes, and compulsory attendance at the Job Planning Consistency Group

What are our risks to delivery?

- Continued growth in the 62-day cancer backlog risks missing national milestones and impacts timely diagnosis and treatment across high-volume tumour pathways.
- Place-based care remains heavily dependent on short-term funding, creating a risk that key roles cannot be sustained or scaled across boroughs.
- High volumes of people waiting over 21 days in hospital risk continued system congestion and reduce the impact of Our Next Patient flow improvements.
- Infection control pressures, including winter Norovirus outbreaks and limited isolation capacity, have placed further strain on the inpatient estate.
- The year-end financial forecast remains contingent on the achievement of full savings delivery.



| Theme | Delivery Expectation | ABUHB commitment | Meet National Standard | In month performance against trajectory |
|--------------------------------|---|-------------------|------------------------|--|
| Population Health & Prevention | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | 47% Mar-26 | Yes | 44.3% Jan-26 (Jan-26 Trajectory: 46.0%) |
| | Achievement of vaccinations targets in the performance framework | Yes Mar-26 | Yes | Off Track 3 seasonal: 1 not met target, 2 ongoing 2 CYP: 1 borderline, 1 not meeting trajectory. |
| Building Community Capacity | Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard | 160 Mar-26 | Yes | 180 Feb-26 (Feb-26 Trajectory: 170) |
| | 100% of GP practices achieving all National Access Standards for In hours GMS | 100% Mar-26 | Yes | Reported Q4 |
| | Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP | 24,065 Mar-26 | Yes | 30,541 Jan-26 (Q4 Trajectory: 24,065) |
| | Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible | 128,347 Mar-26 | Yes | 75,940 Jan-26 (Q4 Trajectory: 128,347) |
| | Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible | 5,277 Mar-26 | Yes | 5,523 Jan-26 (Q4 Trajectory: 5,277) |
| Women's Health | Establishment of one Women's Health Hub in each health board area by March 2026 | Yes Mar-26 | Yes | Reported Q4 |



Ministerial Delivery Expectations

| Theme | Delivery Expectation | ABUHB commitment | Meet National Standard | In month performance against trajectory |
|--|---|-------------------------------|------------------------|---|
| Timely Access to Care | Reduce the number of ambulance patient handovers over 1 hour –national target - zero | 500 Mar-26 | No | 687 Feb-26 (Feb-26 Trajectory: 578) |
| | Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, <u>building towards the national target of zero</u> | 750 Mar-26 | No | 1,089 Feb-26 (Feb-26 Trajectory: 731) |
| | No patients waiting more than 104 weeks for referral to treatment. | 3,291 (IMTP) Mar-26 | No | 434 Jan-26 (Jan-26 IMTP Trajectory: 2,931) |
| | 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026. | 70% Mar-26 | No | 55.9% Jan-26 (Jan-26 Trajectory: 69.0%) |
| | No patients waiting more than 8 weeks for a specified diagnostic | 1,077 Mar-26 | No | 2,387 Jan-26 (Jan-26 Trajectory: 1,077) |
| Mental Health Access (Adult and CAMHS) | 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s | 80% Mar-26 | Yes | 85.7% Jan-26 (Jan-26 Trajectory: 80.0%) |
| | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s | 80% Mar-26 | Yes | 94.8% Jan-26 (Jan-26 Trajectory: 80.0%) |
| | 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s | 80% Mar-26 | Yes | 96.8% Jan-26 (Jan-26 Trajectory: 80.0%) |
| | 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s | 80% Mar-26 | Yes | 83.8% Jan-26 (Jan-26 Trajectory: 80.0%) |

Progress Against our Integrated Medium-Term Plan



Quality, Patient Safety & Experience

Workforce & Culture

Finance



| Theme | Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|--|--|----------------------|---|
| Embedding Prevention and Population Health in all that we do | % uptake of the COVID-19 vaccination for those eligible Spring Booster | 75% Sep-26 | 56.5% Q1 25/26 (Q1 Trajectory: 75%) |
| | % uptake of the COVID-19 vaccination for those eligible Autumn Booster | 75% Mar-26 | 60.42% Feb-26 - Ongoing (Q4 Trajectory: 75%) |
| | % uptake of the influenza vaccination amongst adults aged 65 years and over | 75% Mar-26 | 73.8% Feb-26 - Ongoing (Q4 Trajectory: 75%) |
| | % children up to date with vaccinations by age 5 | 95% Mar-26 | 85.3% Q2 25/26 (Q2 Trajectory: 89%) |
| | % of children receiving HPV vaccination 1 dose by the age of 15 | 90% Mar-26 | 67.9% Q2 25/26 (Q2 Trajectory: 80%) |
| | Percentage of adult smokers who make a quit attempt via smoking cessation services | 5% Mar-26 | 4.5% Q2 25/26 (Q2 Trajectory: 5%) |
| | Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks | 32% Mar-26 | 20.5% Q2 25/26 (Q2 Trajectory: 24%) |
| | Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks | 90% Mar-26 | 97.3% Nov-25 (Nov-25 Trajectory: 90.0%) |
| | Maintain physical examination at 6 weeks rates (Healthy Child Wales) | 90% Mar-26 | 96.7% Nov-25 (Nov-25 Trajectory: 90.0%) |



| Theme | Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|---|---|----------------------|--|
| Embedding Prevention and Population Health in all that we do | Increase weight and measurement at 8 weeks rates (Healthy Child Wales) | 80% Mar-26 | 90.2% Q2 25/26 (Q2 Trajectory: 72%) |
| | Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes | 47% Mar-26 | 44.3% Jan-26 (Jan-26 Trajectory: 46.0%) |



Embedding Prevention and Population Health in all that we do

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

Ministerial Delivery

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

Trajectory: 75%

National target: 75%

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

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

Ministerial Delivery

Performance: 60.42% (as of 19/02/26)

Trajectory: 75% (Q4 25/26)

National target: 75%

| Region | Eligible population (n) | Vaccinated (n) | Coverage (%) | Of those vaccinated, number with no previous doses (n) |
|---------------------------------------|-------------------------|----------------|--------------|--|
| Aneurin Bevan University Health Board | 79,788 | 48,211 | 60.42 | 92 |
| Blaenau Gwent | 9,124 | 4,848 | 53.13 | 4 |
| Caerphilly | 23,039 | 13,252 | 57.52 | 14 |
| Monmouthshire | 16,182 | 11,827 | 73.09 | 49 |
| Newport | 18,477 | 10,629 | 57.53 | 19 |
| Torfaen | 12,966 | 7,655 | 59.04 | 6 |

Insight & Actions:

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

- COVID-19 autumn booster: Campaign commenced on 1st October, Performance data includes vaccinations given and recorded on the Welsh Immunisation System up to the end of 09/02/2026. Current performance of 60.42% puts ABUHB higher than the all Wales figure of 58.3%.



Embedding Prevention and Population Health in all that we do

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

Ministerial Delivery

Performance: 73.8% (as of 24/02/26)

Trajectory: 75% (Q4 25/26)

National target: 75%

| | | 65y and older | | |
|----------------------|--------------|---------------|-------------|------------|
| | | Immunised | Denominator | Uptake (%) |
| Aneurin Bevan UHB | Blaenau Gw.. | 10,757 | 15,185 | 70.8% |
| | Caerphilly | 28,585 | 39,151 | 73.0% |
| | Monmouths.. | 21,853 | 27,765 | 78.7% |
| | Newport | 20,941 | 29,126 | 71.9% |
| | Torfaen | 15,552 | 21,156 | 73.5% |
| | AB Total | 97,688 | 132,383 | 73.8% |

Insight & Actions:

Influenza vaccination: ABUHB performance for residents aged 65 years and older 73.8% as of 24th February, is higher than the all Wales figure of 72.8%. The campaign remains ongoing and a key focus for future campaigns will be to close the gap between the highest and lowest performing localities with regards to uptake. ABUHB staff vaccination has reached 46.41% as of 23rd February, which is an improvement when compared to the same period 12 months ago.



Embedding Prevention and Population Health in all that we do

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

Performance: 85.3% (Q2 25/26)

Trajectory: 89.0% (Q2 25/26)

National target: 95.0%

Ministerial Delivery



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

Performance: 67.9% (Q2 25/26)

Trajectory: 80.0% (Q2 25/26)

National target: 90.0%

Ministerial Delivery



Insight and Actions

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



Embedding Prevention and Population Health in all that we do

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

Performance: 4.5% (Q2 25/26)

Trajectory: 5.0% (Q2 25/26)

National target: 5.0%



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

Performance: 20.5% (Q2 25/26)

Trajectory: 24.0% (Q2 25/26)

National target: 40.0%



Insight and Actions

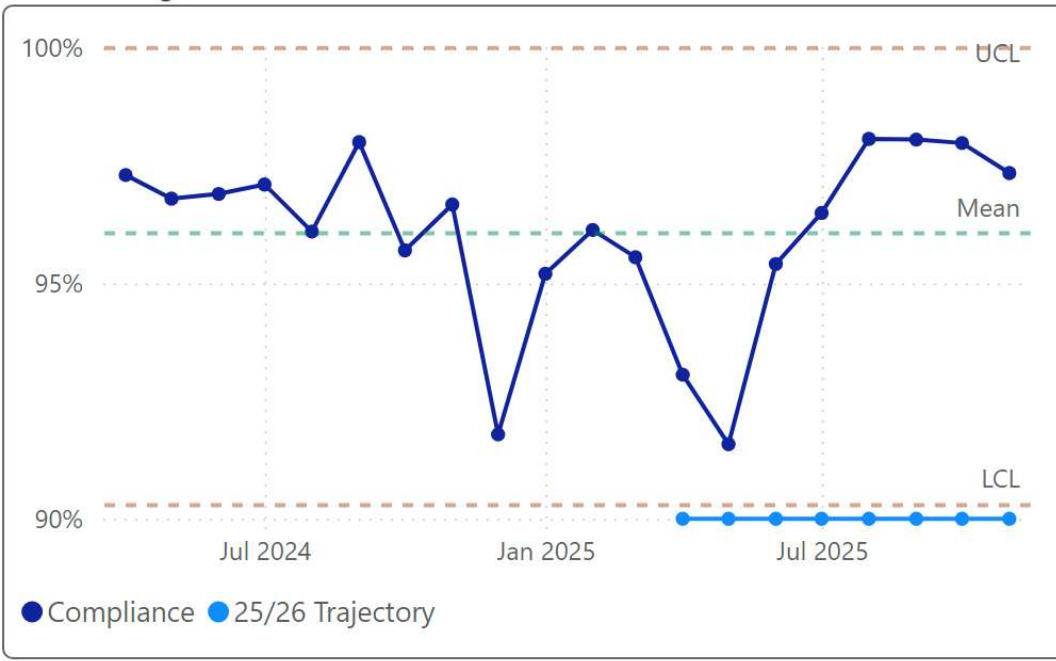
- Smoking cessation performance across the two measures are based on annualised targets, however, are presented here quarterly to give assurance on progress. In the first half of the year there have been 1,274 quit attempts, putting current performance at 4.36%. Of these attempts, 272 have been CO validated as quite at 4 weeks, putting current performance at 21.35%.

- As part of the public health commitment to delivering place-based care, behaviour change practitioners responsible for the Health Board’s smoking cessation service have been aligned to localities and will form a core component of integrated neighbourhood teams. A comprehensive improvement programme is underway, placing greater emphasis on supporting individuals to achieve carbon monoxide-validated quits at four weeks rather than relying on self-reported outcomes. This is being achieved by increasing community-based clinic capacity and ensuring that team members are given the opportunity to become embedded within their respective places and place-based teams. Work is also ongoing to ensure proportionate capacity is given to vulnerable populations at higher risk of tobacco related harm, e.g., those with mental health conditions, people with chronic conditions, pregnant women, and people at socio-economic disadvantage.

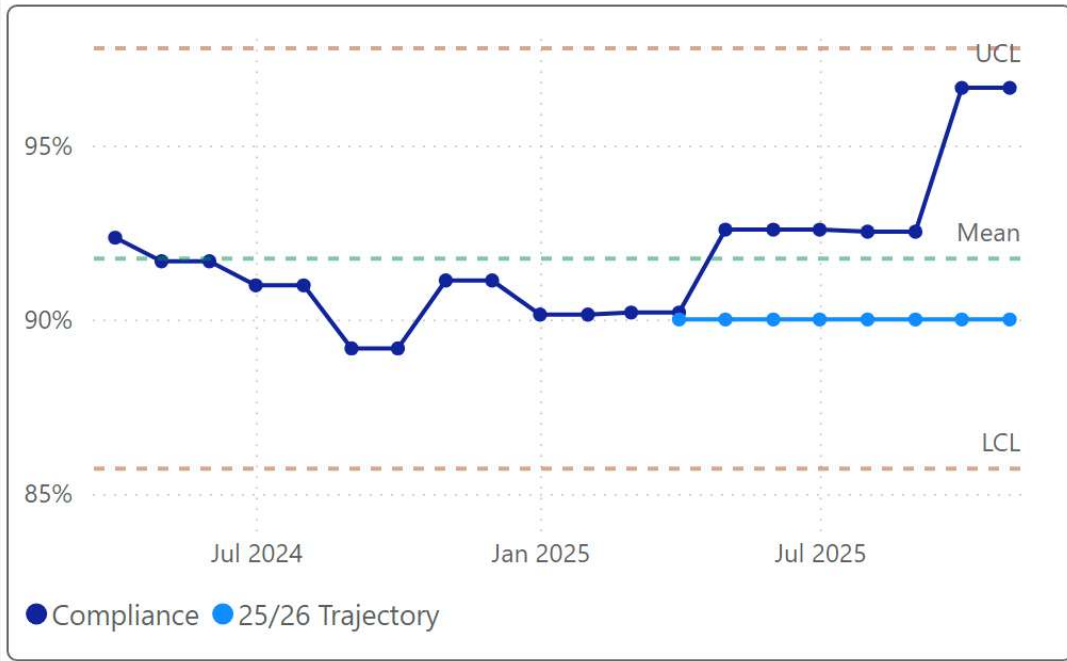


Embedding **Prevention** and Population Health in all that we do

Measure: Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks
 Performance: 97.3% (November 2025)
 Trajectory: 90.0% (November 2025)
 National target: 90.0%



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



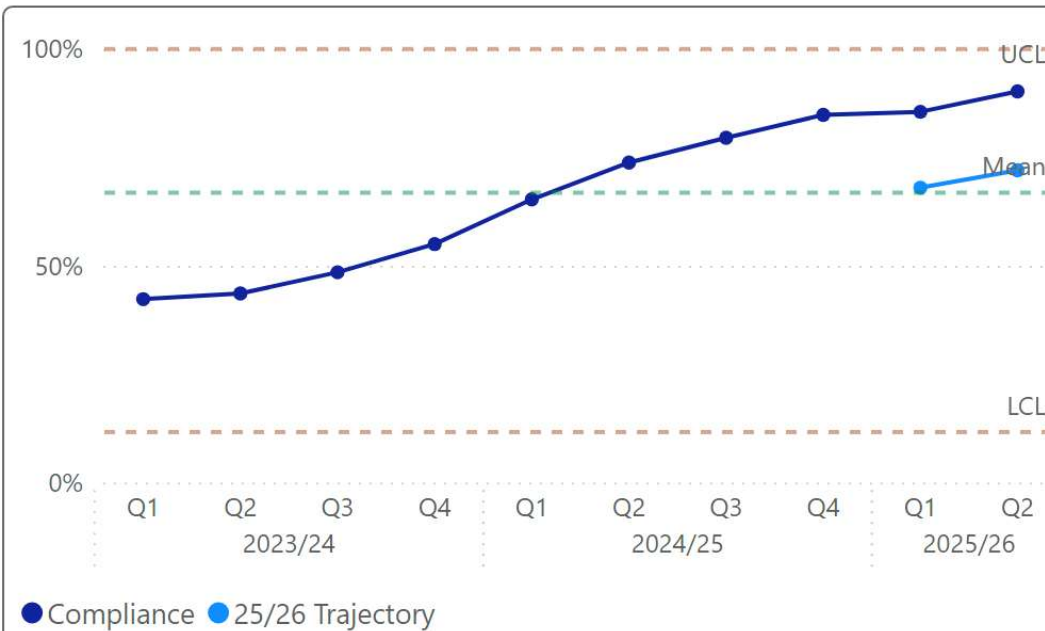
Insight and Actions

- Performance for both the new born hearing screening programme and the physical examination at 6 weeks remain above the national target through the course of 25/26 to date, with physical examinations at 6 weeks having increased by ~4% in the last two reportable months.



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

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



Measure: Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
 Performance: 44.3% (January 2026)
 Trajectory: 46.0% (January 2026)
 National target: None



Insight and Actions

- Weight and measurement at 8 weeks: Q2 performance increased to 90.2%, further consolidating consecutive quarterly improvement since 23/24.
- 8 Diabetes processes: Following the improvement in December performance to 45.7%, January performance decreased to 44.3%. Digital and physical engagement materials to improve UACR testing have been distributed across all GP practices in Gwent, leading to a 10% compliance increase in 9 of the 10 pilot practices, with wider rollout to pharmacies, community venues, transport providers and hospital sites. Over 300 Primary Care staff have been engaged through protected learning sessions, and a process-map review of the pilot practices has identified high- and low-value activities and examples of good practice for wider sharing. Performance for this individual check has improved to 66% as of Jan, from 62.6% at the start of 25/26. Performance for the individual diabetic foot surveillance check has remained relatively static through the course of 25/26 to date at ~66%. The monitoring of performance for these two, key individual checks will be included as performance measures in 26/27.



| Priority | Q3 Planned | Q3 Progress | Q3 Comments |
|--|--|----------------------------|--|
| Resilient Communities & Health Protection | Monitor delivery of all vaccinations and targeted intervention in areas with low uptake | Complete/On schedule | Promotion has taken place across General Practices to highlight the additional access to all vaccinations now available through the Vaccination Centre. A task and finish group has been established for February 2026 to address the low uptake of pre-school immunisations. |
| | Accelerate action to embed community interventions that tackle the wider determinants of health recognising the local need and deprivation | Complete/On schedule | Action to embed community based interventions that address wider determinants of health continues as part of the ongoing Neighbourhood Care Network area priorities, ensuring activity remains aligned with local need and levels of deprivation. |
| Best Start in Life | Produce the early years delivery plan including development of monitoring framework | Complete/On schedule | Leadership Group meetings have now taken place, alongside ongoing quarterly meetings of the Regional Best Start in Life (BSiL) Management Group. The Leadership Group has agreed a Gwent wide BSiL definition and set of ambitions, as well as the proposed structure for the Early Years Delivery Plan, which will focus on programme assurance, priorities and developing a community of practice. A full delivery plan is on track to be finalised during Q4. |
| Women's Health | Further develop service model to understand the financial and workforce implications whilst ensuring it fulfils the need of the local population | Complete/On schedule | The Women's Health Discovery Report has been completed and will inform decision making on the future hub design. Quarter 4 will be used to develop a robust project and implementation plan in response to the report's findings. Pathfinder hub projects continue to be implemented to shape a sustainable long term model. The Executive Committee has endorsed the development of a business case for the proposed pathfinder hub, with a focus on realigning existing resources. Work also continues to ensure women's health is appropriately aligned with the wider Place Based Care agenda. |
| Preventable Premature Mortality | Quarterly monitoring including evaluation of 12 week behaviour change programme and implement recommendations for improvement | Off track within tolerance | Delivery of the 12-week behaviour change programme continues to be affected by uncertainty around future funding, which is impacting upon programme delivery. In Quarter 3, 1,748 individuals were invited to participate, bringing the total invited to 4,354. Of these, 707 received an appointment in Q3, with a cumulative total of 1,769 appointments issued to date. This is broadly aligned with the original plan (794 offers and 556 appointments), and uptake continues to be monitored closely. Discussions have also commenced regarding the potential merger of the Diabetes Prevention Programme from 26/27. |



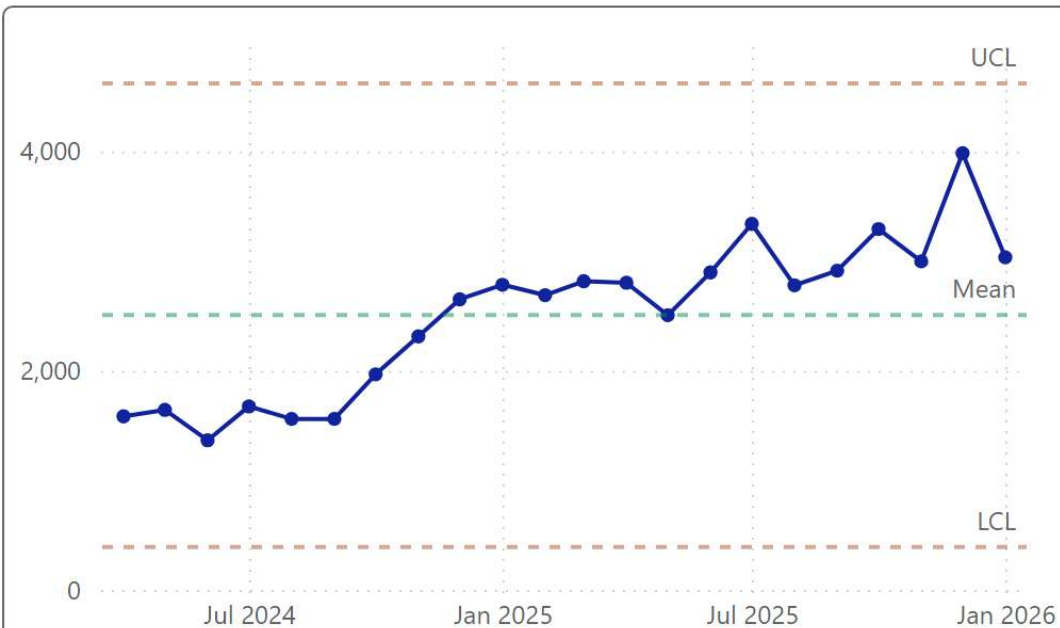
| Theme | Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|---|--|--------------------------|--|
| Progressing place based models of care and sustainability in primary and community services | Increase in people accessing PIPs where they would have visited their GP | 24,065 Mar-26 | 30,541 Jan-26 (Q4 Trajectory: 24,065) |
| | Maintain the number of consultations undertaken by community pharmacy under CAS | 79,553 Mar-26 | 73,836 Jan-26 (Q4 Trajectory: 79,553) |
| | Maintain the number of patients accessing NHS Optometry Services | 246,133 Mar-26 | 220,932 Jan-26 (Q4 Trajectory: 246,133) |
| | Number of patients accessing urgent emergency services - Dental | 43,153 Mar-26 | 32,770 Jan-26 (Q4 Trajectory: 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 | 128,347 Mar-26 | 75,940 Jan-26 (Q4 Trajectory: 128,347) |
| | Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 | 5,277 Mar-26 | 5,523 Jan-26 (Q4 Trajectory: 5,277) |
| | Maintain 95% of Palliative Care referrals assessed within 2 days | 95% Mar-26 | 91.0% Dec-25 (Dec-25 Trajectory: 95.0%) |
| | Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s | 8.5% Mar-26 | 8.0% Jan-26 (Jan-26 Trajectory: 8.5%) |



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

Measure: Increase in people accessing PIPs where they would have visited their GP
 Performance: 30,541 (January 2026)
 Trajectory: 24,065 (Q4 25/26)
 National target: None

Ministerial Delivery



Measure: Maintain the number of consultations undertaken by community pharmacy under CAS
 Performance: 73,836 (January 2026)
 Trajectory: 79,553 (Q4 25/26)
 National target: None



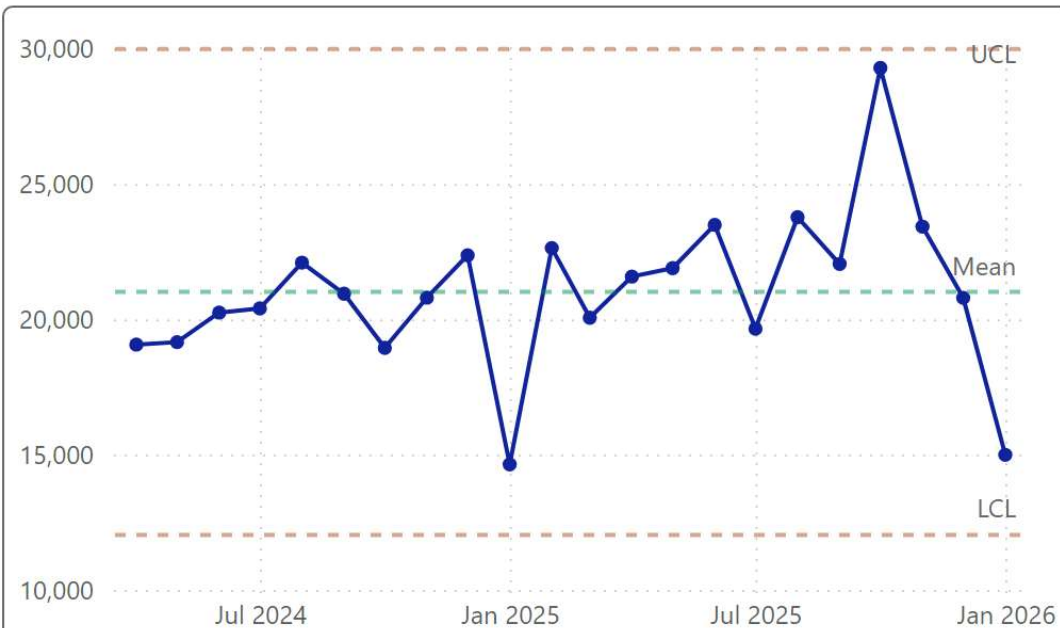
Insight and Actions

- Pharmacist Independent Prescribing Service (PIPS): PIPs consultations continue to deliver significantly ahead of trajectory, having delivered over 127% of annualised target with two reporting months left in the year. The number of Community Pharmacies providing the PIPs service has increased to 65 (from 49 in April), which represents just over 50% of the total.
- Common Ailment Scheme (CAS): CAS claims remain on track against trajectory as of January, having achieved 92.8% of the annualised target with two reporting months left in the year. The volume of monthly Sore Throat Test & Treat (STTT) and Urinary Tract Infection (UTI) consultations undertaken under the CAS scheme have each doubled through the course of 25/26 to date.
- More broadly on these measures, PIPS and CAS contacts continue to increase following an extension to the clinical conditions feasibly managed by the service and a successful public awareness campaign. It is anticipated that activity will continue to grow but at a lower rate in the coming years as we approach the ceiling for CAS in particular.

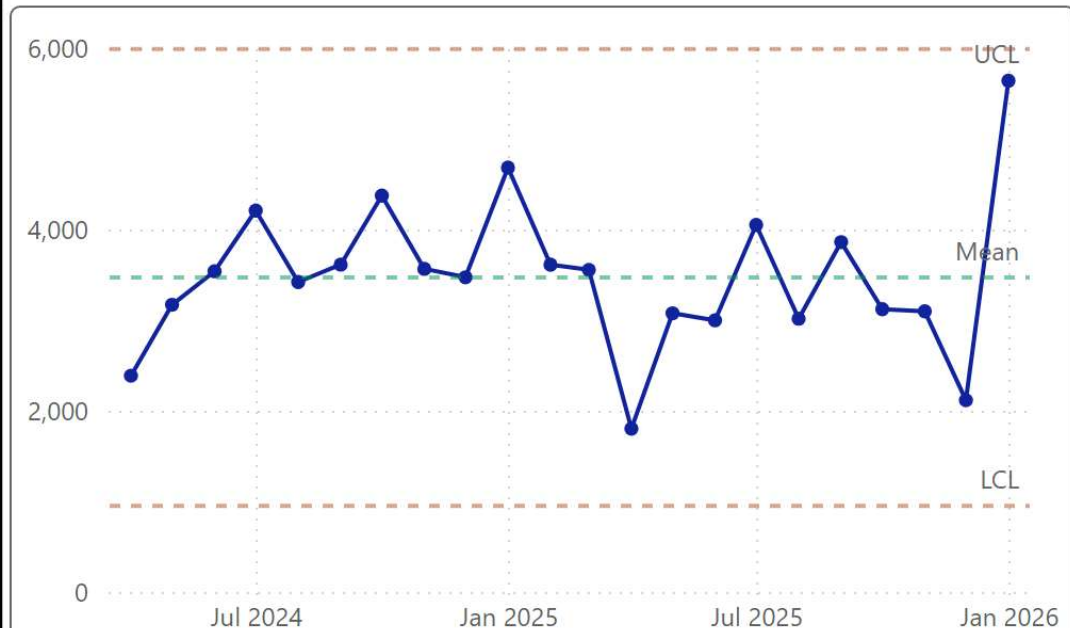


Progressing place based models of care and sustainability in primary and community services

Measure: Maintain the number of patients accessing NHS Optometry Services
 Performance: 220,932 (January 2026)
 Trajectory: 246,133 (Q4 25/26)
 National target: None



Measure: Number of patients accessing urgent emergency services - Dental
 Performance: 32,770 (January 2026)
 Trajectory: 43,153 (Q4 25/26)
 National target: None



Insight and Actions

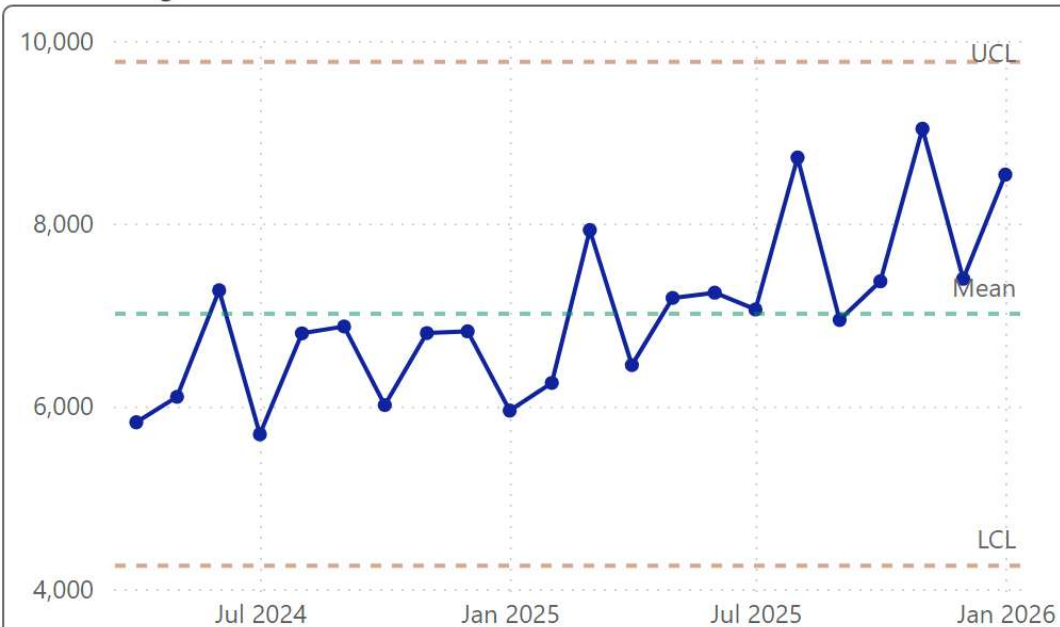
- Optometry Services: Decrease in January is an observable trend in previous year, with overall performance in year to date remaining on track to meet trajectory. The new WGOS 4 and WGOS 5 pathways, which target patients presenting with higher clinical risk who would otherwise require hospital care, make the best use of new independent prescribing models available to providers of the service. Work is commencing with Ophthalmology Services now to understand what impact this might be having on their referral rates and waiting lists. A monitoring and assurance visiting programme has been devised where all practices will be offered a visit on a 3-year cycle, targeted visits determined through reviewing the data. Health Board wide proactive engagement events that have been held with the profession, specific to WGOS 4 and WGOS 5 pathways and E-Referral Solutions.
- Emergency Dental: Patients accessing urgent dental services saw a significant increase in January, potentially as a result of the new contract announcement and subsequent press coverage which may have driven the demand. This has helped to close the gap against the IMTP trajectory; however the final two months of the year would require similar levels of activity to that of January in order to deliver the planned volume.



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

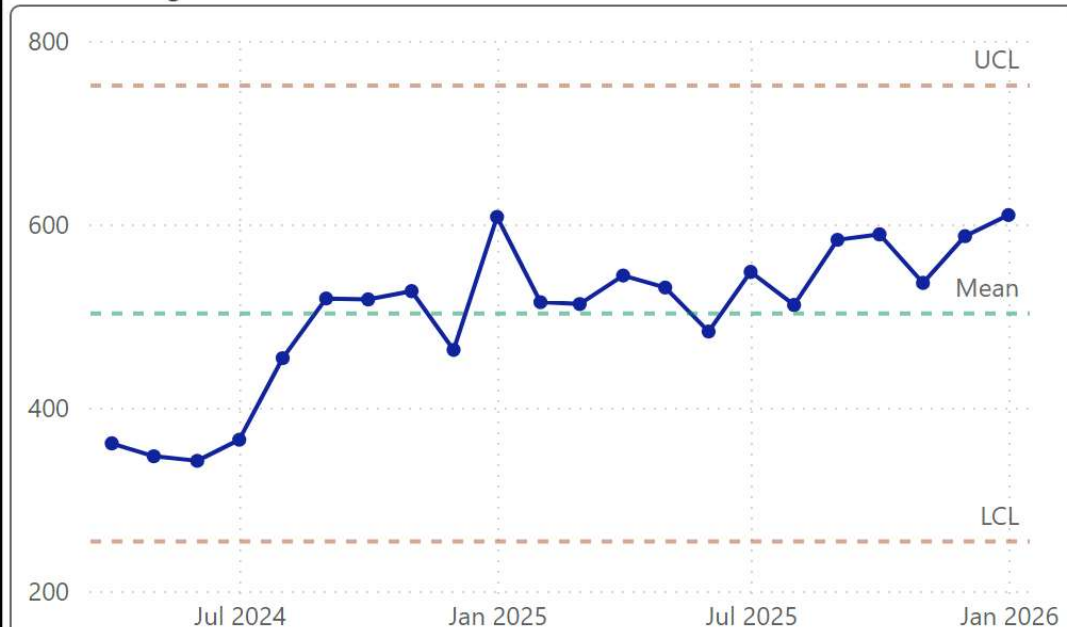
Measure: Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25
 Performance: 75,940 (January 2026)
 Trajectory: 128,347 (Q4 25/26)
 National target: None

Ministerial Delivery



Measure: Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25
 Performance: 5,523 (January 2026)
 Trajectory: 5,277 (Q4 25/26)
 National target: None

Ministerial Delivery



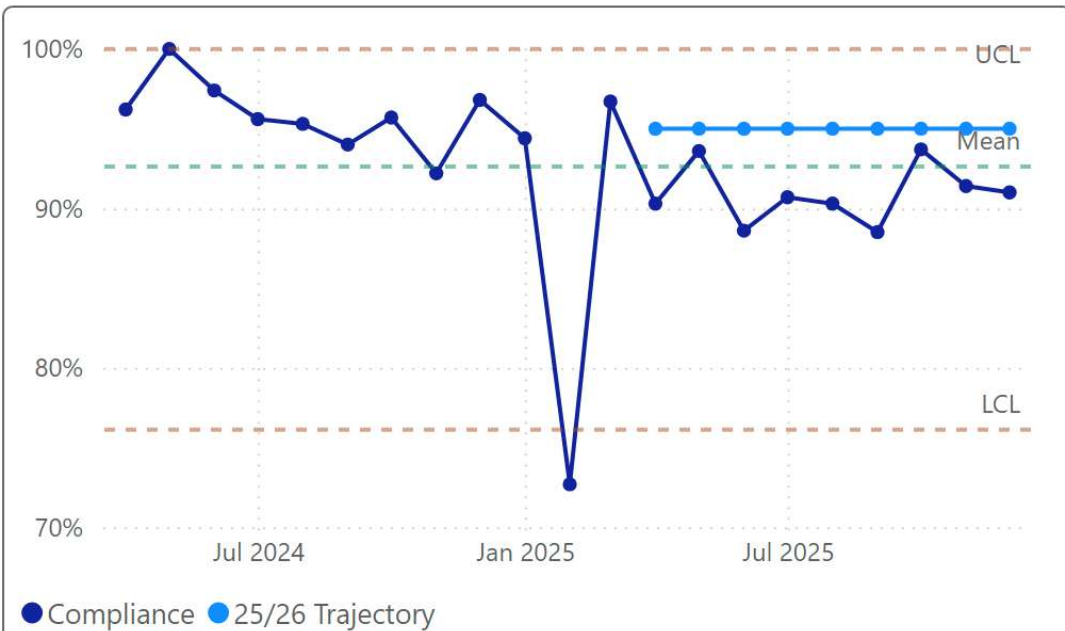
Insight and Actions

- Community Nursing: Current performance remains significantly behind the expected trajectory. Ministerial expectations require that weekend activity reaches 80% of an average weekday level. Although weekend activity as a proportion of total activity is increasing, achieving the ministerial measure from a volume perspective would demand a significant shift in service delivery towards weekends. It is however positive that weekend activity continues to trend upwards since January '25.
- Enhanced Community Care (ECC): Accepted ECC referrals continue to trend upwards, with the annual, planned volume having been exceeded in January. The ABUHB services included within the national definition comprise Rapid Response across the five boroughs, the Ready to Go Ward at RGH, and Emergency Care at Home in Caerphilly.



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

Measure: Maintain 95% of Palliative Care referrals assessed within 2 days
 Performance: 91.0% (December 2025)
 Trajectory: 95.0% (December 2025)
 National target: 95.0%



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



Insight and Actions

- Palliative Care: Following the implementation of the national system to complete Specialist Palliative Care forms in Welsh Clinical Portal (WCP), there was an issue with the reporting capabilities. This has now been resolved, and past data has been validated. Performance has decreased through 25/26 and is marginally below trajectory. This is a result of a significant increase in demand, as well as having to manage periodic constraints on capacity due to workforce issues.
- GP referrals to Rapid Response: Performance over the past 18 months has fluctuated but the overall proportion has remained relatively stable, with a median value of 8%. There has been a noticeable increase in referrals to Rapid Response services from both front-door, back-door and community pathways, while GP referrals have remained more static. Medical assessment demand has been particularly high through the winter months.



| Priority | Q3 Planned | Q3 Progress | Q3 Comments |
|---|---|----------------------------|--|
| Rightsizing of Commissioned Care | On-going review of all placements and addressing any areas where targeted support is needed | Complete/On schedule | Monitoring and review of all placements has been completed, with targeted support provided wherever it is required. The introduction of Care Cube (proposed May 26) will allow further specific discussions around costs. |
| Access & Sustainability | Implementation of new and revised clinical pathways for Primary Care Optometry services | Complete/On schedule | We have implemented an Interim Electronic Referral System pending roll out of the national platform commencing in March 26. All five revised clinical pathways (WGOS) have been developed and are available. Further development and refinement needed of WGOS4 deflection pathway and WGOS 4 Glaucoma monitoring required. 3 Optometrists and 2 administrative staff were appointed through Transformation Funding and supported the roll out of WGOS 4 Monitoring Services. Successful transition of Primary Care providers previously commissioned through ODTTC (Ophthalmic Diagnostic Treatment Centre) |
| Focus on Community Pathways | Working in partnership with Acute services develop prioritised workplan for pathway development that shifts care from an acute setting | Off track within tolerance | Clinical Implementation Groups are not yet operating as intended. A SBAR paper has been developed to support discussions between medical, operational and planning leadership teams regarding the future approach. |
| Place Based Care | 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 | Off track within tolerance | <p>Progress remains dependent on securing funding to appoint to all required posts. A number of boroughs have some national and regional funding and have begun developing place-based initiatives, however wider spread is limited by financial constraints.</p> <p>Work continues to align Neighbourhood Care Networks (NCN) and Integrated Wellbeing Networks (IWN) through strong system partnerships. IWN leads have established Wellbeing Collaboratives in specific communities, bringing together the Health Board, Local Authority, Third-sector organisations, community groups, volunteers and community leaders to support the place-based care model.</p> |



| Theme | Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|--|--|-------------------------|--|
| Improving our Urgent and emergency care system focusing on experience, access and discharge pathways | Reduce the number of ambulance patient handovers over 1 hour | 500 Mar-26 | 687 Feb-26 (Feb-26 Trajectory: 578) |
| | Reduce the number of ambulance crew hours lost at GUH ED (per month) | 2,500 Mar-26 | 2,302 Feb-26 (Feb-26 Trajectory: 2,750) |
| | 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 | 750 Mar-26 | 1,089 Feb-26 (Feb-26 Trajectory: 731) |
| | Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU | 80% Mar-26 | 73.3% Feb-26 (Feb-26 Trajectory: 80%) |
| | Reduction in time from arrival to ED triage - no waits over 60 minutes | 200 Mar-26 | 343 Feb-26 (Feb-26 Trajectory: 250) |
| | 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. | 60 Mar-26 | 136 Feb-26 (Feb-26 Trajectory: 70) |
| | Maintain the number of Urgent Primary Care contacts (inc. virtual) | 95,147 Mar-26 | 80,564 Jan-26 (Q4 Trajectory: 95,147) |
| | % of patients directly admitted to an acute stroke ward <4hrs of clock start | 20% Mar-26 | 1.2% Q2 25/26 (Q2 Trajectory: 20.0%) |
| | % of unique stroke patients given thrombectomy (all stroke types) | 6% Mar-26 | 1.8% Q2 25/26 (Q2 Trajectory: 6.0%) |



| Theme | Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|---|--|-----------------------|--|
| Improving our Urgent and emergency care system focusing on experience, access and discharge pathways | % Assessed by OT within 24 hours | | 21.9% Jan-26 |
| | % Assessed by PT within 24 hours | | 18.8% Jan-26 |
| | % Assessed by SaLT within 72 hours | | 75.8% Jan-26 |
| | Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard | 160 Mar-26 | 180 Feb-26 (Feb-26 Trajectory: 170) |
| | Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard | 6437 Mar-26 | 6,165 Feb-26 (Feb-26 Trajectory: 7,184) |
| | Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment | 12 Mar-26 | 13 Feb-26 (Feb-26 Trajectory: 14) |
| | Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission | 370 Mar-26 | 445 Jan-26 (Jan-26 Trajectory: 380) |



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

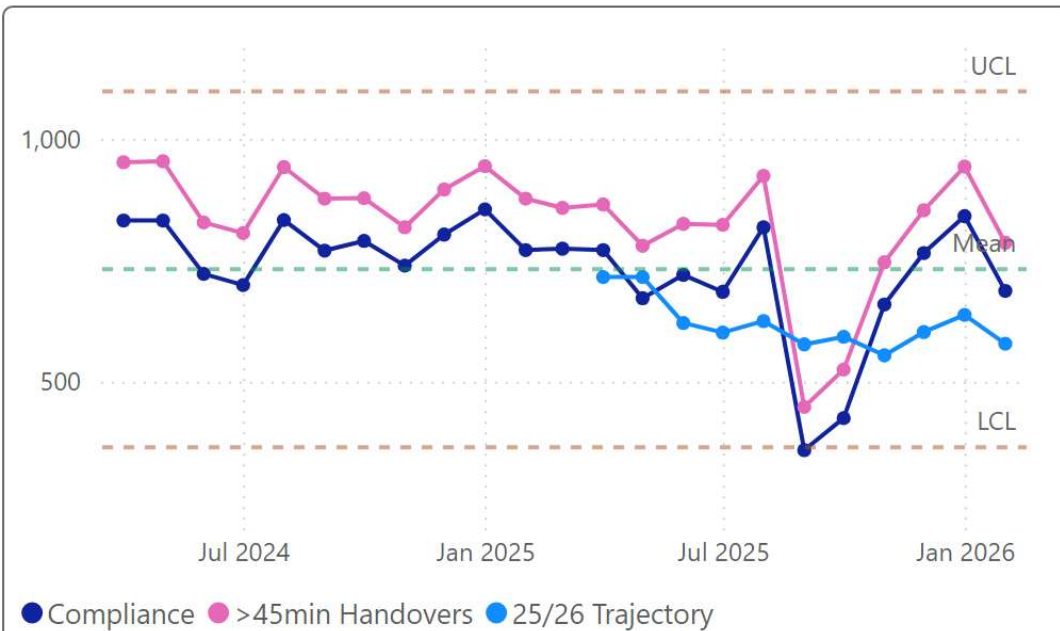
Measure: Reduce the number of ambulance patient handovers over 1 hour

Performance: 687 (February 2026)

Trajectory: 578 (February 2026)

National target: 0

Ministerial Delivery



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

Performance: 2,302 (February 2026)

Trajectory: 2,750 (February 2026)

National target: None



Insight and Actions

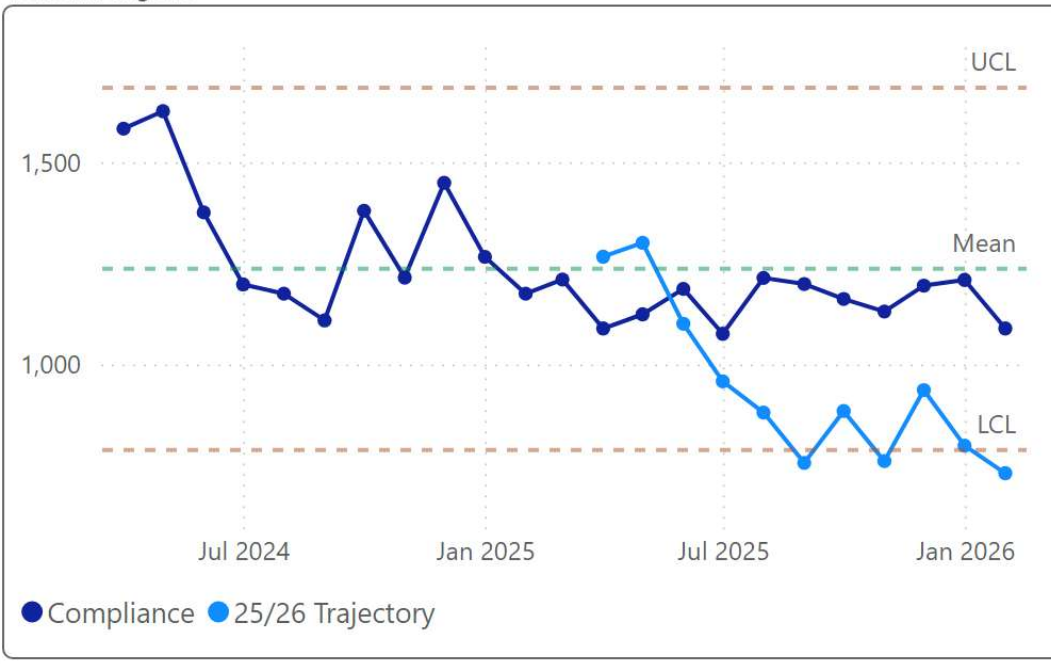
- Ambulance handovers and lost hours: Performance for handover over 1 hour and over 45 minutes reflects the trajectory, albeit at higher levels than planned, with breaches reducing from peak winter pressures across the system. Overall handovers have been higher in line with the demand driven pressure across the system. When looking at performance through a compliance lens, GUH ED achieved 47.4% of handover within 45 minutes and across all sites and locations compliance was 52.1%. Lost hours at GUH continues to deliver below the trajectory set out in the IMTP. The Health Board is having a reset and relaunch of the Our Next Patient initiative, and a staged improvement plan has been set out with monthly targets for handover times and performance against the 45-minute standard, supported by clear actions to increase discharges and patient moves each hour. The plan includes an initial reset phase to re-establish standards and roles, followed by divisional ownership of delivery supported by clinical and executive leaders. All improvement projects are benefits-mapped to ensure that local changes translate into system-wide gains in handover performance, flow, length of stay and patient experience.



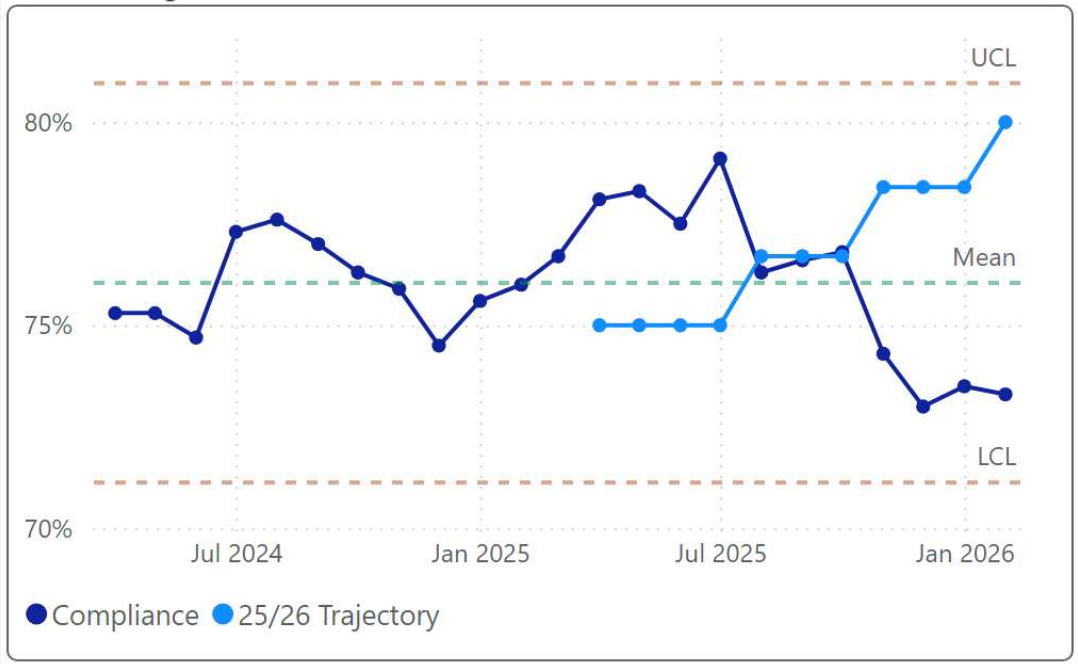
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero
 Performance: 1,089 (February 2026)
 Trajectory: 731 (February 2026)
 National target: 0

Ministerial Delivery



Measure: Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU
 Performance: 73.3% (February 2026)
 Trajectory: 80.0% (February 2026)
 National target: 95.0%



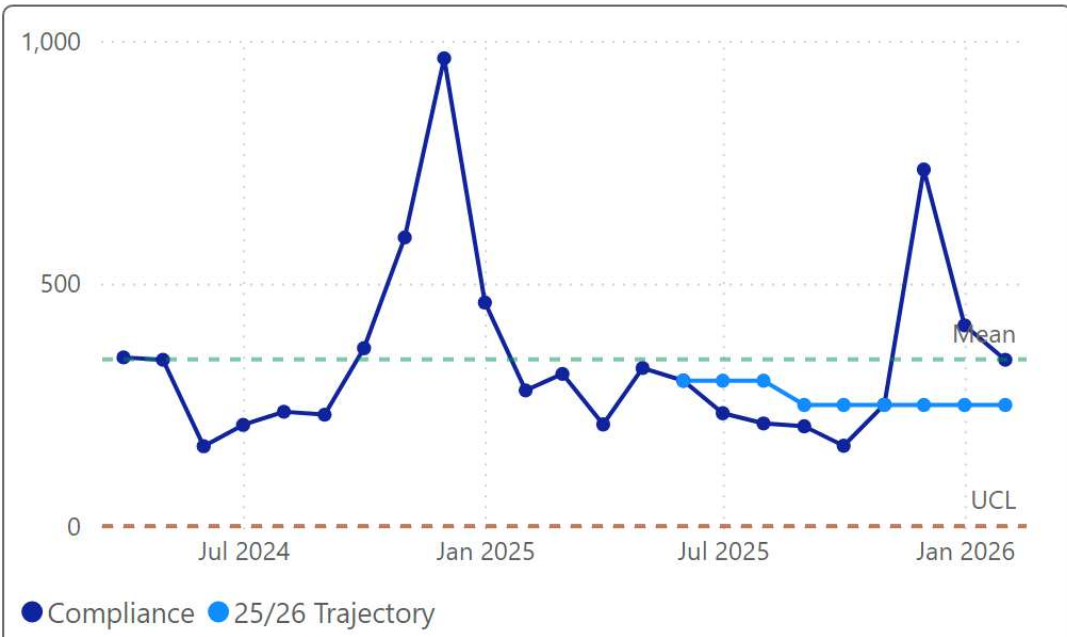
Insight and Actions

- 12hr ED/MIU and 4hr compliance: 12 hour ED/MIU performance has shown greater stability throughout 2025, with compliance averaging between 92% and 93% through the course of 25/26 to date, and 1,089 breaches recorded in February 2026. Although this represents improved consistency compared to previous periods, weekly fluctuations continue, largely influenced by delays in specialty responses, high bed occupancy, and ongoing constraints on patient flow across the wider system. To achieve further reductions in breach volumes, sustained attention on earlier specialty moves, improved inpatient throughput, and maintaining continuous flow throughout the ED and downstream wards remains critical. This will all be supported by the ONP relaunch. 4hr compliance has been more challenged through the Winter period, as demand driven pressures on all parts UEC system have impacted the ability to enact timely reviews and moves.

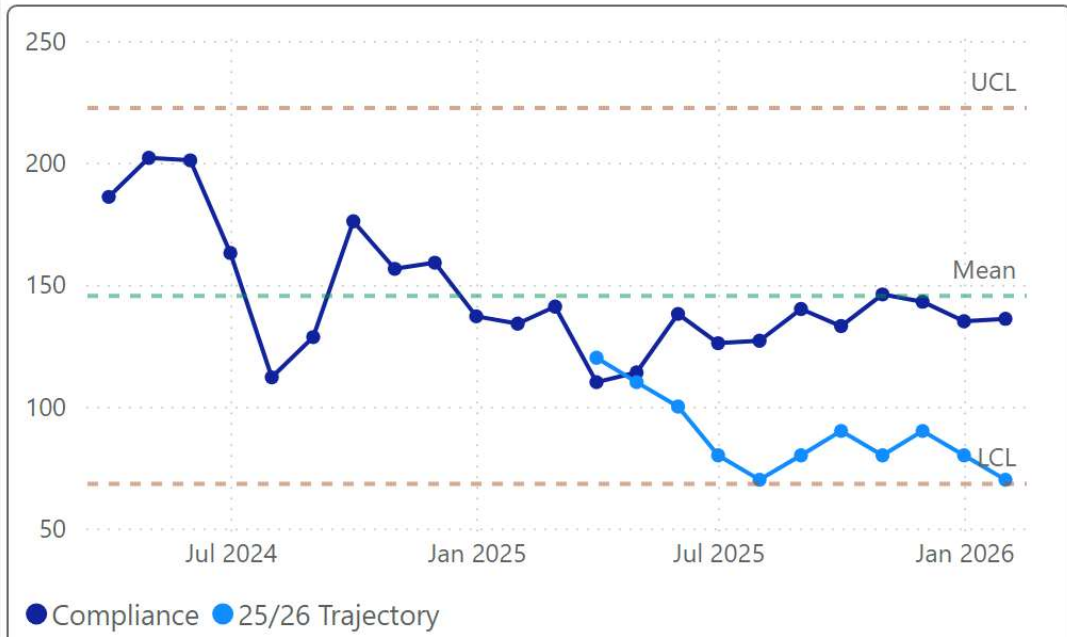


Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Reduction in time from arrival to ED triage - no waits over 60 minutes
 Performance: 343 (February 2026)
 Trajectory: 250 (February 2026)
 National target: None



Measure: Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes and maintained for three months.
 Performance: 136 (February 2026)
 Trajectory: 70 (February 2026)
 National target: 60



Organisational Escalation

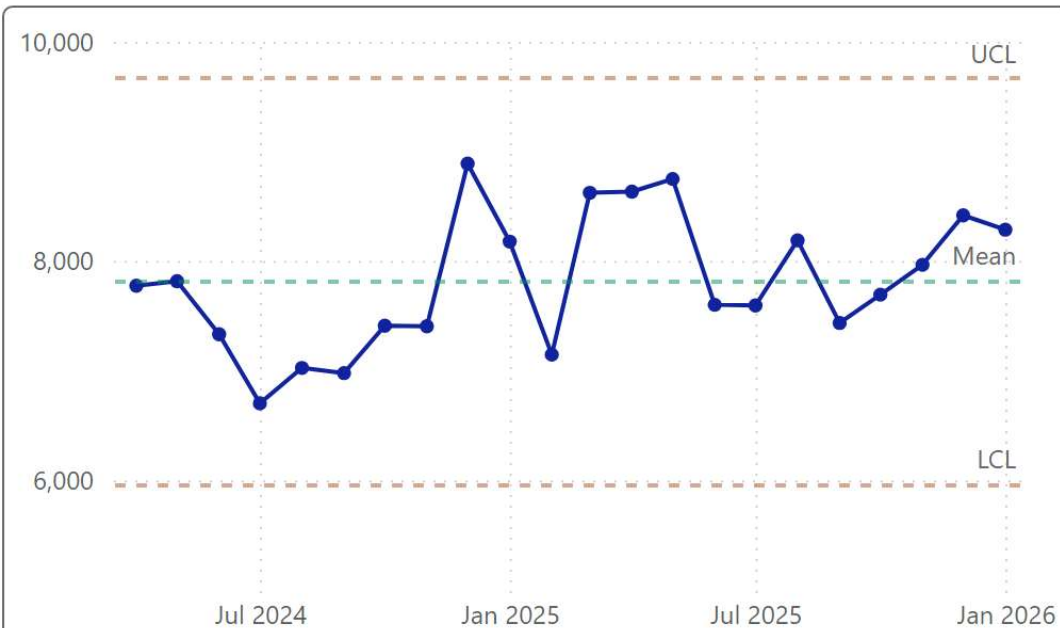
Insight and Actions

- Triage & Wait to Be Seen (WTBS): waits of >60 minute triage continue to reduce from the December spike, however they remain above trajectory. Wait to be seen has improved from 24/25, however it has remained relatively consistent through the course of the year to date and well in excess of the IMTP trajectory. To embed a stronger continuous-flow discipline across the Emergency Department, daily huddles are being strengthened and used as a mechanism to drive early patient movement, helping to prevent congestion within majors and assessment areas before it develops. Maintaining reliable, timely decision-making is equally important, with ED teams applying the Our Next Patient Protocol to minimise avoidable delays and keep patients progressing through each stage of the pathway. Improving daytime assessment capacity is also be key, building on ongoing clinician role redesign and more effective Senior Rapid Assessment & Treatment (SRAT) rostering to ensure that assessment spaces are used to their maximum potential, reducing the delays that contribute to WTBS pressures. Finally, protecting cubicle availability overnight is essential, with enforcement of ONP escalation and adhering to boarding protocols so that clinical areas do not become blocked, helping to avoid the deterioration in WTBS performance when overnight capacity is challenged.



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

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



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



Insight and Actions

- Urgent Primary Care (UPC): UPC contacts remain on track to deliver against annual forecast, with increased contacts through the winter period to support system pressures.
- Stroke 4hr target: Q2 25/26 SSNAP data released showing further decrease in performance in direct admission to acute stroke ward within four hours, at 1.2% in Q2. The Division have investigated and there has been a data processing error which has depressed true performance. That said, analysis from October and November data (unvalidated) however suggests a significantly improving picture, with performance more in line with the IMTP trajectory of around 20%. It remains true that if a patient goes to the Acute Medical Unit at GUH before going onto the Stroke Ward within four hours, the SSNAP data does not count this as meeting this performance target due to not being a direct admission; this operational distinction will continue to play some part in limiting improved performance.
- More broadly on Stroke, the inpatient rehabilitation engagement exercise has now concluded, with its report due to be considered by the Executive Committee on 12th March; depending on the outcome, further formal consultation and a subsequent Board decision may be required, subject to advice from Llais.

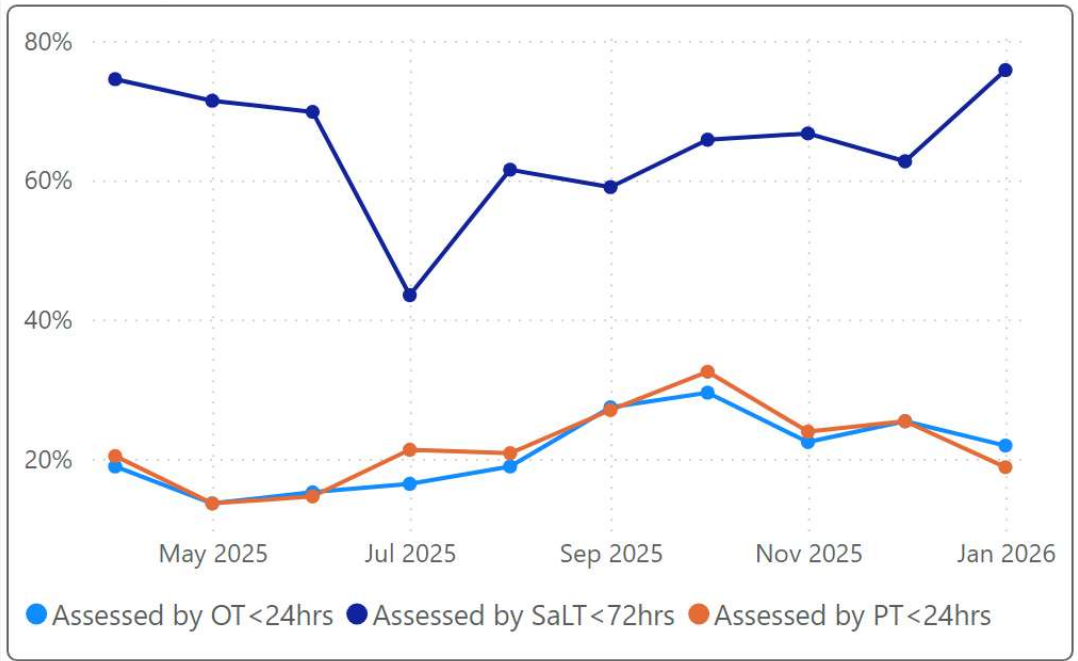


Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

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



Measure: % Assessed by OT <24hrs, PT <24hrs, SaLT <72hrs
 Performance: 21.9% OT <24hrs, 18.8% PT <24hrs, 75.8% SaLT <72hrs (January 2026)
 Trajectory:
 National target: None



Insight and Actions

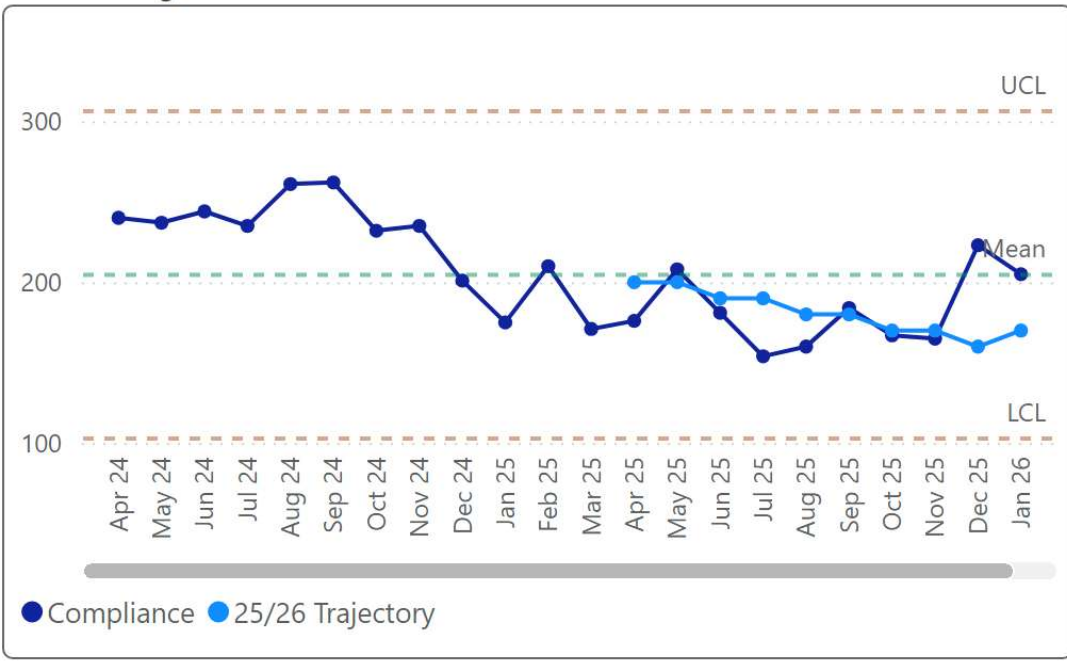
- Stroke thrombectomy: The position is taken from the latest SSNAP data, thrombectomy rates decreased in Q1 to 1.8% and well below the Q2 trajectory of (6%). A recent JCC letter has emphasised the need to improve thrombectomy rates nationally, and AB is closely monitoring its position, supported by strong operational links with both Bristol and the new Cardiff service. Although AB's conversion rate from referral to treatment remains high, suggesting good identification of suitable patients, front-door stroke processes such as scan times, consultant review and stroke-ward access continue to require improvement to support faster thrombectomy access.-
- Stroke therapies: The IMTP measure is assessment by one of OT, PT and SaLT within 24hrs, however the national measure is split out into 3, with assessment by OT and PT within 24hrs and assessment by SaLT within 72hrs. To align with this way of reporting, all three measures are now presented in the above graph with performance sourced from the new national stroke dashboard. SaLT compliance has recovered somewhat from the low in July, with PT and OT closely aligned and on an overall improvement trend through the course of the year to date.



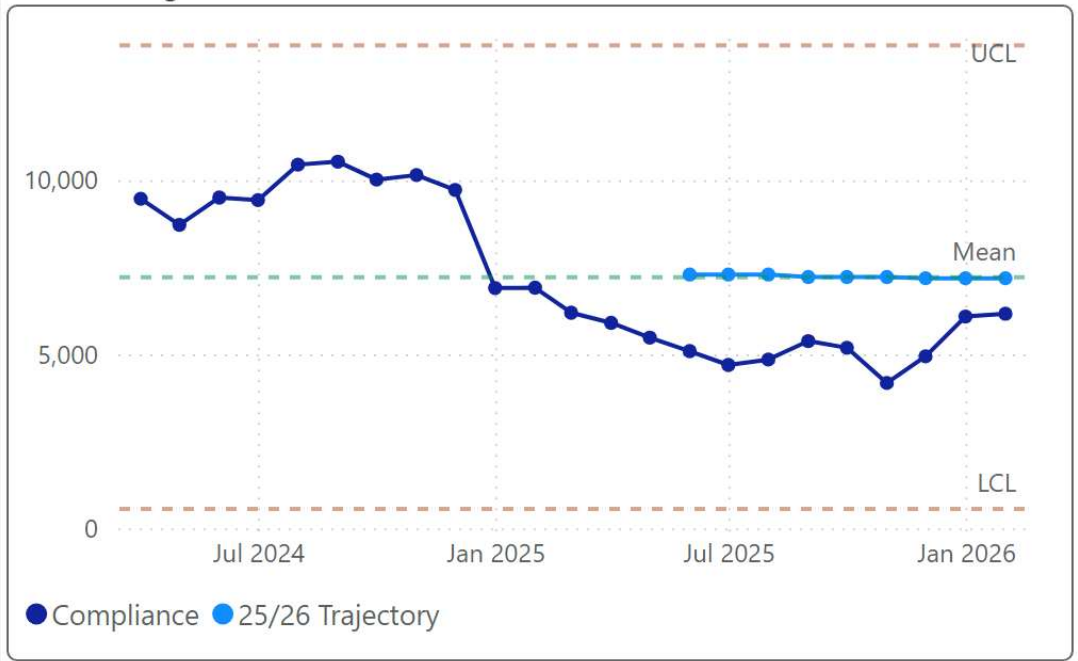
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard
 Performance: 180 (February 2026)
 Trajectory: 170 (February 2026)
 National target: None

Ministerial Delivery



Measure: Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard
 Performance: 6,165 (February 2026)
 Trajectory: 7,184 (February 2026)
 National target: None



Insight and Actions

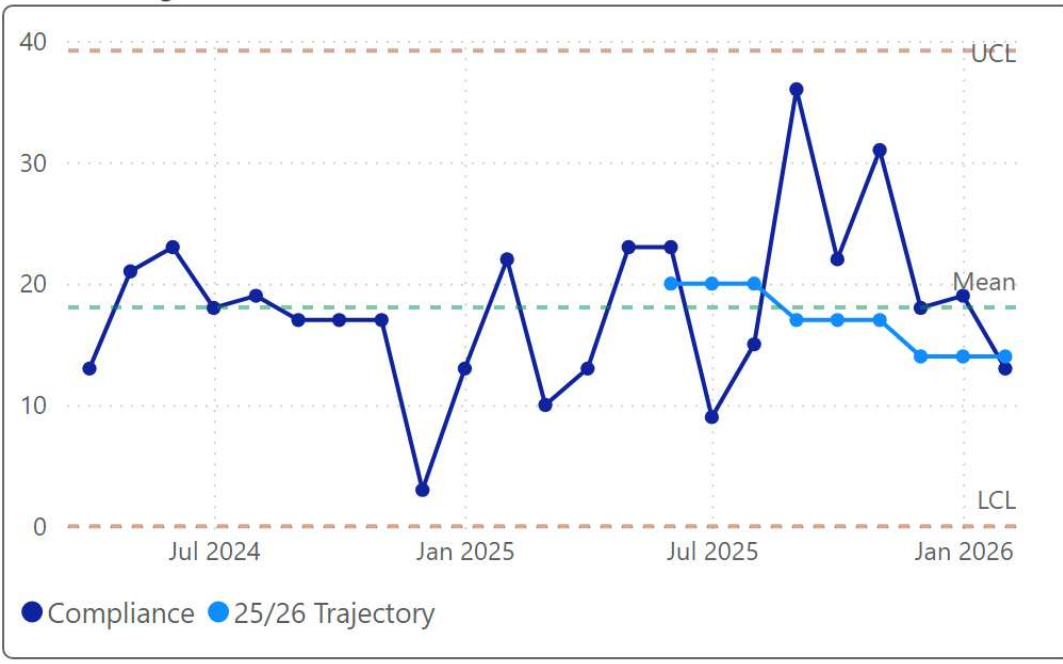
- Pathway of Care Delays (POCDs): Following the significant increase in the December position to 223 and above the IMTP trajectory, performance improved over the subsequent two reportable months with the February census recording 180 POCDs and only marginally above trajectory (170). Conversely, POCDs by total days delayed are at their highest levels for 6 months although they remain below IMTP trajectory and remain substantially lower than levels in 2024. Significant, operational focus continues on reviewing the longest staying patients, as well as new processes in place across Divisions to improve the accuracy of Estimated Discharge Dates (EDDs) and the recording of reasons that are preventing patients moving to the next step of the discharge planning process.



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

Measure: Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment
 Performance: 13 (February 2026)
 Trajectory: 14 (February 2026)
 National target: None

Organisational Escalation



Measure: Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission
 Performance: 445 (January 2026)
 Trajectory: 380 (January 2026)
 National target: None

Organisational Escalation



Insight and Actions

- POCD subset: The POCD subset measure, which is a condition of UEC enhanced monitoring status, is above trajectory having seen a significant increase in September. POCDs have remained higher in the following months, however the December, January and February censuses saw delays related to awaiting completion of nursing assessment have the biggest reduction of all reason codes (17 to 4) with performance now meeting the IMTP trajectory and de-escalation criteria for this measure.
- 21 day+ Length of Stay: another measure as part of UEC enhanced monitoring status, performance has begun to trend upwards through the summer as would be anticipated, when considering seasonality and increases in acuity. This cohort increased in December & January to significantly above trajectory, reflective of the medical demand and increased acuity that has been experience through the Winter period. Operational Length of Stay meetings have had a renewed focus through the Our Next Patient initiative as there is organisational recognition of the need to effectively manage this patient cohort to enable whole system flow.



| Priority | Q3 Planned | Q3 Progress | Q3 Comments |
|--|--|----------------------------|---|
| Admission Avoidance (Goal 1) | Further roll out of the diabetes recognition of deterioration programme across all care homes | Complete/On schedule | Upskilling care home staff to recognise red flags in residents with deteriorating diabetes is being supported through the development of a new Directory of Services, which outlines the support and training available to care homes which aids further roll-out via the training modules available on the AB Diabetes Care padlet. The AB Diabetes Team provides an in-reach service via GP referral, allocating a Diabetes Specialist Nurse to help prevent unnecessary hospital admissions where appropriate. If residents are admitted, the DICE (Diabetes Inpatient Care and Education) Team supports patients to manage their diabetes during their stay, contributing to safe discharge planning and reducing the risk of re-admission. |
| Integrated Front Door (Goals 2,3 & 4) | Develop an improved community falls response, linking to Gwent Telehealth | Complete/On schedule | Following the successful initial care home education and training initiative, a bid was submitted to Six Goals funding to increase the number of care home participation. Additional funding secured via RIF to improve capacity of the enhanced community falls response service in Gwent. Working with WAST to maximize impact of the level 2 response. Programme established to improve navigation and hospital response timeliness for non-injurious falls patients |
| Integrated Back Door (Goals 5 & 6) | Progress Trusted Assessor model working with Local Authorities across Gwent | Off track within tolerance | Continuing to roll out the optimal hospital flow framework and criteria led discharge with implementation at Royal Gwent Hospital and Community Hospital sites ensuring a focus on timely discharge. Continuing to hold weekly meetings focus on long delays and complex discharges with partners. |
| Medical Service Redesign | Implementation of new service model at Royal Gwent Hospital (RGH) ahead of Winter | Off track within tolerance | Analysis of tabletop data and identification of improvement opportunities completed which will be supplemented with further data modelling to inform future service model. This intelligence had informed a review of the options appraisal to define the optimal model recognising the interdependencies with the Older Person Pathway. |
| | Progress Development of future service model for Frailty & Care of the Elderly reconfiguration | Complete/On schedule | Older Person Pathway work ongoing, working with clinical teams to define the clinical criteria at each stage of the pathway, ahead of Board session in March. Establishment of two workstreams, with identified leads and undertaken review of best practice models from Swansea, Leicester and Bristol. |



| Theme | Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|---|--|-------------------------------|--|
| Continuing to prioritise cancer, urgent and the longest waiting patients for planned care | 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | 70% Mar-26 | 55.9% Jan-26 (Jan-26 Trajectory: 69.0%) |
| | Reduction in backlog of patients waiting over 62 days (SCP) | 200 Mar-26 | 344 Jan-26 (Jan-26 Trajectory: 220) |
| | Reduction in backlog of patients waiting over 104 days (SCP) | 50 Mar-26 | 95 Jan-26 (Jan-26 Trajectory: 55) |
| | Increase in rate of cancer diagnosis or discharges within 28 days | 75% Mar-26 | 86.9% Jan-26 (Jan-26 Trajectory: 75.0%) |
| | Numbers of patients waiting over 104 weeks (all stages) | 3,291 (IMTP) Mar-26 | 434 Jan-26 (Jan-26 Funded Trajectory: 459) |
| | Number of patients waiting over 52 weeks for Outpatients | 18,095 Mar-26 | 3,779 Jan-26 (Jan-26 EoY Trajectory: 4,237) |
| | Reduction in the number of patients waiting 100% past Outpatient follow-up target date | 27,275 Mar-26 | 31,478 Jan-26 (Jan-26 Trajectory: 28,750) |
| | Increase in the rate of See On Symptom and Patient Initiated Follow-ups | 13.5% Mar-26 | 11.6% Jan-26 (Jan-26 Trajectory: 13.0%) |
| | Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA | 5% Mar-26 | 5.2% Jan-26 (Jan-26 Trajectory: 5.0%) |



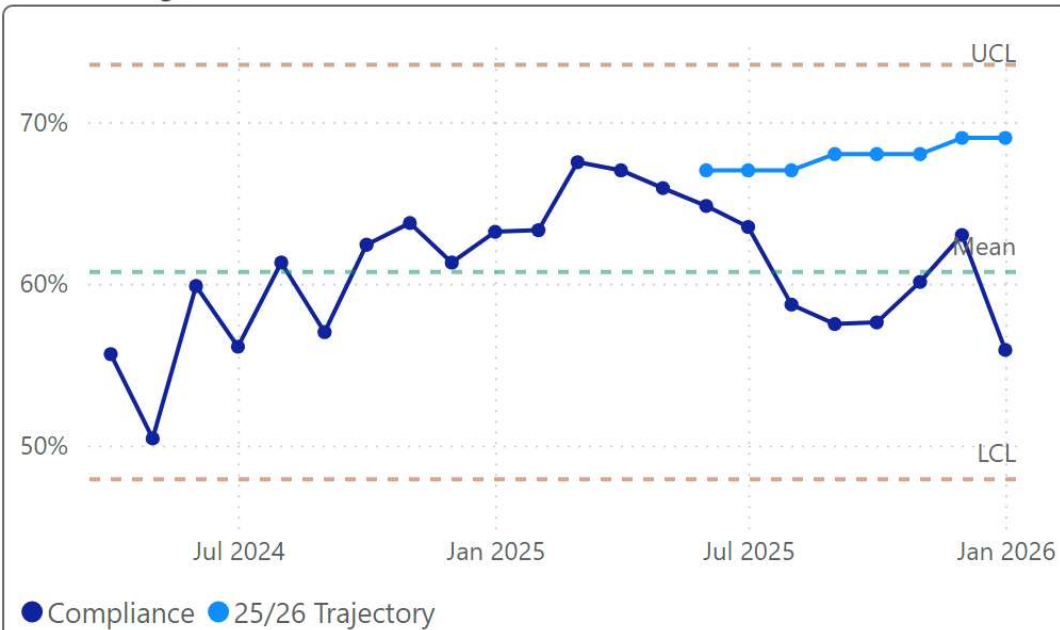
| Theme | Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|---|---|------------------------|--|
| Continuing to prioritise cancer, urgent and the longest waiting patients for planned care | Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic | 1,077 Mar-26 | 2,387 Jan-26 (Jan-26 Trajectory: 1,077) |
| | Number of adults waiting more than 14 weeks for all audiology pathways | 5,440 Mar-26 | 5,628 Jan-26 (Jan-26 Trajectory: 5,366) |
| | Number of children waiting more than 6 weeks for all audiology pathways | 3,630 Mar-26 | 1,455 Jan-26 (Jan-26 Trajectory: 2,783) |
| | No patient waiting more than 14 weeks for a therapeutic assessment | 105 Mar-26 | 366 Jan-26 (Jan-26 Trajectory: 110) |
| | On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers | 90% Mar-26 | 96.3% Jan-26 (Jan-26 Trajectory: 90.0%) |
| | Theatre Utilisation late starts to less than 20% | 25% Mar-26 | 37.0% Jan-26 (Jan-26 Trajectory: 30.0%) |
| | Theatre Utilisation early finishes to less than 10% | 25% Mar-26 | 50.6% Jan-26 (Jan-26 Trajectory: 31.0%) |
| | Theatre Utilisation session utilisation to 85% | 85% Mar-26 | 83.1% Jan-26 (Jan-26 Trajectory: 85.0%) |
| | Deliver improvements in day surgery rates, achieving a BADS daycase rate | 55% Mar-26 | 77.0% Nov-25 (Nov-25 Trajectory: 50.0%) |



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

Measure: 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion
 Performance: 55.9% (January 2026)
 Trajectory: 69.0% (January 2026)
 National target: 80.0%

Ministerial Delivery



Measure: Reduction in backlog of patients waiting over 62 days (SCP)
 Performance: 344 (January 2026)
 Trajectory: 220 (January 2026)
 National target: None



Insight and Actions

- SCP compliance: January performance has decreased to 56%. Recovery planning meetings have been established, chaired by the Cancer SRO and support by Cancer Services. Weekly meetings have resumed in Head & Neck and a pathway deep-dive is underway, with the backlog already reducing. Demand and capacity work is on going in Urology, and Clinical Nurse Specialists posts are in place. Lower GI task and finish group in place, and two new surgeons arriving (March and September). Actions are under review to stabilise performance in Breast, with the backlog continuing to increase.
- 62 day backlog: The target for the 62 day backlog is to be ~10% of the SCP Census, which has increased through 25/26 reaching a high of ~3,900 in July. The PTL has continued to decrease and now sits at just under 3000 as of January, and thus a backlog of 344 represents 11.7% of the total PTL. There remains a continued focus to reduce the backlog in the three tumour sites the make up over 50% of the entire 62 day backlog (Lower Gi, Upper GI and Urology).



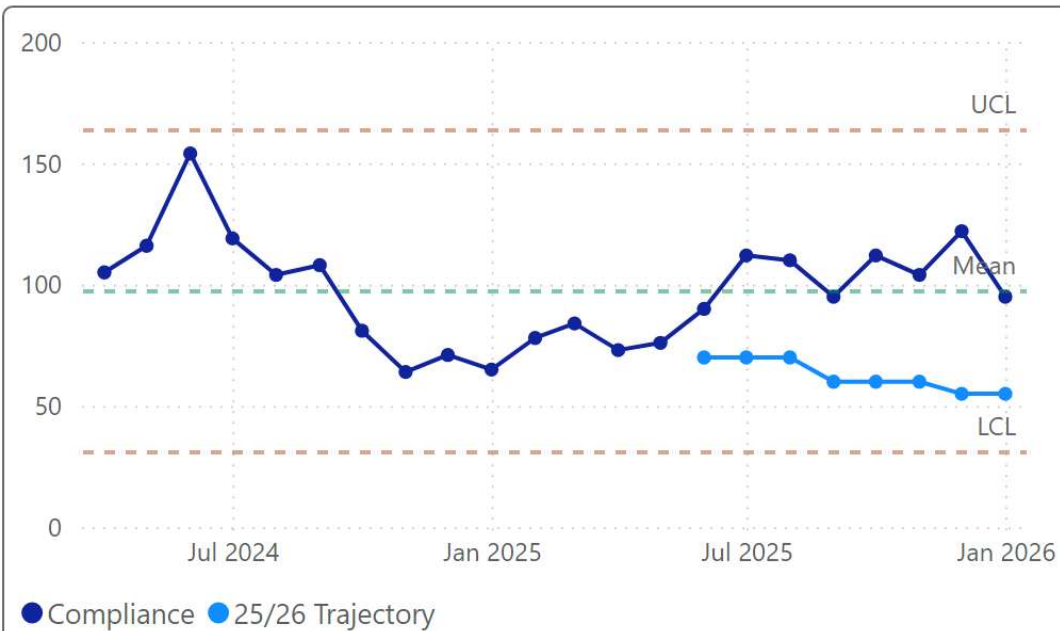
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

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

Performance: 95 (January 2026)

Trajectory: 55 (January 2026)

National target: None

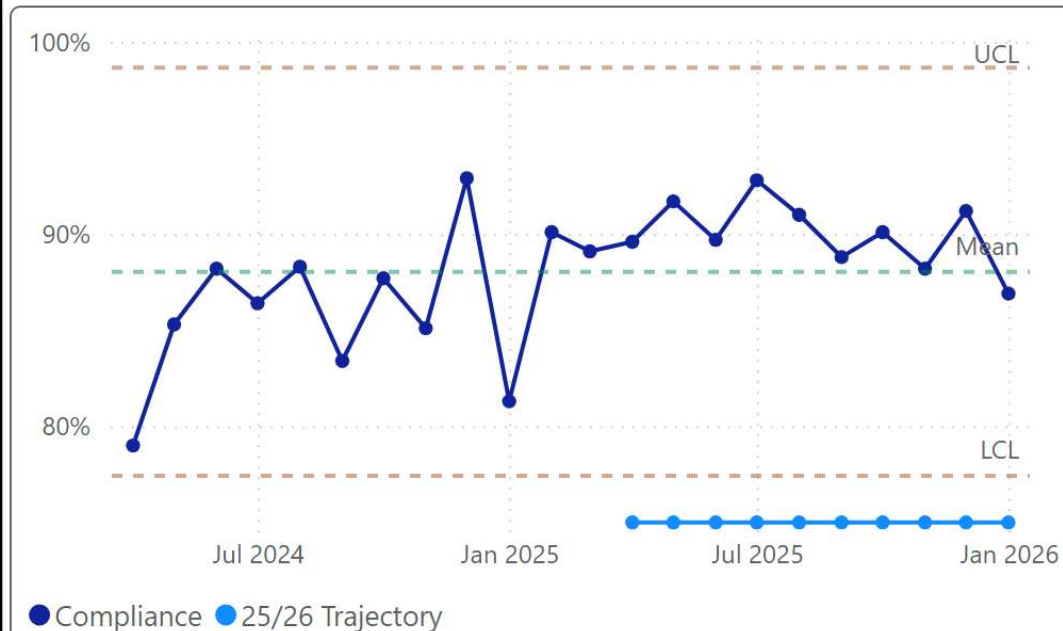


Measure: Increase in rate of treatments starting within 28 days of decision to treat

Performance: 86.9% (January 2026)

Trajectory: 75.0% (January 2026)

National target: None



Insight and Actions

- 104 day backlog: The 104 day backlog has been largely stable over the past 6 months, even in the context of an SCP census that has subject to significant fluctuation. Again the actions through the remainder of Q4 will be focused on reducing this backlog.

- 28 day treatment start rate from decision to treat (DTT): The percentage of treatments starting within 28 days of DTT have been relatively consistent through 25/26 to date, all within a range of 5.9% (86.9% - 92.8%) and in excess of the mean performance.



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

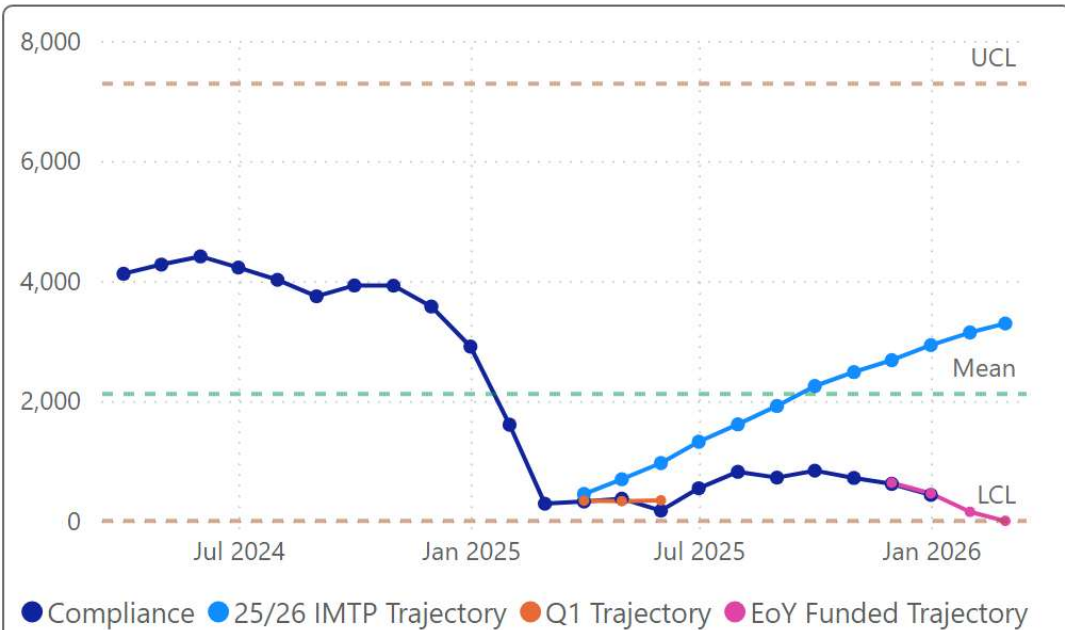
Measure: Numbers of patients waiting over 104 weeks (all stages)

Performance: 434 (January 2026)

Trajectory: 2,931 (January 2026)

National target: 0

Ministerial Delivery

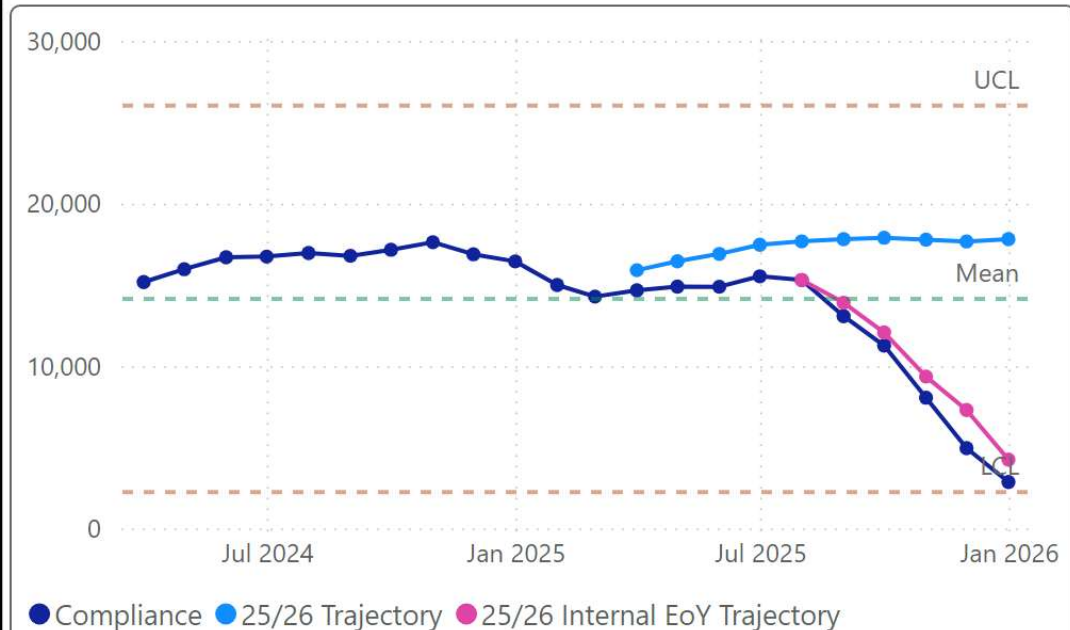


Measure: Number of patients waiting over 52 weeks for Outpatients

Performance: 2,859 (January 2026)

Trajectory: 17,799 (January 2026)

National target: 0



Insight and Actions

- 104 weeks RTT: Following the receipt of funding for Q3&Q4, the year-end trajectory for all specialties is targeting zero patients at 104 weeks and a new, end of year trajectory has been formulated to track against this. As of the January submitted RTT position, this remains on track. The recent, national cement supply issue has impacted Orthopaedics, with the current assessment posing a year end breach risk position of 30-40 patients. There are also risks highlighted in the other specialties (ENT, Max Fax, General Surgery, Ophthalmology, and Urology), however approaching the final month of delivery these services are still reporting the ability to deliver to zero breaches at year end.

- 52 week new Outpatient: The 26 week OP programme continues to significantly impact on the 52 week breach profile, as evidenced by the sustained reduction from the August position. February position is likely to be ~2,250. It should be noted that Regional Cataracts is now being reported separately, under a new Provider code and at the directive of National. The 26wk insourcing has delivered 28,363 additional outpatients appointments as of 23rd Feb, which represents 93% delivery against plan. Workforce and capacity constraints have led to difficulties in sourcing consultants (particularly in Dermatology and Ophthalmology).

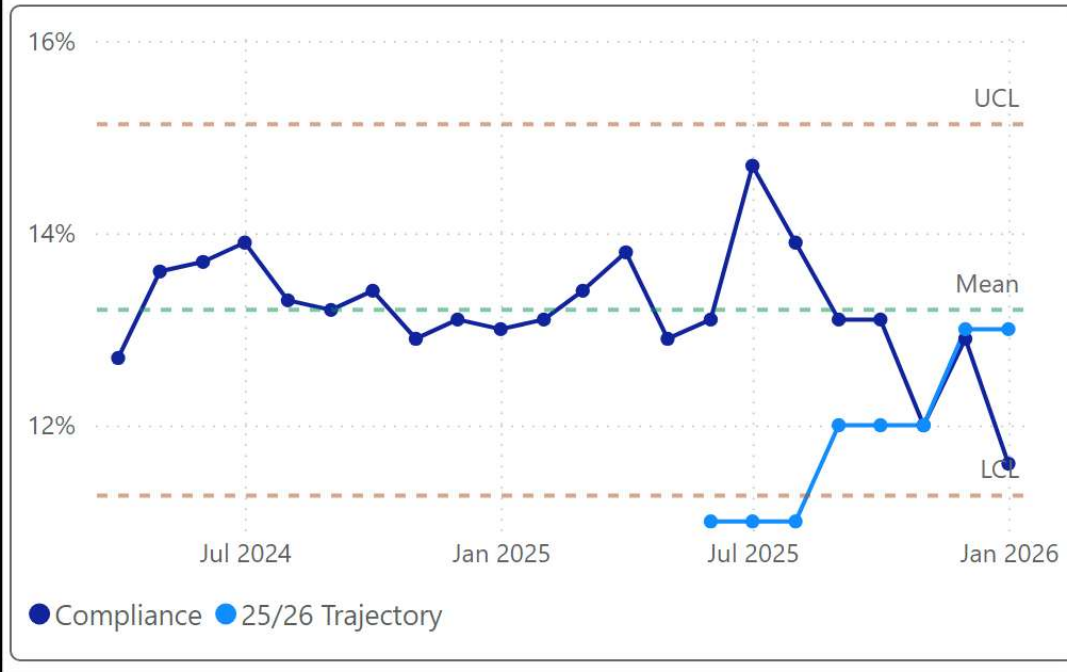


Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Reduction in the number of patients waiting 100% past Outpatient follow-up target date
 Performance: 31,478 (January 2026)
 Trajectory: 28,750 (January 2026)
 National target: None



Measure: Increase in the rate of See On Symptom and Patient Initiated Follow-ups
 Performance: 11.6% (January 2026)
 Trajectory: 13.0% (January 2026)
 National target: None



Insight and Actions

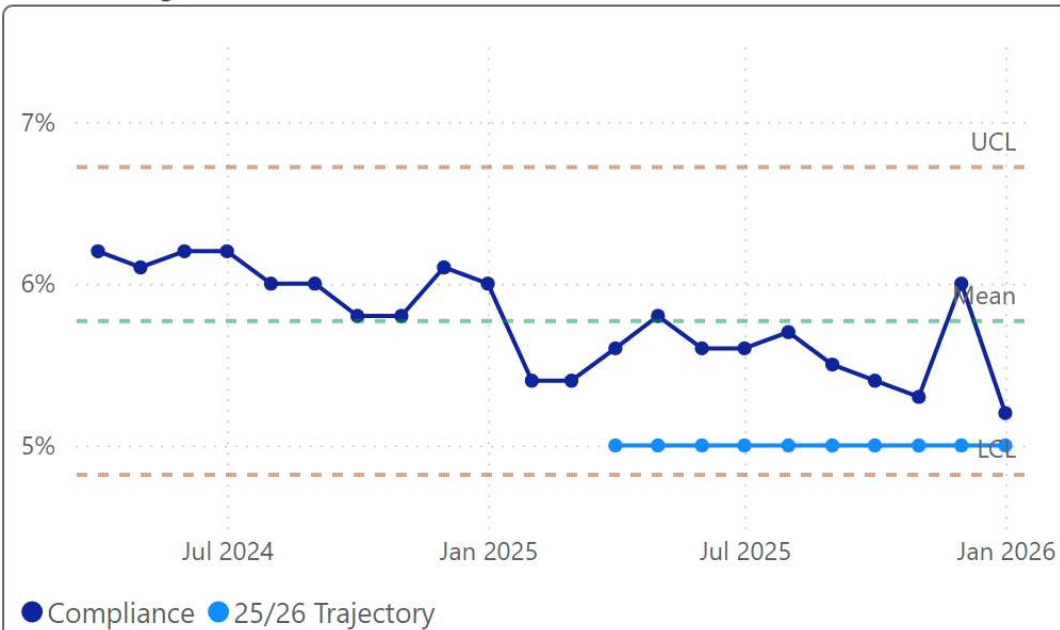
- 100% past Follow Up Target Date: Follow-Up Waiting Lists (FUWL) have seen significant growth since 2020/21, however the position had largely stabilised through 2025 although there was an increase in December position which has subsequently reduced slightly in January. There is ongoing monitoring by the Outpatient Transformation Programme team of the longest waiting patients on the follow up list, linking with Directorate teams for patients to be booked/clerically validated/clinically validated. An assessment was with divisions in January to confirm opportunity and approach in specialties with biggest numbers of delayed follow ups (Ophthalmology, Orthopaedics, Gastro, Cardiology) with the aim of applying SOS/PIFU pathways retrospectively by March 26 in appropriate areas. A validation strategy is currently being developed and due for publishing at the end of the year, which will have a focus on delayed follow ups.
- SOS/PIFU: January performance decreased to 11.6% and is now below the IMTP trajectory of 13%. The majority of Clinical Implementation Network (CIN) protocols are now in place and BAU. The actions in train described above for the FUWL will drive further pathway outcomes to SOS/PIFU.



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

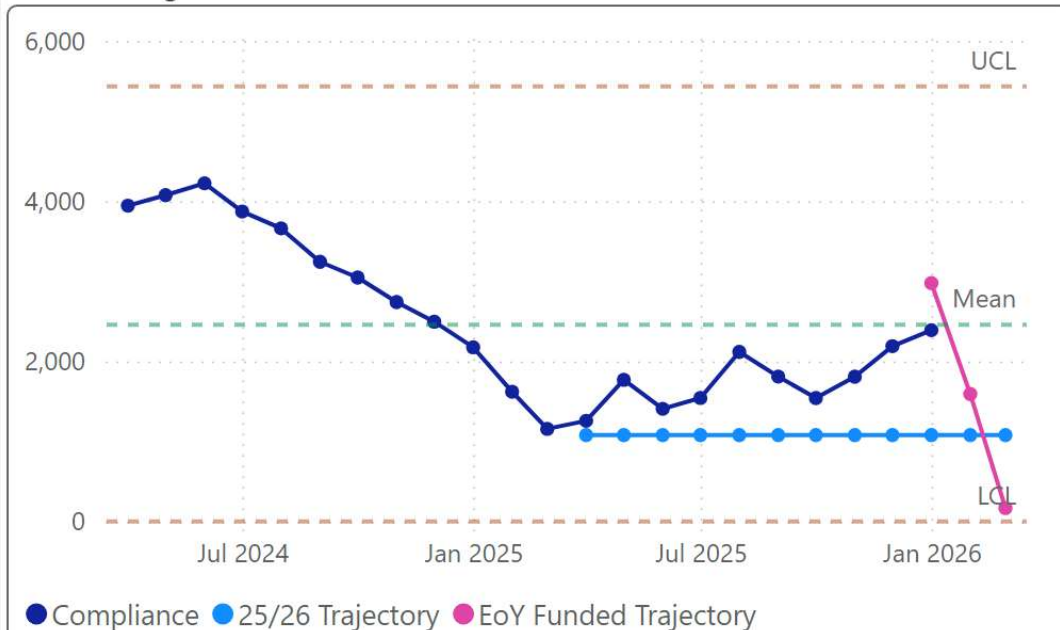
Measure: Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA
 Performance: 5.2% (January 2026)
 Trajectory: 5.0% (January 2026)
 National target: 5.0%

Enabling Action



Measure: Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic
 Performance: 2,387 (January 2026)
 Trajectory: 1,077 (January 2026)
 National target: 0

Ministerial Delivery



Insight and Actions

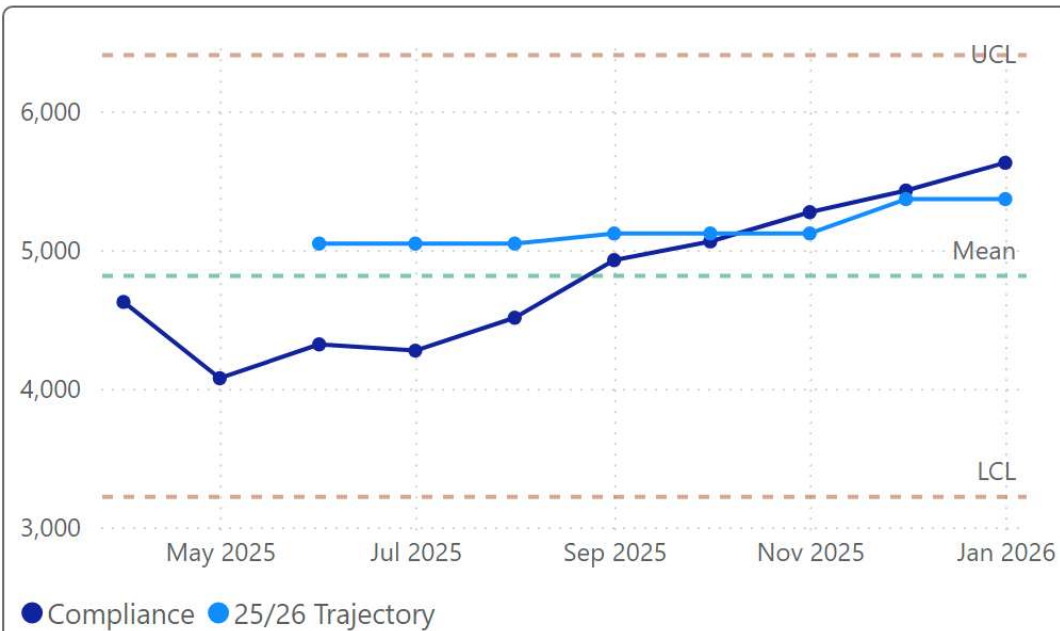
- DNA/CNA rates: Following an expected spike in DNA rates in December, rates decreased to 5.2% in January which is the lowest value in the past 22 months of data and a continuation of the observable, overall reduction trend since the start of 24/25. The Outpatient Transformation Programme team continue to support services with improvement, with an ongoing targeted approach with areas with high DNA/short notice CNA rate. Text message reminders are in place for majority of clinics.

- Diagnostics: Additional WG funding has been received to reduce the breach profile, which has been exacerbated by reductions in capacity alongside the additional demand that the 26wk OP programme has generated. Funding has been received to significantly reduce the breach profile through February and March, with the current year end position forecast at 166. The end of February unvalidated position indicates performance is tracking to trajectory and delivery plans, with breaches having reduced to ~1,650.



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

Measure: Number of adults waiting more than 14 weeks for all audiology pathways
 Performance: 5,628 (January 2026)
 Trajectory: 5,366 (January 2026)
 National target: None



Measure: Number of children waiting more than 6 weeks for all audiology pathways
 Performance: 1,455 (January 2026)
 Trajectory: 2,783 (January 2026)
 National target: None



Insight and Actions

- Audiology: For adult pathways, there has been additional pressure placed on the service due to increased demand to the Adult Hearing New (AHN) and diagnostic pathways which has arisen as a result of the 26 week OP programme delivery in ENT. This has led to 14 week breach numbers being higher than planned in the IMTP trajectory as the service manages the surge in referrals within their existing capacity. For paediatric pathways, some additional, end of year funding has been received to reduce the breach profile and has begun to impact on the numbers in the January submission.



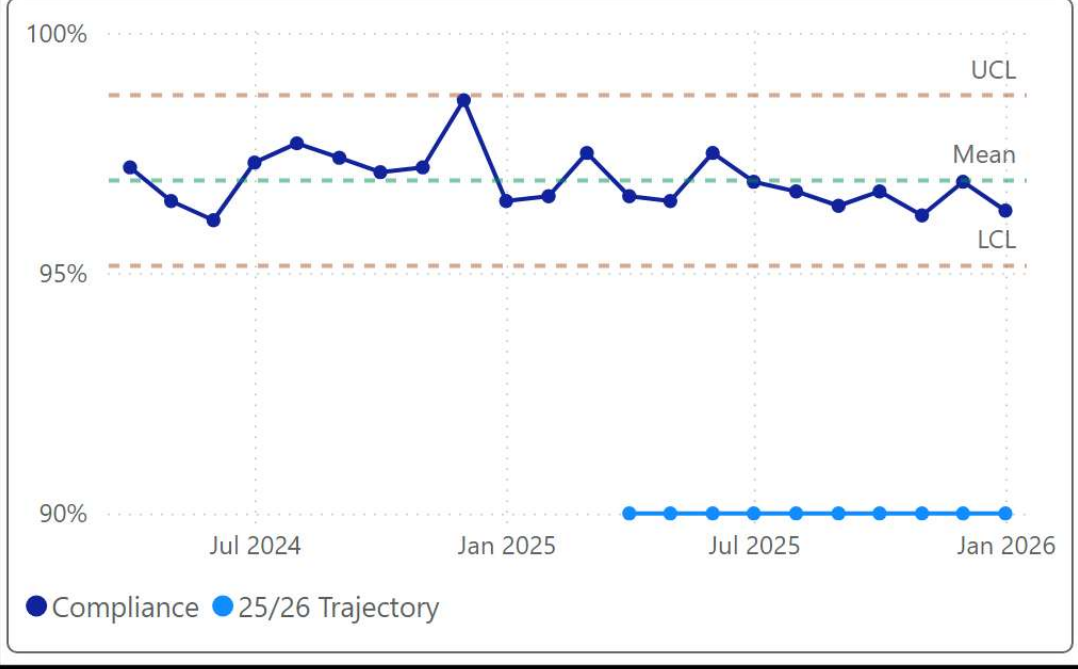
Our Performance & System Change Delivery

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

Measure: No patient waiting more than 14 weeks for a therapeutic assessment
Performance: 366 (January 2026)
Trajectory: 110 (January 2026)
National target: 0



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



Insight and Actions

- Therapies: Therapies 14wk performance have deviated from the IMTP trajectory in the past 3 reportable months. For Dietetics, delayed RTT in Gastro continues due to insufficient staffing to meet referral demand, and the service is now working with the Value Team to prioritise activity based on clinical need. The forthcoming All-Wales Gluten Free Subsidy Card may further affect RTT performance, and while a paediatric post is planned for recruitment in April 2026, additional capacity will still be required to resolve delays. Physiotherapy services are also experiencing increased pressure due to a substantial rise in spinal and knee referrals being redirected from Orthopaedics, linked to expanded triage activity. The new spinal pathway has been in place for several, pending further evaluation. To meet the needs of Orthopaedics 104-week waiters, MSK capacity has been reduced by 12 NP slots per month, adding further strain to the physiotherapy waiting list, with ongoing weekly monitoring but no clarity yet on long-term demand. In addition, the Neuro outpatients service remains fragile due to maternity leave, sickness absence, and upcoming vacancies, with work underway to assess impact and identify all possible mitigations.

- Elective theatre protection: Performance has remained compliant with this measure for the past 18 months. As highlighted in the GUH/Hospital System report, this reflects a key advantage of the unique system in Gwent. The NHS P&I definition of this measure is based on the number of individual days per month where emergency surgery is carried out on elective lists. However in lieu of national clarity on their construction of this metric, this local measure continues to be used.



Our Performance & System Change Delivery

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

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

Enabling Action



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

Enabling Action



Insight and Actions

- Theatres late starts & early finishes: Late start performance has improved over the past 22 months, although the planned improvement by Q3 has not been realised. Autosend and golden patient initiatives are now in place at all sites, with ongoing analysis to understand the improvements that this delivers. Early finishes remain significantly behind the IMTP improvement trajectory, with December performance of 50.6% against a trajectory of 31%. This is under the 30 minute measure, but from next year this will move to >60 minutes to bring in line with the WG definition that has been issued as part of the Planning Framework for 26/27. Theatre Utilisation Group (TUG) meetings are being reviewed to ensure they achieve intended outcomes, with a workshop currently in the planning phase to be held in Q1, which will have a large focus on late starts/ early finishes and actions to improve performance.

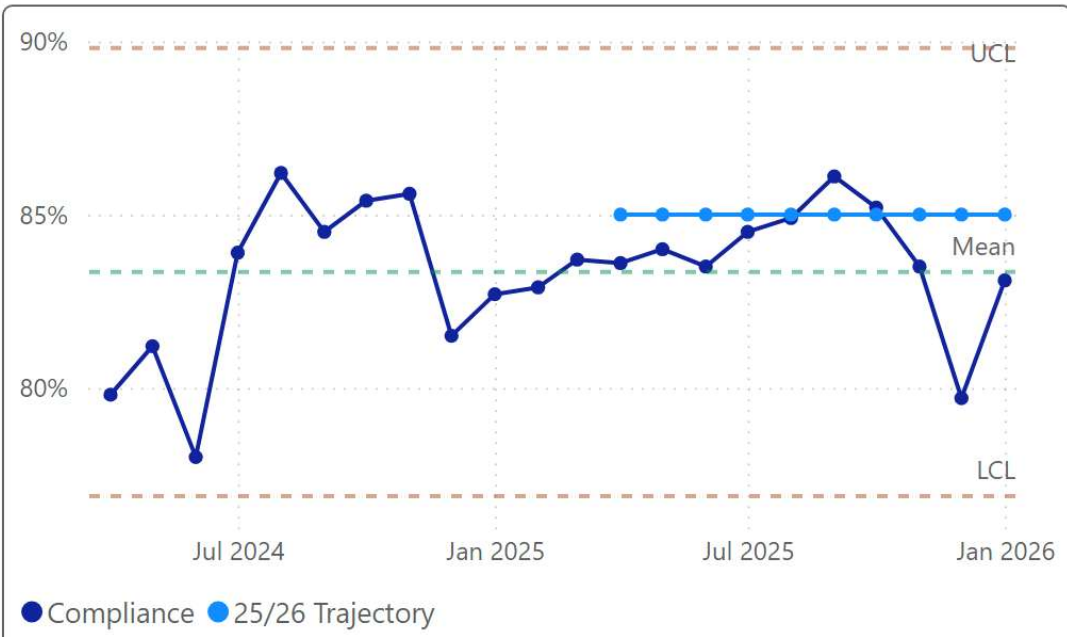


Our Performance & System Change Delivery

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

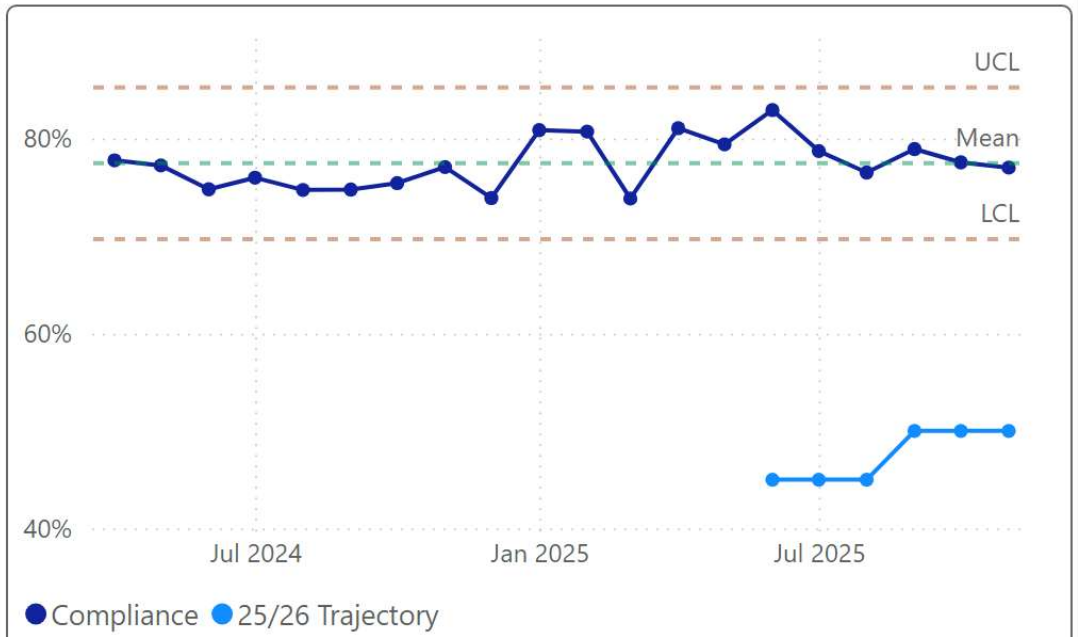
Measure: Theatre Utilisation session utilisation to 85%
 Performance: 83.1% (January 2026)
 Trajectory: 85.0% (January 2026)
 National target: 85.0%

Enabling Action



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

Enabling Action



Insight and Actions

- Session utilisation: Performance had been relatively close to the national standard of 85% through the course of 25/26 to date, within a very tight range of 2.6% as of November (83.5% - 86.1%). December performance did reduce to 79.6%, however this is an observable, seasonal trend, and performance returned to mean levels in January and only marginally below the national standard. A 6-4-2 process has been implemented, where annual leave is finalised no less than 6 weeks in advance, lists are arranged 4 weeks in advance and then locked down 2 weeks before the date.
- British Association of Day Surgery (BADS) rates: BADS rates have also tracked closely to the national standard of 80% through the course of 25/26. Monthly Day Surgery Maximisation meetings remain in place to optimise day surgery delivery in NHH.



| Priority | Q3 Planned | Q3 Progress | Q3 Comments |
|----------------------------------|---|----------------------|---|
| Health Pathways | Continue engagement with local interface groups and National CIN for prioritisation of pathway development | Complete/On schedule | <p>Pathway prioritisation takes into account national and local priorities. Team regularly attend local Clinical Interface Groups to update on pathway development.</p> <p>National pathway development target of 154 pathways met 4 months ahead of schedule – ended Q3 with 166 live pathways.</p> <p>Page views consistently high – 9,267 in October (following presentations at primary care PLT sessions), 7,914 in November and 7,691 in December.</p> |
| Theatre Maximisation | Plans in place for increased Day Case activity aligned to BADS recommendations, for example default to day case where appropriate | Complete/On schedule | <p>Monthly Day Surgery Maximisation meetings ongoing to progress plans to undertake day case activity. Working towards increasing BADS day case rate aligned to recommendations.</p> <p>Perfect Month in Orthopaedics planning started in Q3. Previous aim to undertake the Perfect Month in Q4 25/26 but the 104 work superseded plans and it has been postponed until Q1 26/26.</p> <p>TUG has been stood down whilst work ongoing to align theatre priorities and theatre meetings structure. Workshop planned for Q1 26/27 to agree on a way forward.</p> |
| Outpatient Transformation | Continued optimisation of Consultant Connect including identifying opportunities to support SOS and PIFU pathways | Complete/On schedule | <p>Consistent communications in place to promote Consultant Connect. Neurology Epilepsy PIFU using Consultant Connect has been successful and plans to look at opportunities in other specialties.</p> <p>A task and finish group has been established to develop a plan to address the scale of delayed follow ups, and the initiation of manual audits for clinic start and finish times to inform future capacity planning.</p> |
| Single Cancer Pathway | Development of Systemic Anti Cancer Therapy Outreach services in Gwent with Velindre NHS Trust | Complete/On schedule | <p>SACT outreach has re-started at Nevill Hall Hospital in the Llanfoist suite following the closure of the Windsor suite due to RAAC. Further work on SACT outreach needs to be explored with Velindre in line with new Velindre Cancer Centre opening in spring 2027</p> |



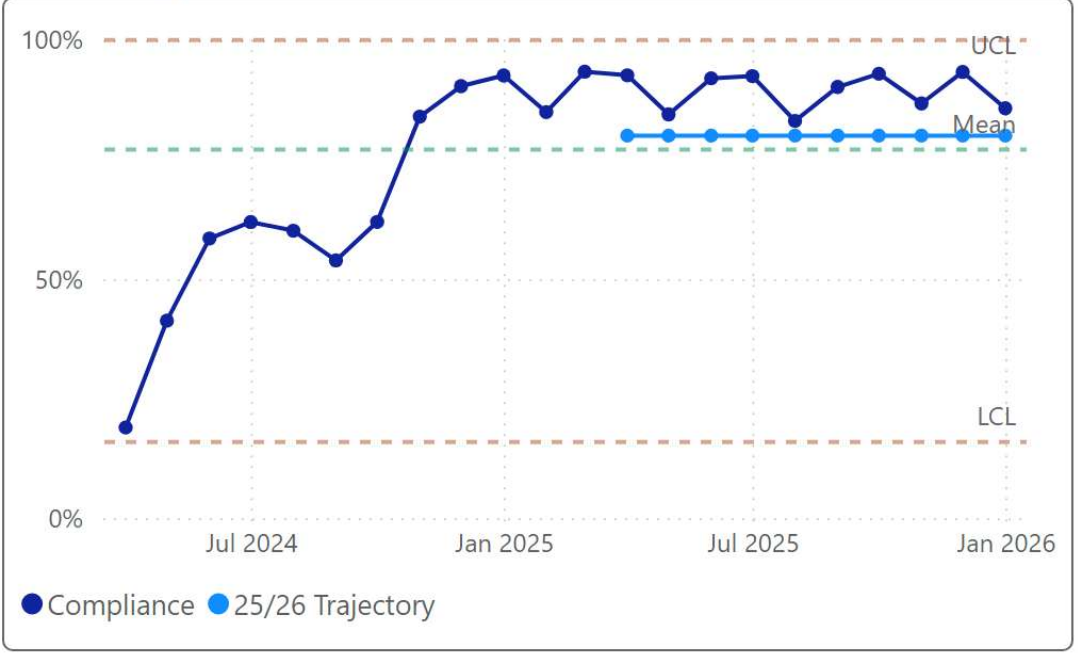
| Theme | Delivery Expectation | ABUHB commitment | In month performance against trajectory |
|--------------------------------------|---|----------------------|--|
| Improving our Mental health services | Maintain Adults Part 1a to national target (assessment completed within 28 days) | 80% Mar-26 | 85.7% Jan-26 (Jan-26 Trajectory: 80.0%) |
| | Maintain Adults Part 1b to national target (interventions completed within 28 days) | 80% Mar-26 | 94.8% Jan-26 (Jan-26 Trajectory: 80.0%) |
| | Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan) | 90% Mar-26 | 91.7% Jan-26 (Jan-26 Trajectory: 90.0%) |
| | Maintain rate of psychological therapy received within 26 weeks | 60% Mar-26 | 47.0% Nov-25 (Nov-25 Trajectory: 60.0%) |
| | Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days) | 80% Mar-26 | 96.8% Jan-26 (Jan-26 Trajectory: 80.0%) |
| | Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days) | 80% Mar-26 | 83.8% Jan-26 (Jan-26 Trajectory: 80.0%) |
| | Maintain CAMHS Part 2 national target compliance | 90% Mar-26 | 92.6% Jan-26 (Jan-26 Trajectory: 90.0%) |
| | Improvement in Neurodevelopment waiting times compliance | 80% Mar-26 | 51.6% Jan-26 (Jan-26 Trajectory: 80.0%) |
| | Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral | 80% Mar-26 | 93.2% Jan-26 (Jan-26 Trajectory: 80.0%) |



Improving our Mental health services

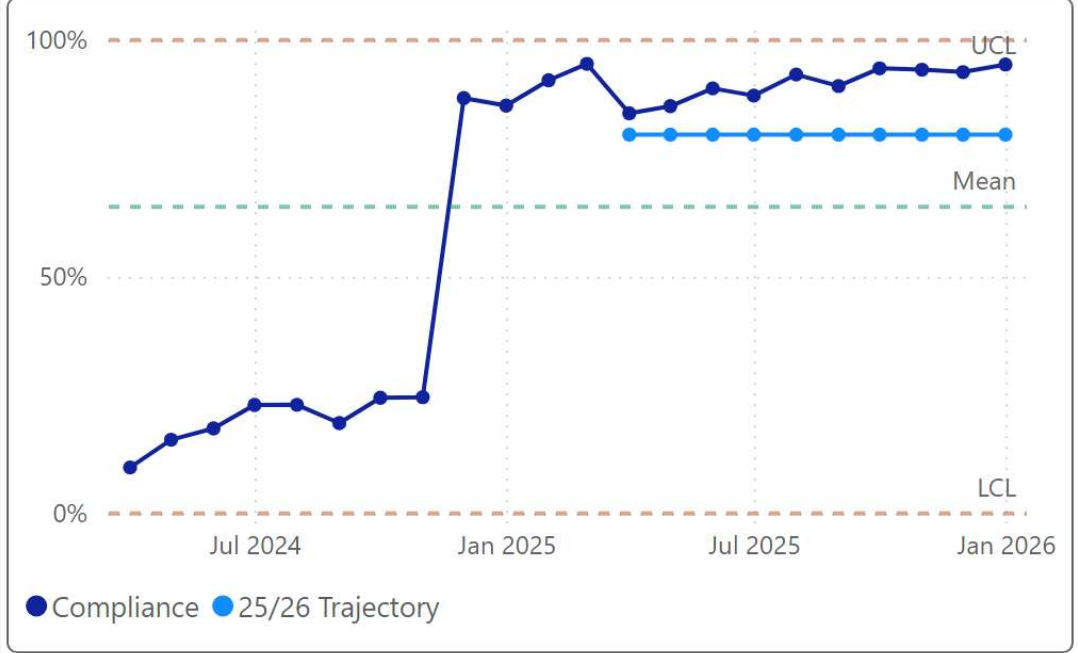
Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)
 Performance: 85.7% (January 2026)
 Trajectory: 80.0% (January 2026)
 National target: 80.0%

Ministerial Delivery



Measure: Maintain Adults Part 1b to national target (interventions completed within 28 days)
 Performance: 94.8% (January 2026)
 Trajectory: 80.0% (January 2026)
 National target: 80.0%

Ministerial Delivery



Insight and Actions

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

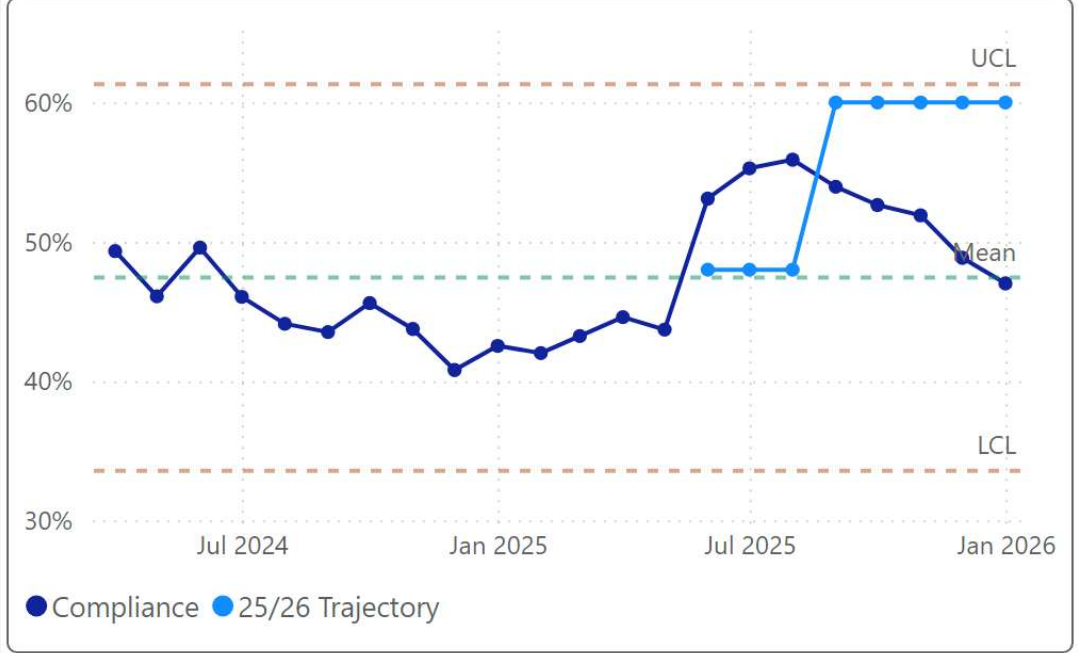


Improving our Mental health services

Measure: Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)
 Performance: 91.7% (January 2026)
 Trajectory: 90.0% (January 2026)
 National target: 90.0%



Measure: Maintain rate of psychological therapy received within 26 weeks
 Performance: 47.0% (January 2026)
 Trajectory: 60.0% (January 2026)
 National target: 80.0%



Insight and Actions

- Adults Part 2: Part 2 performance as delivered against IMTP trajectory through 25/26 to date, with performance having met the national standard for six consecutive months. Data cleansing remains in progress, however the volume of new Care and Treatment Plans (CTPs) and discharges from CTPs is expected to stabilise.
- Psychological Therapies: Performance has trended downwards over the past 5 months, with vacancies impacting capacity and thus performance. A revised Divisional recovery plan is being developed for implementation from March. All dashboards now in place for all adult teams, and booking process mapping has been completed with the future state process under development. There remain some data discrepancies due to historical incorrect use of diaries and appointment reference data, which are being worked through to resolve. There is also continued work on the RTT issues being, with RTT clocks not resetting until future appointments booked after DNA/CNA which is impacting performance.



Improving our Mental health services

Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)

Performance: 96.8% (January 2026)

Trajectory: 80.0% (January 2026)

National target: 80.0%

Ministerial Delivery



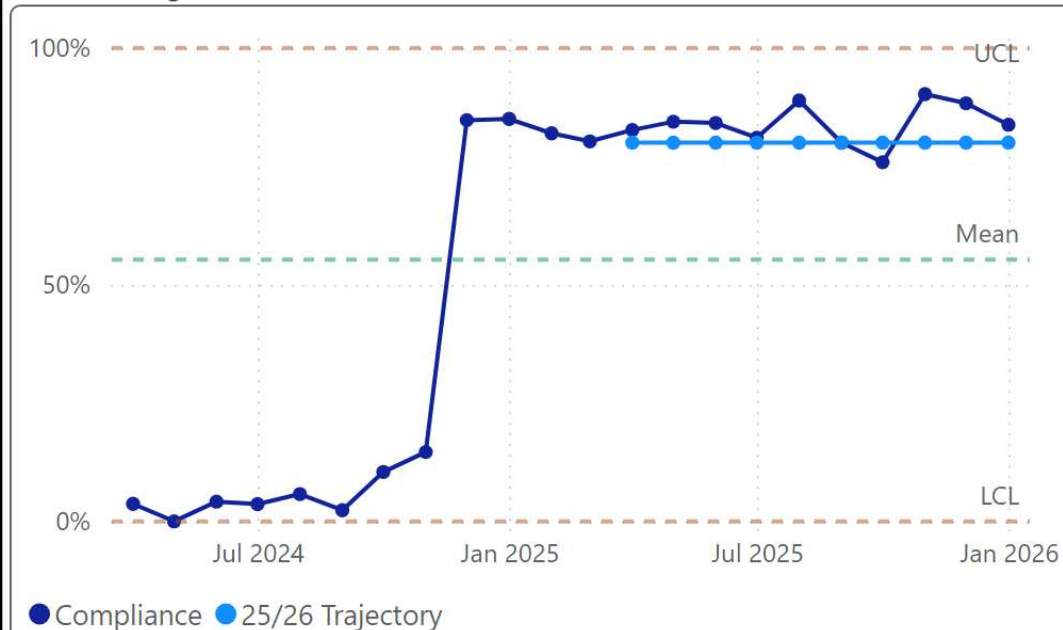
Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

Performance: 83.8% (January 2026)

Trajectory: 80.0% (January 2026)

National target: 80.0%

Ministerial Delivery



Insight and Actions

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



Improving our Mental health services

Measure: Maintain CAMHS Part 2 national target compliance

Performance: 92.6% (January 2026)

Trajectory: 90.0% (January 2026)

National target: 90.0%



Measure: Improvement in Neurodevelopment waiting times compliance

Performance: 51.6% (January 2026)

Trajectory: 80.0% (January 2026)

National target: 80.0%



Insight and Actions

- CAMHS Part 2: There have been some issues which impacted performance over the past few months. These arose from ongoing non-compliance with CTP processes, including clinicians failing to upload plans, using incorrect dates, and missing mandatory timeframes despite repeated reminders and training. Some data errors are now being corrected through audit, and a designated CTP lead has been put in place within the Division to drive better accuracy and compliance going forward. Performance over the past 2 months has returned to exceeding the national standard.
- CAMHS ND: Performance remains challenged, having trended downwards through the course of 25/26. The service continues to face sustained pressure, with referral demand increasing and waiting lists growing. The service has consistently maintained the ministerial requirement of keeping the longest wait below 52 weeks, however this has negatively impacted the 26 week performance measure. Screening processes have strengthened, improving consistency in directing referrals to Universal, Targeted, or Specialist pathways. Projected activity for early 2026 demonstrates continued momentum in screening and assessments as the service moves toward fully embedding the Neurodiversity Early Support Hub (NESH) approach.



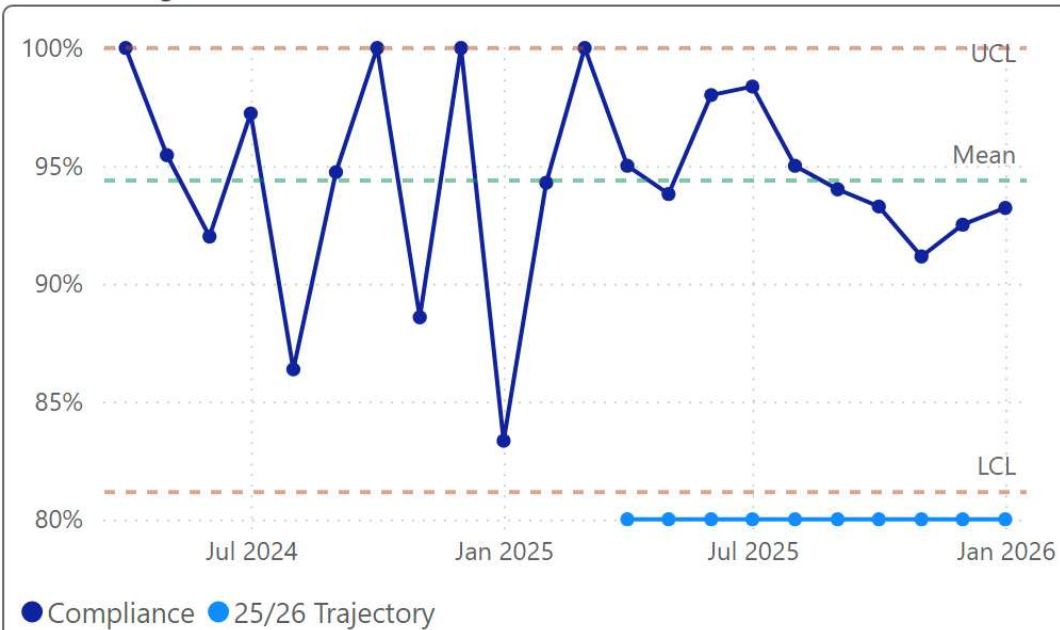
Improving our Mental health services

Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral

Performance: 93.2% (January 2026)

Trajectory: 80.0% (January 2026)

National target: 80.0%



Insight and Actions

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



| Priority | Q3 Planned | Q3 Progress | Q3 Comments |
|--|---|----------------------------|--|
| Quality Improvement | Embedding PROMS for adults and older adult functional services | Complete/On schedule | The use of PROMS is being expanded to all wards across adult and older adult services, and information recording has now commenced. |
| Ministerial Priority Performance | Continue implementation plan for CTP improvement for Children | Complete/On schedule | Compliance is currently above the required level. Clinicians and team leads are ensuring that information is entered accurately and on time to maintain this position. The service has not yet been able to identify a clinical lead for care and treatment planning, but a new opportunity to appoint to this role is now being explored. |
| Neurodevelopmental Services | Evaluate implementation of children's neurodevelopmental transformation programme and accelerate remaining actions | Off track within tolerance | <p>Demand continues to exceed capacity, with reduced clinical availability in Quarter 3 due to leave and vacancies, which has affected waiting time performance. Administrative pressures, including the upcoming maternity leave of a key coordinator, are also slowing throughput and communication.</p> <p>Reliance on short term funding creates sustainability risks for core elements of the neurodevelopmental and emotional support model. High demand for specialist diagnostic pathways and the need to focus on backlog assessments have temporarily paused targeted activity and slowed progress in embedding the model.</p> |
| Rightsizing Inpatient & Transforming Community Services | Complete review of Learning Disability service model to ensure service sustainability and improved patient outcomes | Complete/On schedule | Following completion of a review of the Learning Disability service model work is continuing to develop the models of care for learning disabilities, including a pilot reducing the number of beds within the inpatient unit. An implementation plan is being developed which will inform actions needed in 26/27. |
| Adult Mental Health | Implement actions to improve Memory Assessment Services | Complete/On schedule | We continue to implement actions to improve the performance of Memory Assessment Services through a structured action plan. Assessment performance has increased to 49%, and the service remains focused on improving diagnosis performance, which is currently 34%. Work is also underway to explore opportunities to bring the booking centre together in one location to support further improvement. |



The Health Board's People Plan, 2022 -2025, 'Putting People First', outlines the Workforce and Organisational Development (OD) strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. A Workforce & OD Performance Dashboard has also been aligned to reflect the key workforce metrics of the People Plan objectives capturing the performance indicators of delivery of that plan and targets set in the Health Board Workforce MDS (24/25).

Reporting Period end of January 2026

PUTTING PEOPLE FIRST *2022/25*

PEOPLE PLAN



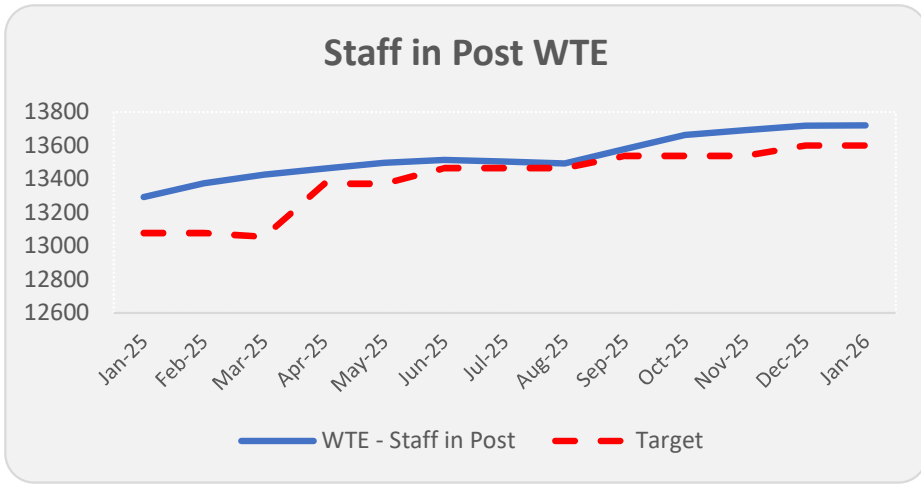
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

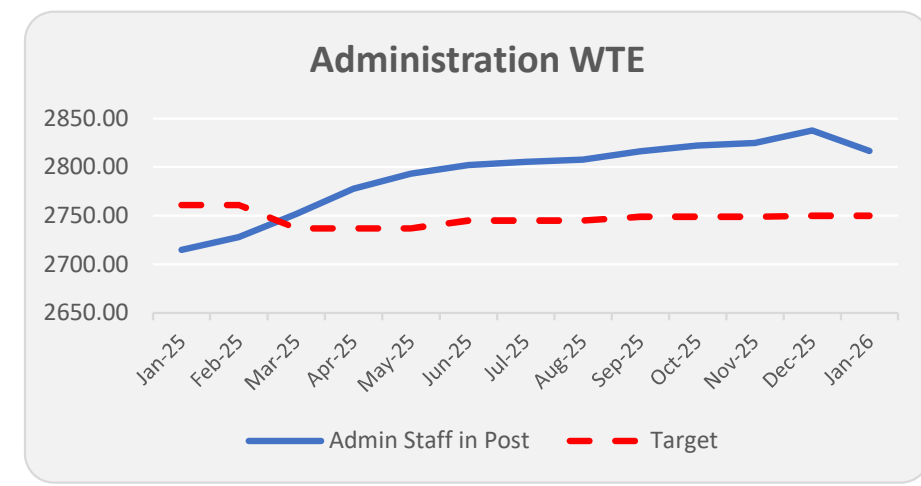




Staff in Post



Administration Staff in Post



Performance Summary

Staff in post as of end of January 2026 was 13,720 wte an increase of 29 wte since November 25. This is mostly attributed to:

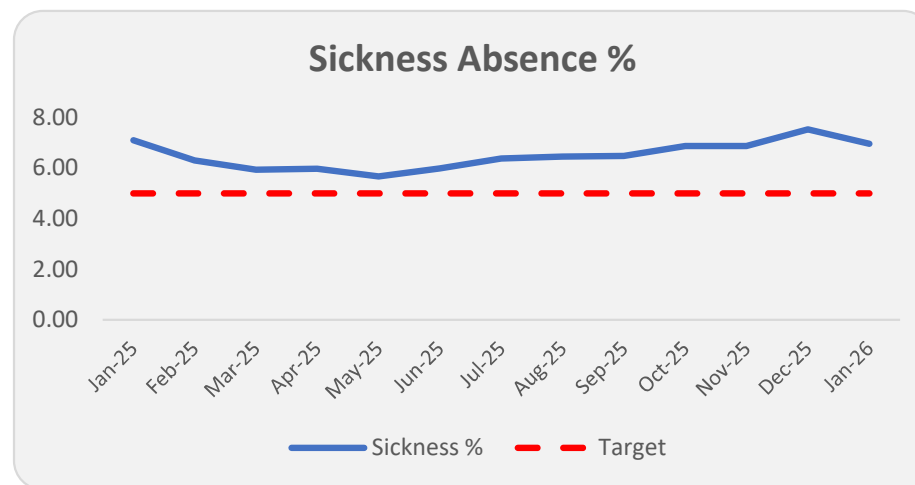
Estates and Ancillary and Nursing and Midwifery have seen the largest increase with some decreases in staff groups such as Administration and Clerical and Additional Professional Technical

Performance Summary

There has been a decrease in administration and clerical staff in post of 8 wte since November 2025 most of which can attributed to natural variation due to turnover.



Sickness **Enabling Action**



Performance Summary

Sickness Absence had peaked in December and has since dropped down to 6.96% in January 2026 (955wte lost). The rate reported in December was 7.54% (1034 wte lost) which is linked with expected seasonal variations. The rate is slightly lower than the 7.1% sickness reported in the same reference period last year. Short term sickness has increased from 2.63% to 2.73% and long term sickness (over 28 days) has reduced from 4.3% to 4.23% and attributes to 61% of overall sickness. The target of 5% in Graph was set as part of the IMTP performance framework 2025/26 and will be reset for 2026/27 in line with ministerial enabling targets.

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

1. Additional Clinical Services (HCSWs) – 11.03%
2. Estates and Ancillary –9.95%
3. Nursing and Midwifery – 6.81%

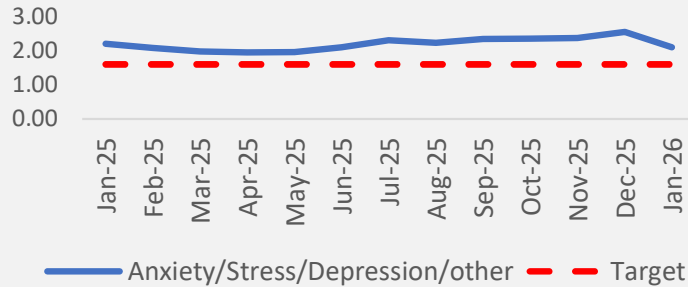
A 12-month project plan in development (in partnership with TUs), in conjunction with the actions of our People Plan (2025-2030) to focus on main reasons for absence with the aim of supporting a sustainable reduction in absence.



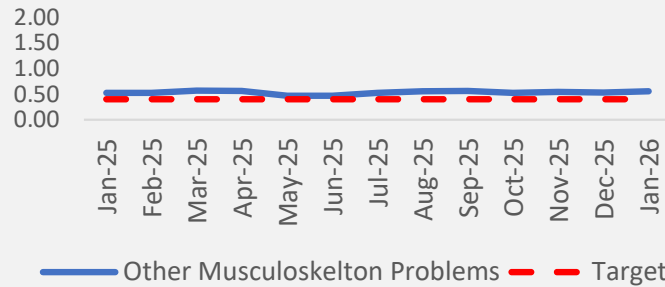
Top Sickness Reasons

Enabling Action

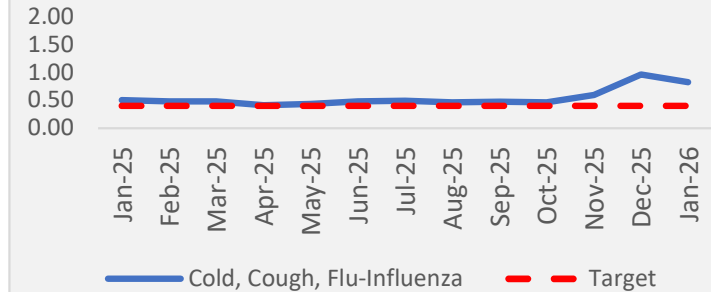
Anxiety/Stress/Depression



Other Musculoskelton Problems



Cold, Cough, Flu-Influenza



Performance Summary

Anxiety/Stress/Depression remains the top reason for absence contributing to 2.10% a decrease from the 2.37% reported in November of all absence, above the target of 1.6%

Cold, Cough and Flu- influenza as the 3rd highest reason with an increase of 0.82% % and increase from 0.59% reported in November and above the target of 0.4%

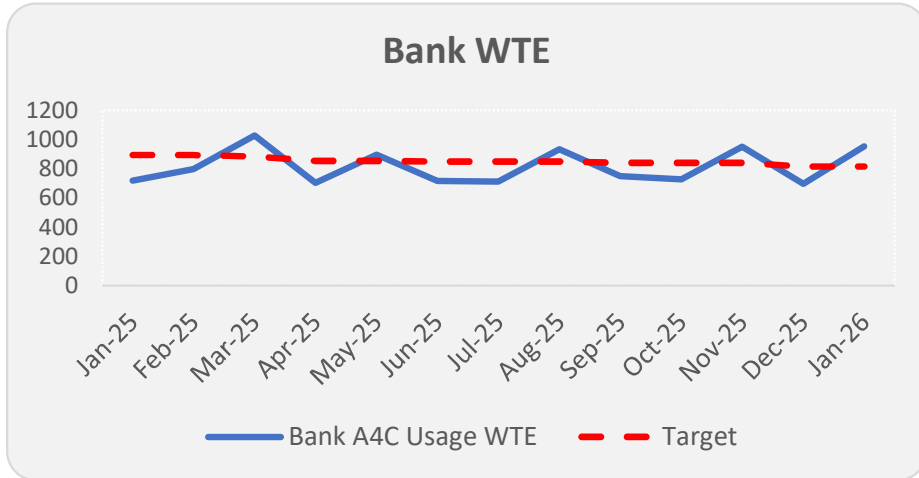
Musculoskeletal Problems remained relatively unchanged at 0.55% above the target of 0.4%.

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



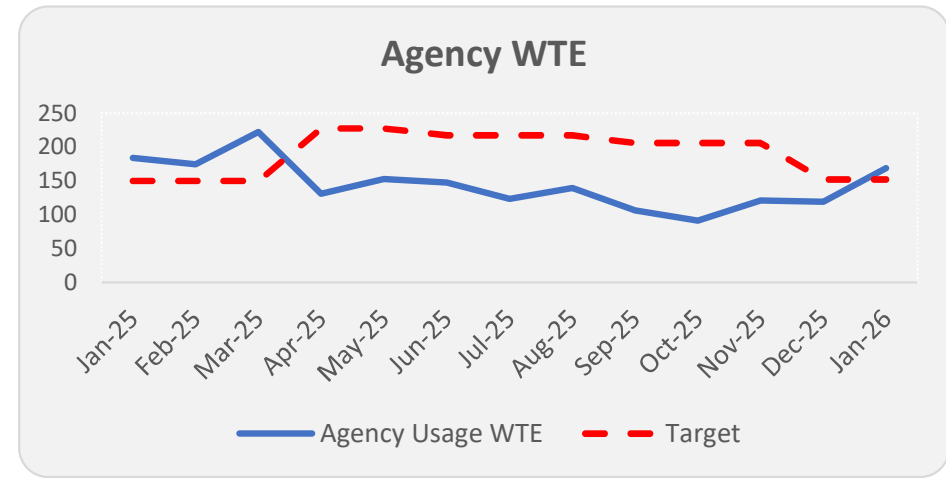
Variable Pay Bank

Enabling Action



Variable Pay Agency

Enabling Action



Performance Summary

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

In November bank usage was 951wte and is comparable to the usage reported for January 26

In January 2026 the three highest users were HCSW 490.81 wte (51%), Nursing & Midwifery 319.68 wte (34%) and Facilities 96.21 wte (10%). Highest reason for usage is Vacancies 288.40 wte (30%)

The target in graph was set as part of deliverables set out in IMTP performance framework and will be reset for 2026/27.

Performance Summary

Agency usage in January 2026 was 168.8 wte an increase from the 121.27wte reported in November 25.

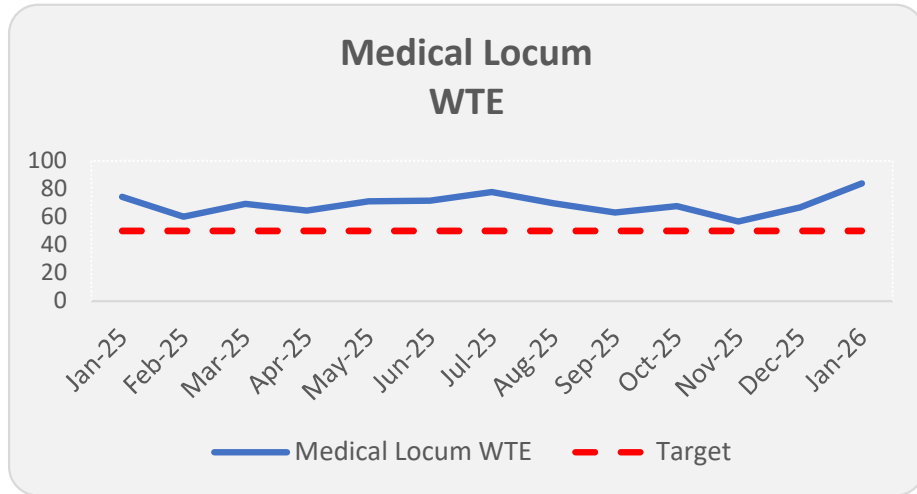
In January 26 23.32 wte (14%) were used for HCSW and 145.52 wte (86%) for Nursing and Midwifery. The top three reasons for Agency usage are Enhanced Care 40.81 wte (24%), Sickness 37.25 wte (22%) and Extra Capacity/Occupancy 36.81 wte (22%)

As part of our strategic workforce planning for 2025/26, we reset our agency workforce trajectory based on the March 2025 baseline of 227 WTE. The revised plan sets out a target to reduce agency usage incrementally each quarter, aiming to reach 98 WTE by March 2026. This approach aligns with our broader goals of zero agency contract, recruitment and general variable pay reduction. The trajectories will be reset for 2026/27 in line with enabling action targets, however will be informed by demand for safe staffing,



Variable Pay Medical Locum

Enabling Action



Performance Summary

Current locum usage has increased from 50 wte in November to 83.96 wte in January 2026.

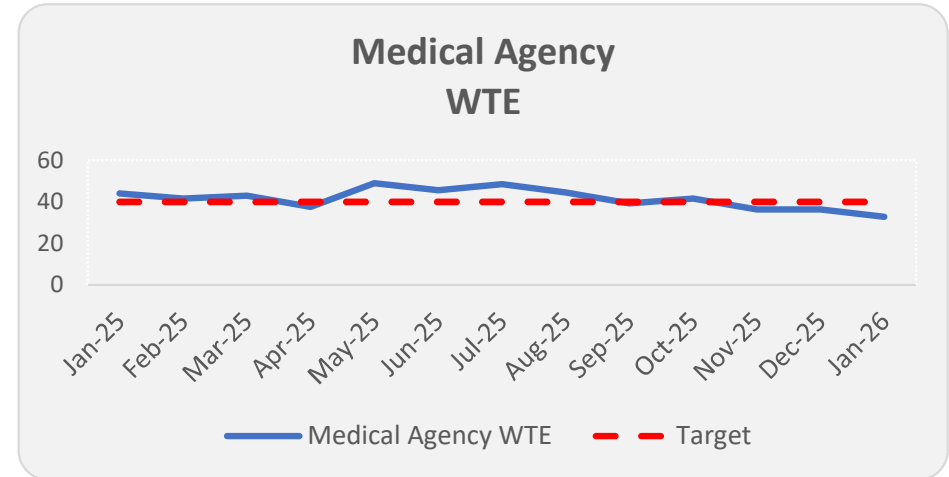
The highest reason for combined locum and agency usage is vacancies- 59.15 wte (51%).

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

Target in graph was estimated as part of the IMTP performance framework and will be interchangeable with agency usage and will be reset for 2026/27.

Variable Pay Medical Agency

Enabling Action



Performance Summary

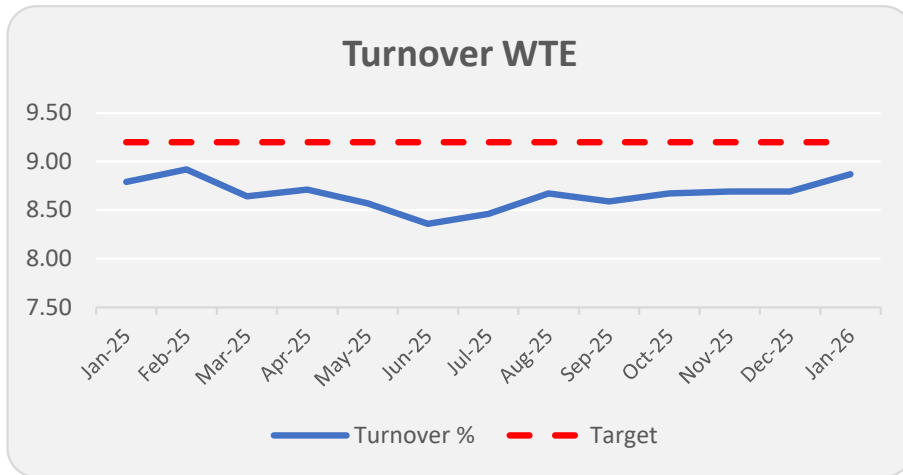
Medical Agency has reduced further from 36.32 to 32.91 wte showing a sustained reduction since May 2025

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

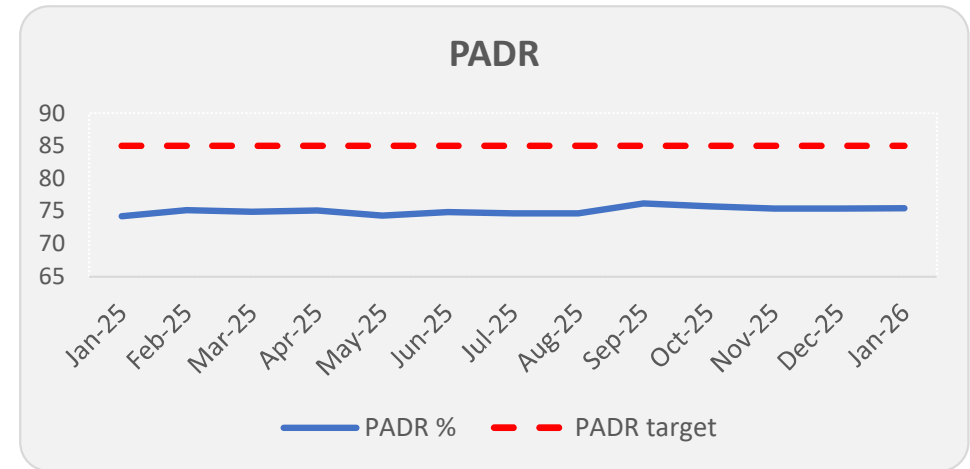
Target in graph was set as part of the IMTP performance framework and will be interchangeable with Locum usage and will be reset for 2026/27.



Turnover



PADR



Performance Summary

Current turnover rate has slightly increase from 8.69% to 8.87% . There has been an overall sustained reduction in turnover over the last 12 months and within target of 9.2%.

Nursing & Midwifery have the lowest turnover rate of 5.89% whilst Estates & Ancillary have the highest turnover rate of 11.77%. The Stability Rate is 91.46%, the Health Board has retained 14,164 staff.

The target in graph was set as part of the IMTP performance framework for 25/26 and will reset for 2026/27.

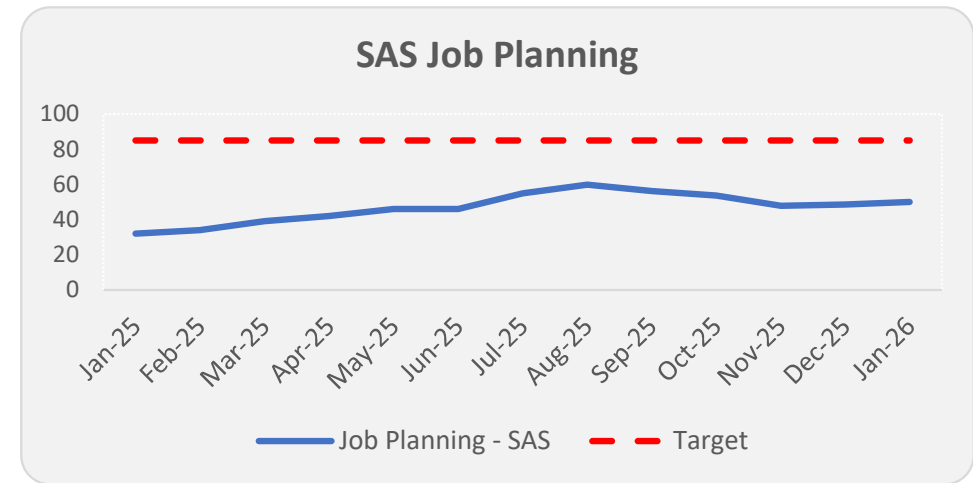
Performance Summary

Current PADR compliance is 75. 41% comparable with the November 2025.

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



Job Planning Enabling Action



Performance Summary

Job Planning - Current job planning compliance for the consultant workforce is 53.4% a marginal reduction to 55.4% reported in November 2025. A key factor is job plans falling out of the 12 month rolling period and ongoing complexities being worked through with directorates.

To support the targeted job planning compliance, key actions include integrating progress updates into Divisional Performance Reviews, conducting targeted deep dives, and withholding vacancy approvals until up-to-date consultant job plans are in place. Pay-impacting changes and study leave funding will also be restricted unless job plans are current or under appeal. Attendance at the Job Planning Consistency Group is now compulsory, and a formal reminder from the Medical Director and Chief Operating Officer will reinforce consultants' contractual obligations. Deep dives with divisional management were undertaken in January and February to review compliance levels, action plans and support required.

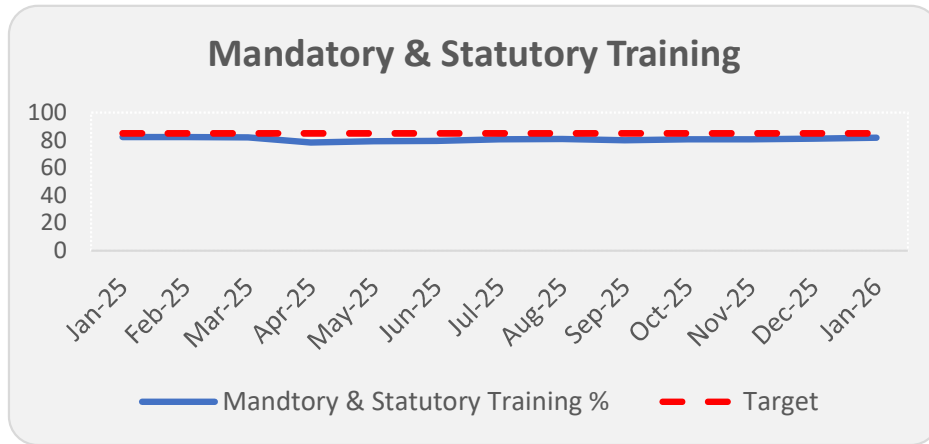
Performance Summary

Job Planning – Job planning compliance from 47.8 % to 50%.

To support the targeted job planning compliance, key actions include integrating progress updates into Divisional Performance Reviews, conducting targeted deep dives, and withholding vacancy approvals until up-to-date consultant job plans are in place. Pay-impacting changes and study leave funding will also be restricted unless job plans are current or under appeal. Attendance at the Job Planning Consistency Group is now compulsory, and a formal reminder from the Medical Director and Chief Operating Officer will reinforce consultants' contractual obligations. The Medical Workforce E-System Team remains actively engaged with directorates to support sustained improvements in compliance for consultant and SAS and to ensure that completed job plans are reviewed and updated as necessary prior to their expiry, maintaining continuity going forward.



Mandatory Training

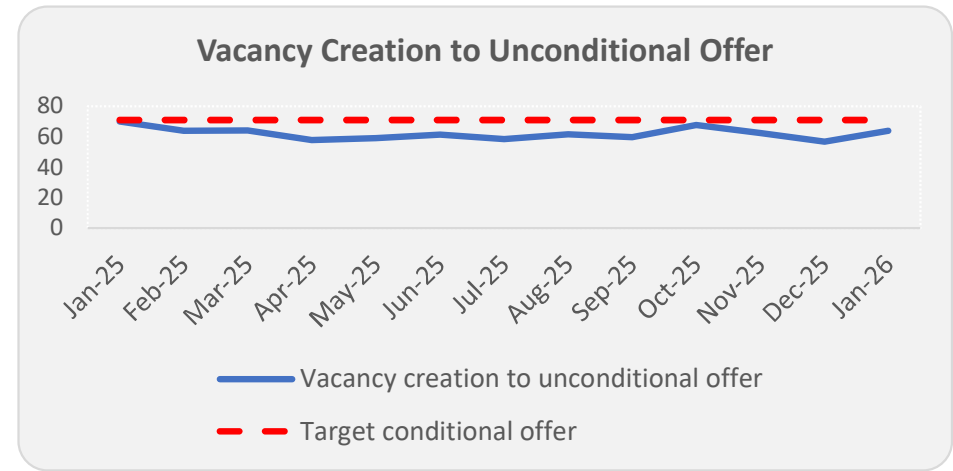


Performance Summary

Mandatory & Statutory Training has Increased to 81.64%. There are 8 Divisions/Corporate Services that have reached/higher than the target of 85%.

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

Time to Hire



Performance Summary

The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days and the Health Board is exceeding performance at 63.8 days which is 7.2 days lower than the target..

Conditional offer letter to completed PECS is 29.2 days which is 4.2 days higher than target.



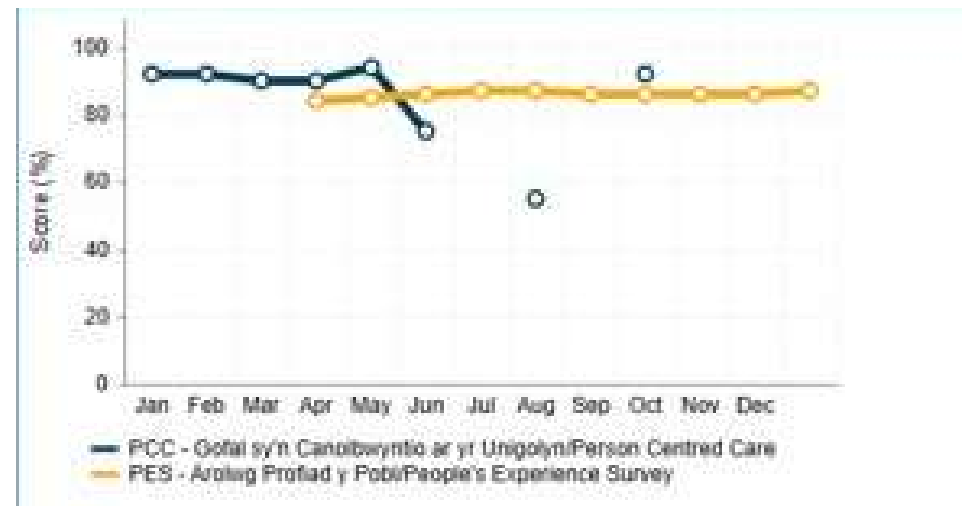
6 Pillars of Quality



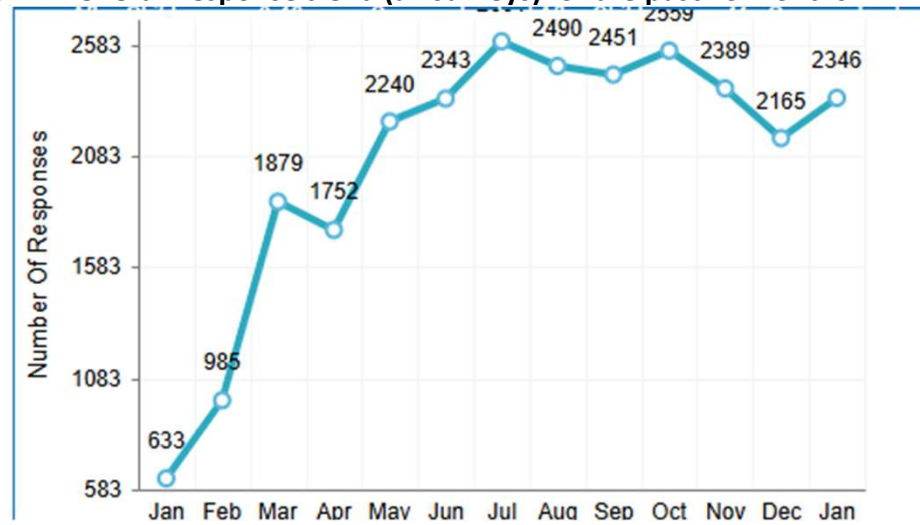


Pillar 1 Patient and staff feedback, concerns, complaints and compliments- Patient Experience CIVICA

Table 1– Overview of CIVICA satisfaction score from Jan 2025 to Jan 2026



Graph 1 – Overall response trend (all surveys) for the past 13 months



- **Civica Overall Satisfaction score** (table 1) for the 'Patient Experience Survey' has remained stable since its introduction in May 2025, with overall scores ranging between 86 to 87. The lowest scoring question remains 'Was the time you waited'.
- The **Overall response trend** (Graph 2) shows that 2,346 responses were received in January 2026, an improvement on December 2025 of 2,165, although responses are still coming through (especially from SMS).
- Bespoke reporting continues on themes and patient comments that crossover all the Divisions.
- Rollout continues across all Divisions, especially teams working across sites and within outpatient clinics. Alongside this is work to review and support areas with little/no feedback during 2025.
- Internal discussions have taken place on introduction of All-Wales National Endoscopy Survey (SMS, Nationally funded for first 12 months) and All Wales Research Survey if SMS nationally funded – due to be rolled out from April 2026 onwards. Awaiting internal discussions for Enhanced Community care national survey.
- The new Cancer Treatment Survey via SMS is due to launch February 2026.



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

Positive and negative themes Q2 2025/26

Top 3 Themes from PES – January 2026

| Positive Themes | Negative Themes |
|---|---|
| <p>Compassion (251)</p> <p>Word cloud for Compassion (251) featuring terms like: thoughtful, kindly, understanding, caring, empathetic, supportive, gentle, sympathy, and patient.</p> | <p>Waiting <i>(the current waiting figure contains duplicates so not counted)</i></p> <p>Word cloud for Waiting featuring terms like: "almost 6 hours", "after 6 hours", "never seen on time", "time wasters", "delayed", "waited", "for 10 hours", "for 12 hours", "waiting", "eventually", "wait", "for hours", "hours later", "sat for over 6 hours", "almost 4 hrs", "left in waiting room for hours", "more than four hours".</p> |
| <p>Professional and Competent (230)</p> <p>Word cloud for Professional and Competent (230) featuring terms like: "fantastic service", "staff were fantastic", "knowledgeable", "professionalism", "thorough", "well organised", "great service", "efficient", "dedicated", "expertise", "above and beyond", "excellent service", "skilled", "competence".</p> | <p>Pain (64)</p> <p>Word cloud for Pain (64) featuring terms like: "no pain relief", "couldn't get", "11 hours", "waiting for", "11 hrs", "still in", "had to ask", "6 hours", "any pain relief", "10 hour", "8 hours", "20 hours", "have to wait", "waiting time", "7 hours", "for hours", "3 weeks", "still have", "not enough", "not good", "10 hours", "no pain medication", "several hours".</p> |
| <p>Emotional and Physical Support (207)</p> <p>Word cloud for Emotional and Physical Support (207) featuring terms like: "reassurance and support", "put our mind at rest", "put mum at ease", "very understanding", "supportive", "helpful", "helped", "reassured", "put me at ease", "extremely understanding", "helpful", "offer reassurance", "understood our concerns".</p> | <p>Comfort (62)</p> <p>Word cloud for Comfort (62) featuring terms like: "unable to get any sleep", "wasn't comfortable", "no sleep", "discomfort", "uncomfortable", "loud", "noisy", "no blanket", "unable to sleep", "overcrowded", "not comfortable", "uncomfortably", "not very comfortable".</p> |

Learning and Improvement from CIVICA data:

Any themes or trends from comments e.g. E-triage are shared with individual departments to allow for the patient voice to be heard.

Listening and Learning Forum:

The listening and learning forum meets six times a year and provides sharing of learning from a wide verity of sources including patient feedback. No listening and learning forum meeting occurred in January 2026.

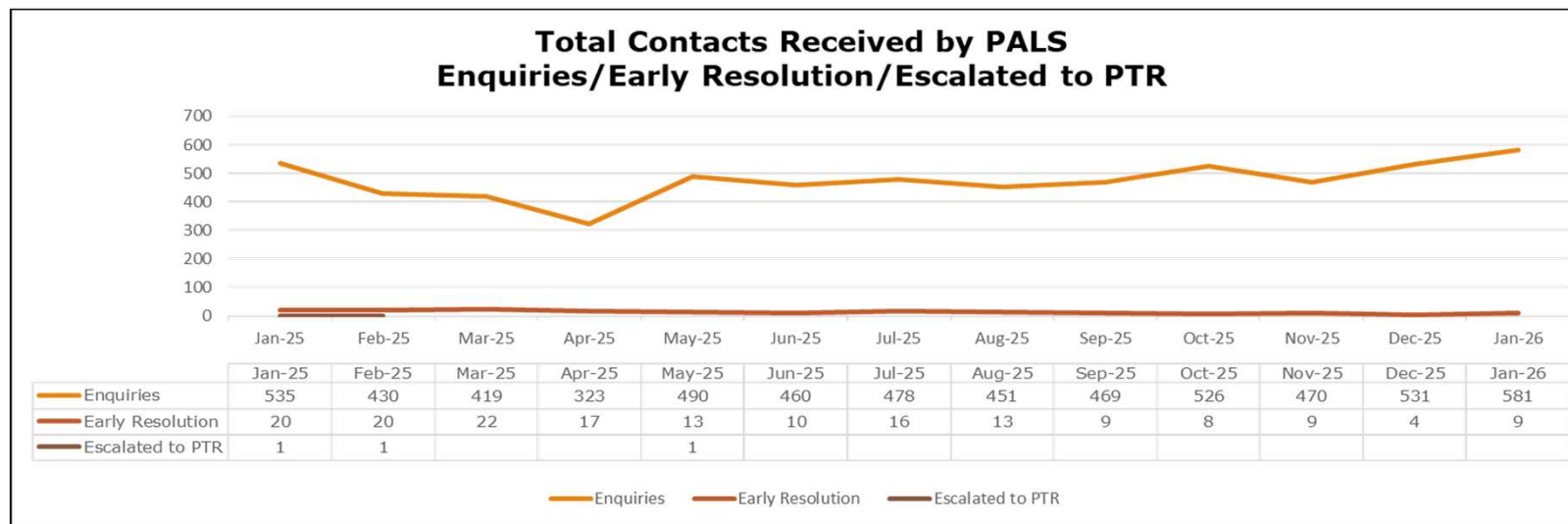
Ward and Divisional Monitoring:

Civica feedback is monitored at a ward level and also provided in the divisional assurance reports to monitor trends and make interventions to services where appropriate.



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

Graph 1– Breakdown of contacts received by PALS



| PALS Enquiry Themes | |
|---|-------|
| Themes | Count |
| Communication Issues (including Language) | 3237 |
| Access (to Services) | 1547 |
| Appointments | 347 |
| Patient Care | 217 |
| Clinical treatment/Assessment | 208 |
| Discharge Issues | 130 |
| Post Death Issues | 116 |
| Complaints Handling | 69 |
| Record Keeping | 51 |
| Admissions | 37 |

The number of contacts received by PALS has increased from 1,436 in Q2 to 1,548 in Q3 with Communication Issues remaining the single largest theme.

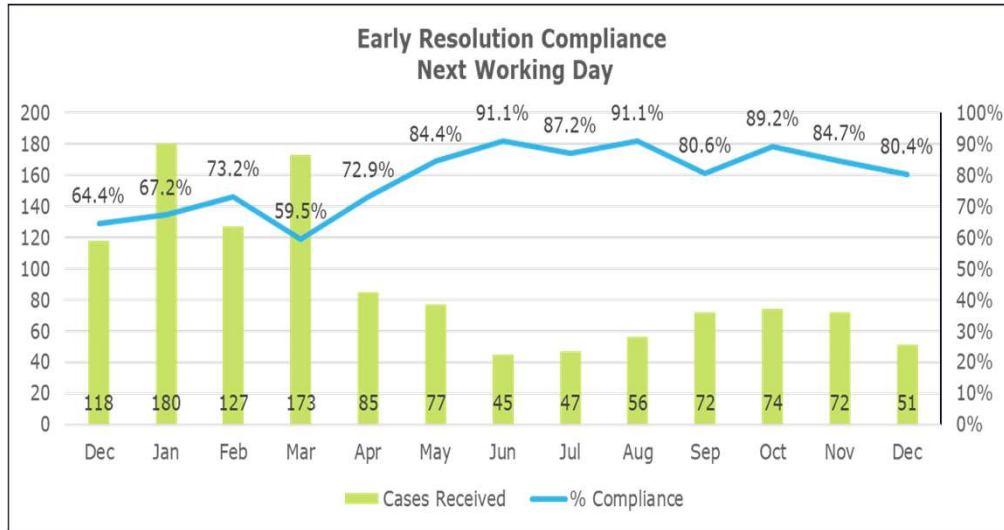
Learning & Improvement

- Roll out of the PALS bedside stickers has continued across Health Board
- PALS supporting with patients who are being cared through the 'Your next patient' programme
- Additional training is being undertaken so that the PALS team to better support vulnerable groups – Deaf Blind awareness sessions, British Sign Language level 1 and Vision Friends sessions.



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

Graph 1- Early Resolution Performance



Graph 2 – Putting Things Right Performance



Graph 1 illustrates the compliance with the 2-day closure target for Early Resolution concerns (ER). ER has shown significant improvement compared to the previous year. The compliance for early resolutions has sustained above 80% since May 2025.

Graph 2 Shows PTR compliance with the 30-working day target against the Health Board’s improvement trajectory and the number of cases received. 61.9% of cases received in November were closed within 30 working days, above the 59% agreed trajectory.

Key Themes and Learning –

A notable increase in the number of complaints received in January was seen, 209 concerns were raised (135 PTR / 74 ER) compared to 162 in December (111 PTR / 51 ER). This increase was seen across the divisions and not triangulated to a specific area or concern.

Improvements-

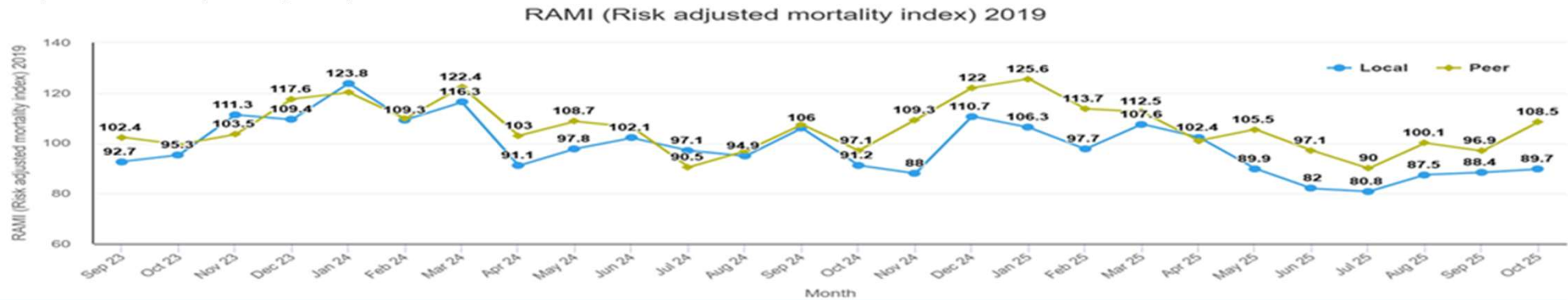
Maternity services delivered their highest-ever monthly performance, achieving 80% compliance—an increase from the typical 40% seen earlier this financial year. During the same timeframe, they managed to cut their backlog of overdue cases by half. Mental Health & Learning Disabilities (MH&LD) recorded 92% compliance in November; a substantial improvement compared to the average 58% compliance observed so far, this financial year.

Focused weekly sessions continue with the PTR management team to monitor and escalate where required cases approaching compliance deadline to ensure those which can be achieved within timescale are being driven by the concerns support officers.

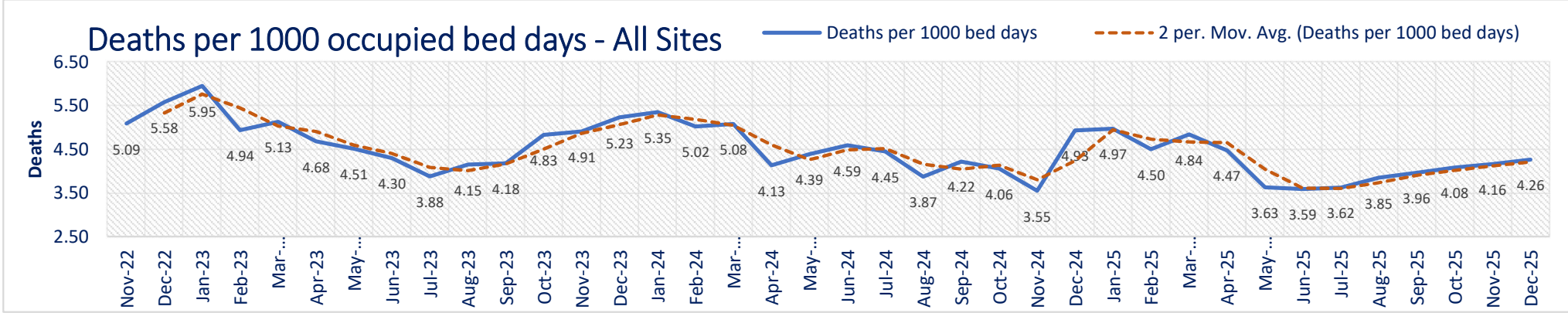


Pillar 2 – Patient Safety Including Incident Reporting - Mortality

Graph 1 - Risk Adjusted Mortality Index (RAMI)



Graph 2 - Deaths per 1000 occupied bed days



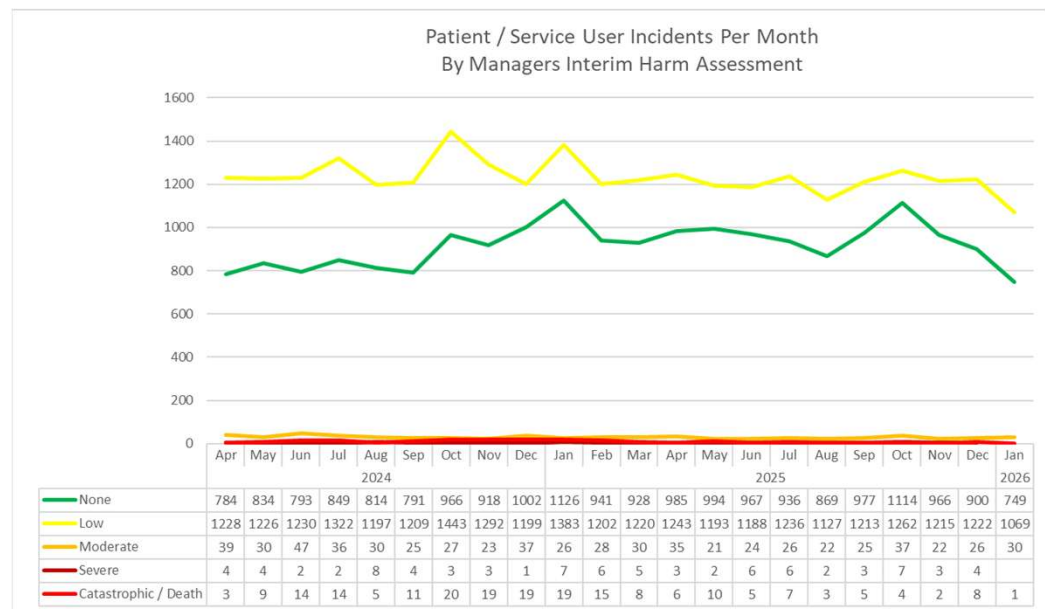
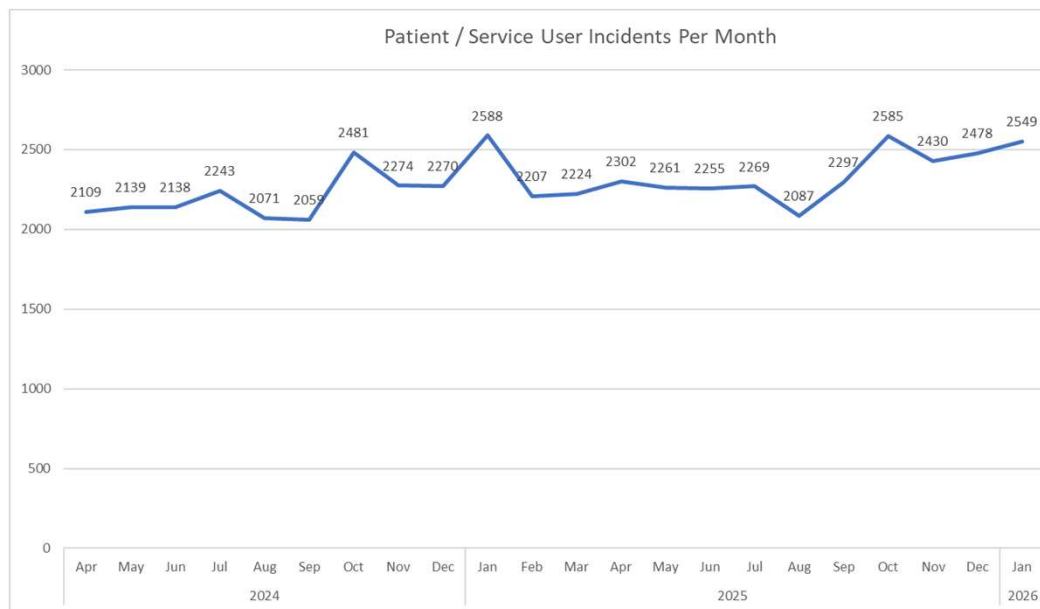
Graph 1 - shows the Health Board’s Risk-Adjusted Mortality Index (RAMI) for October is 89.7, (up from 85.6 in Q2). RAMI adjusts for patient risk factors and co-morbidities, allowing meaningful comparisons across organisations. Encouragingly, RAMI has improved year-on-year since 2023 and remains below the benchmark of 100 in 2025, indicating fewer observed deaths than expected. RAMI reliability depends on accurate clinical coding and timely updates to external systems. A standard 6–8-week delay in coding ensures completeness and accuracy. In October 2025, the Health Board ranked second among six members of the All-Wales peer group. Q3 data (November and December) will be updated in due course.

Graph 2 – crude mortality measures the number of deaths in a population over a set period, comparing current figures to the three-year average to identify trends. This data reflects all-cause mortality within the Health Board. The graph shows hospital deaths recorded by the Health Board. In 2025, deaths were on average 15% lower than previous years. Seasonal variation is evident, with consistent spikes in December and January each year.

Learning and Improvement – continue presenting the Learning from Death report to strengthen understanding of mortality reporting. This includes structured reviews and deep dives to interrogate RAMI data. Review mortality outliers through case-based notes analysis to identify learning opportunities and drive improvement. Collaborate with coding teams to improve depth and accuracy of clinical coding, enhancing the reliability of mortality metrics.



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



Incident Volume and Harm: Patient/Service user incidents has continued to steadily increase with 2,549 incidents recorded in January 2026.

A notable decrease in the number of Catastrophic/Death incidents this financial year, has been driven by work to improve the review and grading of incidents where patients have sadly died. The level of harm should be evaluated from the perspective of harm caused/contributed by Healthcare.

All incidents are investigated for identification of learning, themes and trends are collated and local actions or quality improvement programmes are developed as a result of the learning identified. These actions and quality improvement programmes may be delivered locally, divisionally and at Health Board level

Learning & Improvement -

A project has begun to improve the quality of information within Datix incidents, specifically focused on the investigation information. Further opportunities for learning are through the collation of themes and trends which are discussed at the learning and improvement forum and the Quality Management Group.



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

Top 5 most common themes of Datix Incidents (impacting patients/service users of all harm levels)

| | Pressure Damage, Moisture Damage | Accident, Injury | Behaviour (including violence and aggression) | Medication, IV Fluids | Assessment, Investigation, Diagnosis |
|--------------------|----------------------------------|------------------|---|-----------------------|--------------------------------------|
| 2025 | | | | | |
| Jan | 867 | 409 | 221 | 147 | 151 |
| Feb | 789 | 349 | 181 | 171 | 133 |
| Mar | 739 | 343 | 241 | 137 | 144 |
| Apr | 707 | 392 | 294 | 194 | 148 |
| May | 708 | 343 | 293 | 155 | 150 |
| Jun | 674 | 333 | 271 | 193 | 147 |
| Jul | 746 | 322 | 203 | 211 | 174 |
| Aug | 748 | 322 | 219 | 145 | 157 |
| Sep | 734 | 342 | 211 | 197 | 161 |
| Oct | 869 | 436 | 243 | 152 | 179 |
| Nov | 798 | 367 | 290 | 142 | 169 |
| Dec | 817 | 404 | 239 | 185 | 130 |
| 2026 | | | | | |
| Jan | 943 | 394 | 205 | 181 | 146 |
| Grand Total | 10139 | 4756 | 3111 | 2210 | 1989 |

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

‘Pressure damage, moisture damage’ incidents are the most common Datix incident, of which 68.14% were present prior to admission/this clinical care episode, 31.86% relate to worsening or new pressure ulcers. A dedicated slide exists on Hospital Acquired Pressure Ulcers.

‘Accident, Injury’ incidents- 86% are related to ‘slip, trips and falls’. A dedicated slide on patient falls will explore these incidents in more detail and the work ongoing to mitigate the risk and harm of patient’s falling.

‘Behaviour’ incidents- 41% related to ‘Self harm/injury’ this is unchanged from Q3, 20% relate to ‘Restrictive practices’ a decrease of 1% since last quarter and 10% relate to ‘absconding/missing patients’. A thematic review has been undertaken on self harm and restrictive practices with improvement plans developed, isolated complex patients account for a significant number of these incidents.

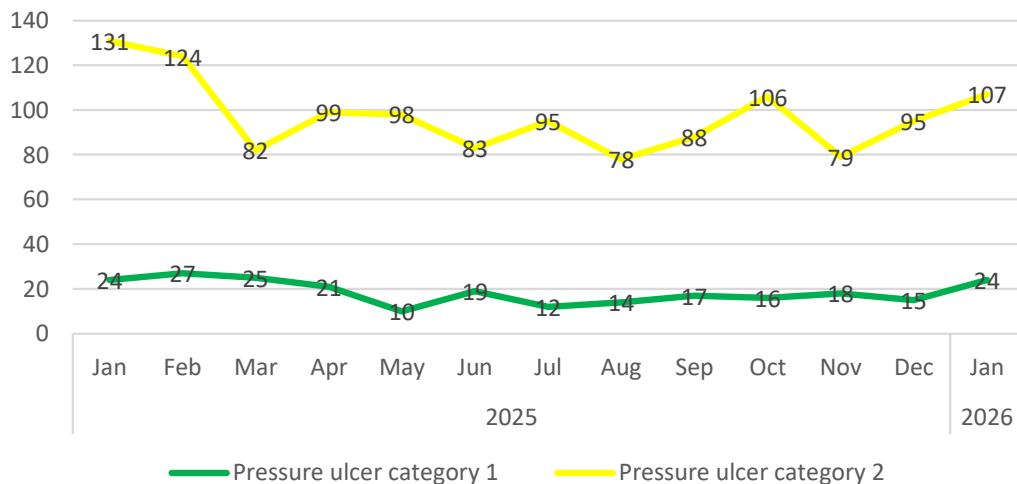
‘Medication, IV Fluids’ incidents- 47% relate to ‘Administration errors’ which would encompass delays, dose, strength, route of administration. 23% are ‘Medication supply errors’ and 17% are “Prescribing errors”.

‘Assessment, investigation, diagnosis’ incidents- 60% are ‘Diagnostic testing- Pathology’, 23% are ‘Clinical assessment/diagnosis’ and 13% are ‘Diagnostic testing – Radiology’.

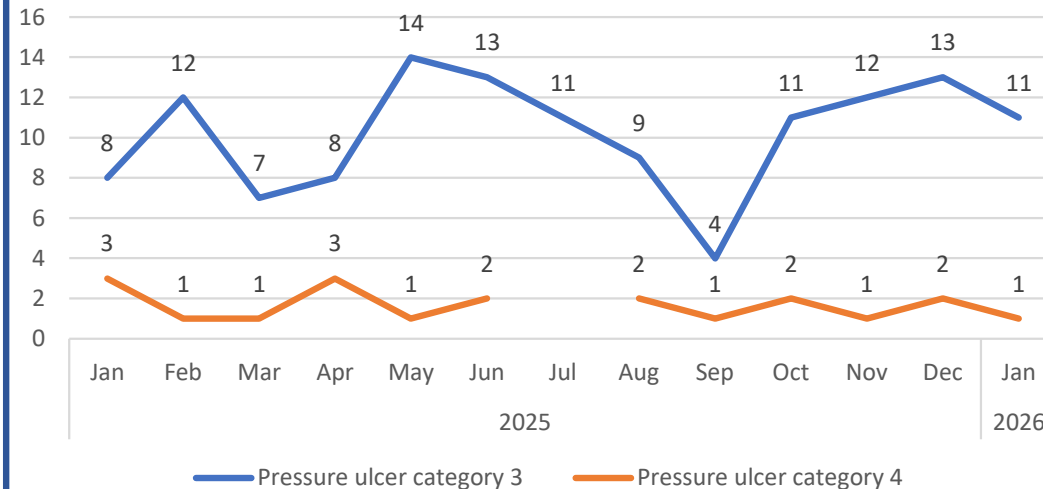


Pillar 2 – Patient Safety Including Incident Reporting – Pressure Ulcers

Hospital Acquired Pressure Ulcers
Health Board Wide - Grade 1 & 2



Hospital Acquired Pressure Ulcers
Health Board Wide - Grade 3 & 4



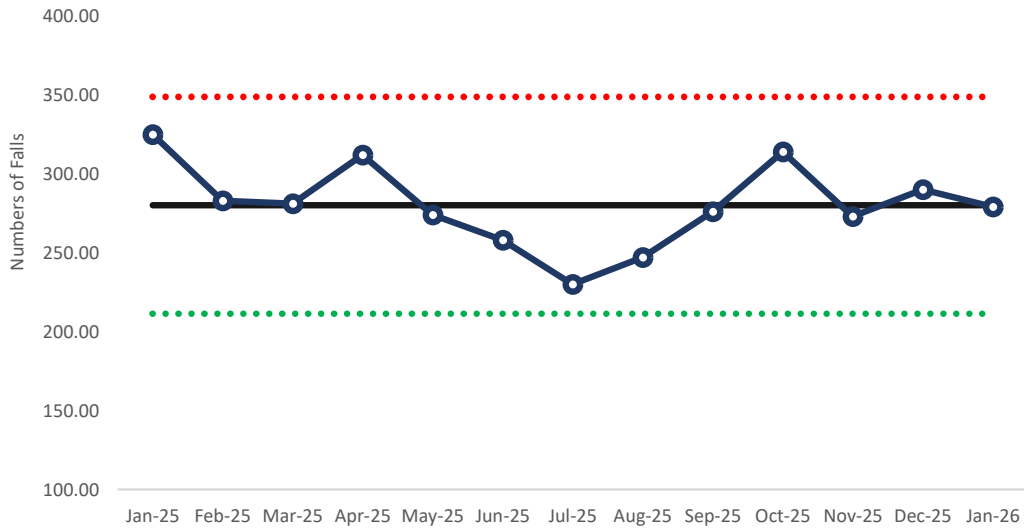
The majority of Pressure Ulcers recorded are category 2 (partial-thickness skin loss where the epidermis (outer layer of skin) or dermis (deeper layer of skin), or both, are damaged). No statistically significant trends in the category of ulcers can be seen within the past 3 months.

| Issue | Action | Learning and Improvement |
|---|---|---|
| Quality of Datix Reporting – correct grading, duplication, adding a value (Avoidable or Unavoidable harm), Focused Reviews & timely closure | Through the Steering Group, work with divisions to develop achievable processes to improve the validation of incidents | Grading guides & resources available on the Tissue Viability webpage to support improvement. Policy reviewed with group, suggestions to be escalated to DDON and agreement sought to complete focussed reviews on grade of pressure damage. |
| Access to air mattresses. Mattresses arriving in clean packaging – damaged or contaminated | Ensure staff are aware of how to access mattresses via Drive. Report incidents of damaged or contaminated mattresses to Drive immediately | Posters & booklets available to support mattress choice. Education programme in place at YYF. Education booklet is being developed for staff. Review undertaken in relation to mattress purchase and hire across all division process developed across divisions. |
| Timely investigation & share learning | Establish regular scrutiny panels and develop standardised process and documentation. Complete investigations & Yorkshire contributory factors on Datix | Identify themes & actions to improve. Share via QPS forums & Pressure damage collaborative. Educational slides shared with all divisions |
| Validation for Grade 2 pressure ulcers | Senior Nurse review and sign off for all grades of pressure damage. | Information cascaded to all divisions. All divisions aware of requirement for senior nurses to sign off all pressure damage incidences. |
| High number of no value incidences within DATIX | Provide information for clinical teams on reporting, roles and responsibilities. Review current Health Board policy and All Wales reporting guidance | HB Policy and All Wales guidance reviewed, suggested amendments to be discussed with DDON. Flow chart on DATIX system to be reviewed by group at next meeting. |

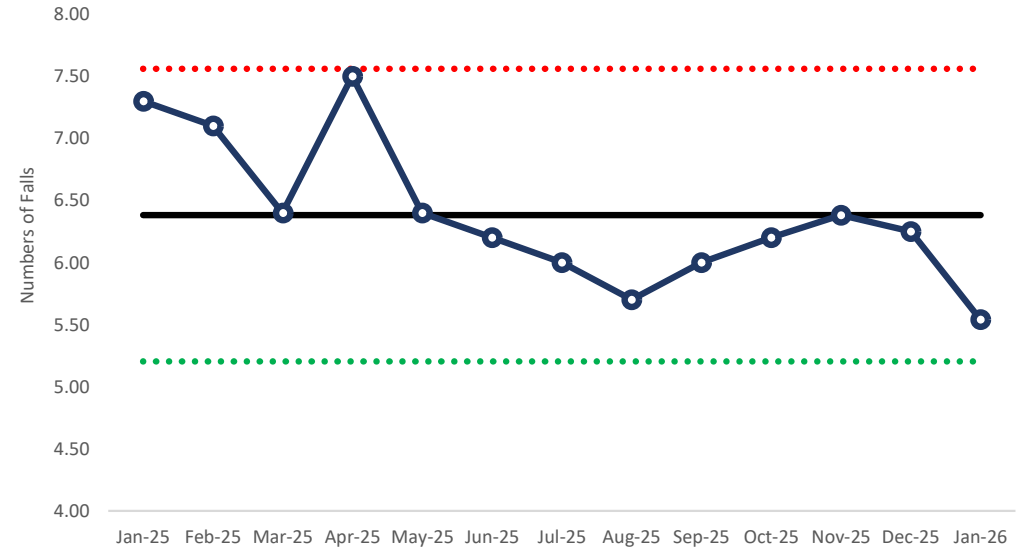


Pillar 2 – Patient Safety Including Incident Reporting – Falls

Total Numbers of Inpatient Falls January 2025- 2026



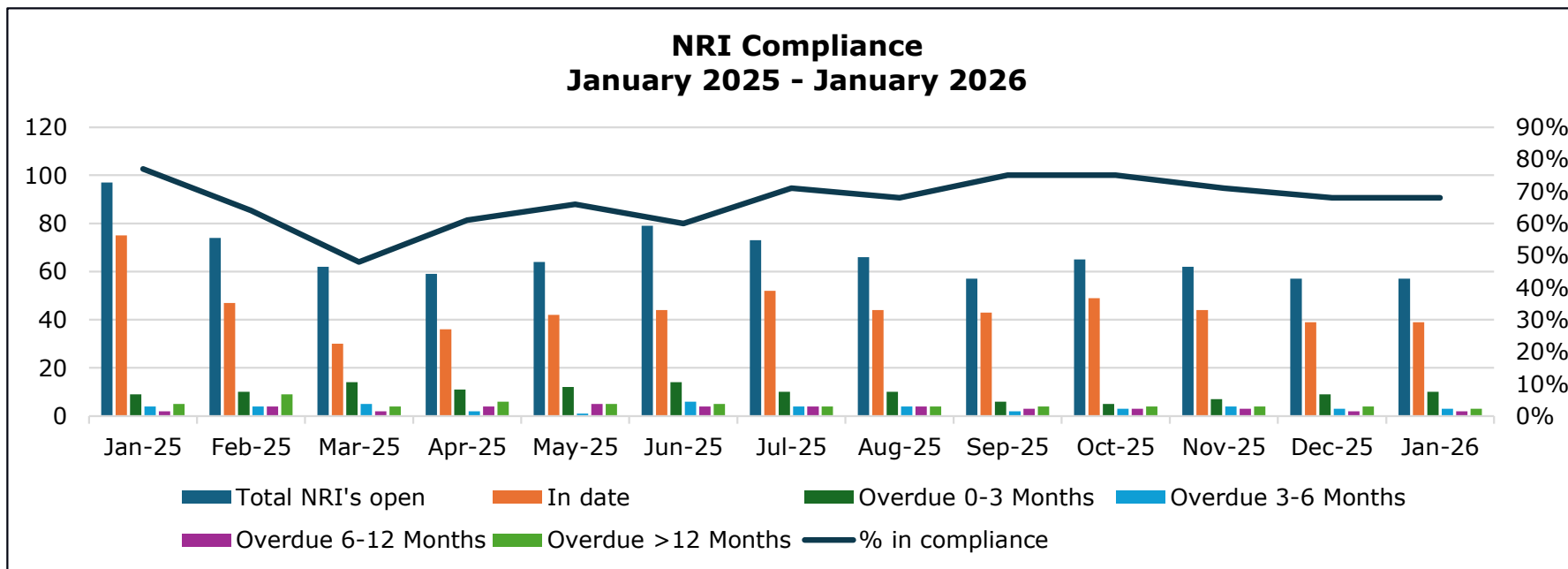
Average Number of IP Falls per 1000 Occupied Bed Days January 2025- 2026



- January 2026 has seen a 4% decrease in the numbers of reported falls incidents as compared to December 2025 (279).
- At the time of reporting 91% of incidents for January 2026 were identified as no/ low harm. No incidents have been reported as a catastrophic outcome since November 2024.
- January 2025 has seen a significant decrease in the mean average value for falls per 1000 OBDs from 6.25 as reported in the December 2024-25 data review to 5.54. The January value represents the lowest for the period of analysis (January 2025-26). This represents a value **19%** below the national average (6.6).
- Positive variation has been demonstrated for 9 consecutive months (May 2025 to January 2026) in which falls per OBD have been below the National average.



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



The graph above shows the % of open NRIs within compliance, not the % of NRIs closed within the compliance window (this report is only available quarterly). In January there are 57 open cases, with 39 cases within compliance. The breakdown of overdue cases:

- Over 12 months is **3**
- 6-12 months is **2**
- 3-6 months is **3**
- 0-3 months is **10**

Learning and Improvement:

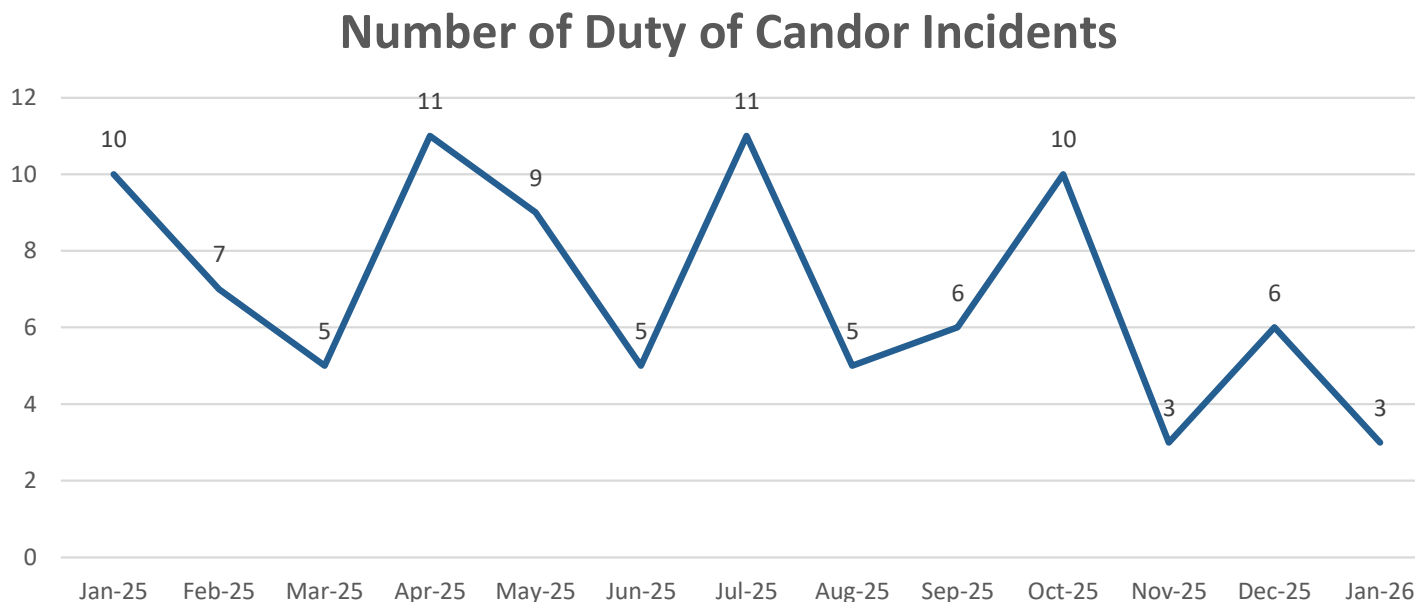
Proposal for a staggered approach to revising the PSI process brought to Clinical Executive Meeting in February. This will improve the early stages of PSI process with enhanced oversight and timely collection of critical information. Phase 2 and 3 will examine the investigating / report writing and the sign off / action plan processes.

Work has begun with Neonatal Unit and Maternity to align the PSI, DoC, NRI and complaints processes to streamline the patient experience.



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

Graph 1 – Duty of Candour Events from Jan 2025 – Jan 2026



Duty of Candour information is extracted from RL Datix and represents an evolving picture; data correct as of 20 February 2026. The number of Duty of Candour (DoC) incidents remains low. The three DoC incidents in January include a patient fall, an incorrect dosage of anticoagulant on discharge resulting in DVT and failure to follow correct treatment pathway resulting in incontinence.

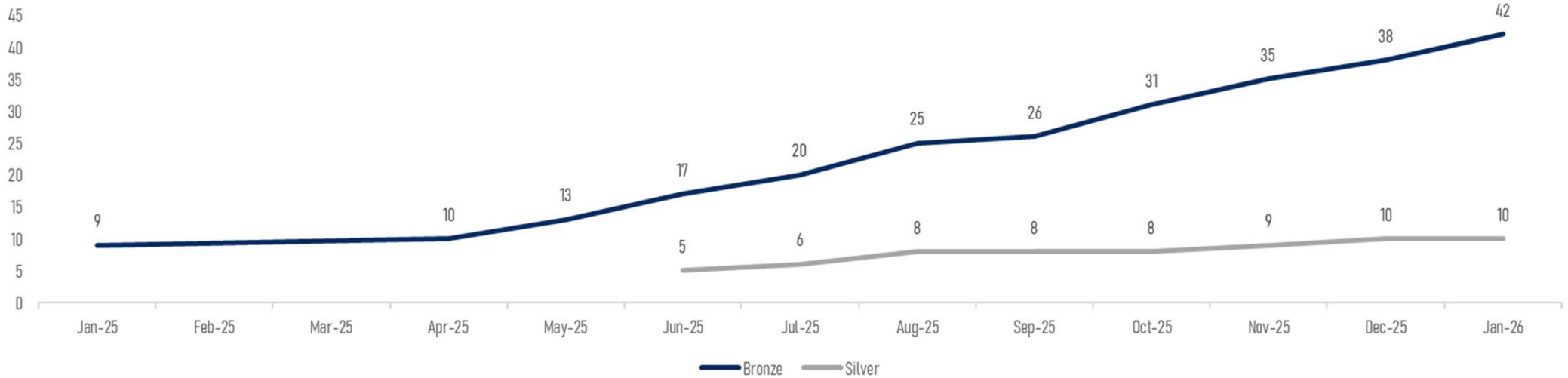
Actions: Refreshed SoPs in development which will go alongside new digital resources on ABUHB intranet and Business Intelligence Software (QLIK) to allow real time monitoring of DoC cases.

Learning and Improvement: Mandatory training will strengthen understanding and statutory compliance. Patient and family feedback reinforces the need for timely, compassionate communication during DoC processes. Continuous monitoring of DoC application and training effectiveness. Collaboration with other Health Boards to share best practice and refine SOPs. Cultural shift towards openness and honesty as core principles.



Pillar 3 Clinical Effectiveness – Ward Accreditation

Graph 1- Ward accreditation status over time



Quality Improvement Projects through ward accreditation

161 areas now taking part in accreditation programme with 38 having reached bronze and 10 achieving silver.

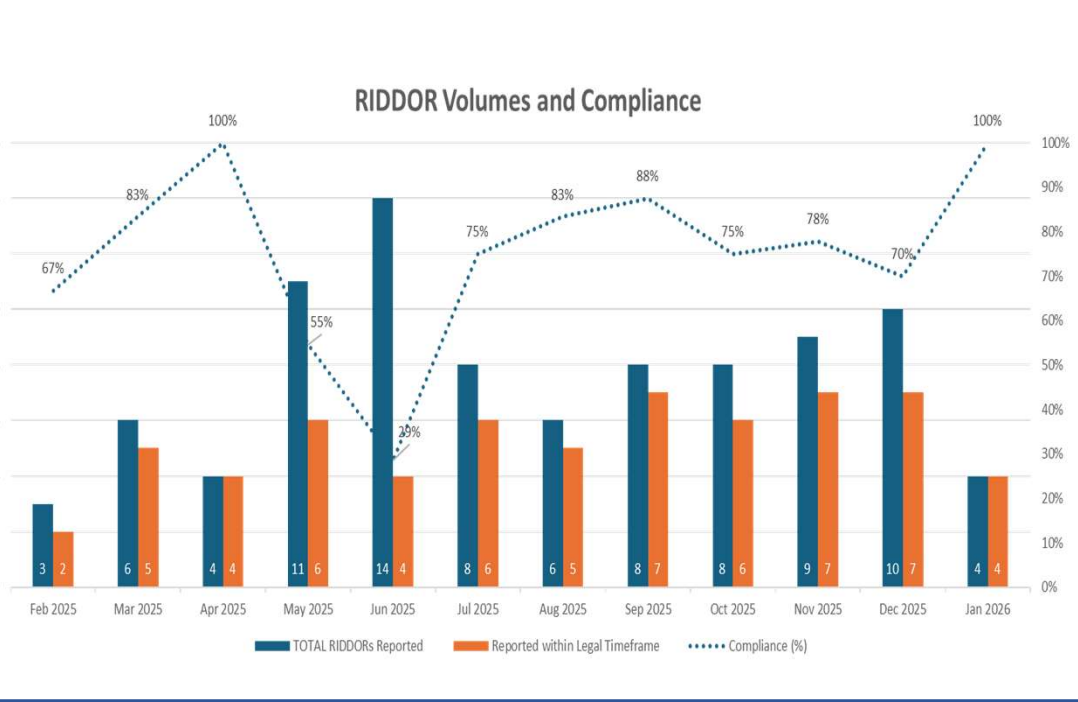
Infection outbreaks / Winter pressures impacted conduction of independent reviews and assessments.

Roll out to Health Visiting / District Nursing/ School Nursing delayed due to winter pressures.

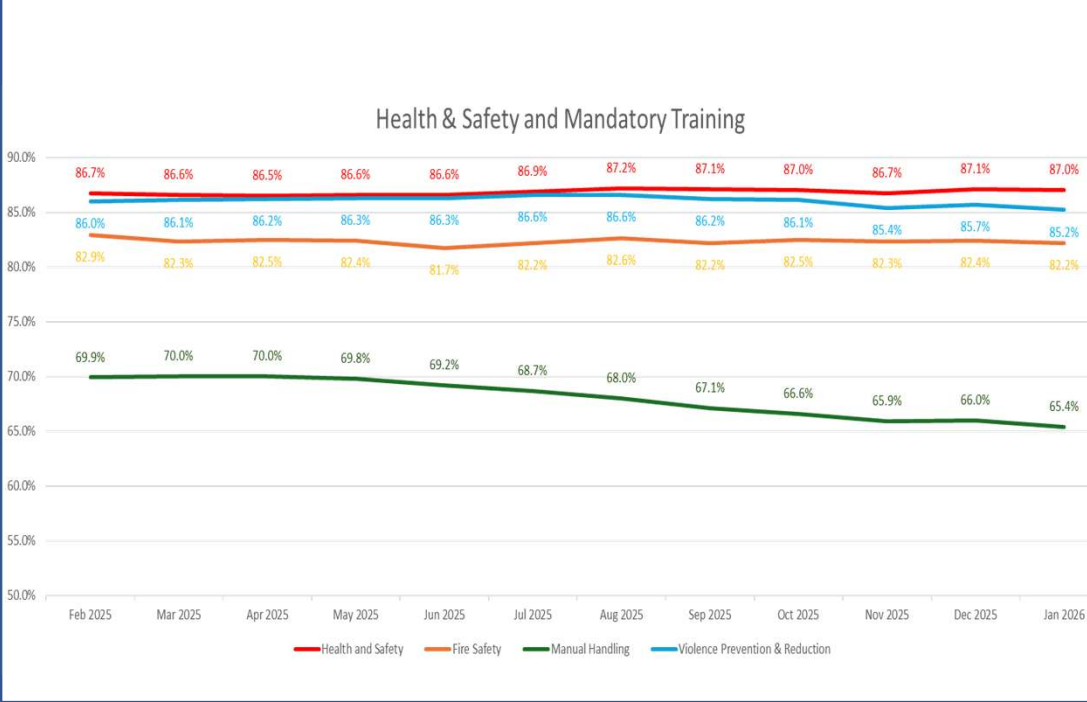


Pillar 4 - Health, Safety, Security and Compliance

Graph 1- RIDDOR % Compliance



Graph 2 - Health and Safety Training Compliance



- RIDDOR incident volumes fluctuate considerably across the reporting periods, indicating inconsistent operational risk levels. Timeliness of RIDDOR reporting is highly variable, ranging from strong performance at 100% to significant non-compliance at below 30%, highlighting a need for more reliable reporting processes.
- Statutory and mandatory training performance remains generally strong in Health & Safety and Violence Prevention & Reduction, both consistently in the mid-80% range. Fire Safety compliance is stable but slightly lower at around 82–83%. Manual Handling is the primary area of concern, showing a continuous decline over time from approximately 70% to below 65%, signalling a clear need for targeted improvement.
- Overall, organisational compliance is solid in most areas, but improving Manual Handling training and strengthening RIDDOR reporting reliability is the priority.



Pillar Five - Infection Prevention & Control

Table 1 – Healthcare Associated Infections per 100,000 populations

| | C. difficile | MRSA bacteraemia | MSSA bacteraemia | E. coli bacteraemia | Klebsiella sp bacteraemia | P. aeruginosa bacteraemia |
|-------------------|--------------|------------------|------------------|---------------------|---------------------------|---------------------------|
| Aneurin Bevan UHB | 41.67 | 1.2 | 24.44 | 64.11 | 20.23 | 5.81 |
| Wales | 42.78 | 2.11 | 25.63 | 69.28 | 24.12 | 5.2 |

Table 2 – Healthcare Associated Infections Count of specimens

| | C. difficile | MRSA bacteraemia | MSSA bacteraemia | E. coli bacteraemia | Klebsiella sp bacteraemia | P. aeruginosa bacteraemia |
|-------------------|--------------|------------------|------------------|---------------------|---------------------------|---------------------------|
| Aneurin Bevan UHB | 208 | 6 | 122 | 320 | 101 | 29 |
| Wales | 1135 | 56 | 680 | 1838 | 640 | 138 |

C difficile infection

208 cases of C difficile reported from April 2025 to January 2026. This is 31 less than the equivalent period 2024/25. This is a HB rate of 41.67 per 100,000 population

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

Staph Aureus blood stream infection

128 cases of Staph Aureus BSI reported from April 2025 to January 2026. This is 31 less than the equivalent period 2024/25. This is a HB rate of 25.64 per 100,000 population

E coli blood stream infection

320 cases of E coli BSI reported from April 2025 to January 2026. This is 1 more than the equivalent period 2024/25. This is a HB rate of 64.11 per 100,000 population

Klebsiella blood stream infection

101 cases of Klebsiella BSI reported from April 2025 to January 2026. This is the same as the equivalent period 2024/25. This is a HB rate of 20.23 per 100,000 population

Pseudomonas blood stream infection

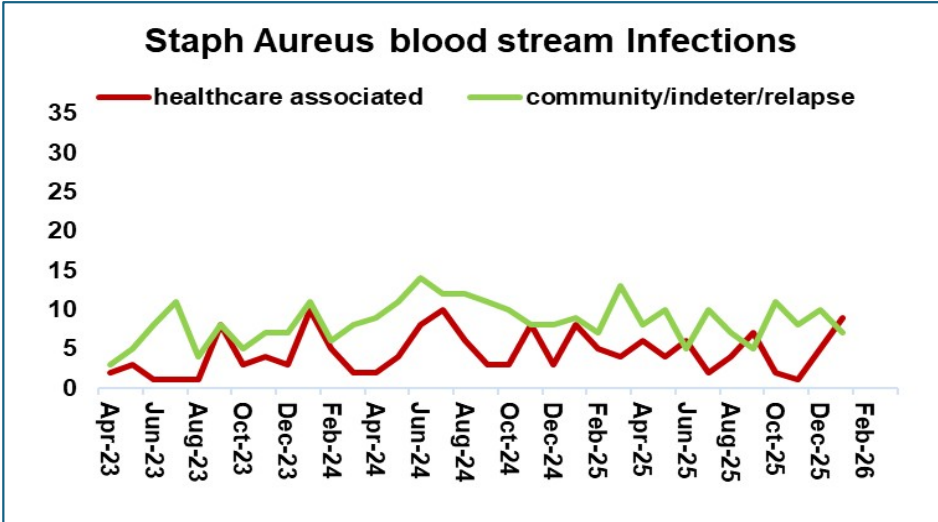
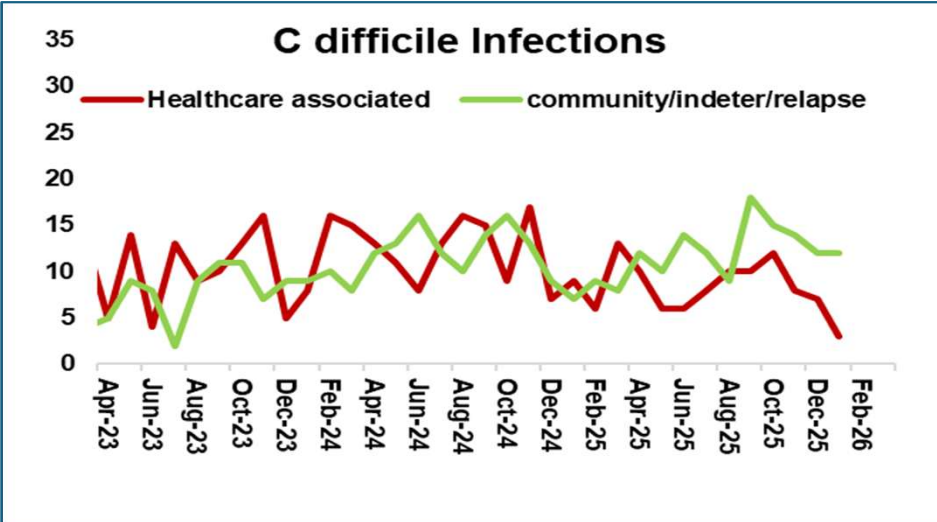
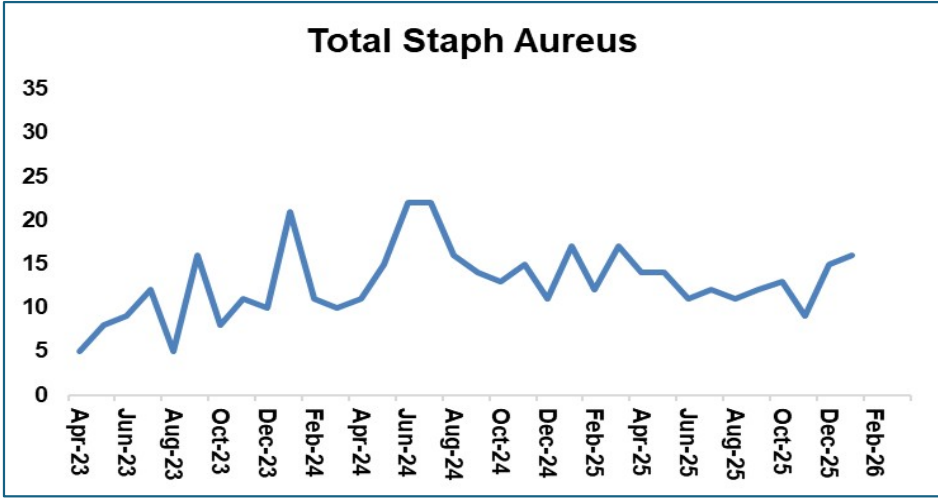
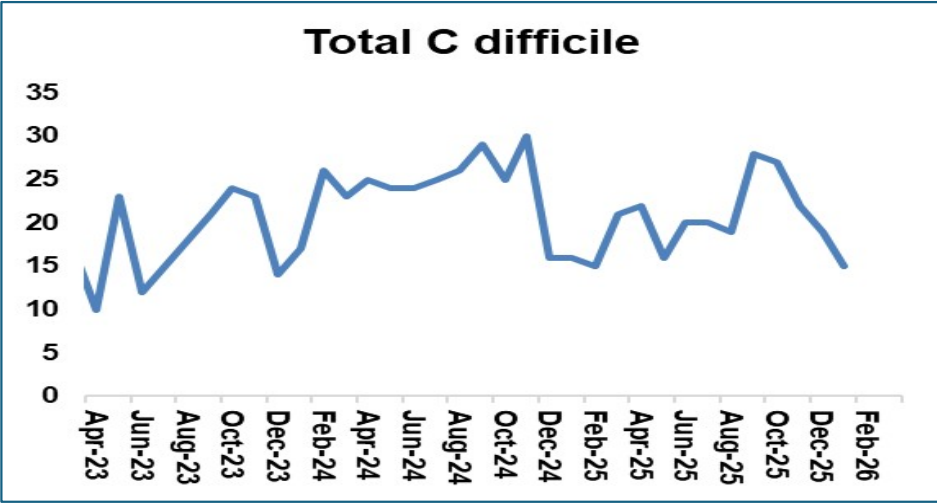
29 cases of Pseudomonas BSI reported from April 2025 to January 2026. This is 8 less than the equivalent period 2024/25. This is a HB rate of 5.81 per 100,000 population



Pillar Five - Infection Prevention & Control

208 cases of C difficile reported from April 2025 to January 2026. This is 31 less than the equivalent period 2024/25. This is a HB rate of 41.67 per 100,000 population

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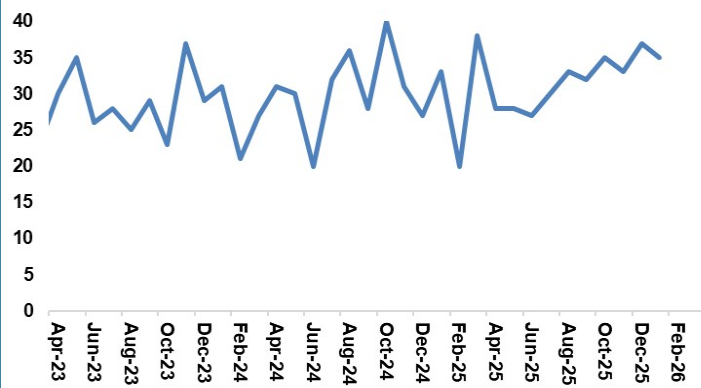
Pillar Five - Infection Prevention & Control

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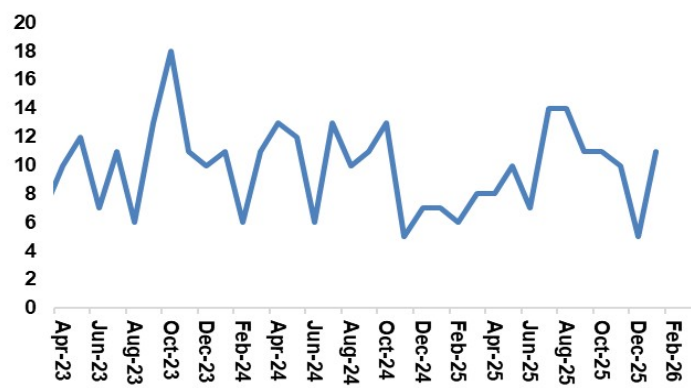
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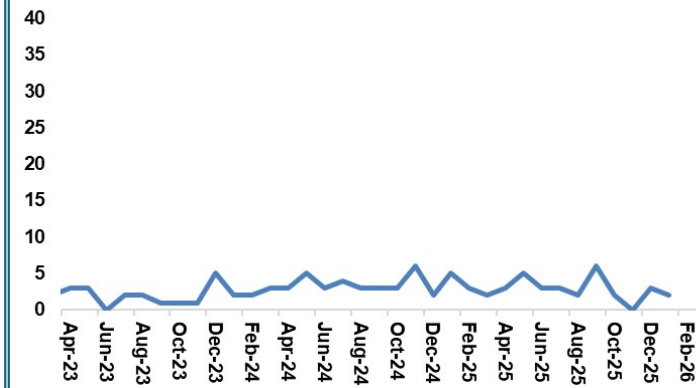
Total E coli BSI



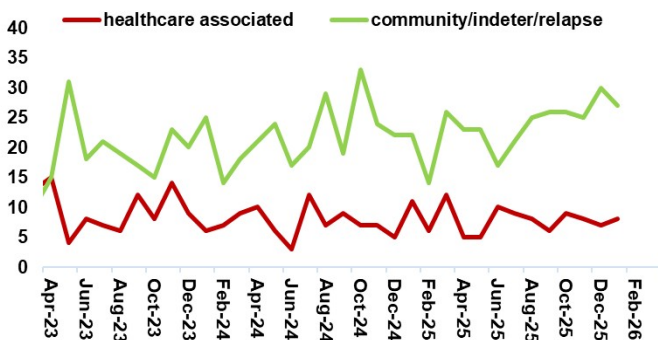
Total Klebsiella BSI



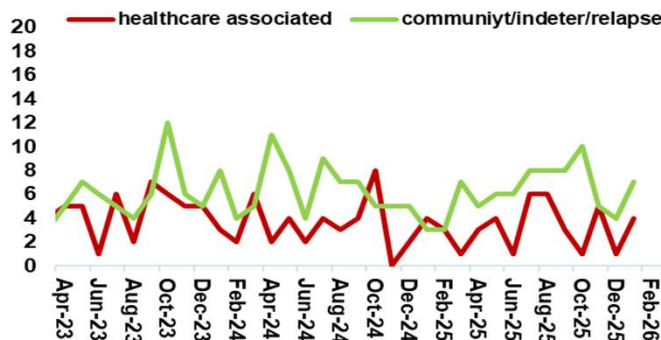
Total Pseudomonas BSI



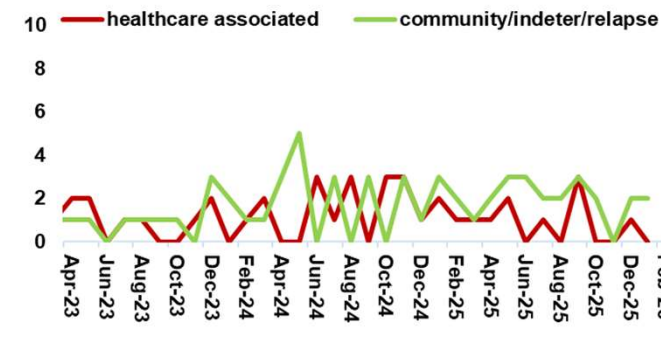
E coli blood stream Infections



Klebsiella blood stream Infections



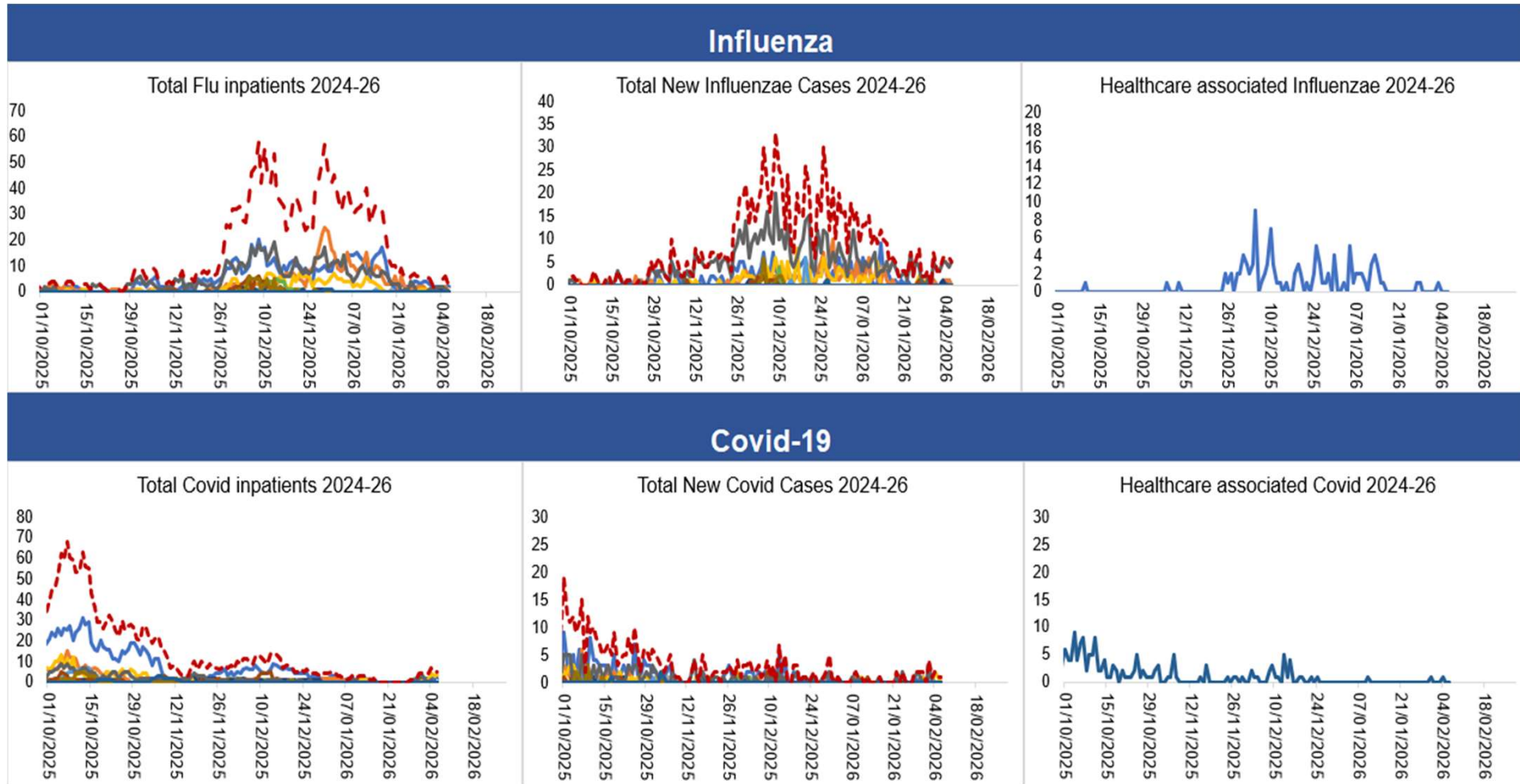
Pseudomonas blood stream Infections





Pillar Five - Infection Prevention & Control

Table 1 – Respiratory Virus Overview



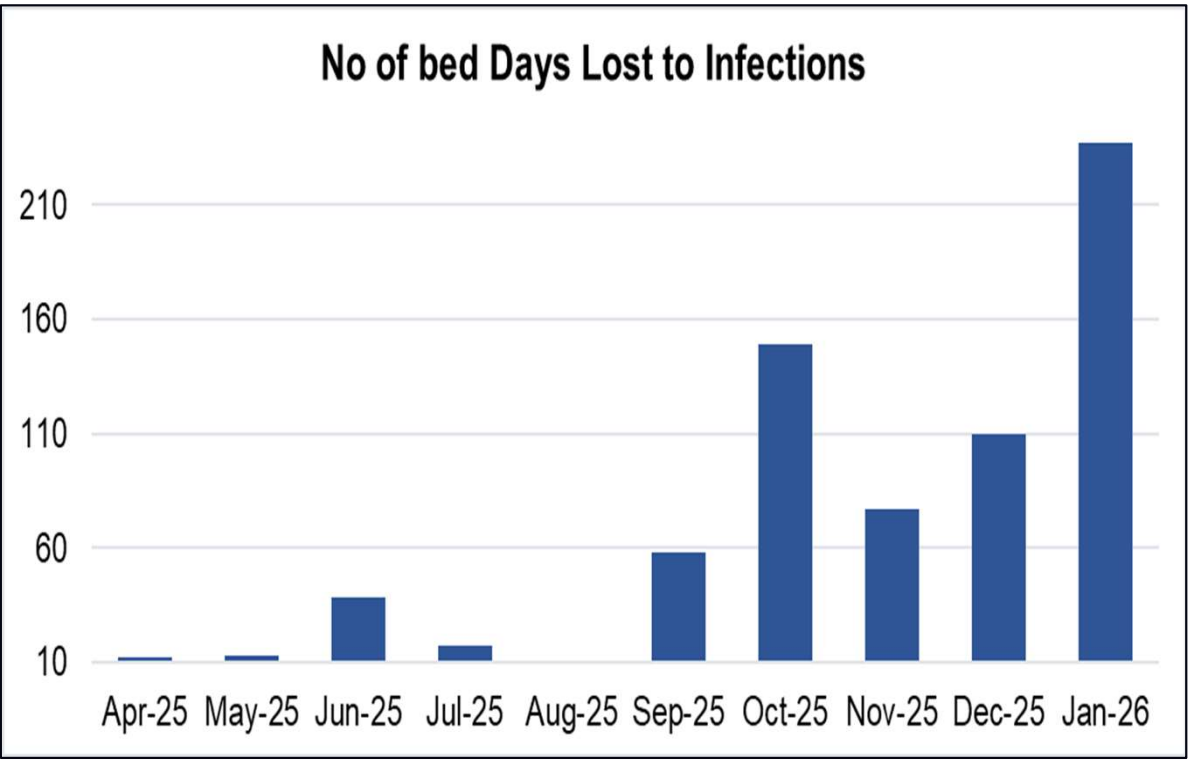
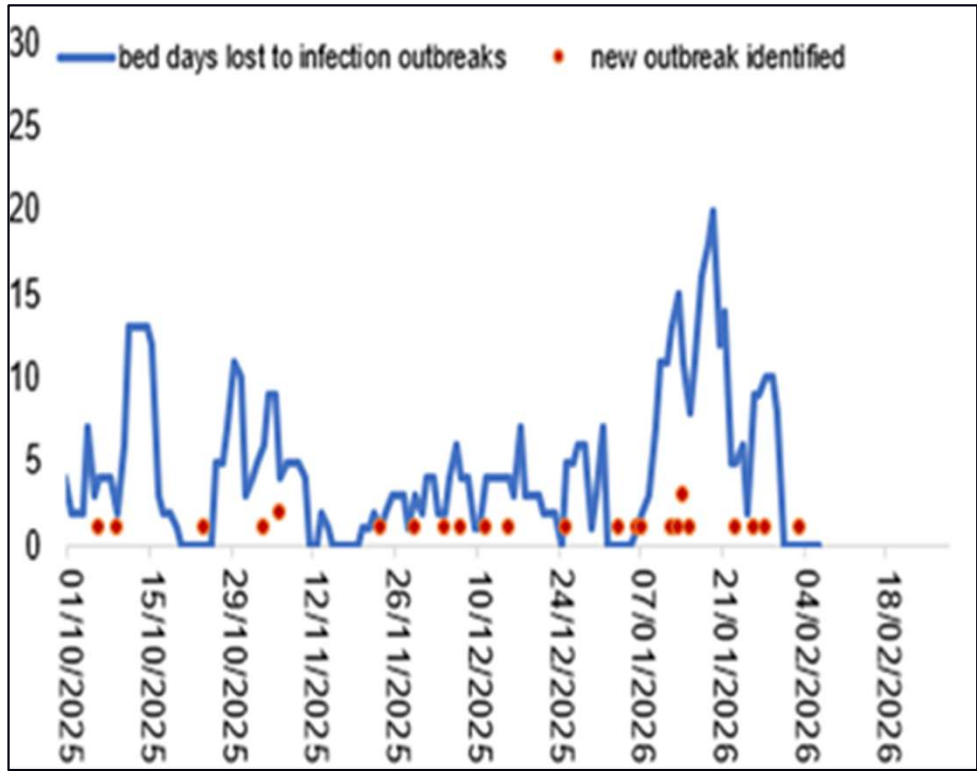
- Community prevalence for influenza was high over the winter period, with point of care testing supported local risk assessment within assessment units.
- Covid peaked in Oct and small numbers identified in 2026, with outbreaks where patients share bays and facilities.
- RSV in adults in inpatients peaked in December, with outbreaks linked to shared facilities.
- The Health Board has developed a standard operating procedure for winter virus escalation which supported governance and interventions required to reduce the risk of onward transmission.



Pillar Five - Infection Prevention & Control

Table 1 – Ward Closures, Bed Days Lost & RAG Escalation (rolling 7 days)

Bed Days Lost to Infection (Flu, Covid, C difficile & Norovirus)



Total of 12 wards closed due to Norovirus in January 2026: -

- Royal Gwent = 7
- YYF = 3
- Nevill Hall = 2

- Risk Assessments:**
- Divert admissions
 - Norovirus testing in MAUs
 - Infection Prevention measures
 - Elective pathway
 - Hospital Visiting



Pillar Five - Infection Prevention & Control

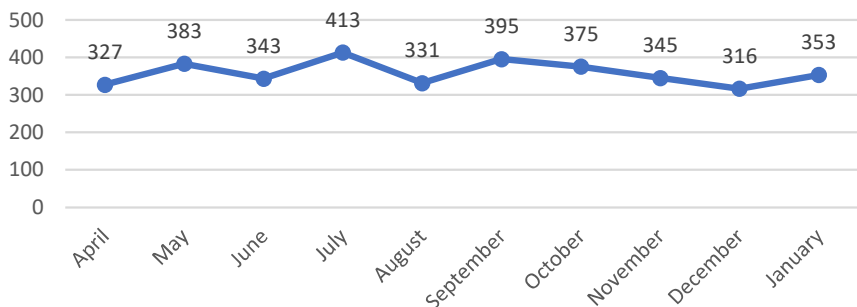
| Themes & Trends | Successes | Challenges | Learning & Improvement |
|--|---|---|---|
| C difficile | <ul style="list-style-type: none"> No new clusters identified or periods of increased incidents | <ul style="list-style-type: none"> Timely isolation due to demand for cubicles on ELGH sites Availability of enhance cleaning outside of core hours within YYF and community hospitals | <ul style="list-style-type: none"> Shared ownership of cubicle tracker with operation team and IPT for timely assessment and patient placement Exploring options re fire alarms remotely |
| Staph Aureus blood stream infections | <ul style="list-style-type: none"> Lowest rates for MRSA and MSSA in Wales | <ul style="list-style-type: none"> 1 MRSA bacteraemia on winter pressure ward suspected to be linked with canula, patient required multiple blood transfusions – meeting for RCA to be rearranged due to no ward representative Skin and wounds largest burden of source of infection | <ul style="list-style-type: none"> Promote line care Continue to promote ANTT |
| Gram Negative blood stream infections | <ul style="list-style-type: none"> Slight reduction in all three areas of reporting compared to previous years | <ul style="list-style-type: none"> Respiratory is the highest burden for January which is reflecting winter virus | <ul style="list-style-type: none"> Hospital Acquired Pneumonia (HAP) audit being tested in February in readiness for implementation in March |
| Winter Viruses | <ul style="list-style-type: none"> Health Board escalation standard operation procedure activated | <ul style="list-style-type: none"> High prevalence of community Norovirus Impact on medicine at YYF and RGH Lack of isolation on AMUs | <ul style="list-style-type: none"> Outbreak control meeting established Hospital wide risk assessment Visiting with a purpose Continued to wear face coverings in wards with outbreaks Promotion of IPAC precautions through comms channels. |



Safeguarding

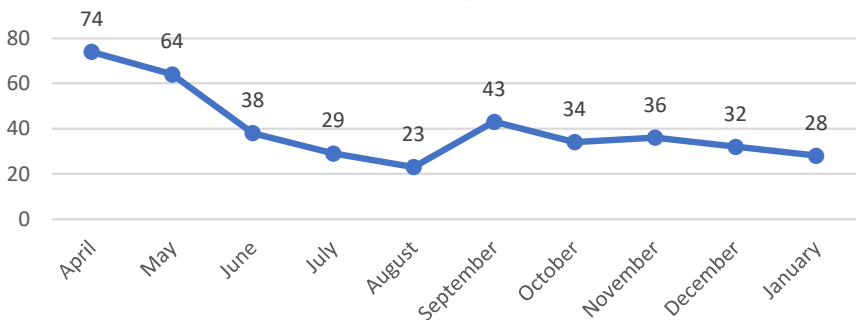
Graph 1 – Child Duty to Report

Child DTR's by Month



Graph 2 – Adult Duty to Report

Adult DTR's by Month



Graph 3 – Advice & Support Calls to Safeguarding Service

Advice & Support Calls

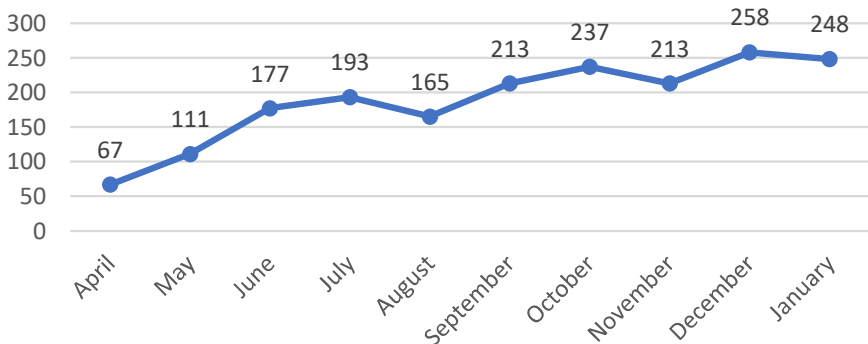


Table 1 - Child and Adult Safeguarding training compliance (levels 1, 2 & 3)

| Training Module | Compliance % | Training Module2 | Compliance % |
|----------------------------|--------------|----------------------------|--------------|
| Adult Safeguarding Level 1 | 83% | Child Safeguarding Level 1 | 83% |
| Adult Safeguarding Level 2 | 86% | Child Safeguarding Level 2 | 85% |
| Adult Safeguarding Level 3 | 37% | Child Safeguarding Level 3 | 48% |

| Themes | Successes | Challenges | Learning & Improvement |
|---|--|---|---|
| Adult safeguarding training level 1 & 2 compliance continues to increase | Adult safeguarding level 2 training compliance is now at 86% which exceeds the expected compliance of 85% | Adult safeguarding level 1 training remains below the expected compliance at 83%. Divisional support is required for improvement to the expected 85%. | Improved Divisional support and attendance at Safeguarding Strategic Group is noted and welcomed. |
| Children safeguarding training level 1 & 2 compliance continues to increase | Both training has improved in compliance slightly in the quarter. | Children's safeguarding training remains below the expected compliance of 85%. | Divisional support with groups has improved and monitored in the Children and Young People's sub group. |
| Safeguarding training level 3 remains below the expected compliance of 85% however monthly improvements are being demonstrated and evidenced. | Clear improvements in the delivery plan for level 3 training can be demonstrated with the compliance rates increasing. | Over 6000 staff in total require training for adult safeguarding level 3 training. Staffing to deliver training and attendees has been challenging however recovery plan has been implemented and increases are continuing. | Training is now monitored & reported monthly. Divisional support has been secured via the Safeguarding Strategic Group. |



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

Jan-26

Performance against key financial targets 2025/26

+Adverse / () Favourable

| Target | Unit | Current Month | Year to Date | Year-end Forecast | Movement |
|--|---------|---------------|--------------|-------------------|----------|
| Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i> | £'000 | 385 | 17,604 | 18,323 | |
| Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i> | £'000 | 4,782 | 26,112 | 0 | |
| | £44,979 | 11% | 58% | | |
| Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number) | % | 95.0% | 97.0% | >95% | |

The 2025/26 financial year to date budget performance as at month 10 is an adverse variance of **£17.604m**. This position is £6m worse compared to the IMTP MDS and £0.1m better compared to the Month 9 MMR month 10 profile for 2025/26.

In Month 10 the forecast position remained the consistent which is a **reported forecast of £18.3m deficit**.

This position relies on savings achievement of £43.4m.

There remain risks associated with this forecast position, primarily relating to anticipated funding from WG for Planned care RTT (£3.4m), 45 minutes ambulance handovers and ED transitional services, in addition any new year pressures, including critical incidents, Winter, and full achievement of the savings schemes.

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

| Underlying Financial Position (Brought Forward ULP) | 22/23 | 23/24 | 24/25 | 25/26 Forecast |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years. | £89.6m Deficit | £81.4m Deficit | £27.2m Deficit | £40.3m Deficit |

ABUHB Mid Year Review 2025/26 (M10)

Forecast Deficit Analysis - outside of IMTP plan

| Category | Issue | Value £m |
|--|--|----------|
| National Issues (£2.9m) | National insurance > funding | 2.20 |
| | Theatres B2 to B3 grievance | 0.30 |
| | MS365 | 0.40 |
| Funding Ceased (£0.3m) | Fracture liaison service | 0.30 |
| | Ministerial Priorities - Urgent & Emergency Care (£4.5m) | |
| | Winter Beds 24/25 | 0.80 |
| | Surge beds | 2.00 |
| | Emergency Department | 0.20 |
| | ITU capacity | 1.50 |
| | Cancer | 2.00 |
| Ministerial Priorities - Cancer (£2.5m) | Diagnostics growth | 0.50 |
| | Growth above plan (£5.3m) | |
| | Drugs | 2.00 |
| | CHC | 2.50 |
| | Diabetes Pumps | 0.80 |
| Unavoidable Investments / Risk mitigations (£4.6m) | Mental health | 3.90 |
| | Thyroid loss of service | 0.50 |

Mid Year Review Forecast Deficit

| Month 8 & Month 9 Movements | Value £m |
|---|----------|
| Winter 25/26 | 1.98 |
| 45 Minute Handover | 1.38 |
| NWSSP Rebate | (0.50) |
| Bank Pay Award 2024/25 | (1.80) |
| Additional Savings - from opps & new | (3.09) |
| National Outpatient Insourcing (164 cohort). PP > £10.00 each | 1.05 |
| Revised forecast Optim, GDS & GMS | (0.69) |

25/26 Forecast as at Month 10

18.32

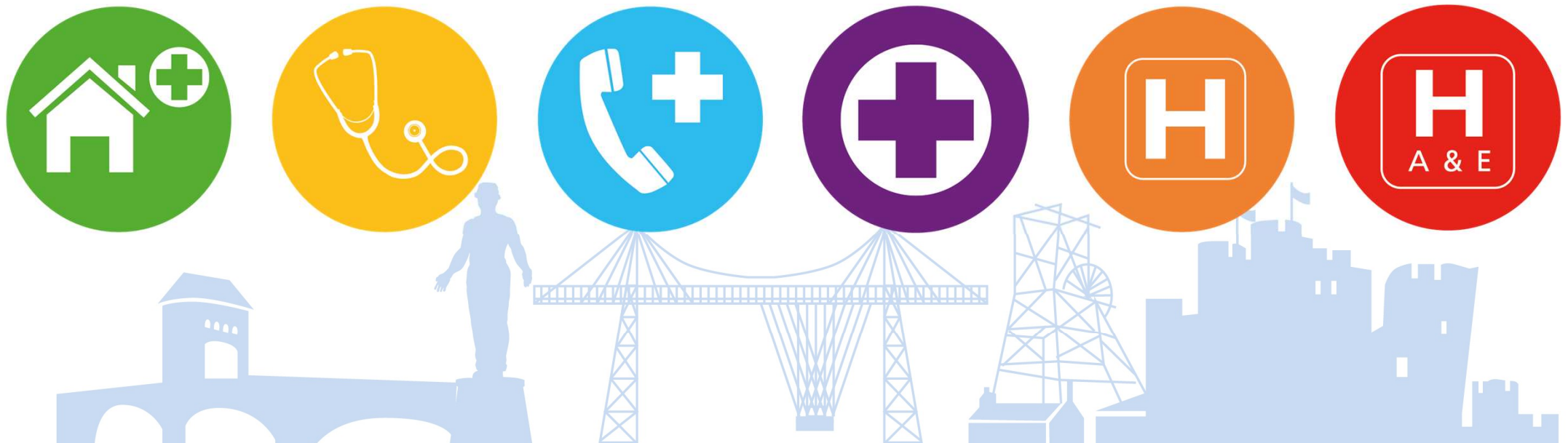


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Appendix 1

Q3 progress against Enabling Actions





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



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



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



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



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



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



Appendix 1: Enabling Actions

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



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



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



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



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



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



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



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