

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Finance Performance Report – January 2026 (2025/26 Month 10)
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Rob Holcombe - Director of Finance, Procurement & VBHC
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Suzanne Jones – Assistant Director of Finance

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

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of January 2026 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 31<sup>st</sup> January 2026,
- The Health Board’s underlying financial position,
- The cash position, including the strategic cash support required,
- Public sector payment policy performance, and
- The Capital position.

A system link is included for the month 10 monitoring returns reported to Welsh Government.

## ADRODDIAD SCAA SBAR REPORT

### Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 31<sup>st</sup> January 2026 (Month 10) for the financial year 2025/26.

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
<b>Revenue financial target</b> To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	385	17,604	<b>18,323</b>	
<b>Capital financial target</b> 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	<b>0</b>	
	£44,979	11%	58%		
<b>Public Sector Payment Policy</b> To pay a minimum of <b>95%</b> of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	95.0%	97.0%	<b>&gt;95%</b>	

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	<b>x</b>	<b>36,842</b>	<b>49,754</b>	<b>7,185</b>	<b>93,781</b>
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	<b>✓</b>	<b>(43)</b>	<b>(41)</b>	<b>(66)</b>	<b>(150)</b>
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	<b>x</b>				

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.	<b>£89.6m Deficit</b>	<b>£81.4m Deficit</b>	<b>£27.2m Deficit</b>	<b>£40.3m Deficit</b>

***At Month 10, the reported forecast revenue position has remained at an £18.3m deficit. The reported capital position is break-even. There are risks to achieving the reported forecasts.***

The year-to-date budget performance at month 10 is a deficit of £17.6m, which is a £0.06m improvement on the month 9 MMR forecast profile for 2025/26. The year-to-date position is due to new in year pressures that include prescribing costs (based on November PAR) / drugs, CHC activity including Discharge to Assess case growth, winter wards remaining open, and variable pay relating to Mental Health and other operational pressures.

The forecast position has remained at an **£18.3m deficit**. The forecast deficit is reflective of the delivery of savings plans more than the IMTP plans (total £43.5m) and in year cost pressures that are in addition to those within the IMTP. It is currently assessed as the best-case scenario. The Health Board will continue to seek ways to mitigate this position and any further additional costs, but risks remain within this forecast. This is described further in the commentary.

The underlying position has been updated to reflect current work in progress as part of the emerging IMTP for 2026/27.

### **Cefndir / Background**

The Board approved 2025/26 IMTP financial plan was ambitious with a high delivery risk to achieve financial balance and planned financial savings of £40.4m.

Through financial recovery actions the forecast achievement of savings and mitigating actions as at month 10 is £43.5m. However, the in-year cost pressures that the Health Board is unable to mitigate are listed in the table below:

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
Ministerial Priorities - Cancer (£2.5m)	Surge beds	2.00
	Emergency Department	0.20
	ITU capacity	1.50
Growth above plan (£5.3m)	Cancer	2.00
	Diagnostics growth	0.50
	Drugs	2.00
Unavoidable Investments / Risk mitigations (£4.6m)	CHC	2.50
	Diabetes Pumps	0.80
	Mental health	3.90
	Thyroid loss of service	0.50
<b>Mid Year Review Forecast Deficit</b>		<b>19.90</b>
Month 8 & Month 9 Movements	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).	1.05
	PP > £10.00 each	
Revised forecast Optom, GDS & GMS	(0.60)	
<b>25/26 Forecast as at Month 10</b>		<b>18.32</b>

As discussed at the Board meeting held on 10<sup>th</sup> September, all options currently available to the Health Board to minimise the impact of the emerging pressures were discussed and agreed, with risks. The Health Board will have limited ability to identify further mitigating actions without identification of further funding or cessation reduction of services.

## **Asesiad / Assessment**

- **Revenue Performance**

### **Year to date**

A summary of the year-to-date financial performance is provided in the following table. The cost drivers causing the year to date overspend of £17.604m are related to those in the previous table. The year-to-date position and the forecast by delegated area is:

	Annual budget	YTD Reported Variance	Full-year Forecast at M10	Full-year Forecast at M09	Movement
	£000s	£000s	£000s	£000s	£000s
<b>Operational Divisions:-</b>					
Primary Care and Community	330,766	(872)	799	2,775	(1,976)
Prescribing	125,635	1,719	1,536	1,254	282
Community CHC & FNC	75,728	2,045	1,617	1,693	(76)
Mental Health & Learning Disabilities	153,410	4,811	5,843	6,125	(282)
<b>Total Primary Care, Community and Mental Health</b>	<b>685,538</b>	<b>7,703</b>	<b>9,795</b>	<b>11,847</b>	<b>(2,052)</b>
Surgery	158,704	10,732	10,500	11,390	(890)
Clinical Support Services	138,844	1,755	2,245	2,722	(477)
Medicine	180,552	5,059	6,689	6,861	(172)
Urgent Care	43,640	780	1,054	1,070	(16)
Family & Therapies	152,607	2,374	2,986	3,239	(253)
Estates and Facilities	98,242	(2,463)	(2,200)	(2,014)	(186)
Chief Operating Officer	14,591	577	1,021	2,970	(1,949)
<b>Total Chief Operating Officer</b>	<b>787,180</b>	<b>18,813</b>	<b>22,294</b>	<b>26,238</b>	<b>(3,943)</b>
<b>Total Corporate Divisions</b>	<b>100,354</b>	<b>(3,729)</b>	<b>(6,375)</b>	<b>(6,464)</b>	<b>89</b>
<b>Total Specialist Services</b>	<b>203,191</b>	<b>439</b>	<b>723</b>	<b>840</b>	<b>(117)</b>
<b>Total External Contracts</b>	<b>132,705</b>	<b>(3,281)</b>	<b>(3,709)</b>	<b>(3,584)</b>	<b>(125)</b>
<b>Total Capital Charges</b>	<b>49,399</b>	<b>7</b>	<b>0</b>	<b>50</b>	<b>(50)</b>
<b>Total Delegated Position</b>	<b>1,958,368</b>	<b>19,951</b>	<b>22,729</b>	<b>28,926</b>	<b>(6,197)</b>
<b>Total Reserves</b>	<b>14,043</b>	<b>(1,924)</b>	<b>(4,406)</b>	<b>(10,602)</b>	<b>6,196</b>
<b>Total Income</b>	<b>(1,972,411)</b>	<b>(423)</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Reported Position</b>	<b>(0)</b>	<b>17,604</b>	<b>18,323</b>	<b>18,324</b>	<b>(1)</b>

## Summary of key operational points for Month 10

Key points to note for month 10 include:

The financial position at the 31<sup>st</sup> January 2026 shows a £17.604m deficit. The key issues in the month are described in this report.

- Total pay expenditure for the Health Board in Month 10 was £77.3m, an increase of £0.7m (0.9%) from December (£76.7m).
- Non-pay expenditure (excluding capital adjustments) totalled £97.2m, a decrease of £5.6m compared with December. Spend in the previous month was significantly above the usual profile due to funded JCC pass-through costs and funded back-pay relating to GMS and Dental contract pay awards. Month 10 expenditure has returned to a more typical level.
- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present as a financial pressure due to inflationary price uplifts, volume increases, including Discharge to Assess placements, and an increase in high cost CHC packages of care.
- Prescribing expenditure is performing more poorly than planned, driven by an increase in the overall average item price. Primary Care prescribing spend for

January was £10.2m, with the full-year forecast increasing by £280k compared with the prior month forecast.

- On-going acute secondary care high-cost drugs prices and volume growth continue to be a pressure. The National V&SB procurement and Medicines Management savings opportunities are reviewed throughout the year, and actions progressed to deliver any opportunities.
- Demand and flow pressures across the system continue to drive significant costs. In January, the number of in-patients fit for discharge at the Welsh Government data capture point decreased to 205 (from 223 in December). Of these, 30 were Health delays, 58 Social Care delays, and 117 Joint delays. The categories of reasons for delayed days are as follows:

Reason	Number of Patients	%
Assessment Issues	69	34%
Care Home placement arrangements	41	20%
Disagreements/Legislation	24	12%
Funding Issues	5	2%
Home adaptation/equipment issues	8	4%
Home care related issues	25	12%
Housing related issues	18	9%
Stepdown to recover and assess	15	7%
	<b>205</b>	<b>100%</b>

- The estimated cost for the year of continued blocked bed days for all reasons is c.£15.0m using a £200 cost per bed day (based on the number of in-patients for January). The demand and flow challenges drive surge bed capacity & increased demand in high-cost unfunded temporary staff.

### Forecast Position

The plan financial forecast submitted following Board approval in March 2025 was a non-recurrent break-even position for 2025/26. The ABUHB IMTP financial plan was based on achieving IMTP savings (£40.4m) and through financial recovery actions the forecast achievement of savings and mitigating actions is now £43.5m.

The Board took the decision to change from the planned break-even financial forecast to a forecast £19.9m deficit due to the in-year pressures. The position improved in Month 8 to £18.3m due to Welsh Government confirmed funding to cover the A4C pay award for bank staff (for both the 2024/25 and 2025/26 uplifts) and NWSSP cost slippage. This forecast was maintained for month 10. The components of the forecast include delivery of savings in excess of the IMTP savings plan, more than offset by

new in year cost pressures that are in addition to those within the IMTP. This forecast is currently assessed as the best-case scenario.

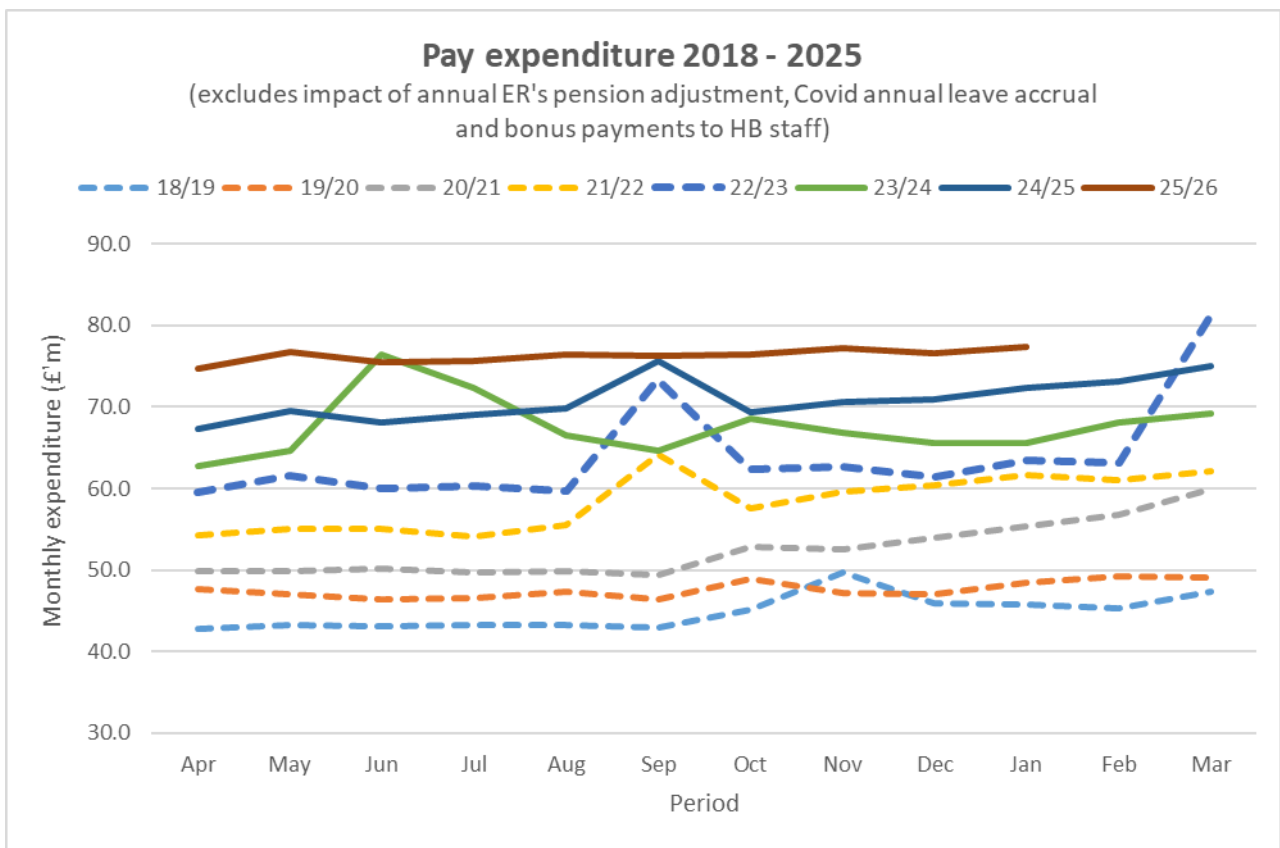
The Health Board will continue to seek ways to mitigate this position and any further additional costs, but risks remain in achieving this forecast.

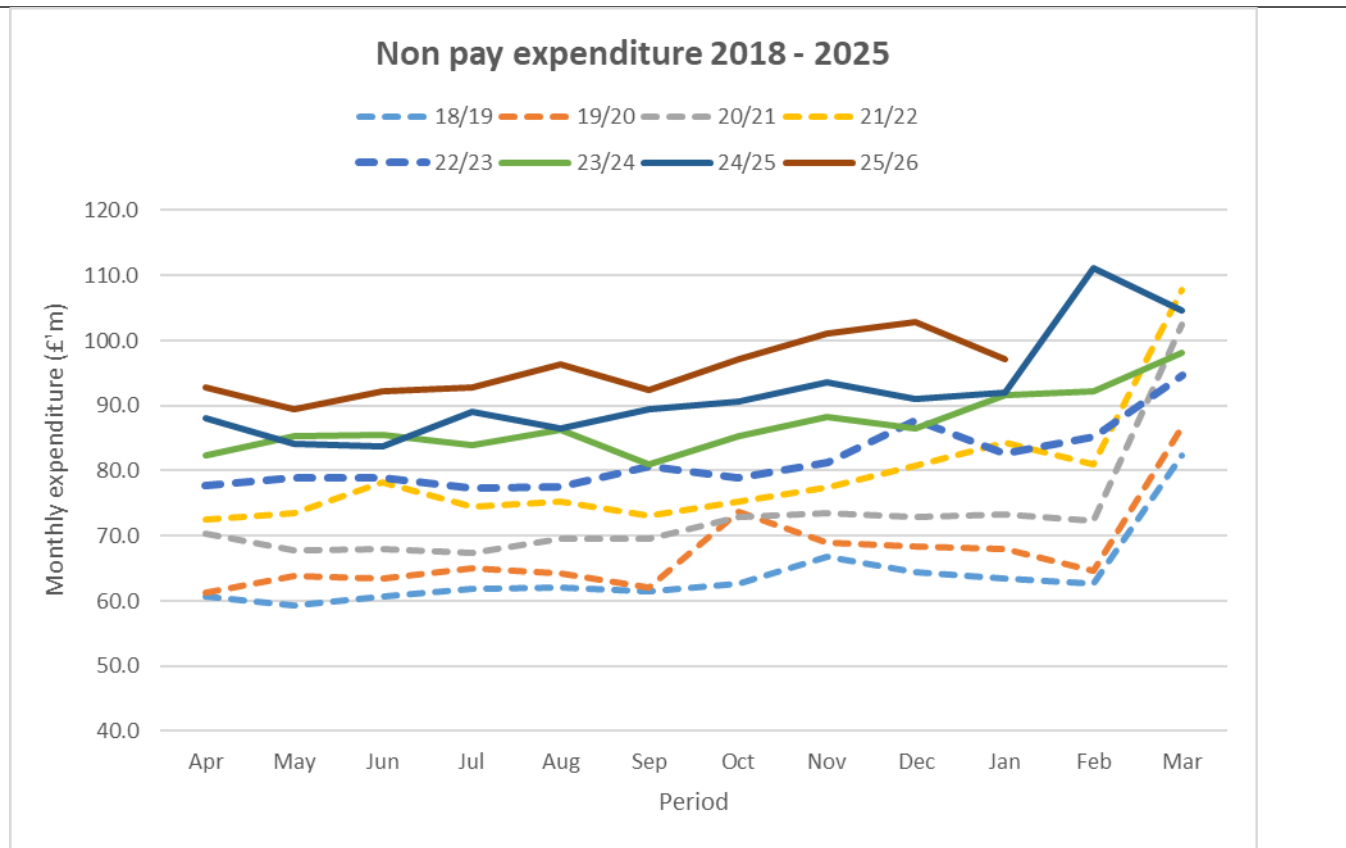
Additional Health Board risks were identified outside the reported forecast winter pressure implications beyond the plan and "our next patient" initiative (45 minutes handover, c£1.3m to the end of February 26).

Welsh Government has confirmed non recurrent funding for the increased Welsh Risk Pool premium (c£9.7m) and coverage for the 25/26 costs, and back pay, for the impact of the national band 2-3 HCSW regrades (£TBC). Both areas will be cost pressures for 2026/27 onwards.

**Expenditure run-rates**

Pay and Non-Pay expenditure run-rates for eight financial years are shown below; assuming the current level of income, the expenditure run-rates need to reduce for the Health Board to meet its forecast position.





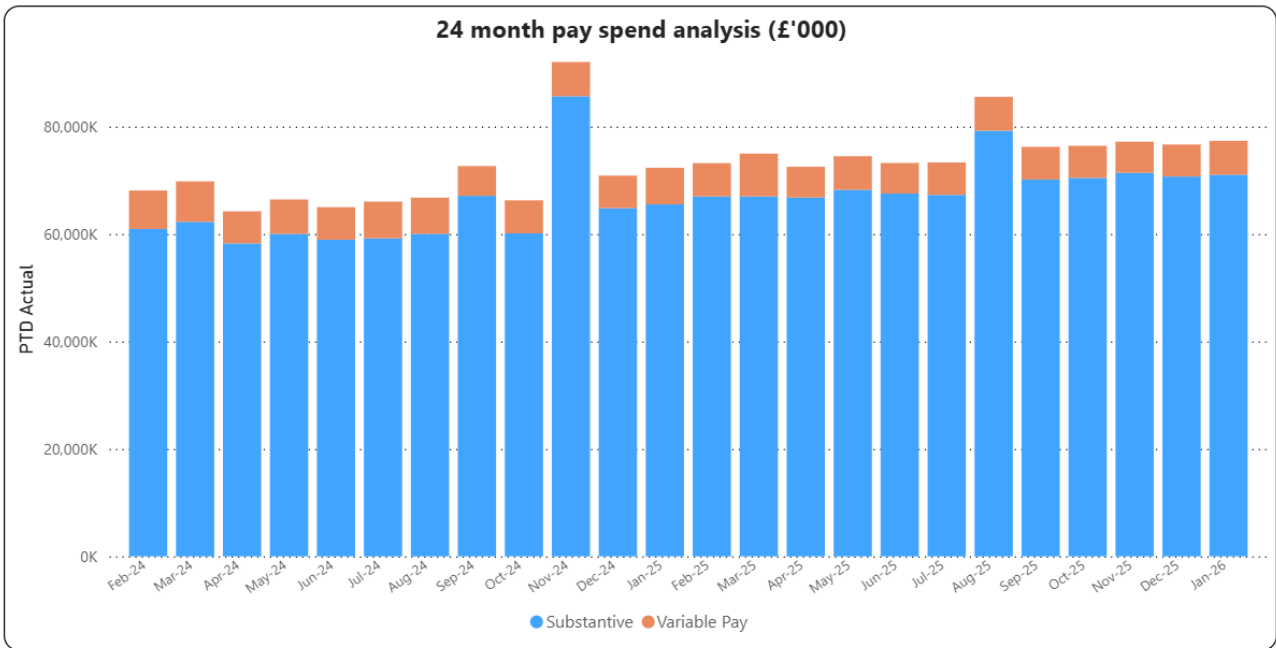
## Workforce

The Health Board spent £77.3m in January on workforce.

<b>Workforce Costs</b>	<b>Current month £m</b>	<b>Previous Month £m</b>	<b>Year to Date 25/26 £m</b>
Total Pay	77.3	76.7	762.9
Substantive Pay	71.1	70.7	703.0
Variable Pay	6.2	6.0	59.9

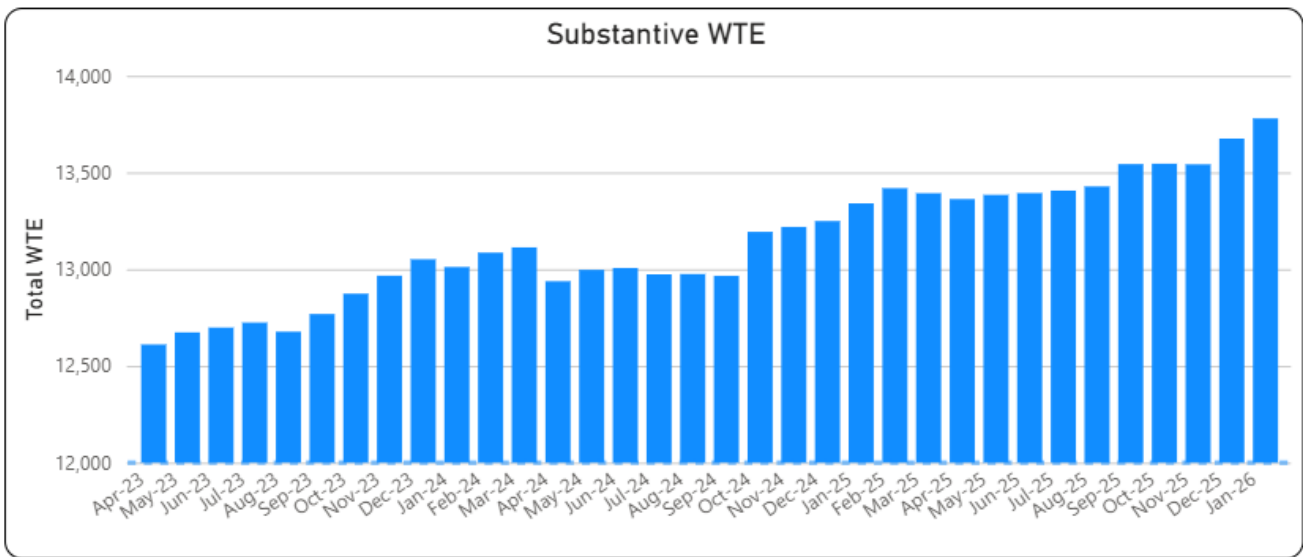
Operational pressures including Enhanced Care, sickness and vacant posts continue to cause a pressure on the Health Board position. The focus remains on minimising variable pay with a range of operational actions and savings plans including recruiting to vacant posts. Real terms total workforce cost reduction will be the key indicator; currently variable pay reductions are not sufficient to create a net saving when substantive staff growth is considered.

Workforce expenditure trends are shown below differentiating between substantive and variable pay<sup>1</sup>:



### Substantive staff

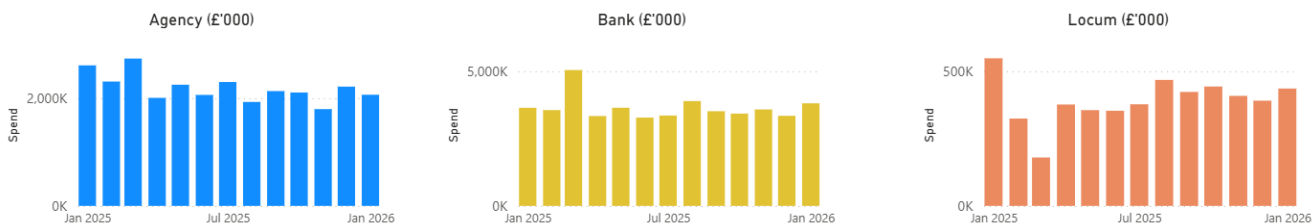
Substantive pay was £71.1m in January, an increase of £0.3m on the previous month. Substantive WTE's were 13,780 compared with 13,675 for December.



### Variable pay

<sup>1</sup> To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).

Variable pay (Agency, Bank and Locum) was £6.3m in January compared with £6.0m in December, a £0.3m increase.



<b>Variable Pay Costs</b>	<b>Current month £m</b>	<b>Previous Month £m</b>	<b>Year to Date 25/26 £m</b>
Agency - Nursing	0.9	0.7	6.8
Agency – Medical & Dental	0.7	1.0	9.2
Agency - HCSW	0.1	0.1	1.2
Agency – Estates & Other	0.4	0.4	3.7
Bank	3.8	3.3	35.0
Locums	0.4	0.4	4.0

**Enhanced Care** the calculated cost for January was £0.7m ('notional calculated' expenditure) of expenditure using bank and agency registered nurses and health care support workers, for 26,777 hours worked.

**Nursing vacancy cover** For January, variable pay relating to vacancies is c.£1.2m ('notional calculated' expenditure) for 47,401 hours worked for bank and agency hours for shifts where 'to cover vacancies' is provided as the reason for use.

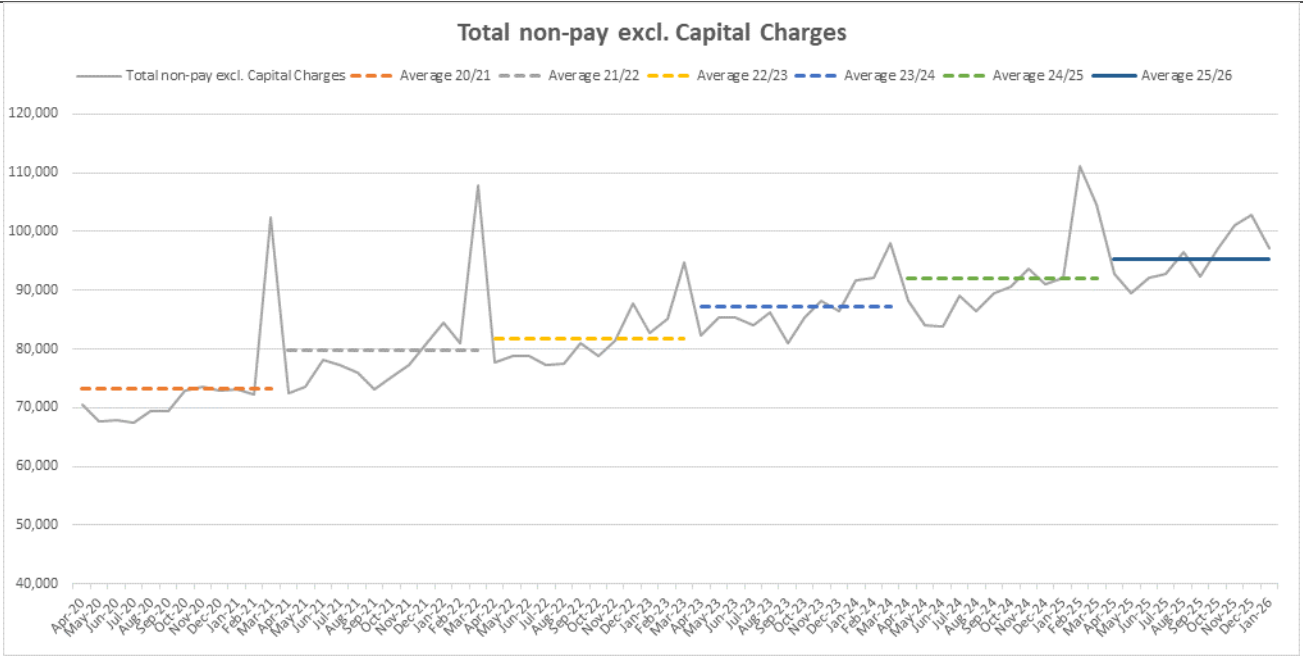
**Nursing sickness cover** for January variable pay relating to sickness is c.£1.1m ('notional calculated' expenditure) for 41,670 hours worked for bank and agency hours for shifts booked to cover sickness as input onto the e-roster system.

### **Non-Pay**

The Health Board spent £97.2m in January on total Non-Pay (excluding capital adjustments).

Non-Pay in year expenditure is driven by additional operational pressures, including Winter planning activities and the "Our Next Patient" initiative (focused on achieving 45-minute handovers). There was a decrease of £5.6m compared with December. Spend in the previous month was significantly above the usual profile due to funded JCC pass-through costs and funded back-pay relating to GMS and Dental contract pay awards. Month 10 expenditure has returned to a more typical level.

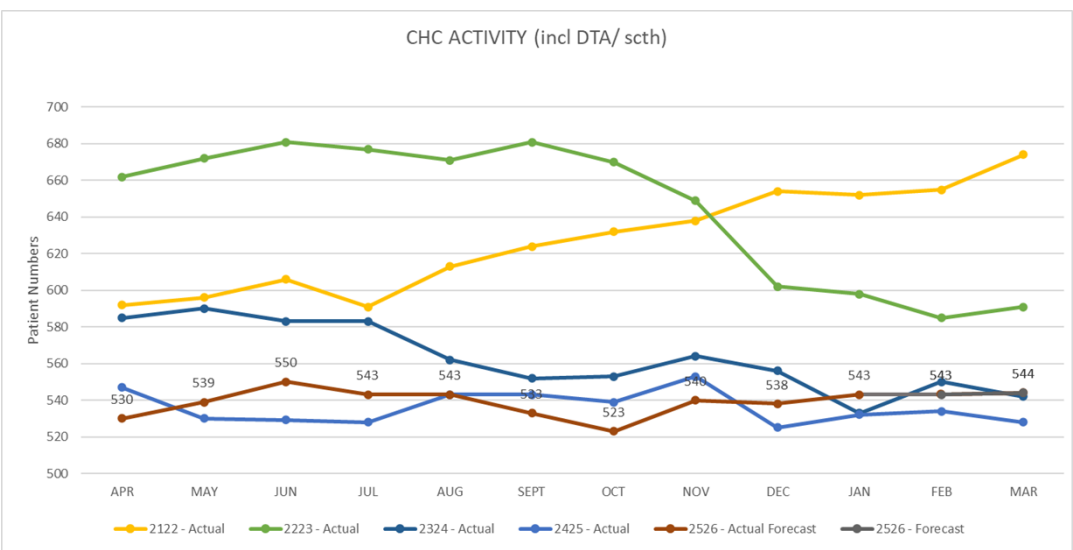
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



**CHC**

The Health Board spent £11.3m on CHC (all types) in January, a £0.8m decrease on last month related to decreased patients in Adult CHC external packages and DTA and an underspend on commissioning and governance.

Adult Complex Care CHC activity over for 5 financial years is summarised in the chart below: -



Children’s packages are more volatile and may present a risk in 2025/26 above plan assumptions. At month 10 there are 36 out of county packages of care, 3 of which are high value packages (cost more than £0.1m each p.a). Children’s Community Nursing has 18 internal open packages of care, 3 of which are classified as high value packages.

Mental Health CHC patient numbers had a net increase of 2 in month 10 taking MH packages of care to 284. Learning Disabilities (LD) packages increased by 1, bringing the total to 176. MH packages are averaging between £92k and LD £174k per annum.

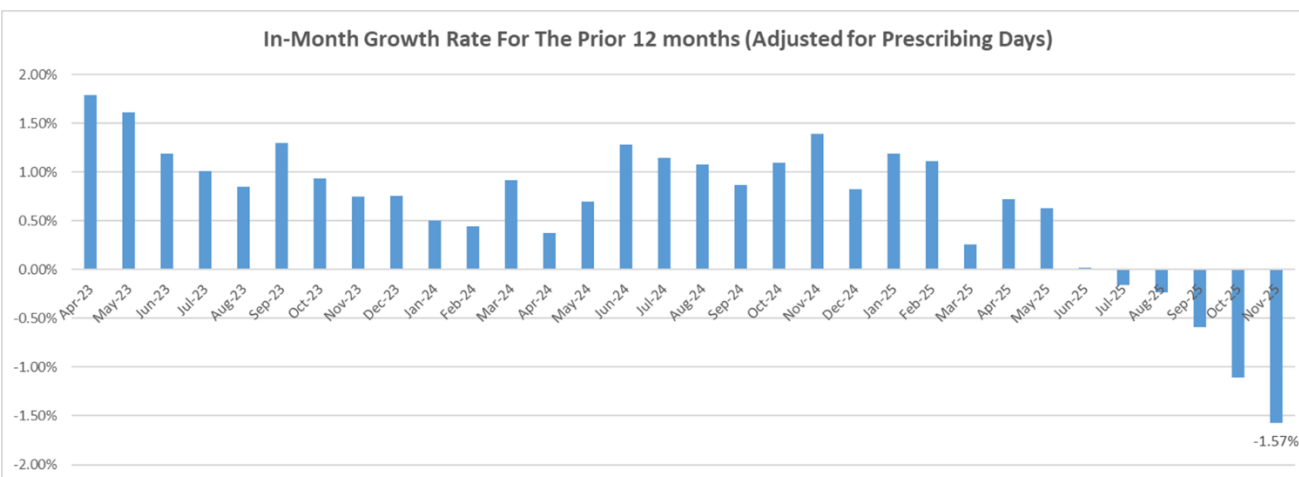
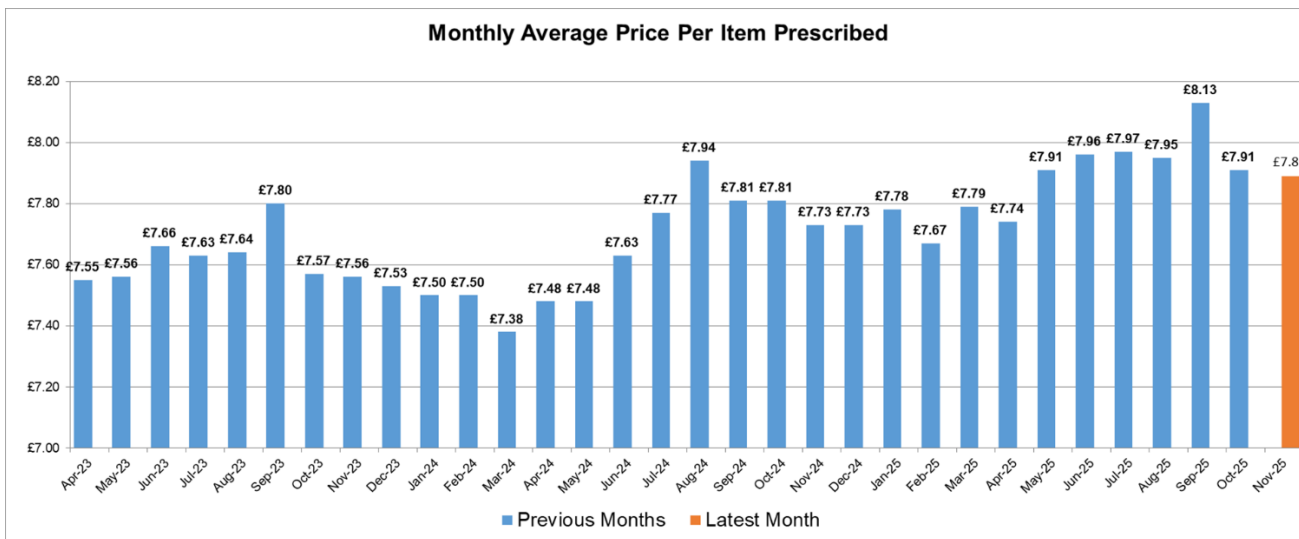
### Prescribing

Primary Care prescribing spend for January was £10.4m, with the full-year forecast increasing by £280k compared with the prior month forecast.

The November PAR saw a 2.2p reduction in average item price for the month compared with forecast (£7.91 compared to the planned £7.89). For month 10, the forecast growth rate for the year has been adjusted from -1.35% to -1.31% based on the latest information available.

The average item price forecast for 2025/26 has varied. During April to November, the average item price was £7.89, compared with the forecast price of £7.88 for December to March.

The graphs below show the monthly average price per item and item growth: -



*\*For example the growth rate quoted in Aug24 will have been the growth in items for the 12 month period Sep23-Aug24 compared with Sep22-Aug23\**

## **Waiting Times Additional activity**

During 2025/26, the Health Board has secured significant targeted investment to accelerate the reduction of 104-week waiting times across key specialties.

In Q1, we received an initial £1.5m to support delivery of early initiatives aimed at reducing long waits. Building on this, a further £1.46m was allocated in Q3 specifically to improve the Orthopaedic 104-week position by the end of the quarter.

Most recently, the Health Board has been awarded £5.4m to eliminate 104-week waits by the end of March across ENT, Ophthalmology, General Surgery, Max Fax and Orthopaedics. All schemes commenced in January, with full utilisation of funding expected by the end of the financial year.

This staged investment approach enables a focused, specialty-driven plan to deliver sustained improvements in long-wait performance by year-end.

The Health Board is assuming non-recurrent funding for the year of £39.9m from WG for additional waiting times activity to improve waiting times position for patients. Good progress is being made to reduce waiting times; these tables provide a summary forecast of this position. Of the £39.9m anticipated funding only £6.3m has been confirmed by allocation letters to the Health Board.

		Q1			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	300	464	224	-76
Non Cat Eyes	Outsourced	152	63	72	-80
	Insourced	28	50	12	-16
Orthopaedics	WLI / Backfill	1,020	425	2,338	1,318
Gen Surgery	WLI / Backfill				
<b>Total</b>		<b>1,500</b>	<b>1,002</b>	<b>2,646</b>	<b>1,146</b>
		Q2			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	0	0	0	0
Non Cat Eyes	Outsourced	0	0	0	0
	Insourced	0	0	0	0
Orthopaedics	WLI / Backfill	0	210	1,329	1,329
Gen Surgery	WLI / Backfill				
<b>Total</b>		<b>0</b>	<b>210</b>	<b>1,329</b>	<b>1,329</b>
		Q3			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	0	0		0
Non Cat Eyes	Outsourced	0	0		0
	Insourced	0	0		0
Orthopaedics	WLI / Backfill	1,460	262	1,514	54
Gen Surgery	WLI / Backfill				
<b>Total</b>		<b>1,460</b>	<b>262</b>	<b>1,514</b>	<b>54</b>
		Q4			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	163	73	163	0
Non Cat Eyes	Outsourced	0	0	0	0
	Insourced	101	32	101	0
Orthopaedics	WLI / Backfill	225	79	225	0
Gen Surgery	WLI / Backfill	203	71	203	
<b>Total</b>		<b>692</b>	<b>255</b>	<b>692</b>	<b>0</b>
		M10 YTD			
Specialty	Delivery Method	Funding £k	Actual Vol	Spend £	Variance £
ENT	Insourced	463	537	387	-76
Non Cat Eyes	Outsourced	152	63	72	-80
	Insourced	129	82	113	-16
Orthopaedics	WLI / Backfill	2,705	976	5,406	2,701
Gen Surgery	WLI / Backfill	203	71	203	
<b>Total</b>		<b>3,652</b>	<b>1,729</b>	<b>6,181</b>	<b>2,529</b>

### Long Term Agreements (LTA's)

The Health Board has agreed and signed LTAs for all Welsh providers and commissioners for 2025/26.

The Health Board has agreed LTAs with all English providers reflecting the CUF Uplift/National tariff changes. During a review of these agreements, it has been identified that several of the individual tariff lines have been inflated by up to 14.7% which is significantly more than the current WG funding. At this stage the Health Board is assuming this will be managed internally but without funding or further mitigating actions this could generate an unfunded financial pressure to the Health Board of circa £0.7m.

At Month 10 reporting, activity information to support LTA forecasts is based on Month 9 data but initial indications suggest growth in NICE drug expenditure at CVUHB and Velindre. This forecast remains volatile with Velindre making changes to their forecast each month. We continue to meet with providers to manage and mitigate any further risks.

The Health Board is reflecting the overspend that JCC is forecasting; however, discussions over managing and mitigating the significant risk to that position continue between the parties. In addition there is a contract performance risk if provider activity continues to increase.

LTA contract performance risk is with Velindre and Cardiff; the Health Board is currently forecasting in line with provider monitoring information however there is risk of potential increases in activity by the provider through the year and increases in high cost drug recharges. There are still outstanding data and information requests with Cwm Taf UHB where assurance has not been provided to allow the Health Board to validate the inpatient activity being charged in the contract and this has been formally escalated with a subsequent meeting, but no resolution has been reached.

### **Revenue Reserves**

Health Board reserves are held by the Board until such time that they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer.

The reserves held at 31<sup>st</sup> January are £14.0m, including allocations to be delegated of £2.9m, specific commitments to be delegated of £9.7m, those supporting the financial position of £1.2m of which £1.0m will be reallocated to support the divisional positions due to winter pressures and a contingency investment reserve of £0.3m

The reserves include elements of income assumed at risk associated with the submitted plan with £3.5m of anticipated funding for RTT activity, beyond current funded levels.

A summary of all Health Board reserves on 31<sup>st</sup> January can be found in the appendices.

### **Underlying Financial Position (ULP)**

The Underlying (U/L) position brought forward into 2025/26 was a deficit of £27.2m with a forecast carry forward deficit into 2026/27 of £14m. This is per the plan submitted on the 31<sup>st</sup> March 2025.

2025/26 Opening underlying position	24/25 Plan £m	25/26 movement £m	25/26 opening plan £m
Workforce & Variable Pay	2	3.9	5.9
CHC	2.6	1	3.6
Medicines management	4.8	5	9.8
JCC specialised services	5	2.8	7.8
<b>Total</b>	<b>14.4</b>	<b>12.7</b>	<b>27.2</b>

The elements and cost drivers making up the underlying deficit are under regular review to ensure actions to address the growth/pressure are being progressed and may be updated in conjunction with the review of the forecast.

**The underlying position is being reviewed and tested in depth for the IMTP. This is indicating a worsening position at c£40.3m, this remains a work in progress.** This has increased due to recurrent and full year effect of cost pressures and impacts of savings. This is a **draft** position; the final position will be signed off by the Board in line with the IMTP deadlines.

At a high level this is:

- £14m deficit per IMTP (including Specialist services, CHC & Drugs)
- Plus £17m full year effect of unplanned in year cost pressures:
- £5m digital cost pressures – where funding has come to an end for systems and staff employed on projects that continue.
- £4m workforce costs – for full year impacts of substantive posts where there have been temporary delays in filling posts in year, along with posts where funding has ended but contracts remain in place. Any variable pay offset has been included.

### **Savings delivery**

The 2025/26 plan submitted by the Health Board to Welsh Government (March 2025), identified £40.4m as the required level of savings to support a breakeven forecast position for 2025/26. The savings schemes were shown as three categories:

- Identified savings schemes - £15.7m
- Identified Health Board level savings opportunities with work to be undertaken to attribute to specific schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

Following financial recovery actions all savings and mitigating actions have been identified, albeit risk remains in their achievement.

**As at month 10, the year to date saving target has been exceeded and the full year plan has also been exceeded with a full year forecast of £43.5m.**

In line with WG expectation that there is a high degree of confidence in delivery of the savings at month 10, all savings schemes have been reported as green. There remains risk in the full achievement of the savings, and in the recurrent nature of some, but the Health Board expects to manage the in year risk. All non-recurrent savings are being reviewed for any opportunity to make them recurrent.

The Health Board will continue to identify new schemes and to review performance on existing schemes to maximise the total achievement for the year and will continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

The table below presents the updated savings plan at a Divisional level (nb. The 'various' line were savings yet to be confirmed in the IMTP):

Savings YTD and forecast position (£'000)

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£1,234	£2,662	£1,429	£4,039	£2,602	281.0%
Complex Care	1.9%	£781	£583	£652	£69	£1,031	£251	132.1%
Contracting and Commissioning	0.0%	£0	£0	£3,422	£3,422	£3,662	£3,662	
Corporate	6.1%	£2,471	£1,950	£3,528	£1,578	£8,747	£6,276	354.0%
Estates and Facilities	7.4%	£3,000	£2,497	£4,444	£1,947	£5,056	£2,056	168.5%
Families and Therapies	1.7%	£682	£556	£2,141	£1,584	£2,477	£1,795	363.2%
Medicine	5.6%	£2,250	£1,911	£3,686	£1,775	£4,506	£2,256	200.3%
Mental Health and Learning Disabilities	2.3%	£946	£868	£1,218	£350	£1,714	£768	181.2%
Prescribing	5.6%	£2,252	£1,675	£3,931	£2,256	£5,601	£3,349	248.7%
Primary Care and Community	4.0%	£1,614	£1,304	£2,401	£1,097	£2,741	£1,127	169.8%
Surgery	6.1%	£2,448	£2,006	£2,136	£130	£3,114	£666	127.2%
Urgent Care	1.3%	£539	£432	£490	£58	£800	£261	148.4%
Various	54.4%	£21,980	£9,851	£0	-£9,851	£0	-£21,980	0.0%
<b>Total</b>	<b>100.0%</b>	<b>£40,400</b>	<b>£24,867</b>	<b>£30,711</b>	<b>£5,844</b>	<b>£43,490</b>	<b>£3,090</b>	<b>107.6%</b>

The table below shows the year to date and forecast 2025/26 savings by Value & sustainability category. It shows that year to date achievement is overachieving against the initial plan profile submitted in the IMTP:

### Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	12	£1,969	£1,251	-£717	£2,563	£1,901	-£662
Medicines Management	53	£3,568	£7,019	£3,450	£4,520	£9,713	£5,193
Procurement & Non-pay	134	£11,170	£13,844	£2,674	£20,587	£20,553	-£34
Service redesign	3	£1,433	£1,422	-£12	£1,980	£1,667	-£313
Workforce	79	£6,727	£7,176	£449	£10,750	£9,656	-£1,094
<b>Total</b>	<b>281</b>	<b>£24,867</b>	<b>£30,711</b>	<b>£5,844</b>	<b>£40,400</b>	<b>£43,490</b>	<b>£3,090</b>

The table below demonstrates the forecast 2025/26 savings and the breakdown between recurrent and non-recurrent savings with the 2026/27 impact, by value & sustainability category. It shows that **46% of the savings are non-recurrent**. This will adversely impact the underlying position of the Health Board.

### Savings forecast by Value & Sustainability category (£'000)

V&S category	Number of Schemes	Annual Plan	Forecast savings	Variance to Plan	Non Recurrent forecast savings	Recurrent forecast savings	Forecast savings FYE
CHC	12	£2,563	£1,901	-£662	£250	£1,651	£2,386
Medicines Management	53	£4,520	£9,713	£5,193	£1,078	£8,635	£13,916
Procurement & Non-pay	134	£20,587	£20,553	-£34	£13,097	£7,456	£8,270
Service redesign	3	£1,980	£1,667	-£313	£1,667	£0	£0
Workforce	79	£10,750	£9,656	-£1,094	£3,751	£5,905	£7,470
<b>Total</b>	<b>281</b>	<b>£40,400</b>	<b>£43,490</b>	<b>£3,090</b>	<b>£19,843</b>	<b>£23,647</b>	<b>£32,042</b>

### Opportunities

The ABUHB Value & Sustainability Board and relevant Divisions / Departments are actively engaged in the identification of opportunities to reduce the forecast deficit and to deliver financial balance for ABUHB.

At this stage, the Health Board has not identified opportunities to mitigate all the new in year cost pressures and must seek to identify recurrent opportunities for future years.

Potential further opportunities were identified at month 6 totalling £5m; of these £2.9m have been progressed to savings plans and an opportunity remains of £0.5m additional savings. The remainder is unlikely to be achieved in 25/26 but will be reviewed in 26/27.

## Risks

The risks have been updated to reflect additional in year pressures (above the £18.3m). Risks are reviewed regularly and updated based on the Health Board's assessment of the current level of risk to the financial position and its ability to manage those risks.

The most significant additional risks to the Health Board are:

Risks Excluded from Forecast £18.323m deficit	
Risks	£m
Band 2 to 3	tbc
RTT QTR 1 & 2	2.5
RTT - Efficiencies	0.9
National OP insourcing s/fall	tbc
Winter 25/26	tbc
MH Variable Pay	0.4
45 Minute Handover (Our Next Patient) for March	tbc
Secondary care drugs	0.4
Non Achievement of Savings (specific Corporate schemes)	1.0
JCC Risk	0.3
Operational Pressures in excess of forecast	tbc

These risks are outside the current forecast and if costs are incurred and mitigations or funding is not identified then it is highly likely that they will impact the year end forecast deficit.

## Capital

The approved Capital Resource Limit (CRL) as at Month 10 totalled £44.979m including disposal proceeds totalling £0.147m. The forecast outturn at Month 10 is breakeven.

The Health Board confirmed the CRL requirements for all All-Wales Capital Programme (AWCP) schemes at the end of October. Slippage incurred after October is required to be managed by the Health Board through brokerage with the Discretionary Capital Programme (DCP). A brokerage request totalling £1.671m was approved by Welsh Government (WG) in January to manage slippage against AWCP schemes (further details below). All brokerage will be offset with the DCP by accelerating forward urgent discretionary schemes that would otherwise be funded in 2026/27.

The NHH Satellite Radiotherapy scheme building handover took place on the 6th May. After commissioning, the unit opened to patients on the 30th June 2025. The final account for the building works is being agreed with the contractor. A slippage request of £0.267m was approved in month to allow associated smaller works and expenditure against the arts budget to continue in 2026/27.

Phase 1 works to the Grange University Hospital Emergency Department Extension completed and was opened to patients in December. Phase 2 works will now be completed next year outside the winter pressures period. The Discretionary Capital Programme (DCP) is currently funding a projected overspend against this scheme of £0.403m; however, there is a risk of increased overspend if further claims submitted by the contractor in relation to prolongation of the programme and additional works are approved under the contract. These claims are currently being reviewed by the Health Board's external cost advisor and project manager.

The expected handover of the Centralised Decontamination Unit at RGH is in February 2026. The commissioning period will then commence to allow the unit to open in April 2026. The reported underspend relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m). Slippage of £0.179m into 2026/27 has been approved to manage costs associated with the commissioning period.

Works are progressing across the majority of the Targeted Estates Funding (TEF) schemes for 2025/26 with 48% of the revised allocation being spent by the end of January. A slippage request totalling £0.407m has been approved in January to cover the impact of delays across various schemes.

A brokerage request totalling £0.284m has been approved in relation to Reinforced Aerated Autoclaved Concrete works at Nevill Hall. The slippage relates to works costs and fees that are now planned for 2026/27.

The Outline Business Cases for Abervalley and Monmouth Health and Well-being Centres are now not expected to complete until next financial year. As such, a brokerage request totalling £0.500m has been approved to carry the funding forward to 2026/27.

Additional funding has been confirmed in January for End of Year Equipment and Digital replacements (£2.520m) and an additional Housing with Care Fund schemes (£0.008m).

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £8.639m at Month 10 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.862m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)
- Plus, 2025/26 AWCP brokerage - £1.671m
- Plus, reimbursement of DCP Fees re: RGH Decon scheme - £0.139m
- Less 2025/26 AWCP scheme overspends - (£0.012m)
- Plus Disposal Proceeds 2025/26 - £0.063m

DCP expenditure to Month 10 totalled £4.687m. Urgent schemes totalling £2.054m have been approved in January to enable the brokerage required to manage AWCP

scheme slippage and to use the remaining contingency budget. The schemes approved include the replacement of Pharmacy Cabinets (£1.224m) and the Boiler replacement for St Cadoc's Hospital (£0.415m) in addition to other urgent works and equipment replacements. The unallocated contingency at the end of Month 10 is £0.089m.

## **Cash**

The cash balance held at the end of January is £3.116m which is made up of £2.865m relating to Revenue and £0.251m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6.0m.

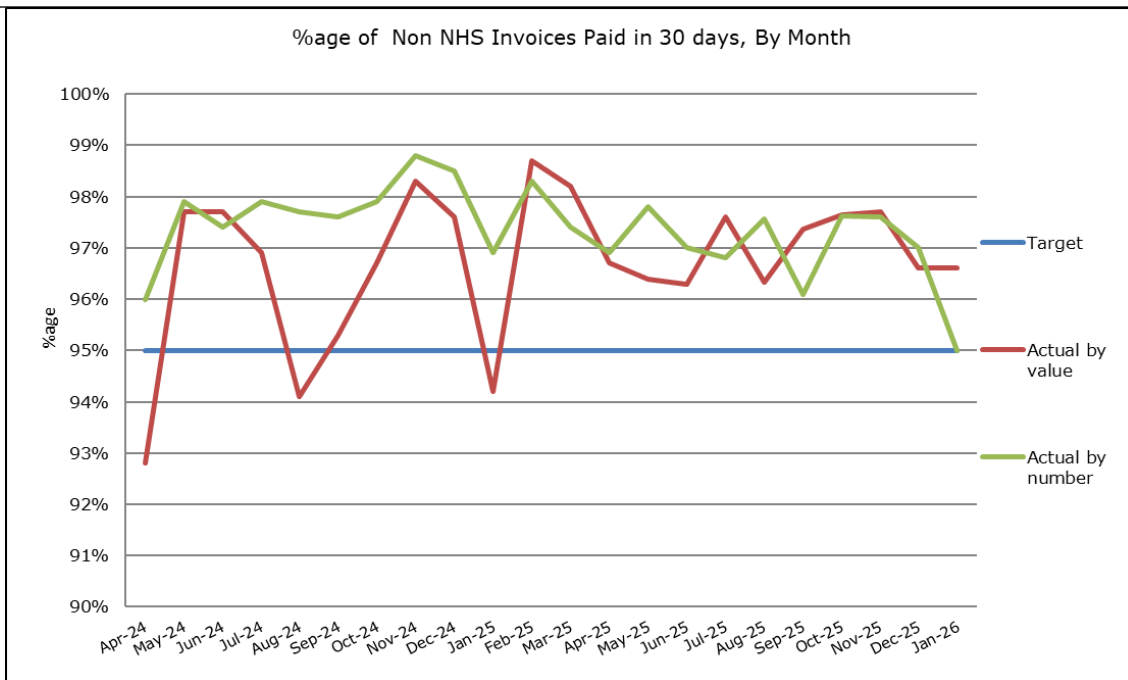
The Health Board is estimating a cash shortfall of £25.232m at the end of Month 10 relating to working capital movements, and as such has requested working balances cash support from Welsh Government of £20.301m for Revenue, £1m for Capital and £3.931m relating to IFRS 16. The working balances cash support the Health Board requires is reviewed monthly.

The Strategic Cash Support from Welsh Government, based on the deficit forecast, will be required to enable the Health Board to continue to pay its suppliers in a timely manner. WG approved this request on the 29th January.

## **Public Sector Payment Policy (PSPP)**

The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in January. Cumulatively, the HB has achieved the statutory 95% target for Non-NHS creditor invoices.

The decrease in % experienced in January was due to a large number of Pharmacy invoices being processed late at the end of December, this was a consequence of the Bank Holidays and annual leave over the Christmas period. The department have been reminded that processes should be put in place to mitigate the Christmas period in future.



**Argymhelliad / Recommendation**

**The Committee is asked to note for assurance:**

- The financial performance at the end of January 2026 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 31<sup>st</sup> January 2026,
- The Health Board’s underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note: the appendices attached providing further detailed information.



Board%20Finance%  
20Report%20Appen

January 2026 Monthly Monitoring Return:

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

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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  <a href="#">Link to IMTP</a>	Choose an item. All IMTP priorities
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Value & Sustainability Board
Rhestr Termau: Glossary of Terms:	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  
 DTOC – Delayed Transfer of Care  
 EASC – Emergency Ambulance Services Committee  
 ED – Emergency Department  
 EDCIMS – Emergency Department Clinical Information Management System  
 eLGH – Enhanced Local general Hospital  
 EFAB – Estates Funding Advisory Board  
 ENT – Ear, Nose and Throat specialty  
 EoY – End of Year  
 ETTF – Enabling Through Technology Fund  
 F&T – Family & Therapies (Division)  
 FBC – Full Business Case  
 FNC – Funded Nursing Care  
 GDS – General Dental Services  
 GMS – General Medical Services  
 GP – General Practitioner  
 GWICES – Gwent Wide Integrated Community Equipment Service  
 GUH – Grange University Hospital  
 GIRFT – Getting it Right First Time  
 HCHS – Health Care & Hospital Services  
 HCSW – Health Care Support Worker  
 HIV – Human Immunodeficiency Virus  
 HSDU – Hospital Sterilisation and Disinfection Unit  
 H&WBC – Health and Well-Being Centre  
 IMTP – Integrated Medium Term Plan  
 INNU – Interventions not normally undertaken  
 IPTR – Individual Patient Treatment Referral  
 I&E – Income & Expenditure

ICF – Integrated Care Fund  
 LoS – Length of Stay  
 LTA – Long Term Agreement  
 LD – Learning Disabilities  
 MH – Mental Health  
 MSK - Musculoskeletal  
 Med – Medicine (Division)  
 MCA – Mental Capacity Act  
 MDT – Multi-disciplinary Team  
 MMR – Welsh Government Monthly Monitoring Return  
 NCA – Non-contractual agreements  
 NCN – Neighbourhood Care Network  
 NCSO – No Cheaper Stock Obtainable  
 NI – National Insurance  
 NICE – National Institute for Clinical Excellence  
 NHH – Neville Hall Hospital  
 NWSSP – NHS Wales Shared Services Partnership  
 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  
 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)  
 TEF – Targeted Estates Funding

	<p>T&amp;O – Trauma &amp; 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

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

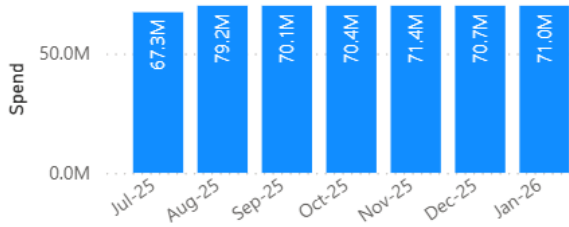
<https://futuregenerations.wales/about-us/future-generations-act/>

<b>Aneurin Bevan University Health Board</b>
<b>Finance Report – January (Month 10) 2025/26</b>
<b>Appendices</b>

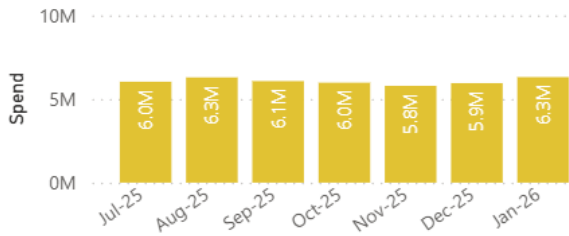
<b>Section</b>
Pay Summary 1
Pay Summary 2 Substantive Pay
Pay Summary 3 Variable Pay
Pay Summary 4 Bank & Agency Reasons RN's & HCSW's
Non-pay Summary
CHC Activity & Forecast
RTT & Waiting List Initiatives
Savings scheme RAG rating definitions
Divisional analysis
Reserves
Cash / Public Sector Payment Policy
External Contracts – LTA's
Joint Commissioning Committee (formerly WHSSC & EASC)
Balance sheet
Health Board Income – Other income
Capital Planning & Performance

## Pay Summary (1) (excluding 6.7% Pension employer costs paid in March of each year):

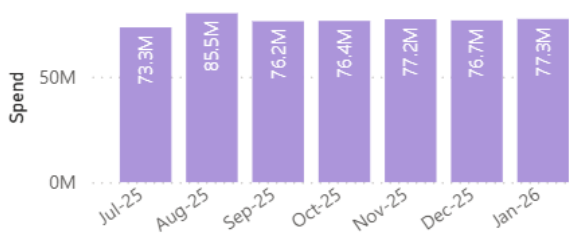
### Substantive pay (£'M)



### Variable pay (£'M)



### Total Pay (£'M)



### Substantive (£'000)

Pay category	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Change	%	Avg 24/25
ADD PROF SCIENTIFIC AND TECHNICAL	2,613	2,641	3,101	2,748	2,831	2,794	2,761	2,795	33	1.2%	2,513
ADDITIONAL CLINICAL SERVICES	8,980	8,842	9,899	9,034	9,016	9,151	8,910	8,891	-19	-0.2%	8,438
ADMINISTRATIVE & CLERICAL	10,760	10,818	12,609	11,219	11,256	11,396	11,350	11,258	-92	-0.8%	10,110
ALLIED HEALTH PROFESSIONALS	4,507	4,519	5,425	4,782	4,824	4,880	4,907	4,888	-20	-0.4%	4,361
ESTATES AND ANCILLIARY	3,516	3,499	3,794	3,476	3,498	3,658	3,527	3,514	-13	-0.4%	3,208
HEALTHCARE SCIENTISTS	1,256	1,276	1,483	1,331	1,343	1,359	1,348	1,343	-5	-0.4%	1,236
MEDICAL AND DENTAL	16,884	16,794	20,408	18,001	17,665	17,775	17,797	18,128	330	1.9%	16,548
NURSING AND MIDWIFERY REGISTERED	19,014	18,901	22,515	19,557	20,014	20,392	20,104	20,220	116	0.6%	18,058
STUDENTS	2	2	2	2	-1	2	2	2	0	-0.0%	2
<b>Total</b>	<b>67,533</b>	<b>67,291</b>	<b>79,237</b>	<b>70,149</b>	<b>70,448</b>	<b>71,406</b>	<b>70,707</b>	<b>71,038</b>	<b>331</b>	<b>0.5%</b>	<b>64,476</b>

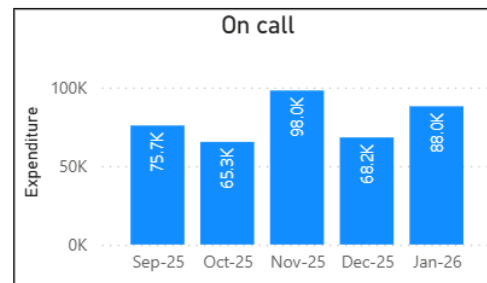
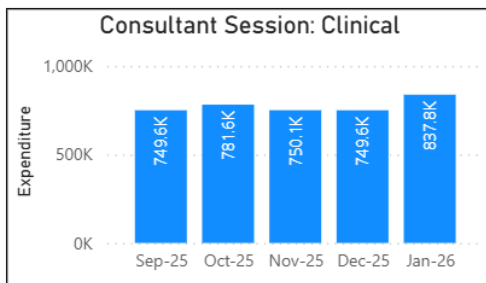
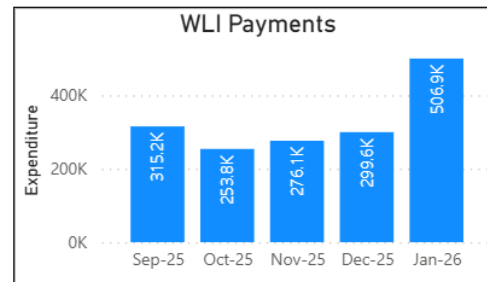
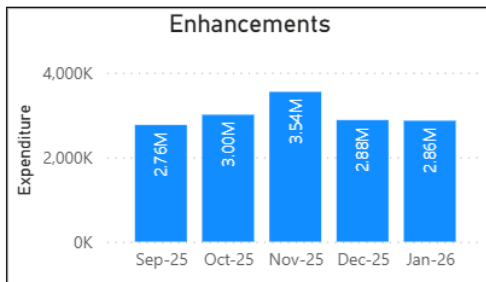
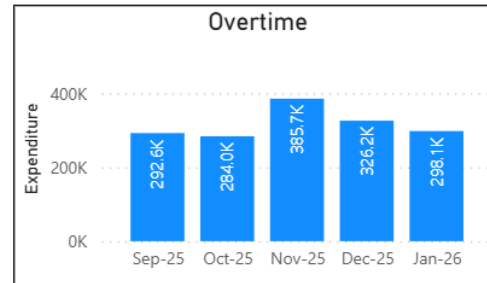
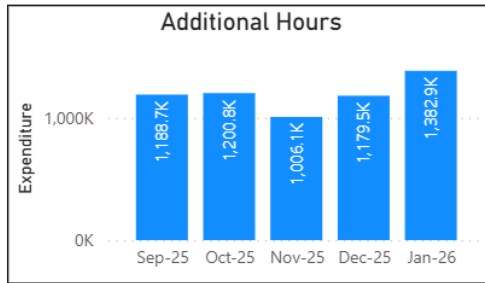
### Variable pay (£'000)

Pay category	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Change	%	Avg 24/25
Agency	2,060	2,300	1,930	2,131	2,105	1,797	2,214	2,064	-150	-6.8%	2,414
Bank	3,279	3,354	3,891	3,515	3,427	3,580	3,345	3,809	464	13.9%	3,673
Locum	353	377	468	423	443	408	391	436	45	11.5%	332
<b>Total</b>	<b>5,692</b>	<b>6,031</b>	<b>6,289</b>	<b>6,069</b>	<b>5,975</b>	<b>5,786</b>	<b>5,950</b>	<b>6,309</b>	<b>359</b>	<b>6.0%</b>	<b>6,419</b>

### Total pay (£'000)

	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Change	%	Avg 24/25
Pay	73,225	73,322	85,525	76,218	76,423	77,192	76,657	77,347	690	0.9%	70,895

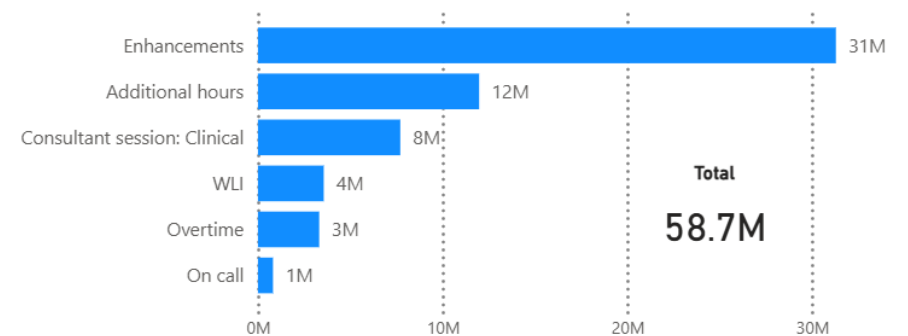
## Pay Summary (2): Substantive Pay: Additional pay element



Total additional pay by Division (£'000)

Division	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Total
Medicine	1,293	1,410	1,390	1,384	1,490	<b>6,967</b>
Surgery	896	880	881	865	1,002	<b>4,525</b>
Clinical Support Services	750	720	834	732	846	<b>3,882</b>
Family and Therapies	539	571	647	574	572	<b>2,903</b>
Urgent Care	545	525	593	475	523	<b>2,662</b>
Primary Care and Community	437	475	549	471	503	<b>2,436</b>
Estates and Facilities	430	449	531	454	429	<b>2,293</b>
Mental Health and LD	308	358	398	332	349	<b>1,745</b>
CHC and FNC	120	123	139	116	108	<b>606</b>
Corporate	64	75	96	98	151	<b>485</b>
<b>Total</b>	<b>5,384</b>	<b>5,587</b>	<b>6,059</b>	<b>5,500</b>	<b>5,974</b>	<b>28,503</b>

Total additional pay costs YTD 25/26



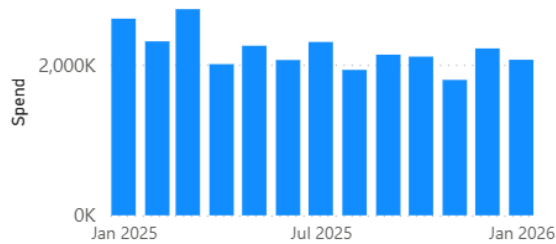
### Pay Summary (3): Variable Pay (£'k)

Pay category	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
<b>Agency</b>													
Admin & Clerical Agency	31	6	37	38	10	17	54	2	61	20	26	29	54
Allied Health Prof Agency	253	262	323	163	136	78	202	69	79	68	59	104	148
Estates & Ancilliary Agency	67	-49	145	112	81	128	59	111	159	161	103	137	75
Medical Agency	868	900	1,038	858	1,156	945	991	883	903	1,015	736	972	725
Nurse HCA/HCSW Agency	131	92	202	115	172	189	197	95	84	98	40	126	96
Other Agency	50	92	98	91	68	135	96	137	150	97	181	113	90
Registered Nurse Agency	1,210	1,006	893	627	627	568	701	632	695	646	652	734	875
<b>Total</b>	<b>2,609</b>	<b>2,308</b>	<b>2,735</b>	<b>2,005</b>	<b>2,249</b>	<b>2,060</b>	<b>2,300</b>	<b>1,930</b>	<b>2,131</b>	<b>2,105</b>	<b>1,797</b>	<b>2,214</b>	<b>2,064</b>
<b>Bank</b>													
Admin & Clerical Bank	74	68	168	73	79	68	74	84	74	88	101	80	92
Estates & Ancilliary Bank	255	234	325	253	288	280	276	296	288	266	274	287	290
Nurse HCA/HCSW Bank	1,641	1,568	2,032	1,574	1,698	1,570	1,595	1,842	1,622	1,611	1,693	1,590	1,708
Other Bank	-1	-2	233	27	37	25	34	35	38	32	27	36	33
Registered Nurse Bank	1,672	1,689	2,287	1,408	1,541	1,336	1,375	1,634	1,492	1,429	1,485	1,352	1,686
<b>Total</b>	<b>3,641</b>	<b>3,557</b>	<b>5,044</b>	<b>3,336</b>	<b>3,643</b>	<b>3,279</b>	<b>3,354</b>	<b>3,891</b>	<b>3,515</b>	<b>3,427</b>	<b>3,580</b>	<b>3,345</b>	<b>3,809</b>
<b>Locum</b>													
Medical Locum	548	324	180	376	356	353	377	468	423	443	408	391	436
<b>Total</b>	<b>548</b>	<b>324</b>	<b>180</b>	<b>376</b>	<b>356</b>	<b>353</b>	<b>377</b>	<b>468</b>	<b>423</b>	<b>443</b>	<b>408</b>	<b>391</b>	<b>436</b>
<b>Total</b>	<b>6,798</b>	<b>6,189</b>	<b>7,959</b>	<b>5,718</b>	<b>6,248</b>	<b>5,692</b>	<b>6,031</b>	<b>6,289</b>	<b>6,069</b>	<b>5,975</b>	<b>5,786</b>	<b>5,950</b>	<b>6,309</b>

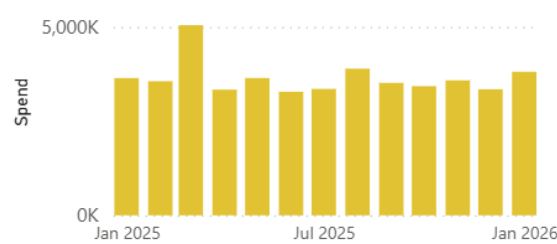
Change	%
26	89.0%
44	42.7%
-62	-45.2%
-247	-25.4%
-30	-23.6%
-23	-20.2%
142	19.3%
<b>-150</b>	<b>-6.8%</b>
13	15.8%
3	0.9%
118	7.4%
-3	-7.8%
334	24.7%
<b>464</b>	<b>13.9%</b>
45	11.5%
<b>45</b>	<b>11.5%</b>
<b>359</b>	<b>6.0%</b>

Avg 24/25
8
168
54
968
74
77
1,066
<b>2,414</b>
84
260
1,638
19
1,672
<b>3,673</b>
332
<b>332</b>
<b>6,419</b>

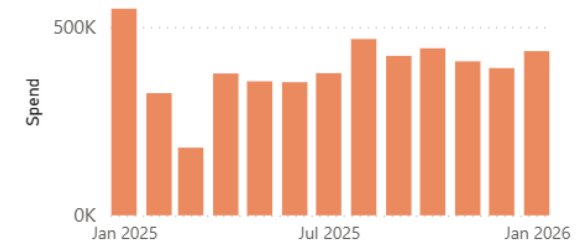
Agency (£'000)



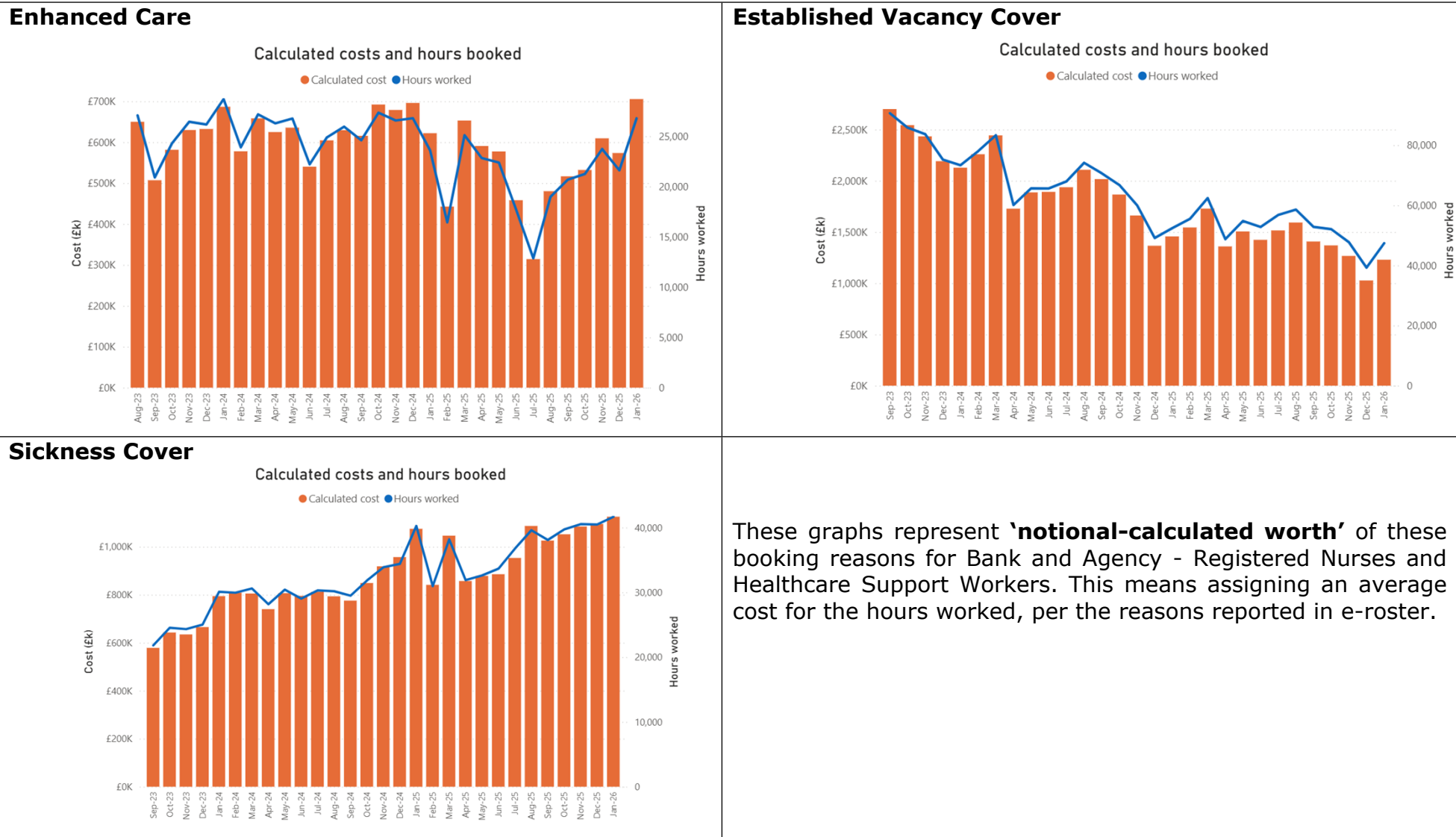
Bank (£'000)



Locum (£'000)

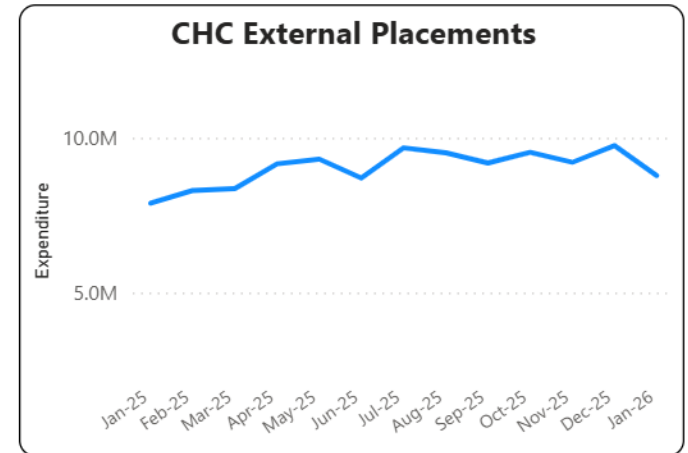
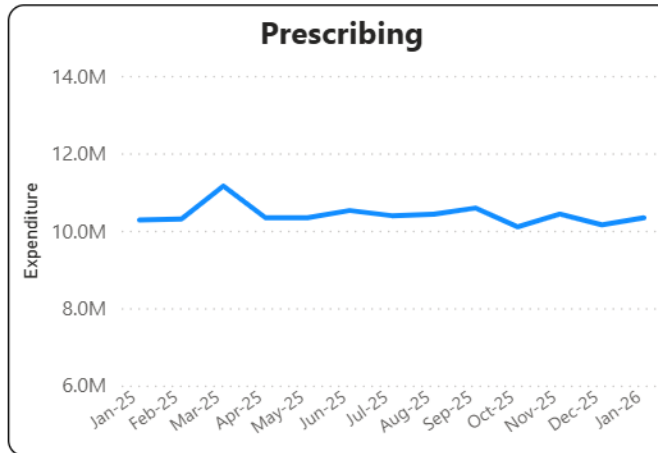
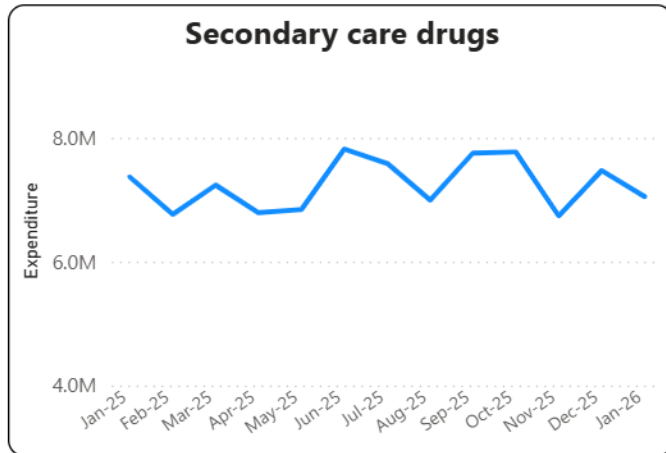
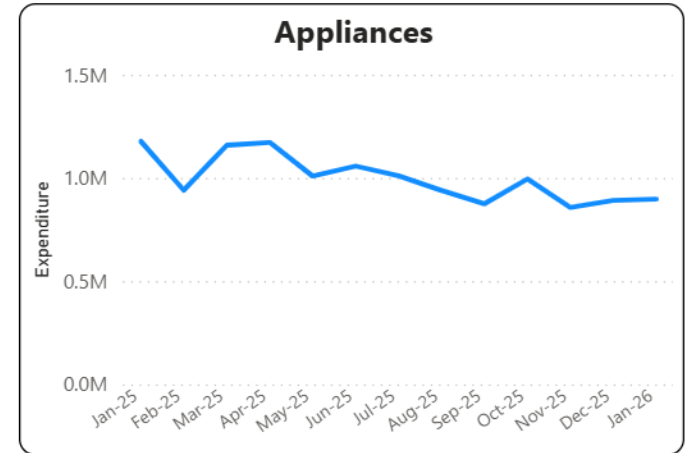
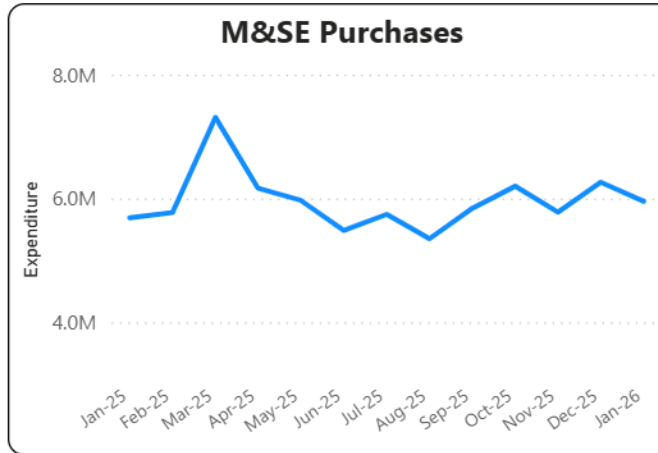
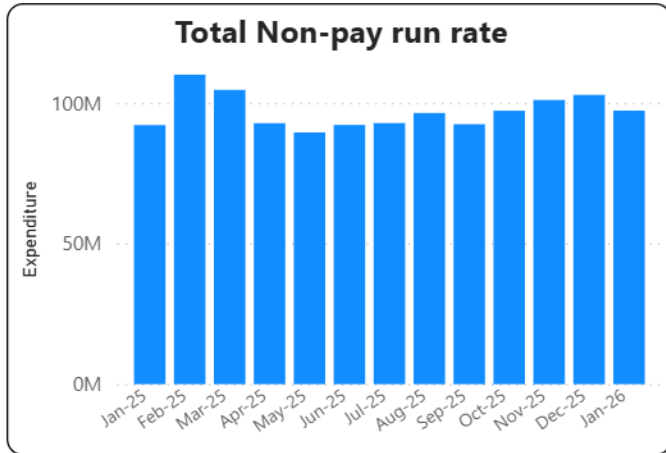


## Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)



These graphs represent '**notional-calculated worth**' of these booking reasons for Bank and Agency - Registered Nurses and Healthcare Support Workers. This means assigning an average cost for the hours worked, per the reasons reported in e-roster.

## Non-Pay Summary:



## CHC (Adult Community CHC): Activity and Spend - YTD & Forecast

Activity is forecast to decrease by 14 cases when compared to the 2024/25 out-turn, spend is expected to increase by £4.6m when compared to the 24/25 out-turn.

Activity - Actual	Jan-26	Dec-25	Movement
D2A	26	25	1
CAHT	55	49	6
All Other EXT CHC	462	457	5
Discharge schemes (RIF)	34	28	6
<b>Total</b>	<b>577</b>	<b>559</b>	<b>18</b>

Average 24/25
18
50
462
27
<b>557</b>

Activity - Forecast	Jan-26	24/25 Out-turn	Movement
D2A	27	18	9
CAHT	50	50	(0)
All Other EXT CHC	460	462	(2)
Discharge schemes (RIF)	34	27	7
<b>Total</b>	<b>571</b>	<b>557</b>	<b>14</b>

YTD & Forecast £'000	2025/26 forecast as at M10 £'000	2025/26 forecast as at M09 £'000	Movement
D2A	2,730	2,560	171
CAHT	10,318	10,318	-
All Other EXT CHC	46,028	45,969	59
Discharge schemes (RIF)	1,044	1,044	-
<b>Total</b>	<b>60,120</b>	<b>59,890</b>	<b>230</b>

24/25 Out-turn	23/24 Out-turn
1,776	2,093
10,147	10,932
42,341	41,053
1,221	545
<b>55,485</b>	<b>54,623</b>

## Referral to Treatment (RTT):

- Elective Treatments for Jan '26 = 2,193 (Dec '25: 1,985. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M10)					Actual Treatments (M10)				Treatment Variance (M10)			
Treatment	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total
N107-Dermatology	198	0	12	210	237	0	0	237	39	0	(12)	27
N147-ENT	131	0	0	131	125	13	31	169	(6)	13	31	38
N105-General Surgery	263	4	0	267	291	15	56	362	28	11	56	95
N146-Oral Surgery	217	0	0	217	219	0	0	219	2	0	0	2
N148-Ophthalmology	320	0	0	320	313	0	0	313	(7)	0	0	(7)
N115-Trauma & Orthopaedics	459	19	16	494	594	42	37	673	135	23	21	179
N106-Urology	242	0	0	242	220	0	0	220	(22)	0	0	(22)
	1,830	23	28	1,881	1,999	70	124	2,193	169	47	96	312

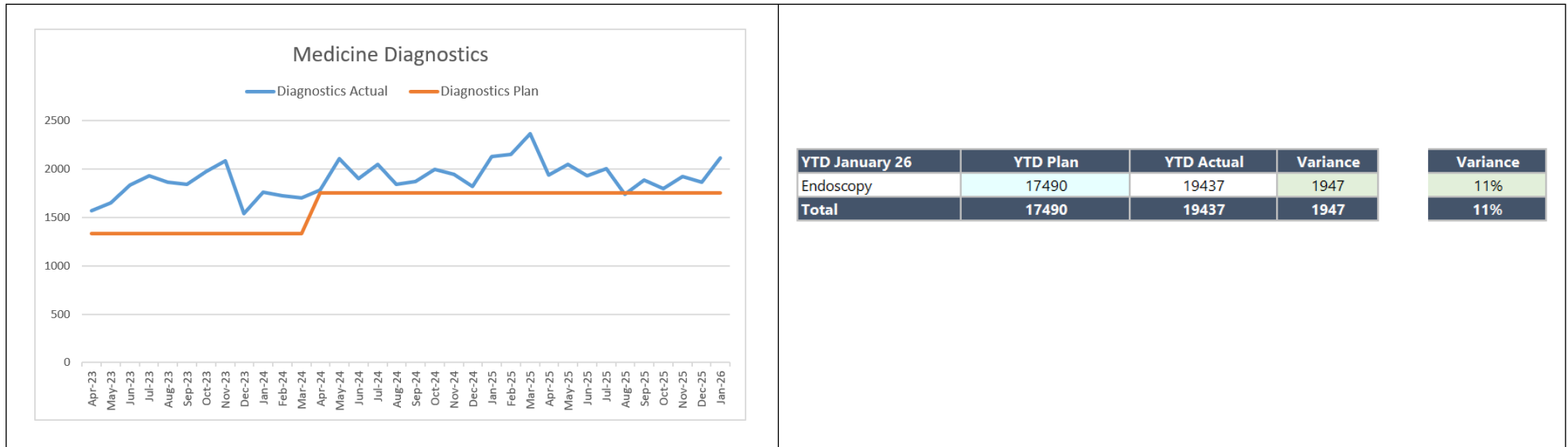
- Outpatient activity for Jan '26 = 6,149 (Dec '25: 5,928. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

Planned Outpatients (M10)					Actual Outpatients (M10)					Outpatient Variance (M10)				
Outpatient	Core	Backfill	WLI	Total	ACTUAL TYPE				Total	Outpatient	Core	Backfill	WLI	Total
					Elective	Backfilled	WLI							
N107-Dermatology	1,033	0	0	1,033	N107-Dermatology	1,373	0	0	1,373	N107-Dermatology	340	0	0	340
N147-ENT	504	0	0	504	N147-ENT	596	0	0	596	N147-ENT	92	0	0	92
N105-General Surgery	1,619	132	35	1,786	N105-General Surgery	1,909	0	93	2,002	N105-General Surgery	290	(132)	58	216
N146-Oral Surgery	244	0	0	244	N146-Oral Surgery	359	0	0	359	N146-Oral Surgery	115	0	0	115
N148-Ophthalmology	556	0	32	588	N148-Ophthalmology	593	0	0	593	N148-Ophthalmology	37	0	(32)	5
N108-Rheumatology	146	0	0	146	N108-Rheumatology	152	0	0	152	N108-Rheumatology	6	0	0	6
N115-Trauma & Orthopaedi	798	12	25	835	N115-Trauma & Orthopaedi	587	0	0	587	N115-Trauma & Orthopaedi	(211)	(12)	(25)	(248)
N106-Urology	481	0	15	496	N106-Urology	480	0	7	487	N106-Urology	(1)	0	(8)	(9)
Total	5,381	144	107	5,632	Total	6,049	0	100	6,149	Total	668	(144)	(7)	517

**Medicine Outpatients activity for Jan '25 was 2,099 - (Nov '25: 1,949. 2024/25: 23,053. 2023/24: 22,708)**

Jan-26				Jan-26				
	Assumed monthly activity	Actual activity	Variance	YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	475	468	-7	Gastroenterology	4750	4446	-304	-6%
Cardiology	430	451	21	Cardiology	4300	3824	-476	-11%
Respiratory (inc Sleep)	455	411	-44	Respiratory (inc Sleep)	4550	3886	-664	-15%
Neurology	257	270	13	Neurology	2570	3188	618	24%
Endocrinology	186	216	30	Endocrinology	1860	2197	337	18%
Geriatric Medicine	313	283	-30	Geriatric Medicine	3130	2976	-154	-5%
<b>Total</b>	<b>2116</b>	<b>2099</b>	<b>-17</b>	<b>Total</b>	<b>21160</b>	<b>20517</b>	<b>-643</b>	<b>-3%</b>

**Medicine Diagnostics activity for Jan '25 was 2,114 (Dec '25: 1,860. 2024/25: 23,952. 2023/24: 21,466)**



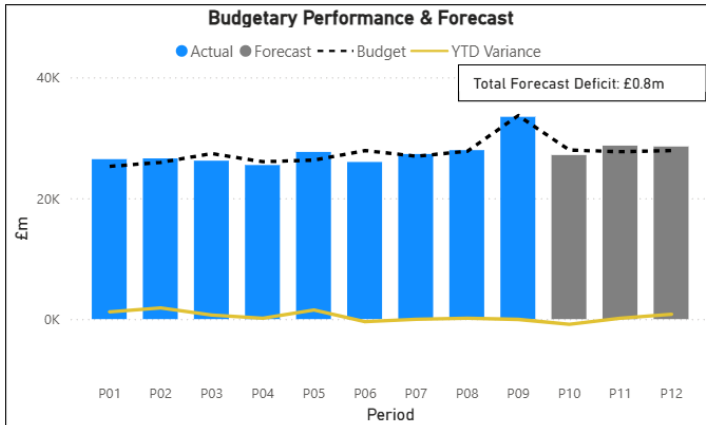
## RAG rating category definitions

Savings schemes are categorised as *Red*, *Amber* or *Green* according to the certainty of the forecast achievement. Definitions for each rating are as follows:

- **Green scheme:** Started delivering in the current month or prior month and is expected to continue delivering for the remaining period.
- **Amber scheme:** Agreed plan in place and expected to deliver starting in a future month. Not yet started, therefore Amber due to the time factor risk.
- **Red scheme:** No plan in place and not expected to achieve.

The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

# Divisional analysis – Primary Care and Community

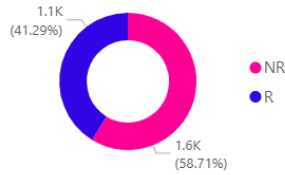


- Key drivers of forecast deficit:
- £3.8m Community Wards
  - (£2.3m) Contracts
  - (£1.9m) Vaccines and Hospital Pharmacy
  - (£0.6m) Primary Care Projects
  - £0.8m Winter 24-26
  - £0.8m Community COTE
  - £0.4m Other

25/26 Savings with CIP Target



Savings Split (£'000)



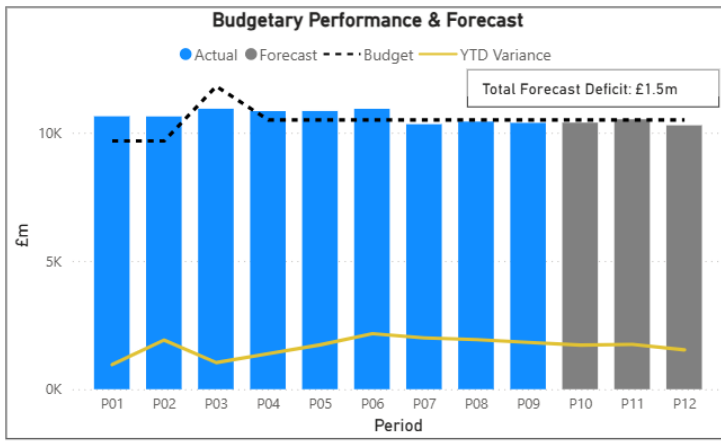
Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	2	298	438	140	300	475	175
Procurement & Non-pay	17	629	1,584	955	832	1,760	928
Workforce	10	377	379	2	482	507	25
<b>Total</b>	<b>29</b>	<b>1,304</b>	<b>2,401</b>	<b>1,097</b>	<b>1,614</b>	<b>2,741</b>	<b>1,127</b>

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-01	SLA's - Age Cymru & BHF	R	Month 1	Green	27	31
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	83	100
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Green	48	90
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Green	16	21
PCC-07	Change the band 7 Discharge Liaison Nurse post [0.6wte £38K] to a band 4 administrative post [1.00wte £34k]	R	Month 1	Green	4	4
PCC-08	10% Reduction of OAMH	R	Month 1	Green	0	15
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Green	17	25
PCC-10	BG Locality Bank & Agency reduction	R	Month 1	Green	7	7
PCC-11	Reduction in DN teams from 8 to 7	R	Month 1	Green	8	10
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Green	7	7
PCC-13	Stock review/control	R	Month 1	Green	3	5
PCC-14	Reduction/closure of boarding beds C5West and C5East	R	Month 1	Green	187	239
PCC-15	Closure of Victoria House	R	Month 1	Green	80	103

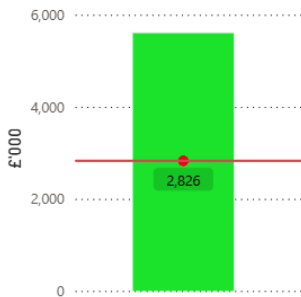
Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-16	Service provision at Trevethin	R	Month 1	Green	57	69
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	27	33
PCC-18	Non pay opportunities	R	Month 1	Green	10	13
PCC-19	Medicines Management - SSP Opportunities identified by procurement	R	Month 1	Green	298	300
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS providers (in	R	Month 1	Green	43	58
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	53	65
PCC-22	Enhancements on Specialist rates	R	Month 1	Green	28	36
PCC-23	Administered COVID-19 Vaccines	NR	In Year	Green	140	175
PCC-25	Procurement - A4 paper switch saving	R	In Year	Green	1	1
PCC-38	GMS Prior Year enhanced services accrual release	NR	In Year	Green	546	614
PCC-39	GDS prior year clawback benefit	NR	In Year	Green	108	108
PCC-40	Nursing non pay opportunities	NR	In Year	Green	17	21
PCC-41	GDS NR saving from contract variation	NR	In Year	Green	510	510
PCC-42	Respiratory - vacancies & maternity leave	NR	In Year	Green	10	16
PCC-43	Optometry contract Prior year accrual release	NR	In Year	Green	50	50
PCC-44	Uniform amnesty/recycling	NR	In Year	Green	16	16
<b>Original CIP Target:</b>				<b>7,036</b>	<b>2,401</b>	<b>2,741</b>
<b>Distance from target (over)/under</b>				<b>4,294</b>		

# Divisional analysis – Prescribing

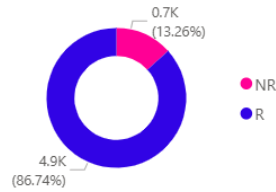


- Key drivers of forecast deficit:
- £0.7m transfer of anti-viral drug pressure from PCCS due to change in service delivery
  - £1.1m prior year cost pressure due to 24/25 final outturn
  - (£0.3m) net other movements including dapagliflozin price reduction

25/26 Savings with CIP Target



Savings Split (£'000)

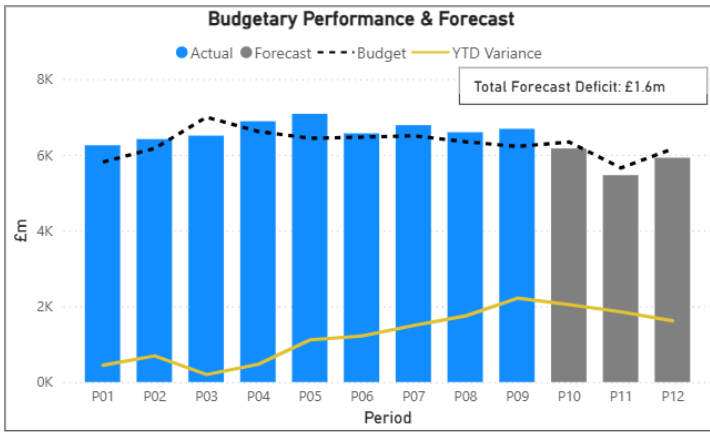


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	14	1,551	3,807	2,256	2,103	5,452	3,349
Workforce	1	124	124	0	149	149	0
<b>Total</b>	<b>15</b>	<b>1,675</b>	<b>3,931</b>	<b>2,256</b>	<b>2,252</b>	<b>5,601</b>	<b>3,349</b>

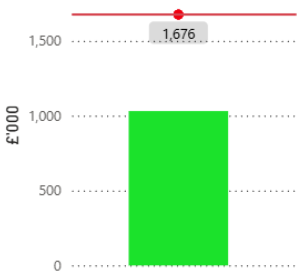
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-02	Stoma Team Phase 2	NR	Month 1	Green	124	149
PCC-04	Medicines Management	R	Month 1	Red	0	0
PCC-04A	Dietitians	R	In Year	Green	49	67
PCC-04B	Waste Reduction Scheme	R	In Year	Green	224	272
PCC-04C	Pharmacy Led Savings	R	In Year	Green	145	203
PCC-04D	Scriptswitch Acute	R	In Year	Green	151	181
PCC-04E	Scriptswitch Repeat	R	In Year	Green	439	631
PCC-04F	Liothyronine Formulation change	R	In Year	Green	1	1
PCC-04G	DOAC (Edoxaban) switch to Apixaban / Rivaroxaban	R	In Year	Green	318	422
PCC-04H	Bath & Shower Emollient Review	R	In Year	Green	5	6
PCC-04I	Chloral Hydrate Prescribing Review	R	In Year	Green	0	0
PCC-100	Dapagliflozin LOE	R	In Year	Green	1,924	2,984
PCC-101	Ticagrelor LOE	R	In Year	Green	24	72
PCC-102	Denosumab LOE	R	In Year	Amber	0	20
PCC-24	Only Order What You Need	NR	In Year	Green	528	594
<b>Original CIP Target:</b>					<b>2,826</b>	<b>5,601</b>
<b>Distance from target (over)/under</b>					<b>(2,775)</b>	

# Divisional analysis – Complex Care

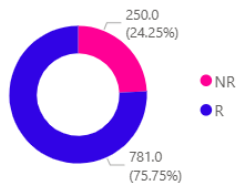


- Key drivers of forecast deficit:
- £1.6m CHC, DTA and FNC placements
  - £0.3 Care at Home
  - (£0.4m) Governance and Commissioning underspend
  - £0.1m IRP

25/26 Savings with CIP Target



Savings Split (£'000)

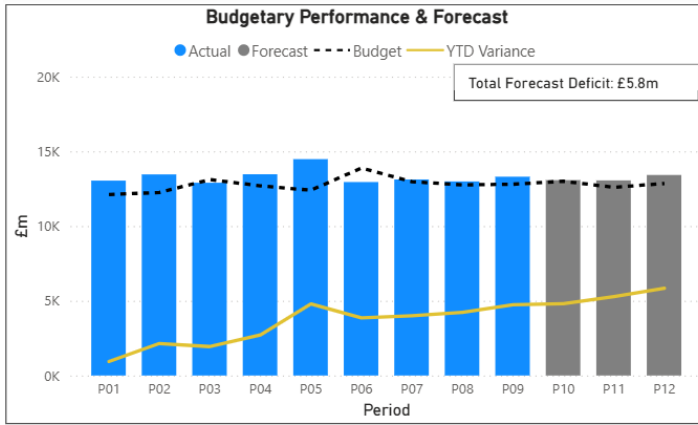


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
CHC	6	570	639	69	763	1,013	251
Workforce	1	13	13	0	18	18	0
<b>Total</b>	<b>7</b>	<b>583</b>	<b>652</b>	<b>69</b>	<b>781</b>	<b>1,031</b>	<b>251</b>

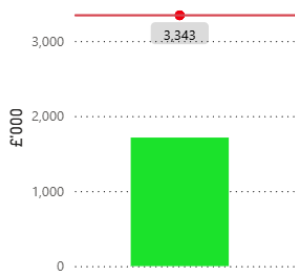
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year	
					Achieved £'000	Forecast £'000	
CHC-01	Top 50 placement reviews	R	Month 1	Green	224	306	
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Green	36	108	
CHC-03	FNC Assessments	R	Month 1	Green	247	305	
CHC-04	Care at Home Team	R	Month 1	Green	5	32	
CHC-05	Rightsizing additional support	R	Month 1	Green	2	12	
CHC-06	Enhancements on Specialist rates	R	Month 1	Green	13	18	
CHC-07	Reduced growth chc	NR	In Year	Green	125	250	
<b>Original CIP Target:</b>					<b>1,676</b>	<b>652</b>	<b>1,031</b>
<b>Distance from target (over)/under</b>					<b>645</b>		

# Divisional analysis – Mental Health and Learning Disabilities

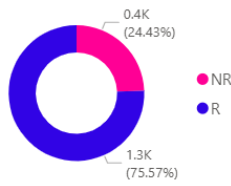


- Key drivers of forecast deficit:
- £1.28m overspend for Commissioned placements
  - £5.4m overspend on inpatients wards within Older Adult, Adult & Learning Disabilities, Enhanced Care and High Observations Driving the position
  - £0.4m Drugs
  - £0.78m overspend on Adult Medical Agency due to covering gaps
  - (£2.1m) offset with underspends in relation to vacancies across Community teams, Older Adult Psychology vacancies

25/26 Savings with CIP Target



Savings Split (£'000)

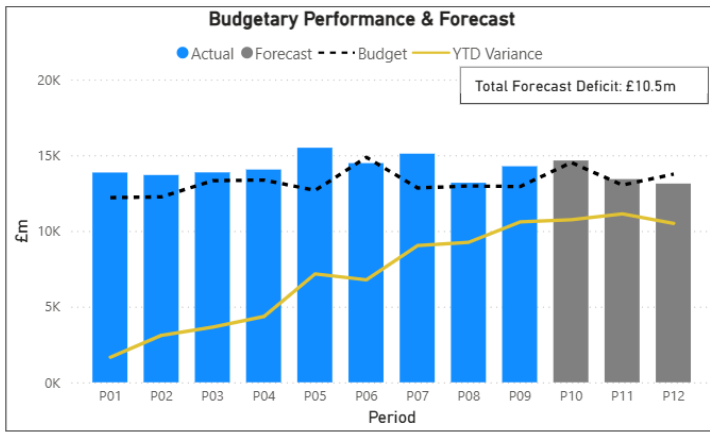


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
CHC	5	667	612	-55	700	888	188
Medicines Management	4	3	12	9	3	15	12
Procurement & Non-pay	2	0	328	328	0	394	394
Workforce	5	198	266	68	243	417	174
<b>Total</b>	<b>16</b>	<b>868</b>	<b>1,218</b>	<b>350</b>	<b>946</b>	<b>1,714</b>	<b>768</b>

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MH-01	Mitchell Close	R	Month 1	Red	0	0
MH-02	Aripiprazole drug switch	R	Month 1	Green	2	3
MH-03	Reduction to variable pay	R	Month 1	Red	0	0
MH-04	CHC Dispute CB Hammersmith & Fulham	NR	Month 1	Red	0	0
MH-05	CHC Transition Cases (x2)	R	Month 1	Green	207	207
MH-06	MH Framework Uplifts	R	In Year	Green	286	344
MH-07	MH LD Adult / CAMHS Hospitals Framework Agreement	R	In Year	Green	42	50
MH-11	CHC DB Repat In house services	R	In Year	Green	265	366
MH-13a	CHC Saving Eligibility Review	R	In Year	Green	10	14
MH-13b	CHC rightsize/change in need/step down	R	In Year	Green	131	300
MH-14	Cedar temp closure	NR	In Year	Green	157	217
MH-15	Older Adult Psychology Posts	NR	In Year	Green	98	145
MH-16	Haloperidol tablets to liquid switch (cost difference)	R	In Year	Green	9	11
MH-17	Variable Pay Reduction LD	NR	In Year	Green	10	55
MH-18	National Priorities - Dapagliflozin generic	NR	In Year	Green	1	1
MH-19	National Priorities - Ticagrelor generic	NR	In Year	Green	0	0
<b>Original CIP Target:</b>					<b>3,343</b>	
<b>Distance from target (over)/under</b>					<b>1,630</b>	
					<b>1,218</b>	<b>1,714</b>

# Divisional analysis – Surgery



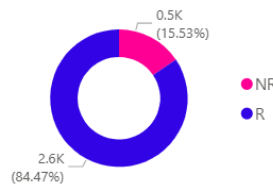
## Key drivers of forecast deficit:

- £1.3m Drugs
- £0.8m unidentified savings to revised target
- £2.1m 104wk Additional Activity (Excess Qtr 1 and M4-10)
- £2.2m Additional Cancer Activity
- £0.7m Enhanced Care Nursing
- £0.2m General Surgery Robot
- £0.9m Core elective efficiency
- £2.2m Excess Planned Care Capacity

## 25/26 Savings with CIP Target



## Savings Split (£'000)



## Savings summary (£'000)

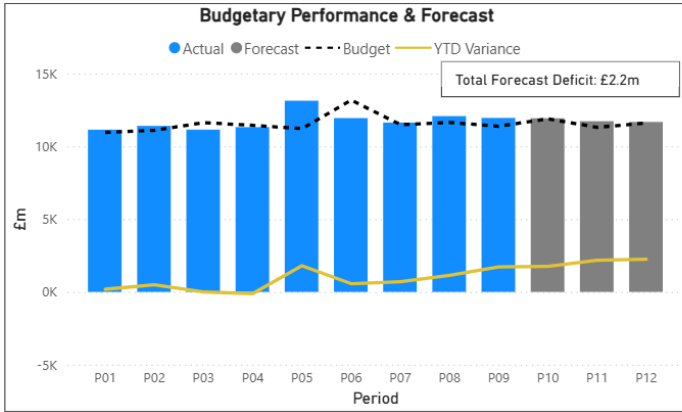
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	8	767	1,095	328	963	1,727	764
Procurement & Non-pay	19	473	534	61	573	722	149
Workforce	13	766	507	-259	912	665	-247
<b>Total</b>	<b>40</b>	<b>2,006</b>	<b>2,136</b>	<b>130</b>	<b>2,448</b>	<b>3,114</b>	<b>666</b>

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
SUR-01	Haematology drugs wastage reduction	R	Month 1	Red	0	0
SUR-02	Robot buy out of lease (GB)	R	Month 1	Green	237	286
SUR-03	Divisional - Pump Giving Sets (Procurement)	R	Month 1	Red	0	0
SUR-04	General Surgery - Workforce - Net savings as a result of appointing two substantive consultants.	R	Month 1	Green	11	18
SUR-05	General Surgery - Medication - Switching IV Co-trimoxazole and metronidazole to oral in GUH	R	Month 1	Red	0	0
SUR-06	General Surgery - Pintuition seeds	R	Month 1	Green	53	65
SUR-07	Ear, Nose and Throat - Re-Usable Instruments	R	Month 1	Green	3	3
SUR-08	Ophthalmology - Workforce - Band 5 Orthoptist	R	Month 1	Green	10	10
SUR-09	Rheumatology - Workforce - Band 6 Rheumatology CNS	R	Month 1	Green	43	50
SUR-11	Trauma and Orthopaedics - Consolidation of maintenance contracts (Desouter)	R	Month 1	Green	5	13
SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts	R	Month 1	Green	8	26
SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Green	3	3
SUR-14	Trauma and Orthopaedics - Workforce - 2 x consultant on-call cost replaced by 1x SAS on-call costs	R	Month 1	Green	3	3
SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	57	69

## Surgery continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year	
					Achieved £'000	Forecast £'000	
SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover	R	Month 1	Green	8	25	
SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Green	1	1	
SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain	R	Month 1	Green	0	0	
SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Green	2	2	
SUR-20	Urology - Workforce - Associate Specialist Vacancy	R	Month 1	Green	24	24	
SUR-21	Divisional Management - Medication - Sports Medicine review	R	Month 1	Red	0	0	
SUR-22	Haematology - SLA - Bristol SLA	R	Month 1	Green	4	4	
SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	4	7	
SUR-24	Haematology - Study - POLARIS-2; Study of Olverembatinib	R	Month 1	Red	0	0	
SUR-25	Haematology - Workforce - Registrar to be recharged to another non surgical Directorate	R	Month 1	Green	13	15	
SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets	R	Month 1	Green	3	4	
SUR-27	Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluorescence)	R	Month 1	Red	0	0	
SUR-28	Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatment room	R	Month 1	Green	2	2	
SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O	R	Month 1	Green	1	3	
SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	163	195	
SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -	R	Month 1	Green	213	276	
SUR-32	Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advantage of lower price	R	Month 1	Red	0	0	
SUR-33	Enhancements on Specialist rates	R	Month 1	Green	5	13	
SUR-34	Medicines Management savings	R	Month 1	Green	733	933	
SUR-35	Ophthalmology Visco Elastic Savings over the current financial year	R	In Year	Green	7	11	
SUR-36	Drugs	NR	In Year	Green	200	300	
SUR-43	All Wales standard and custom procedure packs	R	In Year	Green	1	3	
SUR-44	5% Stryker hips and knees	R	In Year	Green	42	56	
SUR-45	Additional saving agreed Sept 26	NR	In Year	Green	110	184	
SUR-46	Aflibercept (Eylea) 2mg Biosimilar (Mynzepli)	R	In Year	Green	162	494	
SUR-47	Trauma and Orthopaedics - Power Tools lease v purchase	R	In Year	Green	6	17	
				<b>Original CIP Target:</b>	<b>3,336</b>	<b>2,136</b>	<b>3,114</b>
				<b>Distance from target (over)/under</b>	<b>222</b>		

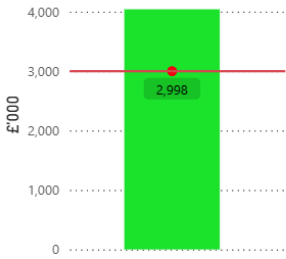
# Divisional analysis – Clinical Support Services



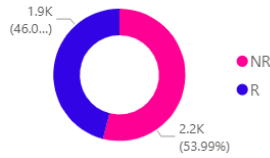
## Key drivers of forecast deficit:

- £2.0m operational pressures in PACCT
- £0.7m Planned Care recovery
- £0.4 winter cost pressures
- (£0.9m) operational underspend in diagnostics

## 25/26 Savings with CIP Target



## Savings Split (£'000)



## Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	7	13	12	-1	16	21	5
Procurement & Non-pay	47	926	1,655	728	1,044	2,738	1,694
Workforce	14	294	996	702	378	1,281	903
<b>Total</b>	<b>68</b>	<b>1,234</b>	<b>2,662</b>	<b>1,429</b>	<b>1,438</b>	<b>4,039</b>	<b>2,602</b>

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-01	Systemex Maintenance Savings	R	Month 1	Green	146	178
CSS-02	Siemens KPI review	R	Month 1	Green	42	50
CSS-03	Systemex MSC KPIs	R	Month 1	Green	4	5
CSS-04	Factor 8 Repatriation	R	Month 1	Green	5	6
CSS-05	WBS Commercial Products	R	Month 1	Green	5	6
CSS-06	Restructure of Management Positions	NR	Month 1	Green	10	13
CSS-08	Enhancements on Specialist Rates	R	Month 1	Green	313	392
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	20	20
CSS-11	Hepzyme Repatriation	R	Month 1	Green	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	3	3
CSS-13	JCC funding for liver ablations	NR	Month 1	Green	162	162
CSS-14	IPFR income	NR	Month 1	Green	59	70
CSS-15	Ablation needles	R	Month 1	Green	4	5
CSS-16	Maintenance contracts for new DR equipment - NR	NR	Month 1	Green	25	30
CSS-17	Contrast bought in 24/25	NR	Month 1	Green	200	200
CSS-18	Blood Products from 24/25 Year End	NR	Month 1	Green	100	100
CSS-19	Additional Everlight reporting in 24/25	NR	Month 1	Green	46	46
CSS-20	Image Intensifier Maintenance	NR	Month 1	Green	13	16

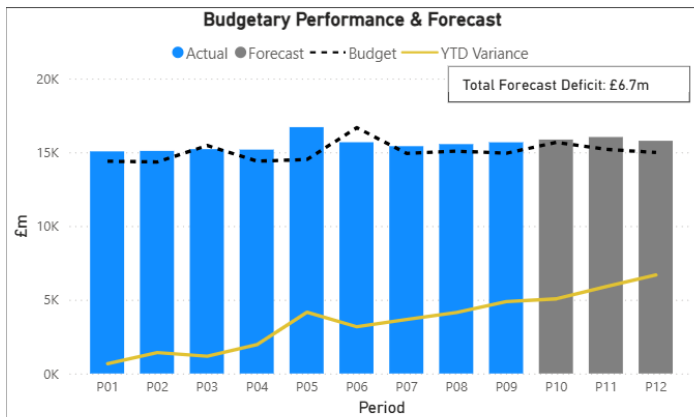
## Clinical Support Services continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	
					Achieved £'000	Full year Forecast £'000
CSS-21	Decommissioning of Fuji Equipment on current contracts	NR	Month 1	Green	18	22
CSS-22	C&V Ultrasound	NR	Month 1	Green	10	10
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	39	47
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	8	11
CSS-25	Co-trimoxazole IV	R	In Year	Green	1	1
CSS-26	Lumicare	R	In Year	Green	21	25
CSS-27	Critical Care RN Variable Pay	R	In Year	Green	488	596
CSS-35	Radiology Maintenance contracts	NR	In Year	Green	153	153
CSS-36	Bis Monitoring - Supplier change	R	In Year	Green	22	29
CSS-37	Recycled Paper	R	In Year	Green	0	2
CSS-38	Medical Workforce - Intensity banding review	R	In Year	Green	9	11
CSS-39	Medical Workforce Variable Pay Spend	R	In Year	Green	33	33
CSS-40	Medicines Management - Green	R	In Year	Green	10	15
CSS-41	Medical Workforce Variable Pay Spend (Consultant)	R	In Year	Green	7	7
CSS-42	Medical Workforce Variable Pay Spend (Juniors/Middle Grades)	R	In Year	Green	63	63
CSS-43	Additional IPFR Income (Powys)	NR	In Year	Green	8	8
CSS-44	Outsourcing, linked to acute demand, Audit and deep dive. Reduce Forecast to match YTD run rate (8%)	R	In Year	Green	87	117
CSS-45	Mycology Testing (PHW)	R	In Year	Green	8	11
CSS-46	Contract Funerals	R	In Year	Green	3	5
CSS-47	Serosep Contract	R	In Year	Green	11	16
CSS-48	Cessation of Weekend Enhancement Pay	R	In Year	Green	11	17
CSS-49	Utilisation of Blood Bikes	R	In Year	Green	5	6
CSS-50	Syphilis Repatriation	R	In Year	Green	8	10
CSS-51	Leica Bond III Contract	R	In Year	Green	23	30
CSS-52	Siemens MSC KPIs (Part 2)	NR	In Year	Green	0	50
CSS-53	Reduction in Carriage Charges	R	In Year	Green	1	1
CSS-54	Liver ablations	NR	In Year	Green	90	172
CSS-55	Reduction in Health Protection testing	NR	In Year	Green	35	101
CSS-56	New locum recruitment	R	In Year	Green	4	10
CSS-57	Savings on additional hours by recruiting locum consultant	R	In Year	Green	2	0

## Clinical Support Services continued...

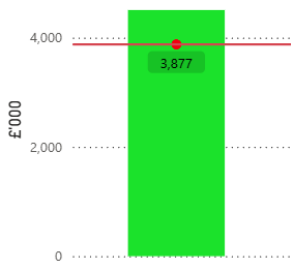
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-58	Reduction in Health Protection testing	NR	In Year	Green	0	300
CSS-59	Risp reduced penalty	NR	In Year	Green	0	312
CSS-60	Medical Illustration - Photo Materials	R	In Year	Green	7	11
CSS-61	Staff Slippage	NR	In Year	Green	29	29
CSS-62	RDC closure	R	In Year	Green	5	42
CSS-63	Additional Out of Area IR income Powys	NR	In Year	Green	14	34
CSS-64	Additional Out of Area IR income CTM	NR	In Year	Green	27	64
CSS-65	Contrast switch Omnipaque to Optiray	R	In Year	Green	2	6
CSS-66	BTW additional Income for increase in consultant sessions	R	In Year	Green	57	69
CSS-67	Dart Support	R	In Year	Green	1	2
CSS-68	Theatres Par Level Review - GUH	NR	In Year	Green	0	46
CSS-69	Haloperidol Tablets to liquid switch	R	In Year	Green	0	1
CSS-70	Omnipaque to Optiray	R	In Year	Green	0	4
CSS-71	Release of Fuji Accrual	NR	In Year	Green	150	150
CSS-72	Staff Slippage	NR	In Year	Green	19	32
CSS-73	Cap of WLI's from 3 to 2 per week	R	In Year	Green	13	40
CSS-74	National priorities - Dapagliflozin generic	R	In Year	Green	0	1
CSS-75	National priorities - Ticagrelor generic	R	In Year	Green	0	0
CSS-76	Dantrolene holding rationalisation (Waste prevention)	R	In Year	Green	2	4
CSS-77	Delayed appointment to Deputy Head of Nursing post	NR	In Year	Green	0	14
				<b>Original CIP Target:</b>	<b>2,998</b>	<b>4,039</b>
				<b>Distance from target (over)/under</b>	<b>(1,041)</b>	

# Divisional analysis – Medicine

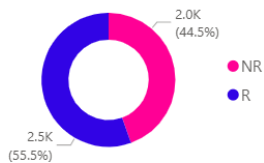


- Key drivers of forecast deficit:**
- £3.9m Operational pressures including medical variable pay for consultant sickness, high acuity of patients requiring enhanced care, drug and m&se consumable and service contract
  - £0.7m Winter ward 29/12/25 - 31/3/26
  - £0.5 Oct-Feb 45-minute ambulance handover
  - £0.4m Reduction in savings achievement from bed reconfiguration with regards to timing and number of beds
  - £0.4m Operational reviews on-going to identify savings and efficiencies expected to be achieved on variable pay
  - £0.3m Commissioning adjustment ICD underperformance
  - £0.3m Other winter pressures & critical incident

25/26 Savings with CIP Target



Savings Split (£'000)



Savings summary (£'000)

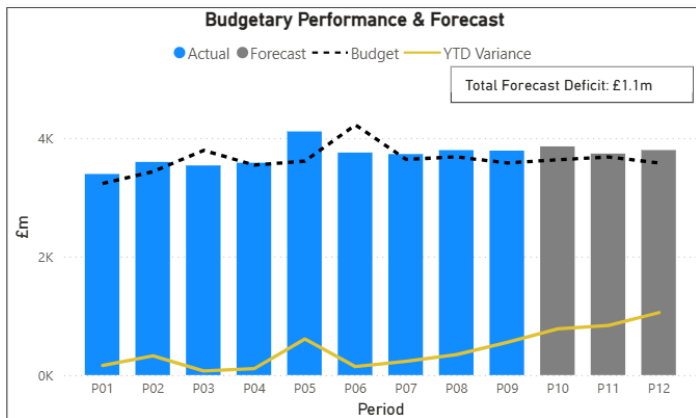
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	13	883	1,603	720	1,072	1,952	880
Procurement & Non-pay	5	381	294	-87	456	384	-72
Service redesign	2	340	1,422	1,082	340	1,667	1,327
Workforce	3	307	367	60	382	503	121
<b>Total</b>	<b>23</b>	<b>1,911</b>	<b>3,686</b>	<b>1,775</b>	<b>2,250</b>	<b>4,506</b>	<b>2,256</b>

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MED-01	Biologic Switch of Ustekinumab	R	Month 1	Green	708	850
MED-02	Enhancements on Specialist rates	R	Month 1	Green	307	382
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	5	5
MED-04	National priorities - Dimethyl fumerate - Generic switch	R	Month 1	Green	350	426
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Green	0	20
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	489	569
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Green	9	12
MED-08	Annual purchase of insulin pumps at preferential rate	NR	Month 1	Green	5	5
MED-09	Use of 24/25 purchased CPAP's for 25/26 activity	NR	Month 1	Green	186	247
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	53	63
MED-11	Use of 24/25 purchased equip (leads etc) for 25/26 activity	NR	Month 1	Green	19	23
MED-12	Delay in prescribing Budesomide	NR	Month 1	Green	1,422	1,667

# Medicine continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MED-13	COTE - Denosumab	R	In Year	Green	0	4
MED-14	Co-trimaxazole IV	R	In Year	Green	4	5
MED-21	National priorities/Best value Biosimilars - Rituximab biosimilar switch (Rixathon to Truxima)	R	In Year	Green	1	1
MED-22	Reduction in locum consultants replaced with substantive x3	R	In Year	Green	7	14
MED-23	Reduction in RN agency	R	In Year	Green	53	107
MED-24	Saving in sleep masks	R	In Year	Green	31	46
MED-25	Switch Acute 30 bedded ward to Community ward	R	In Year	Red	0	0
MED-26	Haloperidol tablets to liquid switch	R	In Year	Green	9	11
MED-27	National priorities generic dapagliflozin	R	In Year	Green	16	26
MED-28	National priorities generic ticagrelor	R	In Year	Green	9	16
MED-29	National priorities/Best value Biosimilars - Ustekinumab vials Steqeyma	R	In Year	Green	3	7
<b>Original CIP Target:</b>					<b>3,877</b>	<b>4,506</b>
<b>Distance from target (over)/under</b>					<b>(630)</b>	

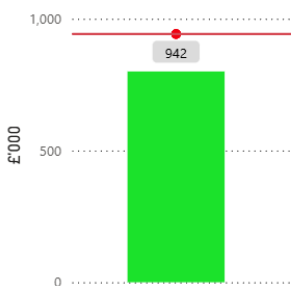
## Divisional analysis – Urgent Care



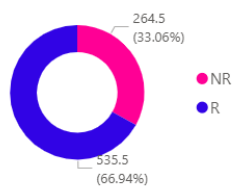
### Key drivers of forecast deficit:

- £0.3m 45-minute ambulance handover
- £0.3m Paeds/CEAU Pilot
- £0.2m Interim Clinical Model due to ED Extension
- £0.1m SDEC Boarding & Triage Nurse Cover
- £0.1m 2 x 6 month FTC Consultants

### 25/26 Savings with CIP Target



### Savings Split (£'000)

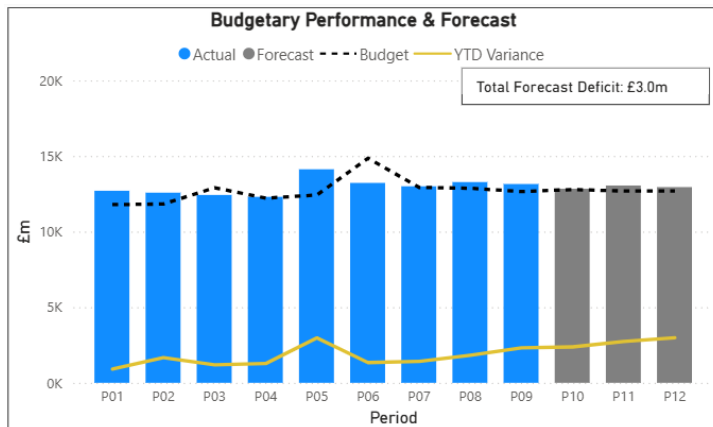


### Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	4	0	7	7	0	8	8
Procurement & Non-pay	5	16	17	1	19	197	178
Workforce	4	416	466	50	520	595	75
<b>Total</b>	<b>13</b>	<b>432</b>	<b>490</b>	<b>58</b>	<b>539</b>	<b>800</b>	<b>261</b>

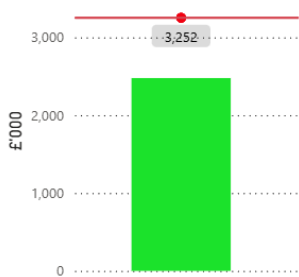
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
URG-01	Enhancements on Specialist rates	R	Month 1	Green	416	520
URG-02	Switch to a non-ported admin set with pump	R	Month 1	Green	2	2
URG-03	changing from the pre-made convenience FICB packs to individual items	R	In Year	Green	6	7
URG-10	Switch from dual giving set ports to single port	R	In Year	Green	6	7
URG-11	Close RGH & NHH Transfer Lounge	R	In Year	Amber	0	0
URG-12	Close RGH MIU Over night	R	In Year	Amber	0	0
URG-13	Delay Implementation of Medical Model in Flow Centre	NR	In Year	Green	50	75
URG-14	Source E-Triage Funding	NR	In Year	Green	0	178
URG-15	Switching to 1 Page Drug Charts	NR	In Year	Green	4	4
URG-16	Fomeprizole Antidote Replacement	NR	In Year	Green	6	6
URG-17	National priorities - Dapagliflozin generic	NR	In Year	Green	0	0
URG-18	National priorities - Ticagrelor generic	NR	In Year	Green	0	1
URG-19	Dantrolene holding rationalisation (Waste prevention)	NR	In Year	Green	1	1
				<b>Original CIP Target:</b>	<b>942</b>	<b>800</b>
				<b>Distance from target (over)/under</b>	<b>142</b>	

# Divisional analysis – Family & Therapies

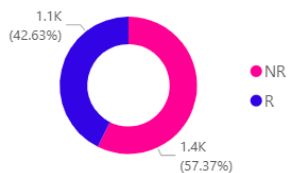


- Key drivers of forecast deficit:
- £2.1m Medical operational/workforce pressures within Gynae, Neonates, Paediatrics & CAMHS.
  - £1.8m Maternity operational/workforce pressures with high birth rates (446) and high C-Section rates (43.7%)
  - £0.1m Planned Care recovery
  - £0.1m Winter cost pressures
  - (£0.5m) underspend on SARC service development
  - (£0.2m) underspend on divisional management
  - (£0.1m) underspend on partnership SLA's

25/26 Savings with CIP Target



Savings Split (£'000)

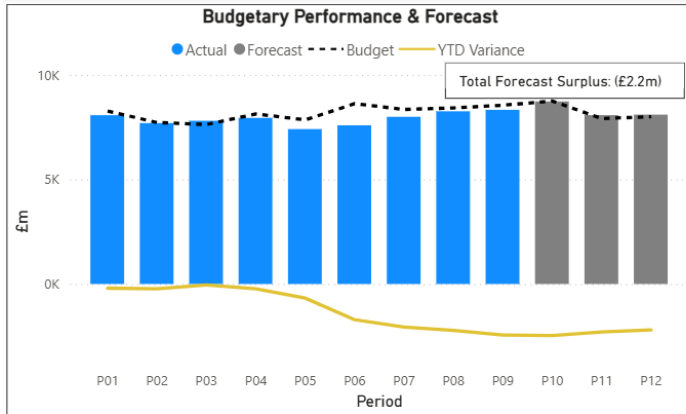


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Medicines Management	1	53	44	-9	63	63	0
Procurement & Non-pay	11	304	1,050	747	362	1,194	832
Workforce	3	200	1,046	846	257	1,220	963
<b>Total</b>	<b>15</b>	<b>556</b>	<b>2,141</b>	<b>1,584</b>	<b>682</b>	<b>2,477</b>	<b>1,795</b>

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year	
					Achieved £'000	Forecast £'000	
F&T-01	Divisional drugs savings target	R	Month 1	Green	44	63	
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre,	R	Month 1	Green	10	11	
F&T-03	Actim Prom and Partus	R	Month 1	Green	11	13	
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	250	300	
F&T-05	Enhancements on Specialist rates	R	Month 1	Green	200	257	
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	26	31	
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	2	2	
F&T-08	Bulk purchase of Medtronic 780G Diabetic pumps and sensors	NR	Month 1	Green	5	5	
F&T-09	LYRECO BUDGET WHITE A4 PAPER 80GSM - BOX OF 5 REAMS (5 X 500 SHEETS OF PAPER) Move to Recycle	R	In Year	Green	2	2	
F&T-16	Financial recovery divisional scheme - pay R	R	In Year	Green	207	257	
F&T-17	Financial recovery divisional scheme - pay NR	NR	In Year	Green	640	706	
F&T-18	Financial recovery divisional scheme - Non-Pay R	R	In Year	Green	69	99	
F&T-19	Financial recovery divisional scheme - Non-Pay NR	NR	In Year	Green	667	707	
F&T-20	Financial recovery divisional scheme - Income	NR	In Year	Green	2	4	
F&T-21	The All Wales Standard & Custom Procedure Packs (MED-OJEU-56015)	R	In Year	Green	7	20	
<b>Original CIP Target:</b>					<b>3,252</b>	<b>2,141</b>	<b>2,477</b>
<b>Distance from target (over)/under</b>					<b>775</b>		

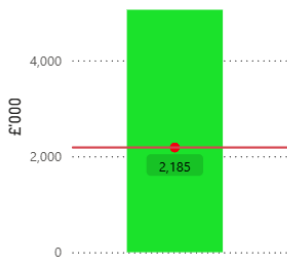
# Divisional analysis – Estates & Facilities



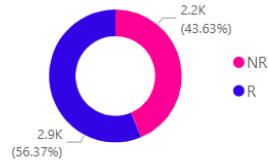
### Key drivers of forecast deficit:

- (£1.4m) non-recurring savings linked to one off Utility benefits (£800k metering issues at GUH & £554k correction to prior year accruals)
- (£1.4m) non-recurring savings linked to vacancy slippages
- £0.5m inflationary uplift to water rates
- £0.2m backlog maintenance and replacement batteries on Mindray patient monitoring equipment
- £0.08m waste bins purchased to meet new national regulations

25/26 Savings with CIP Target



Savings Split (£'000)

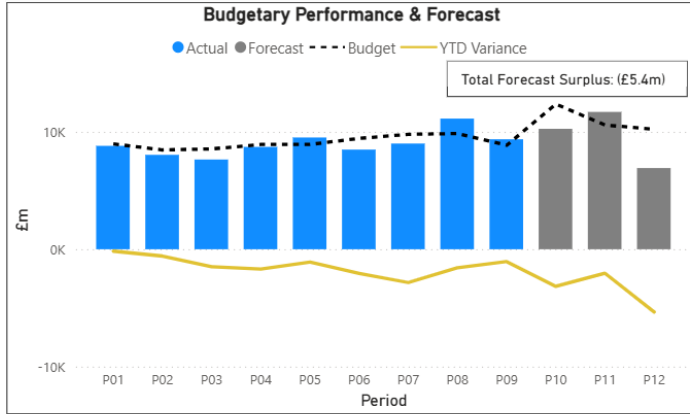


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Procurement & Non-pay	7	2,497	3,896	1,399	3,000	4,392	1,392
Workforce	2	0	548	548	0	664	664
<b>Total</b>	<b>9</b>	<b>2,497</b>	<b>4,444</b>	<b>1,947</b>	<b>3,000</b>	<b>5,056</b>	<b>2,056</b>

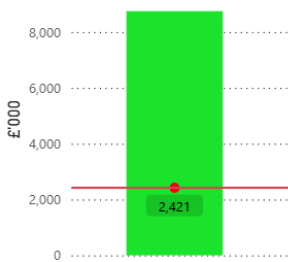
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year	
					Achieved £'000	Forecast £'000	
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	417	500	
FAC-02	ENERGY SAVINGS	R	Month 1	Green	1,516	1,850	
FAC-03	Bed contract savings	R	Month 1	Green	214	250	
FAC-04	Energy	R	Month 1	Green	207	250	
FAC-11	Vacancies	NR	In Year	Green	320	360	
FAC-12	Rates rebates	NR	In Year	Green	80	80	
FAC-13	Kintra - Cost plus Credit	NR	In Year	Green	108	108	
FAC-14	Vacancies	NR	In Year	Green	228	304	
FAC-15	Accountancy gain - duplicate meter reading	NR	In Year	Green	1,354	1,354	
<b>Original CIP Target:</b>					<b>2,185</b>	<b>4,444</b>	<b>5,056</b>
<b>Distance from target (over)/under</b>					<b>(2,871)</b>		

## Divisional analysis – Corporate

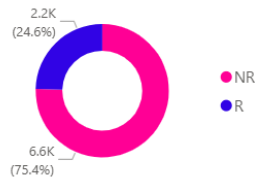


- COO forecast overspend (+£1.0m) primarily relating to Planned Care 26 weeks expenditure – offset by anticipated allocations
- Litigation - legal fees (+£0.8m)
- Digital – MS Office contract (+£0.4m) & hybrid mail (+£0.4m)
- Finance Director forecast underspend due to the planned release of 24/25 study leave accrual (-£3.2m), HSE accrual release (-£0.4m), Chepstow PFI (-£0.6m) & NWSSP savings (-£0.5m), other balance sheet and income (-£0.3m), vacancies (-£0.1m)
- CEO – underspend due to the release of funding to support winter pressures (-£0.9m)
- PH – staff slippages (-£0.5m) & dilapidation accrual release (-£0.55m)
- MED Dir – accrual release (-£0.6m)

25/26 Savings with CIP Target



Savings Split (£'000)



Savings summary (£'000)

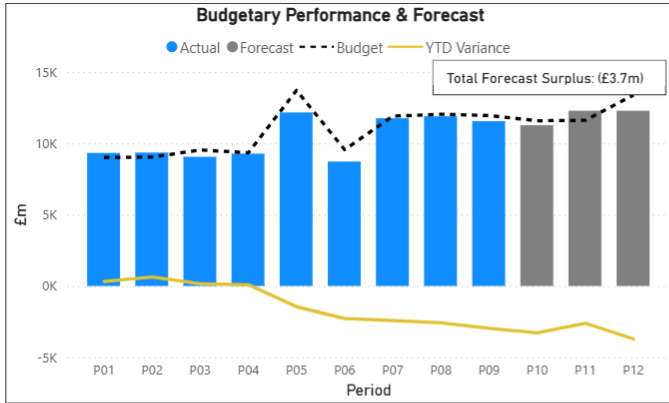
Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Procurement & Non-pay	8	277	1,065	788	301	5,110	4,809
Workforce	21	1,673	2,463	790	2,170	3,637	1,467
<b>Total</b>	<b>29</b>	<b>1,950</b>	<b>3,528</b>	<b>1,578</b>	<b>2,471</b>	<b>8,747</b>	<b>6,276</b>

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Green	53	70
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	43	50
CORP-03	Opportunity	R	Month 1	Green	151	151
CORP-04	Scheme	NR	Month 1	Green	83	100
CORP-05	Opportunity	NR	Month 1	Green	83	100
CORP-06	Executive directorate stretch target saving	R	Month 1	Green	119	152
CORP-07	Executive directorate stretch target saving	R	Month 1	Green	86	103
CORP-08	Executive directorate stretch target saving	R	Month 1	Green	115	149
CORP-09	Executive directorate stretch target saving	R	Month 1	Green	85	102
CORP-10	Executive directorate stretch target saving	R	Month 1	Green	143	180

## Corporate continued ...

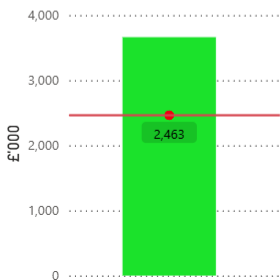
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-11	Executive directorate stretch target saving	R	Month 1	Green	126	242
CORP-12	Executive directorate stretch target saving	R	Month 1	Green	155	207
CORP-13	Executive directorate stretch target saving	R	Month 1	Green	525	700
CORP-14	Executive directorate stretch target saving	R	Month 1	Green	97	97
CORP-15	Executive directorate stretch target saving	R	Month 1	Green	29	29
CORP-16	Executive directorate stretch target saving	R	Month 1	Green	31	39
CORP-84	Accountancy gain- release study leave accrual	NR	In Year	Green	0	3,204
CORP-85	Accountancy gain- dispute dilapidations	NR	In Year	Green	200	200
CORP-86	Accountancy gain- Dispute H&SE fine	NR	In Year	Green	0	400
CORP-88	Various Directors savings - non pay	NR	In Year	Green	0	600
CORP-89	Various - slippage on spend plans - presentation to be reviewed	NR	In Year	Green	588	405
CORP-90	Various Directors savings - vacancies	NR	In Year	Green	33	100
CORP-91	Savings - Vacancies	NR	In Year	Green	133	200
CORP-92	Various Directors savings - vacancies	NR	In Year	Green	33	100
CORP-93	Various Directors savings - vacancies	NR	In Year	Green	200	400
CORP-94	Various Directors savings - vacancies	NR	In Year	Green	50	100
CORP-95	Various Directors savings - vacancies	NR	In Year	Green	133	167
CORP-96	Various Directors savings - vacancies	NR	In Year	Green	133	200
CORP-97	Various Directors savings - vacancies	NR	In Year	Green	100	200
<b>Original CIP Target:</b>				<b>2,421</b>	<b>3,528</b>	<b>8,747</b>
<b>Distance from target (over)/under</b>				<b>(6,326)</b>		

# Divisional Analysis - Contracting & Commissioning

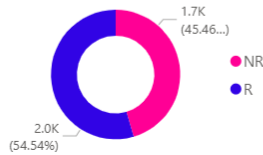


- The forecast outturn position against the annual budget is a favourable £3.8m. This is due to lower-than-expected contract expenditure, in particular at Velindre Trust, and some material favourable accountancy gains from previous year accruals

25/26 Savings with CIP Target



Savings Split (£'000)

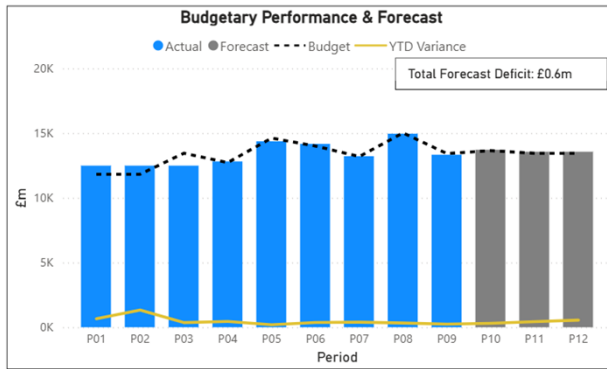


Savings summary (£'000)

Value & Sustainability Category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to plan	Full Year: Annual Plan	Full Year: Forecast	Full Year: Variance to Plan
Procurement & Non-pay	11	0	3,422	3,422	0	3,662	3,662
<b>Total</b>	<b>11</b>	<b>0</b>	<b>3,422</b>	<b>3,422</b>	<b>0</b>	<b>3,662</b>	<b>3,662</b>

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year	
					Achieved £'000	Forecast £'000	
Con1	Accountancy benefit of NHS England end of year position	NR	In Year	Green	507	507	
Con10	Accountancy benefit of NHS England end of year position	NR	In Year	Green	102	102	
Con11	Renegotiation of GH&C Contract Baseline	R	In Year	Green	162	194	
Con2	Forecast reduced activity- Cardiff LTA	R	In Year	Green	250	300	
Con3	Forecast reduced activity- CTM LTA	R	In Year	Green	416	500	
Con4	Forecast Additional Provider Income	R	In Year	Green	167	200	
Con5	Accountancy benefit - service contracts	NR	In Year	Green	410	410	
Con6	Accountancy benefit - service contracts	NR	In Year	Green	600	600	
Con7	Forecast reduced activity- Velindre LTA	R	In Year	Green	554	554	
Con8	Forecast Additional Provider Income	R	In Year	Green	208	250	
Con9	Accountancy benefit of NHS England end of year position	NR	In Year	Green	46	46	
<b>Original CIP Target:</b>					<b>2,463</b>	<b>3,422</b>	<b>3,662</b>
<b>Distance from target (over)/under</b>					<b>(1,199)</b>		

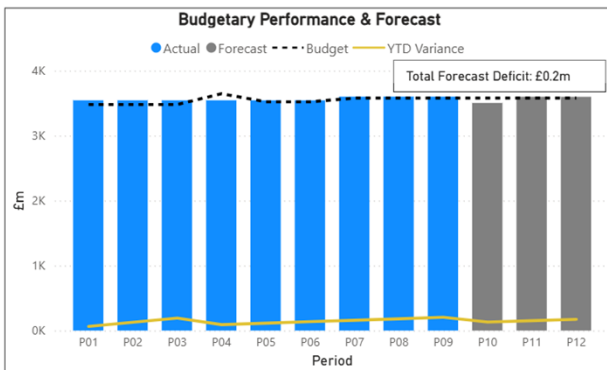
## Divisional Analysis – WHSCC



- Overspend is reflective of the JCC monthly reported position, it represents over performance against the IMTP

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
					0	0
					0	0
				<b>Original CIP Target:</b>	<b>3,296</b>	<b>0</b>
				Distance from target (over)/under	<b>3,296</b>	

## Divisional Analysis – EASC



- Overspend is reflective of the agreed IMTP

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
					0	0
					0	0
				<b>Original CIP Target:</b>	<b>936</b>	<b>0</b>
				Distance from target (over)/under	<b>936</b>	

## Reserves

The reserves held at 31<sup>st</sup> January '26 is £14.0m.

This consists of allocations to be delegated of £2.9m, those supporting the financial position of £1.2m, commitments to be delegated of £9.7m and a contingency investment reserve of £0.3m.

The reserves include some elements of risky income associated with the submitted plan, with £3.5m of anticipated funding for RTT activity beyond current-funded levels.

Due to in year emerging pressures, £1m from the investment reserve has now been allocated to support the health board's position.

Funding will continue to be reviewed with further anticipated allocations being retained within reserves pending delegation.

7769-ALLOCATIONS TO BE DELEGATED			
Confirmed or Anticipated	R/ NR	Description	25/26
Confirmed	R	Balance of all wage awards	(132,267)
Confirmed		24/25 bank wage award (full amt is 1.819 but 503k was already anticipated in 25/26 budget delegation)	716,078
Confirmed		25/26 bank wage award	1,508,000
Confirmed		25/26 wage award (636 returned for gpoohs; 85.9 FHM/2627)	635,542
Confirmed	R	Band 8+ 24/25 incremental changes - 25/26 & 26/27 impact	322,000
Delegated	R	National Insurance increase (Ers) 25-26 underfunded by 114k	(113,144)
Confirmed	NR	Overseas recruitment funding	77,853
Delegated	R	Fracture liaison service - risky income assumed - WG confirmed not an allocation	(321,000)
Delegated	R	25/26 Physician Associates - risky income assumed - WG confirmed not an allocation	(59,000)
Anticipated	R	Learning Disability - Improving Lives (reversal of anticipated funding)	(64,000)
Confirmed	NR	2025-26 GMS Dispensing/PADMS uplift	(34,000)
Confirmed	R	New Medical Training Posts	316,109
Confirmed	NR	6 Goals	80
		Balancing figure	1
<b>Confirmed Allocations to be apportioned</b>			<b>2,852,252</b>

7788-COMMITMENTS TO BE DELEGATED			
Description			25/26
Anticipated	NR	Planned Care Transformation Fund	99,476
Anticipated	NR	Planned Care 2025-2026 - Phase 4 Diagnostics	462,079
Anticipated	NR	Planned care / rtt funding for activity greater than current funded levels (V RISKY)	2,567,000
Anticipated	NR	Planned care / rtt funding for activity greater than current funded levels (V RISKY) - Efficiency	900,000
Anticipated	NR	Planned Care - Dermatology Minor Outpatient Procedures	483,828
Anticipated	NR	Planned care - Plain film for oral surgery clinics funding anticipation	13,319
Anticipated	NR	Planned Care clawback - outpatient insourcing contract renegotiation	(5,568)
Anticipated	NR	RTT WAITING TIMES Phase 5 Agreed Allocation	5,209,110
<b>Total Commitments</b>			<b>9,729,242</b>

7501-SUPPORTING FINANCIAL POSITION	
Description	25/26
IT Revenue to Capital	221,226
Recovery of E&F budget delegated for Portacabin - GUH Transfer Lounge lease	387,000
2526 Wage Award Roundings and KCOR	10,471
RTT Waiting times Q1 25-26 (General Reserve)	171,000
RTT Waiting times Q1 25-26 (Infrastructure)	132,000
Planned Care - infrastructure (GREG)	66,347
Winter	(806,594)
<b>Total Supporting Financial position</b>	<b>181,450</b>

7565-CONTINGENCY	
Description	25/26
Investment Reserve	280,000
Supporting Financial Position	1,000,000
<b>Confirmed Allocations to be apportioned</b>	<b>1,280,000</b>

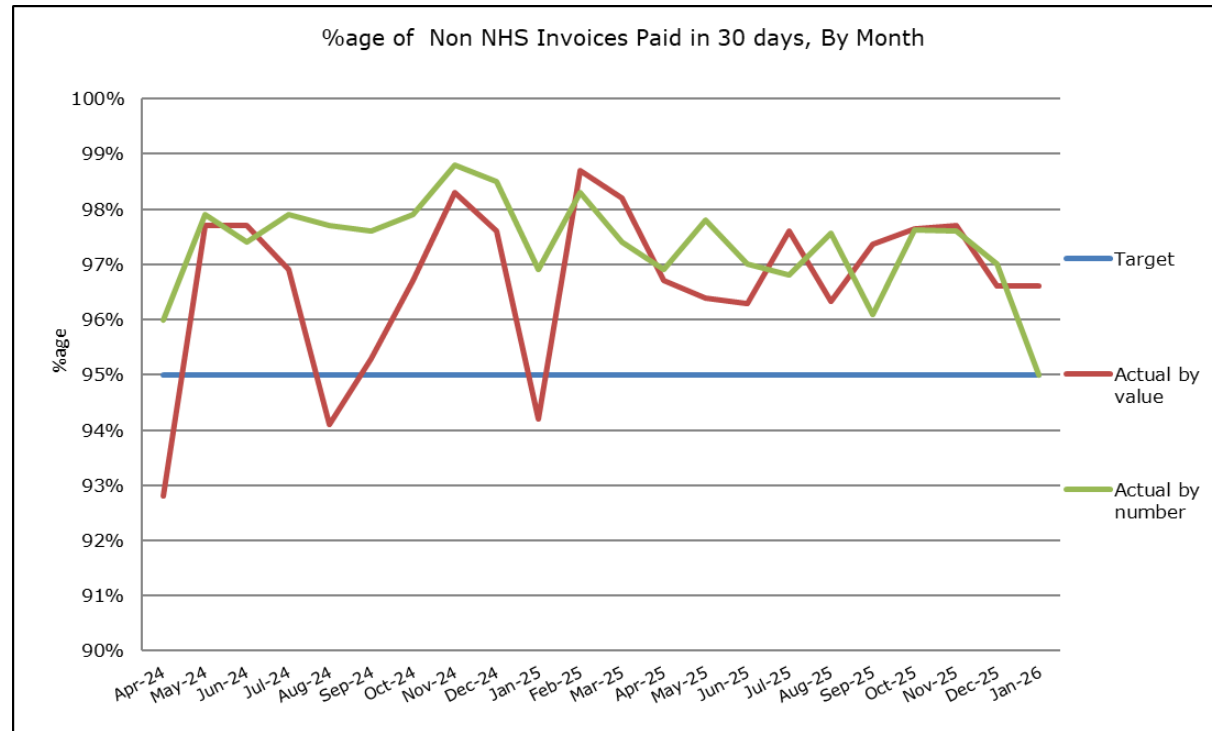
**Totals 14,042,944**

## Cash Position

The cash balance at the 31st January is £3.116m, which is below the advisory figure set by Welsh Government of £6m.

## Public Sector Payment Policy (PSP)

The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in January. On a cumulative basis, the HB has achieved the statutory 95% target for non-NHS creditor invoices but is 2.1% below target for NHS creditors when analysed by the number of invoices paid.

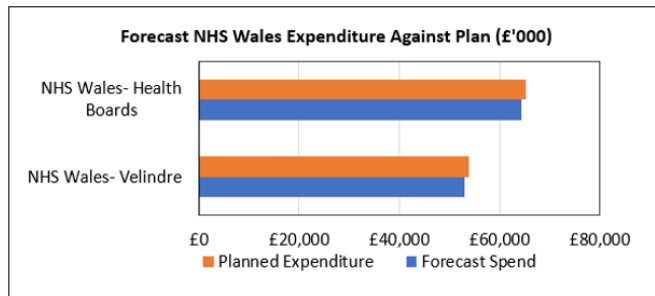


## Contracting and Commissioning – LTA Spend & Income

**Month/Financial Year:** - Month 10 (January) 2025-26

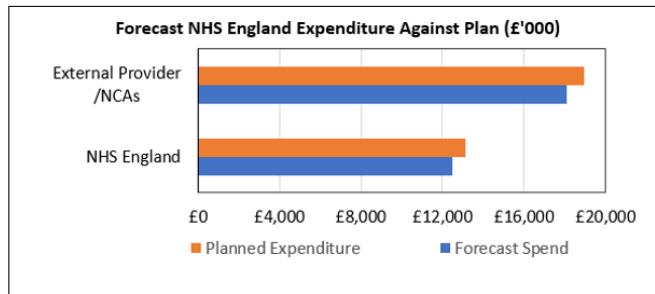
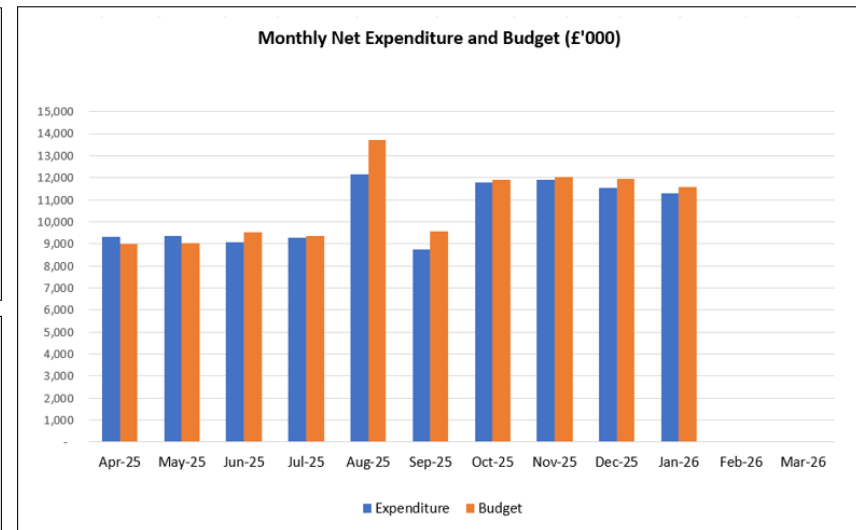
At Month 10 the year-to-date financial performance for Contracting and Commissioning is £3,282k underspend against the delegated budget with a forecast year of £3,709k underspend.

The key elements contributing to this position at Month are as follows:



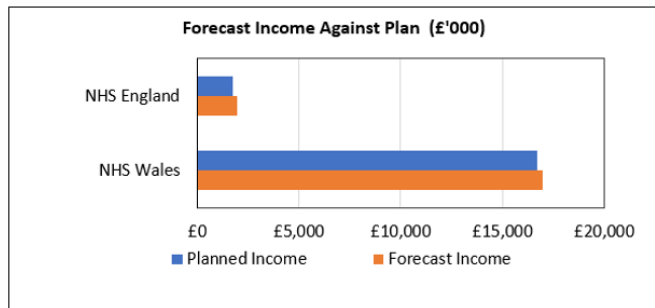
**NHS Wales Expenditure**

Expenditure in NHS Wales contracts is based on provider monitoring returns and is expected to be c£850k less than plan due to lower activity and recharged services at Cwm Taf and Cardiff and Vale and a further £550k less after receiving a revised lower forecast from Velindre Trust



**NHS England Expenditure**

Contract Expenditure with NHS England organisations is expected to be c£750k less than plan due to favourable settlements of 24/25 final balances following successful challenges by the commissioning team



**Provider Income**

Provider income is forecast to be c£500k more than plan in 25/26 following higher activity levels in months 1-8 for Powys and other commissioners

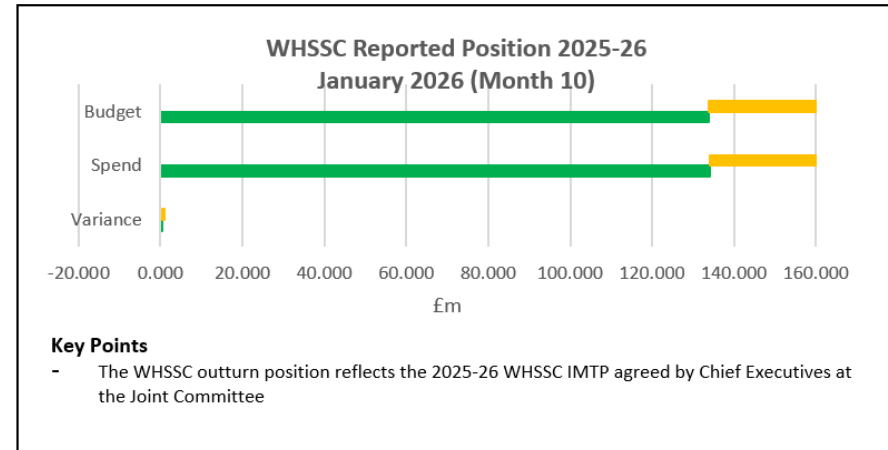
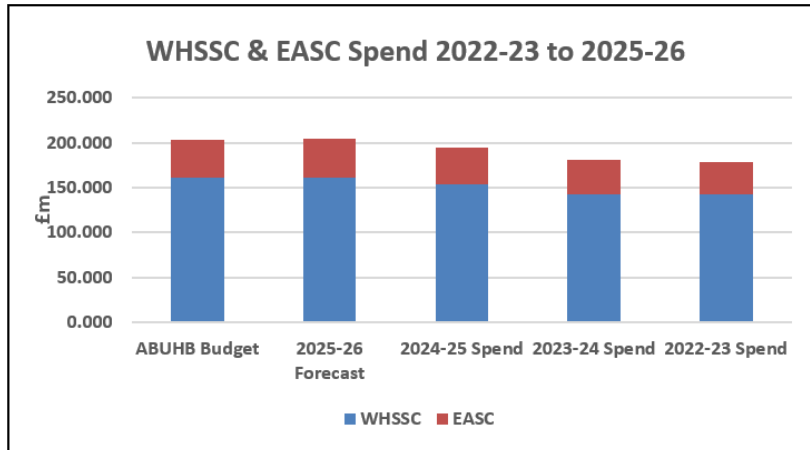
### Key Issues 2025-26

- All LTAs have been agreed ahead of the WG deadline and have been signed by ABUHB.
- A recurrent annual saving of £1.8m from 2024/25 LTA negotiations with Cwm Taf was achieved against a target of £300k which resulted in a £1.5m recurrent benefit within the 'underlying' HB position.
- The expenditure being forecast for cancer services at Velindre is in line with the provider monitoring return (c£2m growth on 2024/25)
- An additional c£3.5m budget was delegated from M3 and has been allocated across the contracts for M4 reporting in line with the IMTP submission
- Additional budget was received and anticipated relating to regional ophthalmology 2025/26 from month 5 on behalf of Cwm Taf, Cardiff and Aneurin Bevan Health Boards

## JOINT COMMISSIONING COMMITTEE (formerly WHSSC & EASC) Financial Position 2025-26

**Period:** Month 10 2025-26

The Month 10 financial position for the JCC is a forecast overspend of £0.723m. The position reflects the agreed IMTP and the phase 2 2025-26 current budget delegation for the Specialised Services (formerly WHSSC) and EASC elements.



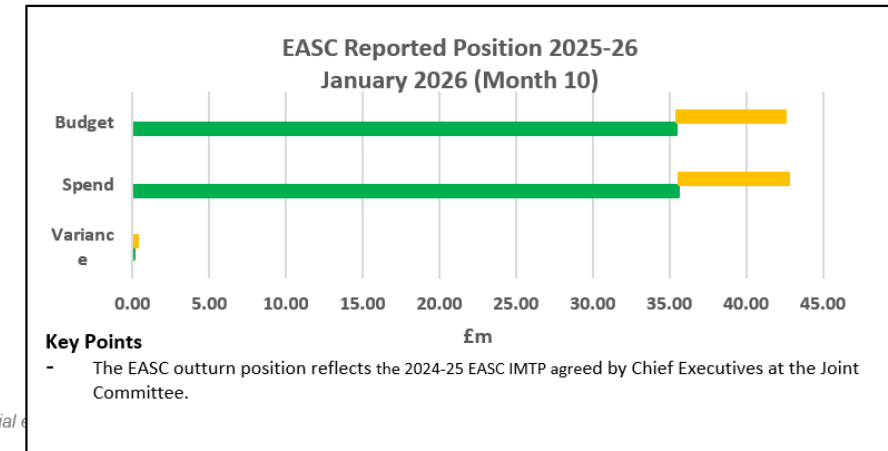
**Key Issues 2025-26**

**Specialised Services**

- Current forecast based on the agreed IMTP and forecast overperformance in respect of C&VUHB LTA Overperformance, Individual Patient Treatments offset by slippage on developments
- Key risk areas for 2025-26
  - Provider Overperformance
  - Slippage on Developments

**EASC**

- Current forecast based on the agreed IMTP
- Key risk areas for 2025-26
  - Unfunded Provider pressures
  - Confirmation of allocation assumptions



## Balance Sheet

Balance sheet as at 31st January 2026			
	2025/26 Opening balance £000s	31st January 2026 £000s	Movement £000s
<b>Fixed Assets</b>	<b>945,668</b>	<b>1,009,724</b>	<b>64,056</b>
<b>Other Non current assets</b>	<b>111,489</b>	<b>160,860</b>	<b>49,371</b>
<b>Current Assets</b>			
Inventories	10,433	10,068	(365)
Trade and other receivables	167,220	114,648	(52,572)
Cash	4,823	3,116	(1,707)
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	<b>182,476</b>	<b>127,832</b>	<b>(54,644)</b>
<b>Liabilities</b>			
Trade and other payables	221,140	194,207	(26,933)
Provisions	207,724	199,268	(8,456)
	<b>428,864</b>	<b>393,476</b>	<b>(35,388)</b>
	<b>810,769</b>	<b>904,940</b>	<b>94,171</b>
<b>Financed by:-</b>			
General Fund	610,494	649,488	38,994
Revaluation Reserve	200,275	255,452	55,177
	<b>810,769</b>	<b>904,940</b>	<b>94,171</b>

**Fixed Assets:-** The main movements since the end of 2024/25 relate to:

- An increase of £24.4m relating to capital programme purchase additions and £0.2m from Charitable Funds capital purchase
- An increase of £93.7m as a result of upwards revaluations caused by Indexation for land and buildings.
- A decrease of £14.8m relating to impairment of assets under construction coming into use
- A decrease of £38.2m due to depreciation charged in year.
- A net decrease of £1.2m in renewals and depreciation for IFRS16 leased assets

**Other Non-Current Assets:** This relates to a significant increase in Welsh Risk Pool claims due in more than one year of £50.9m and a decrease in intangible assets of £1.5m since the end of 2024/25

**Inventories:** The decrease in year relates to changes in stock held within the divisions

**Current Assets, Trade & Other Receivables:** The main movements since the end of 2024/25 relate to:

- A decrease in the value of Welsh Risk Pool claims due in less than one year totalling £58.4m
- A decrease in the value of debts outstanding on the Accounts Receivable system since 2024/25 to the end of January of £3.7m
- An increase in the value of prepayments held £5.7m
- A net increase in Accruals of £3.4m

**Cash:** The cash balance held at the end of September is £3.1m.

### Liabilities, Trade & other Payables:

The movement since the end of 2024/25 relates to a number of issues, the most significant of which are:-

- A decrease in Other Creditors totalling £15.7m,
- Decreases in Accruals relating to Capital (£4.6m) and NHS (£6.7m)
- Decreases in the level of invoices held for payment from the year end and GRNI of £5.9m,
- Offset by an increase in the value of Non-NHS Accruals of £6.4m
- And an increase in Tax & Superannuation of £2.3m.

### Provisions:

- This is due to an overall decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £8.4m and a decrease in other provisions of £0.1m.

**General Fund:** This represents the difference in the year to date resource allocation budget and actual cash draw down including capital.

**Health Board Income  
WG Funding Allocations: £1.96bn**

Confirmed Allocations as at January 2026 (M10 2025/26)

	£'000
HCHS	1,724,8
GMS	124,2
Pharmacy	38,1
Dental	38,4
<b>Total Confirmed Allocations - January 2026</b>	<b>1,925,7</b>
<b>Plus Anticipated Allocation - January 2026</b>	<b>31,8</b>
<b>Total Allocations - January 2026</b>	<b>1,957,5</b>

**Other Income:**

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £123m. (£125m for 24/25). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £2.1bn (£2bn for 24/25).

WG Revenue Resource Limit : Anticipated Allocations (January)			
Funding Type	Description	Value £'000	Recurr Nor Recurr
GMS	GMS Refresh	1,603	R
HCHS	Capital - DEL Depreciation - Impairment	146	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	342	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(40)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,782)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,149)	NR
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	Welsh Risk Pool Risk Share agreement 25/26	(14)	NR
HCHS	MCA and DoLS	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	International recruitment funding 24-25	68	NR
HCHS	Keeping Well (3Ps) funding 25-26 confirmed	92	NR
HCHS	Pathfinder Womens Health Hub 25-26	300	NR
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	National POPs Initiative Funding	137	NR
HCHS	Planned Care Transformation Fund: Spinal Mega Clinics	55	NR
HCHS	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	36	NR
HCHS	GP Gatekeeper	780	NR
HCHS	Planned Care 2025-2026 - Phase 4 Diagnostics	556	NR
HCHS	National Planned Care Plan - Phase 3 Additional Support Funding	335	NR
HCHS	Q2-4 Regional cataracts outsourcing	15,288	NR
HCHS	Planned care / rtt funding for activity greater than current funded levels (discus	2,567	NR
HCHS	Planned care / rtt funding for activity greater than current funded levels (discus	900	NR
HCHS	Plain film for oral surgery clinics	13	NR
HCHS	Planned Care clawback - outpatient insourcing contract renegotiation	(6)	NR
HCHS	Dermatology Minor Outpatient Procedures	557	NR
HCHS	HBS Insourcing Income	3,673	NR
HCHS	Planned Care Diagnostics	322	NR
HCHS	CHC AME Provision	245	NR
HCHS	Gwent Regional Innovation Coordination Hub funding	188	NR
HCHS	Planned Care Phase 2 SE Cataracts - Funding Reallocation	(998)	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - GS,ENT, Oral, MF and Urol	1,988	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - Orthopaedics	1,460	NR
HCHS	SIFT Allocation Reduction 25/26	(15)	R
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - Ophthalmology (non-Cataract)	400	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - Orthopaedics	600	NR
HCHS	RTT Waiting Times Phase 5 Agreed Allocation - 104wks additional	3,000	NR
HCHS	Planned Care 2025-2026 - Phase 4 Diagnostics additional allocation (8 week wai	293	R
<b>Total Anticipated: Per Ledger</b>		<b>31,833</b>	
<b>Total Confirmed 2025/26 Allocations - May 2025</b>		<b>1,925,758</b>	
<b>Total 2025/26 Allocations - January 2026</b>		<b>1,957,592</b>	

## Capital Planning & Performance Month 10 2025/26

	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M10 £000	Forecast Outturn £000	Variance £000
<b>Source:</b>					
<b>Discretionary Capital:</b>					
Approved Discretionary Capital Funding Allocation	12,875	12,875		12,875	0
Less Targeted Estates Fund Contribution	-3,762	-2,862		-2,862	0
Less AWCP Brokerage 2024-25	-3,353	-3,235		-3,235	0
Add AWCP Brokerage 2025-26	0	1,671		1,671	0
NBV of Assets Disposed	0	63		63	0
<b>Total Approved Discretionary Funding</b>	<b>5,760</b>	<b>8,512</b>		<b>8,512</b>	<b>0</b>
<b>All Wales Capital Programme Funding:</b>					
AWCP Approved Funding	12,184	34,895		34,895	0
<b>Total Approved and Anticipated AWCP Funding</b>	<b>12,184</b>	<b>34,895</b>		<b>34,895</b>	<b>0</b>
<b>IFRS16 Lease Funding:</b>					
Approved IFRS16 Lease Funding	0	1,572		1,572	0
IFRS16 CRL reduction for Lease Asset Disposals	0	-84		-84	0
NBV of IFRS16 Leased Asset Disposals	0	84		84	0
<b>Total Approved IFRS16 Lease funding</b>	<b>0</b>	<b>1,572</b>		<b>1,572</b>	<b>0</b>
<b>Total Capital Funding / Capital Resource Limit (CRL)</b>	<b>17,944</b>	<b>44,979</b>		<b>44,979</b>	<b>0</b>
<b>Applications:</b>					
<b>Discretionary Capital:</b>					
Statutory Compliance Allocations	964	1,250	674	1,259	9
Other Commitments	1,050	1,053	926	1,039	-14
Commitments b/f from 2024-25	544	1,071	585	1,082	11
Divisional Priorities	2,370	4,861	2,180	4,764	-96
Corporate Priorities	0	127	323	405	278
Remaining DCP Contingency	832	150	0	89	-61
<b>Total Discretionary Capital</b>	<b>5,760</b>	<b>8,512</b>	<b>4,687</b>	<b>8,639</b>	<b>127</b>
<b>All Wales Capital Programme:</b>					
NHH Satellite Radiotherapy Centre	1,991	983	906	983	0
GUH ED Extension	1,946	2,665	2,331	2,665	0
Head Lease for Chepstow Community Hospital	60	107	46	107	0
2nd MRI for Grange University Hospital	2,500	2,201	2,138	2,201	0
Centralised Decontamination Unit RGH	3,925	3,820	3,366	3,681	-139
RGH – Block 1 and 2 Demolition and Car Park	269	21	4	21	0
Backlog Maintenance 2024-25	901	2,017	1,514	2,017	0
EFAB - Infrastructure 2024-25	0	224	224	224	0
YYF Breast Centralisation Unit	0	40	42	48	8
CAMHS Sanctuary Hub	0	104	113	113	9
Housing with Care Fund 2024-25	0	177	116	144	-33
Ty Gwent	0	33	-5	33	0
Commercial Research Delivery Wales Equipment 2024-25	0	12	12	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	3	3	-8
Digital Equipment 2024-25	0	53	67	67	14
End of Year Funding 2024-25	0	77	73	73	-4
IRCF - Abervalley H&WBC	592	150	118	150	0
IRCF - Dixton H&WBC	0	169	153	169	0
Targeted Estates Fund (TEF)	0	7,981	3,817	7,981	0
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	937	870	937	0
Non-Radiology Ultrasound Replacement Funding	0	840	0	863	23
DPIF - RISP	0	448	0	448	0
Mental Health Quality & Safety Schemes	0	705	94	705	0
Reinforced Aerated Autoclave Concrete Management, Nevill Hall Hospital	0	522	117	522	0
Hospital Helicopter Landing Site Improvements - 2025-26	0	28	0	28	0
VAT Recovery Reimbursed to WG (Backlog & EFAB schemes)	0	-342	-342	-342	0
Decarbonisation Project (REFIT)	0	3,536	1,083	3,536	0
DPIF - Connecting Care	0	815	815	815	0
End of Year Funding 2025-26	0	3,058	666	3,060	2
Digital End of Year Funding 2025-26	0	3,468	1,487	3,468	0
Entonox Cracking Devices	0	11	0	11	0
Generator (Speedboat Procedure)	0	24	24	24	0
<b>Total AWCP Capital</b>	<b>12,184</b>	<b>34,895</b>	<b>19,853</b>	<b>34,768</b>	<b>-127</b>
<b>Total IFRS16 Lease Expenditure</b>	<b>0</b>	<b>1,572</b>	<b>1,572</b>	<b>1,572</b>	<b>0</b>
<b>Total Programme Allocation and Expenditure</b>	<b>17,944</b>	<b>44,979</b>	<b>26,112</b>	<b>44,979</b>	<b>0</b>
<b>Variance against Overall Capital Resource Limit</b>					<b>0</b>

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Strategic Risk Report, March 2026</b>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Head of Corporate Risk and Assurance

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

Er Sicrwydd/For Assurance

The Strategic Risk Report provides the Board with an overview of the key strategic risks facing the Health Board, aligned to the priorities and objectives within the 2025–28 Integrated Medium-Term Plan (IMTP).

It seeks to provide assurance that these risks are being identified, monitored, and managed effectively, with proportionate actions in place to mitigate potential impacts on service delivery, financial sustainability, and patient safety.

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report provides the Board with an updated assessment of the Health Board’s strategic risk profile and the principal risks that may affect delivery of its strategic objectives and priorities set out within the Integrated Medium-Term Plan (IMTP) 2025–2028.

The Strategic Risk Register (SRR) currently comprises **nine** overarching strategic risks and **21** associated sub-risks, which continue to be actively monitored through the Health Board’s governance framework.

The overall strategic risk profile remains broadly stable. However, the operating environment continues to present sustained pressures across several areas, including financial sustainability, system performance, digital infrastructure, and estate resilience.

The Board is asked to note two key developments:

- The increase in risk score for **SRR 006B** from 16 to 20, reflecting delays in national digital programmes including the Radiology Information System Programme (RISP) and the Laboratory Information Management System (LIMS).
- The proposed reframing of Strategic Risk **SRR 011** to reflect the broader strategic risks associated with climate change, decarbonisation, and organisational resilience.

This report also provides the Board with a summary of the Health Board's strategic risk environment over the past year and highlights key developments in strengthening organisational risk governance and assurance.

## **Cefndir / Background**

The SRR provides the primary mechanism through which the Board receives assurance regarding the identification, assessment and management of the Health Board's principal strategic risks.

The SRR aligns with the delivery of the Health Board's IMTP and identifies risks that could impact the organisation's ability to deliver safe, high-quality and sustainable services.

Each of the 21 strategic sub-risks has an assigned Executive Director with accountability for ensuring that appropriate controls, mitigation actions and assurance arrangements are in place and operating effectively.

Strategic risks are reviewed regularly through the established governance structure, including the Executive Committee and relevant Board committees. Detailed information is provided in **Appendix A** (Strategic Risk Assessments).

## **Asesiad / Assessment**

### **Changes requiring Board Approval**

Since the last report to the Board in January, there have been changes to two of the strategic risks for which the Board has oversight.

#### **SRR 006B**

The Health Board has been made aware of increasing challenges associated with national digital programme delivery timelines, particularly in relation to the Radiology Information System Programme (RISP) and the Laboratory Information Management System (LIMS).

In response, corporate risks have been established for each programme to ensure appropriate executive oversight and focused mitigation planning. These developments reflect the increasing operational dependency on these national programmes and the potential implications for service continuity and patient safety should implementation timelines continue to be delayed.

As a result of these emerging risks and the associated uncertainty around programme delivery, the risk score for SRR006B has increased from 16 to 20.

Both systems are critical to the safe delivery of diagnostic services and broader clinical pathways. Delays to programme implementation increase the risk exposure to the Health Board by:

- placing continued reliance on ageing digital infrastructure;
- increasing operational risk within diagnostic services;
- creating additional pressures for staff; and,
- increasing organisational and financial risk.

While the Health Board continues to work closely with Digital Health and Care Wales (DHCW) and Welsh Government through national governance arrangements, delivery timelines remain outside the direct control of the organisation. As a result, the increase in risk score reflects the current level of uncertainty associated with programme delivery.

It should be noted that the increase in score moves SRR 006B outside the Health Board's defined risk appetite, as the revised score exceeds the agreed Service Delivery risk threshold of 17 or below.

### **Proposed Reframing of Strategic Risk SRR011**

In recent years, climate change has become an increasingly significant strategic consideration for public bodies, including healthcare organisations, which must ensure that their infrastructure, services and operational models are resilient to the growing impacts of climate-related risks.

Against this backdrop, the Board is asked to approve the reframing of SRR 011 to better reflect the evolving nature of climate-related risks facing the Health Board and note that the current risk will be moved to the Corporate Risk Register to ensure appropriate organisational oversight and management.

The proposed revised risk is set out below:

***'There is a risk that the Health Board does not adequately anticipate, plan for, and respond to the impacts of climate change, green health requirements, and the need to adapt and decarbonise its services, estate and infrastructure, due to an ageing and complex estate, competing capital and revenue pressures, climate-related service demand and the absence of a fully embedded organisation-wide climate adaptation approach.'***

The reframed risk broadens the scope of the existing risk to reflect the wider strategic implications of climate change for healthcare systems, including infrastructure resilience, service delivery continuity and compliance with national policy expectations.

This approach aligns the risk more closely with Welsh Government policy direction, the Well-being of Future Generations (Wales) Act, and the increasing importance of sustainability and environmental resilience within NHS Wales.

Although the scope of the risk has been expanded, the methodology used to determine the risk score remains unchanged. The risk continues to sit within an Open' risk appetite, with a threshold score of 17 or below.

The initial assessment of the reframed risk has determined a current risk score of 16, reflecting a Likely (4) likelihood rating and a Major (4) impact rating, placing the risk within the Extreme category but within the Board’s defined appetite threshold.

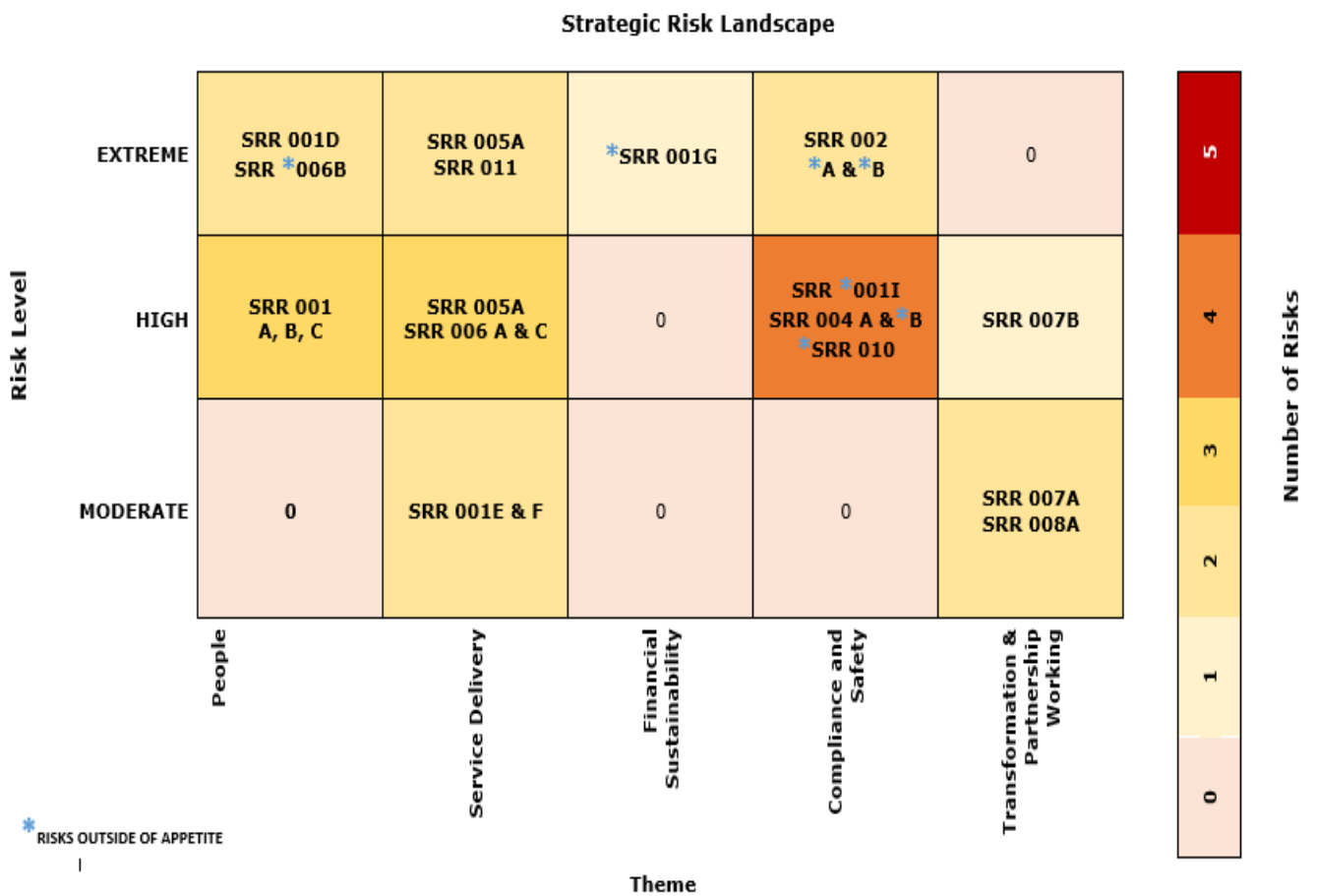
The detailed risk assessment is attached to this report as **Appendix B**.

**Strategic Risk Position – Year in Review**

Across the period April 2025 to March 2026, the Health Board’s strategic risk profile has remained broadly stable in structure, although the operating environment has continued to present significant system pressures.

Throughout the year the majority of strategic risks have remained within the High-risk category, with a smaller number of risks rated as Extreme, reflecting the complexity and scale of challenges facing the organisation.

The Heat Map below illustrates the current distribution and relative severity of the Health Board’s strategic risks, while **Appendix C** provides a visual overview of the movement in risk exposure across the 2025–26 financial year.



Six strategic sub-risks have consistently remained outside the Health Board’s defined risk appetite and therefore continue to require enhanced monitoring and management, as shown in the Table 1, below.

Risk ID & Score Threshold	Sub Risk Description	Current Score	Management of the Risk
<b>SRR 001G</b> Score 12 and below	Due to the failure to deliver a sustainable financial position and longer-term financial plan.	<b>20</b>	The residual risk is being <b>treated</b> through strengthened financial controls, while <b>opportunities are being taken</b> to redesign services for long-term sustainability.
<b>SRR 001I</b> Score 8 and below	Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	<b>12</b>	The residual risk is being <b>treated</b> and opportunities taken to strengthen services and accountability structures.
<b>SRR 002A</b> Score 8 and below	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	<b>15</b>	The risk is being <b>tolerated</b> pending completion of remediation plans.
<b>SRR 002B</b> Score 8 and below	Due to significant levels of backlog maintenance and structural impairment.	<b>12</b>	The risk is being <b>treated</b> through proactive estate investment and maintenance planning.
<b>SRR 004B</b> Score 8 and below	Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident	<b>12</b>	The risk is being <b>treated</b> through the development, standardisation, and testing of business continuity and incident response plans.
<b>SRR 010</b> Score 8 and below	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act.	<b>12</b>	The risk is being <b>treated</b> through strengthening governance and <b>taking the opportunity</b> to enhance staff safety culture.

## **Key Risk Activity Throughout 2025-26**

### **Areas Where Risk Exposure Has Increased**

#### **SRR 001G**

In May 2025, the risk score for SRR 001G reduced from 20 to 16 following improvements in the year-end financial forecast and additional Welsh Government funding. However, subsequent financial pressures resulted in the likelihood of this risk increasing in September back to 20, reflecting ongoing challenges associated with cost pressures, service demand and delivery of planned savings programmes.

By November 2025, the Health Board was forecasting a year-end deficit of approximately £19.9 million due to a range of factors including increased pay costs, prescribing expenditure, Continuing Healthcare activity and sustained operational pressures. In response, strengthened financial governance arrangements have been implemented, including enhanced oversight through the Value and Sustainability Board and strengthened financial recovery processes.

### **SRR 005A**

Operational pressures within urgent and emergency care and patient flow have continued to present a significant strategic risk. In January 2026, the likelihood of SRR 005A increased due to increasing system pressures including higher patient acuity, extended lengths of stay and challenges associated with timely discharge arrangements.

These pressures contributed to Welsh Government escalating the Health Board to Level 4 monitoring status in relation to urgent and emergency care performance. Although improvement work continues, sustained system pressures continue to impact patient flow and operational resilience. SRR 005A is intrinsically linked to SRR 001I and the mitigating plans to improve performance

### **SRR 001D**

Workforce pressures have continued to influence the Health Board's strategic risk environment. In November 2025, the likelihood of SRR 001D increased following national developments relating to pay negotiations and the potential for industrial action across parts of the healthcare workforce.

While the immediate concern relates to the potential for disruption arising from industrial action, the implications of this risk extend beyond the events themselves. In particular, the outcomes of national pay negotiations, not only within the medical profession but across the wider clinical workforce, have the potential to significantly influence the Health Board's overall workforce expenditure and long-term financial sustainability.

Potential impacts therefore include disruption to service delivery, increased operational pressures during periods of industrial action, and wider financial implications associated with both contingency arrangements and pay award outcomes.

Mitigation actions include strengthened engagement with staff and representative bodies, the development of operational contingency plans, and ongoing financial planning to manage the potential impact of workforce cost pressures.

### **Areas Where Risks Have Remained Stable**

While some risks have fluctuated during the year, a number of strategic risks have remained relatively stable in their overall exposure.

In particular, risks relating to:

- Estate infrastructure, including Reinforced Autoclaved Aerated Concrete (RAAC) and backlog maintenance;
- Business continuity and emergency preparedness; and,
- Health and safety compliance

have remained consistently above the Health Board's defined risk appetite but have not experienced significant changes in score over the reporting period.

These risks reflect structural or systemic challenges that require longer-term mitigation strategies, including capital investment, infrastructure improvements and continued strengthening of organisational processes and controls.

Similarly, risks associated with integration of health and care services, stakeholder relationships, and organisational transformation have remained largely stable. These risks continue to be actively managed through the Health Board's strategic programmes and partnership working arrangements.

The relative stability of many strategic risks indicates that, while the Health Board continues to operate within a challenging and complex environment, existing mitigation arrangements and governance controls are largely maintaining risk exposure within expected parameters.

### **Closing Position**

At the end of the 2025–26 financial year, the SRR continues to comprise nine overarching strategic risks and twenty-one associated sub-risks.

Overall, the movement of risks across the year suggests that:

- the strategic risk profile has remained broadly stable;
- some risks have fluctuated in response to external pressures; and,
- several structural risks have remained consistently above the Board's defined appetite due to their long-term and systemic nature.

During this period, the Health Board has continued to strengthen its risk governance, assurance processes and organisational risk maturity, supporting improved oversight and management of strategic risks across the organisation.

While the overall strategic risk profile remains broadly stable, the Health Board continues to operate within a challenging and complex operating environment. A number of risks remain outside the Board's defined risk appetite and therefore require continued scrutiny and targeted mitigation through the established governance framework.

The Board can therefore take reasonable assurance that strategic risks are being actively identified, monitored and managed through the Health Board's governance arrangements.

### **Argymhelliad / Recommendation**

The Board is requested to:

- **CONSIDER** whether it has sufficient assurance that the Health Board's strategic risks are being appropriately identified, assessed and managed.
- **ACCEPT** the increase in risk exposure for SRR 006B from 16 to 20.
- **APPROVE** the proposed reframing of Strategic Risk SRR 011.
- **NOTE** the 2025-26 closing position

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable

<ul style="list-style-type: none"> <li>• <b>Service Activity &amp; Performance</b></li> </ul>	Not Applicable
<ul style="list-style-type: none"> <li>• <b>Financial</b></li> </ul>	Not Applicable
<p><b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b></p>	<p><b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p> <p>Choose an item.</p>

RISK THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 A	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat (As a result of)	Due to an inability to recruit and retain staff across all disciplines and specialties.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<b>Patient</b>	<b>Staff</b>	<b>Organisation</b>		
	<ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<ul style="list-style-type: none"> <li>Non-compliance with safe staffing principles and standards.</li> <li>Increased Workload</li> </ul>	<ul style="list-style-type: none"> <li>Operational Disruptions</li> <li>Quality of Services</li> <li>Reputational Damage</li> <li>Financial strain – use of agency and bank staff</li> </ul>	Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
<b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.					
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible)	3 (Possible)	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2026	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2026				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>Monitoring Framework to support roll-out of the People Plan.</li> <li>Workforce Dashboard to track activity – recruitment, turnover, sickness absence.</li> <li>Supply and demand tracker (Nursing and HCSW).</li> <li>People Plan tracker to support delivery of actions within the People Plan 2022-25.</li> <li>Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board.</li> <li>Management of attendance through All Wales Management Attendance at Work Policy.</li> <li>Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture.</li> <li>Nurse Staffing Levels (Wales) Act 201625b/25c.</li> <li>Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP.</li> <li>Workforce planning supported by Compendium of new roles to support innovative workforce models.</li> <li>Recruitment KPI's.</li> <li>IMTP (Integrated Medium-Term Plan) Educational Commissioning.</li> <li>Workforce Establishment controls national working group has been instigated.</li> <li>Value and Sustainability Board.</li> <li>Implementation of the Collective Agreement (Non-Pay Deal) 2022/24.</li> <li>Real Living Wage Employer.</li> </ul> <ul style="list-style-type: none"> <li><b>Recruitment</b></li> <li>Engagement with national recruitment campaigns such as BAPIO, M&amp;D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor.</li> <li>Annual programme of Apprentice recruitment.</li> <li>Overseas Nursing (All Wales Recruitment programme).</li> <li>Nursing Workforce Strategy 2023 – 2026</li> <li>Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022)</li> <li>Partnerships with employability schemes and FE/HE to widen access.</li> <li>Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board.</li> </ul>	<ul style="list-style-type: none"> <li><b>Recruitment</b></li> <li>Approval to overrecruit to newly qualified nurses in September 2025 resulting in zero forecasted RN vacancies in rostered areas.</li> <li>Approval to overrecruit to newly qualified nurses in March 2026 to maintain zero forecasted RN vacancies in rostered areas and to reduce Variable Pay. Consideration will be given to over-recruit where appropriate for September 2026 in line with commissioned numbers</li> <li>Exploring potential of Overseas clinical attachments in other Divisions at both Junior and Senior grades (currently only Medicine) offering NHS experience to IMGs and provides a pipeline of suitable candidates to fill vacancies in future, particularly senior grades.</li> <li>Working closely with HEIW for earlier notification of unfilled and part-time training posts.</li> </ul> <ul style="list-style-type: none"> <li><b>Retention</b></li> <li>Development of career pathways (e.g., non-clinical to clinical).</li> <li>Implementation of Talent Management and succession planning workshops.</li> <li>NHS Wales Nurse Retention Plan quarterly updates being reviewed, submission update in September 2025.</li> <li>HCSW retention plan developed in collaboration with Nursing focusing on areas of high turnover being reviewed monthly.</li> <li>Introduction of new starter surveys in collaboration with Nursing and Midwifery directorate</li> <li>Over 50 positive retention stories across all divisions collated and on the intranet.</li> <li>Organisational turnover and exit reviewed and analysed leading to an initial deeper dive into estates and facilities.</li> </ul> <ul style="list-style-type: none"> <li><b>Variable Pay Reduction</b></li> <li>Development of action plan based on WHC to support the reduction in bank and agency usage.</li> </ul> <ul style="list-style-type: none"> <li><b>E- Systems</b></li> <li>Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas.</li> </ul>

- Working with partners to improve visibility and attraction.
- DBS Policy in place with DBS risk assessment form November 2024
- Recruitment & Selection Policy published September 2025
- Introduced centralised HCSW talent pools from September 2023.
- Future Nurse Academy introduced in January 2024.
- Fixed term Rotational posts for Registered Nurses to be introduced March 2026
- Lateral Transfer Scheme for B5 Registered Nurses introduced January 2026

#### Retention

- Retention lead appointed with programme action plan in place for the next two years.
- Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR.
- Week of events planned to support retention agenda in 2025. This will include a mixed method of online webinars, videos and retention materials.
- Internal Retention group has been established with a view to 1) interrogating data from multiple sources to fully understand the issues 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts.
- Changes in pension regulation and flexible retirement options from October 2023 and reduced break in service required following retire and return.
- Development of HCSW skills matrix and career framework has commenced.
- Talent management and succession planning framework and resources now live and available on SharePoint. Framework signed off by Executive Committee.
- Career conversations and succession planning resources designed; Talent management succession planning workshop dates available with spaces for 120 people (with monthly training sessions available). Sessions are nearly fully booked with 114/120 places booked. Further workshops planned until the end of the year.
- All Wales self-assessment retention tool completed and submitted to HEIW with assessment at organisational level for Nursing and Midwifery to provide a baseline.
- Launch and support of the NHS Wales Staff Survey (October and November 2025).

#### Variable pay reduction

- Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board.

#### E- Systems

- Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. E-Locum Bank, E-Job Planning, E-Agency systems are all 'live' and rolled out within the Health Board.
- E-Rostering is planned to go live shortly following ESR interface testing and following increase in e-job planning compliance, provisionally scheduled for the end of July 2025.

#### Development of Alternative and New Roles

- Development of alternative and new roles.
- A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care.
- The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management.
- Mental Health Workforce plan development in line with new Models of Care.

#### Training

- The HEIW Education & Training Plan 2025/26 continues the investment in education and training in Wales that has been increasing over past years.
- The 2025/26 education training plan demonstrated increases in a number of medical training places in medical, surgical, diagnostics and mental health specialities. This is to support areas of high vacancies, population health predictions and Welsh Government Priorities. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing (adult, health visiting, practice). Training numbers in Therapies and Health Care Science programmes will remain static at previous year's numbers.
- HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.
- Ongoing investment in the Primary and Community Care Academy Network will be a key enabler to delivering innovation and transformation through the Strategic Workforce Plan for Primary Care and the Strategic Programme for Primary Care.
- Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations. - 16 RCN cadets attending All Wales HCSW Clinical Skills Induction, currently 12 active.
- K102 bridging model now being offered to support HCSW pathways into registered nursing.

- Roll out of medical rostering will resume in October 2025. This will help to predict junior doctor gaps and look for alternative ways to fill.
- Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision.
- E-Job Planning compliance has increased to 59.2% as of 01 September 2025.
- Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles.

#### Development of alternative and new roles

- Continued implementation of new roles such as Physician Associates, CAAPs, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP.
- Establishment of Mental Health Workforce Planning through HEIW leadership of Mental Strategic Workforce Plan and allocation of workforce planning resources and training programme currently being delivered to Health Boards.
- Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal.
- Looking to increase Assistant band 4 in Community/Mental Health and areas such as Cardiology Physiology.
- Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity.
- Increasing consultant therapy and nurse practitioners.
- RCN introduction of Registered Nursing Associate role to help build the capacity of the nursing workforce with placements from September 2027.
- Development of new roles and career pathways to support hard to fill roles in Health Visiting.
- Re-design of the Health Board's work experience programme with 246 applicants since March 2024 and 75 placements confirmed
- Development of Medical & Dental Recruitment & Retention Strategy 2025 – 2030.
- Looking to further widen access by partnering with DWP to offer 12-week unpaid placements to the unemployed with a view to offering training, support and guaranteed interviews – further promoting ABUHB as an employer of choice at entry level roles. This programme attracts £1000\* per candidate and there is a maximum of 50 candidates we can support per year (\*as at July 2025).
- Regional planning supporting a number of strategic workforce plans (Orthopaedics, Endoscopy, Women's Health Units, Vascular).

#### Workforce Supply and Demand Modelling

- 10-year draft predictions undertaken for future workforce requirements based on previous trends and training pipelines.
- HEIW leading several workforce initiatives to improve supply and demand modelling.

#### Training

- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy.
- Workforce planning training prospectus of local and online training launched May 2025 and HEIW Workforce Planning Hub launched June 2025.
- Development opportunity being scoped for Business support staff.
- Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR.
- Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire.
- Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies.
- A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention.
- 31 staff enrolled on workforce planning online training modules level 1. 15 managers enrolled on level 2 training delivered locally March 2025. A capacity and capability workforce planning action plan are being developed to support 25/26 programme of activity.
- Launch of Admin Together staff network (now at 100 members) supporting administrative staff to connect, develop and address organisational challenges. Continued support of all staff networks.

<ul style="list-style-type: none"> <li>Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx). Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024 with cohort 2 launching June 2025. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff per year.</li> <li>Delivery of workforce planning training.</li> </ul> <p><b>Vacancy Numbers and establishment control</b></p> <ul style="list-style-type: none"> <li>Quarterly reporting of vacancy numbers have improved from 442wte to 330wte vacancies as of September 25 (all staff groups)</li> <li>Development of ESR establishment control model commenced. Local delivery action plan has been agreed by the Executive Committee with expected 90% roll out completed by 31 October 2025. Current completion is 80% as a result of anticipated funding queries and medical staffing being excluded due to ability register wte against job planned sessions and resident doctors residing with SLA (NWSSP). A bespoke model will be developed to support medical staffing. An establishment dashboard has been developed which will be rolled out in February 2026.</li> </ul> <p><b>Staff attendance</b></p> <ul style="list-style-type: none"> <li>Support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work.</li> <li>“Hot spot” areas identified and plans in place to support.</li> </ul> <p><b>Band 2/3</b></p> <ul style="list-style-type: none"> <li>Implementation of the national Health Care Support Worker Job Description Framework has commenced. This will re-band many Band 2 staff in nursing, maternity, and theatres to Band 3, improving engagement, retention, and recruitment.</li> </ul>	
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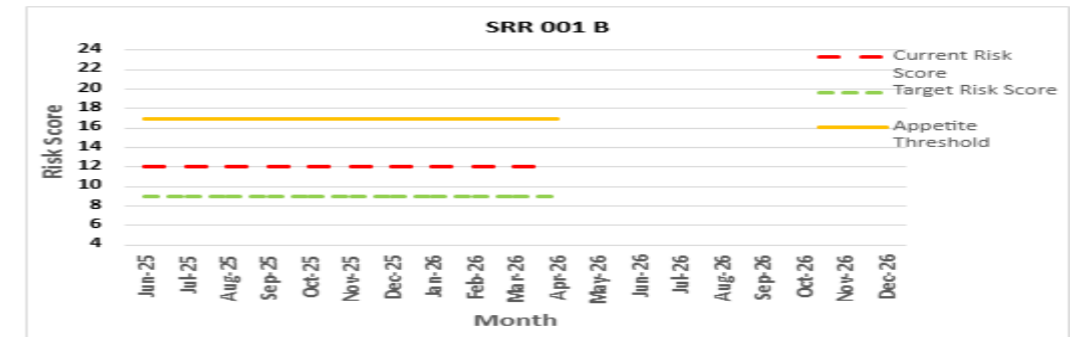
<b>Sources of Assurance</b> <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	<b>Gaps in Assurance</b> <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	<b>Actions to Address Gaps</b> <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Workforce reports to the Nurse Strategic Workforce Group.</li> <li>Monthly sickness monitoring reports.</li> <li>Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN.</li> <li>Medical Staffing Co-ordinator review of medical rotas.</li> <li>Cross site operational calls.</li> </ul>	<ul style="list-style-type: none"> <li>Occupational Health and Wellbeing dashboards report KPIs.</li> <li>Recruitment KPIs</li> <li>Medical &amp; Dental and Student Streamlining fill rate reports</li> </ul>		
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25</li> <li>Workforce Dashboard presented to the Executive Committee, P&amp;CC Committee, and the Board.</li> <li>Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation.</li> <li>Measurements of Wellbeing through the ABUHB</li> </ul>	<ul style="list-style-type: none"> <li>(Aneurin Bevan University Health Board) Staff Survey</li> <li>Routine Reporting against nurse staffing levels.</li> <li>Variable Pay Programme Board reporting to Value and Sustainability Board</li> </ul>	<ul style="list-style-type: none"> <li>Governance processes</li> <li>risk management input (register, risk assessment)</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>Internal Audit Reviews 2023 -24</li> <li>Long Term Sickness Absence Management (Q4)</li> <li>Flexible Working (Q4)</li> <li>External quarterly vacancy reporting to WG</li> <li>National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative.</li> </ul>	<ul style="list-style-type: none"> <li>External reporting on Nursing Staffing Levels</li> <li>National Acuity Audits (Nursing)</li> <li>Workforce planning external audit action plan 2024 and Structured Assessment Response August 2025</li> <li>Resident Doctor Contract Reform</li> </ul>	<ul style="list-style-type: none"> <li>Latest local survey saw a reduction in staff wellbeing</li> <li>Internal Audit Staff Culture Q3 2024/25</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <u>Guidance</u>			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	<b>POSITIVE ASSURANCE</b>

RISK THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 B	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat <i>(As a result of)</i>	Due to a deterioration in, and a failure to improve, the well-being of staff.				
Impact <i>(Consequences of the threat)</i>	<b>Patient</b>	<b>Staff</b>	<b>Organisation</b>		
	<ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<ul style="list-style-type: none"> <li>High absence levels, with some sustained long periods</li> <li>Non-compliance with safe staffing principles and standards</li> </ul>	<ul style="list-style-type: none"> <li>Reputational damage to the health board as an employer</li> <li>Work-related claims</li> <li>Financial Implications</li> </ul>		
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible) X	3 (Possible) X	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 January 2025	Risk rating	= 12 (High)	= 9 (High)	
Next Review <i>(Quarterly based on risk score)</i>	01 April 2025				

**Risk Appetite Level – Open**  
Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.

**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.

**SUMMARY**  
The current risk level is **OUTSIDE** of target level but **WITHIN** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



Current Key Controls <i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<p><b>General</b></p> <ul style="list-style-type: none"> <li>Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard</li> <li>Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity</li> <li>Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority</li> <li>Strategic Equality Plan</li> <li>Rest and Facilities Charter – monitoring and compliance</li> <li>Staff related policies</li> <li>National Staff Survey and Health Board Employee Experience Survey</li> <li>External Employee Assistance Programme</li> <li>Speaking up Safely Action Plan</li> <li>Race/LGBT groups</li> <li>Wellbeing resources</li> <li>Staff diversity networks</li> <li>Regular Schwartz rounds arranged across the Health Board</li> <li>Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own</li> <li>Close links with the Arts in Health programme</li> <li>Chaplaincy service for staff</li> <li>Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being</li> <li>Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate</li> <li>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership &amp; Management.</li> <li>The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>Increase wellbeing initiatives, including long term strategic programmes within large departments (e.g., Maternity)</li> <li>Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders)</li> <li>Take a data-based approach to improve our approach to Respect and Resolution processes, and supporting resources</li> <li>Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues</li> <li>Trained mediators so there is team and organisational resilience and network</li> <li>Enhanced our financial well-being offer</li> <li>Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate</li> <li>Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership &amp; Management</li> <li>The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has consistently resulted in a 60-70% reduction in investigations and a wide range of other organisational benefits over 3 years. The next phase of this programme will involve transferring the benefits to Respect and Resolution processes.</li> <li>Implement, develop and embed the Speaking up Safely process in line with the Welsh Government Framework</li> <li>We are planning a series of events to celebrate 10 Years of Schwartz Rounds within ABUHB</li> <li>'Safe atmospheres' training has been piloted to support the ongoing psychological safely focused work taking place in theatres and linked to 'never events' and team debriefing</li> <li>Working with trade union and national partners to improve attendance at work and prevent absence through a variety of initiatives including Wellbeing Passport, alternative roles and health promotion.</li> </ul> <p><b>Occupational Health.</b></p> <ul style="list-style-type: none"> <li>Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Current Demand and Capacity review completed.</li> <li>Regional occupational health partnership working being explored with Cardiff and Vale and also Cwm Taff, Phase 1 collaborative physician procurement process completed and implemented</li> <li>Submission of response to All Wales KPI delivery and ongoing data analysis review in place</li> </ul>

<ul style="list-style-type: none"> <li>The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB</li> <li>An externally commissioned SUS hotline</li> <li>An external Employee Assistance Programme (Vivup) has been commissioned for a further 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative</li> </ul> <p><b>Occupational Health</b></p> <ul style="list-style-type: none"> <li>Additional occupational health resources secured to reduce waiting times</li> <li>Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes</li> <li>Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19</li> <li>Support equality and diversity of workforce</li> <li>A part time Disability Inclusion Officer has been seconded to the EDI Team and made permanent in December 2024</li> <li>Band 5 EDI Officer appointed and commenced in post at the end of March 2024</li> <li>Inclusive Leadership sessions embedded in the Leading People Programme</li> <li>Reverse Mentorship Programme launched February 2024</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC</li> <li>Reducing fatigue poster developed</li> </ul>	<ul style="list-style-type: none"> <li>Support equality and diversity of workforce</li> <li>Review of staff diversity networks</li> <li>Review of National Staff survey to understand variations within diverse workforce demographic profile</li> <li>Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms</li> <li>Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing</li> </ul> <p><b>Staff Survey Action Plan</b></p> <ul style="list-style-type: none"> <li>Findings from the staff survey 2024/25 indicate improvements with culture and diversity</li> <li>An ABUHB action plan is in development to address staff engagement, work related stress and to improve retention of staff</li> <li>Planning for 2025 staff survey underway to improve compliance and value of outcomes</li> </ul>
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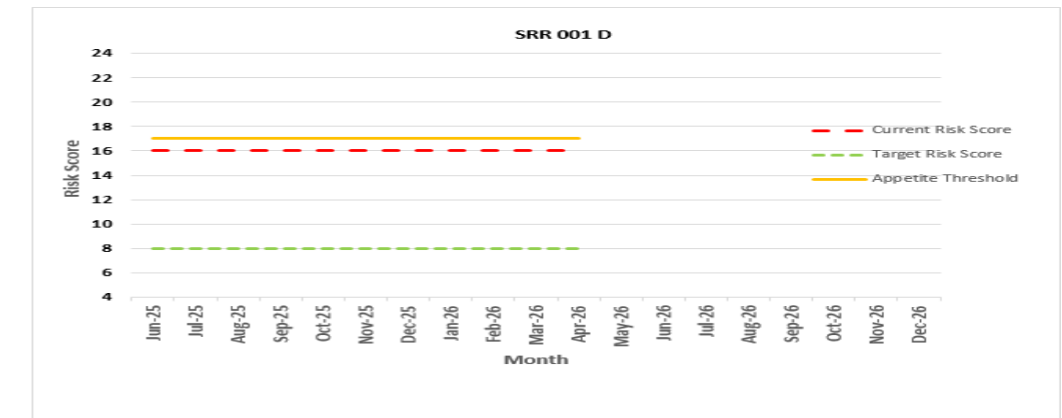
<b>Sources of Assurance</b> <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	<b>Gaps in Assurance</b> <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	<b>Actions to Address Gaps</b> <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Dashboard reporting</li> <li>Reporting to monitor the rollout of the People Plan 22-25</li> <li>Reporting to monitor of demand on wellbeing services</li> </ul>	<ul style="list-style-type: none"> <li>Understand if support is reaching all staff</li> </ul>	<ul style="list-style-type: none"> <li>Meetings with Divisions ongoing to ensure all areas are aware of what's available.</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>People and Culture Committee reports (People Plan 22-25)</li> <li>Local wellbeing surveys</li> <li>LNC – reporting of compliance of BMA Rest and Facilities</li> </ul>			
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>National workforce surveys</li> <li>Monitoring and compliance of BMA Rest and Facilities via NHS Employers</li> <li>Staff Welfare Charter</li> <li>Sickness Absence Audit 2023/24 – Outcome: Reasonable Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Latest local survey saw a reduction in staff wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Internal Audit Staff Culture Q3 2024/25</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>POSITIVE ASSURANCE</b>

RISK THEME	PEOPLE				
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE				
Strategic - SRR 001 C	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat (As a result of)	Due to insufficient and ineffective leadership levels throughout the organisation			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<p><b>Patient</b></p> <ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings;</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Adverse impacts on staff recruitment and retention</li> </ul>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Failure to deliver health board priorities, required improvements and achieve sustainability;</li> <li>Poor levels of accountability and delivery;</li> <li>Reputational damage to the health board as an employer;</li> </ul>	<p><b>Risk Appetite Threshold - Score 17 and below.</b> Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p><b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p>	
Lead Director	Director of Workforce & Organisational Development	<a href="#">Risk Exposure</a>	Current Level	Target Level	
Monitoring Committee / Group	People & Culture Committee	Likelihood	3 (Possible)	3 (Possible)	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2026	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2026				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>Talent and Succession Planning framework published</li> <li>Monitoring Framework to support roll out of the People Plan – Focus on Talent and Succession Planning.</li> <li>Monitoring Frameworks with HEIW</li> <li>Lead appointed July 2023 on secondment funded by HEIW to create organisational talent management framework to enable to organisation to be deliberate and consistently attract, identify and develop talent for critical roles across ABUHB.</li> <li>HEIW schemes</li> <li>1 x HEIW funded graduate management trainee successfully appointed August 2025 following additional recruitment process.</li> <li>Develop Leadership Capabilities</li> <li>Leadership journey and programmes mapped, and 1 pager flyer designed and on intranet. Leadership development offer now available for entry level leaders and managers, clinical directors, directorate managers (DMx), senior nurses and multi-disciplinary teams. Considering very senior leader programme.</li> <li>Learning masterclasses have been designed and developed for the organisation addressing key themes such as giving feedback, developing team and having courageous conversations.</li> <li>Leading People Programme (started cohort 9 May 2025), CDx cohort 5 starting November 2025.</li> <li>2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire council; our graduate joined the health board in March 2023 and is supporting the decarbonisation agenda.</li> </ul>	<p><b>Talent and Succession Planning</b></p> <ul style="list-style-type: none"> <li>Development workshops being rolled across the Health Board, open for all leaders to attend. Ongoing and planned throughout 2026/27</li> <li>Designated Talent and Management succession planning resources available on ABUHB intranet and updated regularly.</li> </ul> <p><b>Development leadership capabilities</b></p> <ul style="list-style-type: none"> <li>Currently exploring leadership funding options with USW to maximise Governmental Grants and utilisation of the apprentice levy.</li> <li>Continued commitment to NHS graduate schemes.</li> <li>Continued bespoke development and support for senior management teams in clinical and non-clinical settings focusing on leadership, team dynamics and thriving.</li> <li>Working with HEIW to inform a national development programme for managers</li> <li>Engagement with the management competency framework which will be adopted in Wales (following implementation in NHS England).</li> <li>Review of current leadership journey and training with planning starting to develop a very senior leadership development programme in 2025/26</li> <li>Specific leadership and culture work starting in MHLD division with methods being developed to scale across the Health Board in 2026.</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>WOD Divisional reporting</li> <li>Evaluation of internal leadership programmes and regular review of our internal offer</li> </ul>			
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Reporting to People and Culture Committee - progress against People Plan 22-25 / 2025 – 2028.</li> </ul>			
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>Internal Audit Review</li> <li>Talent and Succession Board</li> </ul>			
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>POSITIVE ASSURANCE</b>

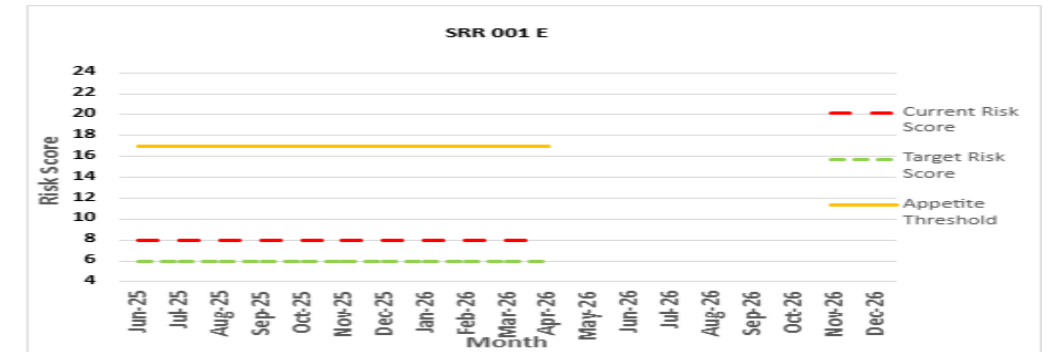
RISK THEME	PEOPLE			
LINK TO IMTP	SECTION 4: ENABLER – WORKFORCE AND CULTURE			
Strategic - SRR 001 D	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status Public
Threat (As a result of)	Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<p><b>Patient</b></p> <ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Non-compliance with safe staffing principles and standards</li> </ul>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage to the health board and loss of public confidence</li> </ul>	<p><b>Risk Appetite Threshold - Score 17 and below.</b> Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p><b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p>
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	People & Culture Committee	Likelihood	4 (Likely)	2 (unlikely)
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	March 2026	Risk rating	= 16 (Extreme)	= 8 (Moderate)
Next Review (Monthly based on risk score)	April 2026			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>All Wales Industrial Action Planning Group.</li> <li>Local Health Board planning arrangements.</li> <li>Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and</li> <li>CODE OF PRACTICE Industrial Action Ballots and Notice to Employers.</li> <li>Business Continuity Processes - Redeployment Principles and Risk Assessment agreed.</li> <li>Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture.</li> <li>Effective derogation processes including Christmas Day cover definition.</li> <li>Local Negotiating Committee (LNC).</li> <li>Services Business continuity plans in place.</li> <li>Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance.</li> <li>Command and control structure and leads established.</li> <li>Derogation test completed.</li> <li>Executive and Senior Manager leads established links with national planning cells.</li> <li>All Wales training sessions provide by legal and risk to support industrial action.</li> <li>Reducing impact on patients - Support for early supported discharge prior to industrial action.</li> <li>Picketing guidance supported and agreed.</li> <li>Workforce Peer Networks – WOD's and DEWOD's.</li> <li>Resident Doctor Contract agreed and implementation plan to commence</li> <li>Living Wage uplift to be applied from April 2026 as per WHC</li> <li>Band 2/Band 3 assessments initiated</li> </ul>	<ul style="list-style-type: none"> <li>Agreement reached in England for Medical &amp; Dental Staff – re-commencement of negotiations in Wales for Medical &amp; Dental Staff.</li> <li>Issue of WHC AFC non pay elements of collective agreement 2022-24.</li> <li>Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment).</li> <li>Communication plans- public, stakeholders and partners.</li> <li>Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application.</li> <li>Consideration of further additional national legal advice.</li> <li>Early notification of consultative ballot outcomes via NHS Employers/WG.</li> <li>Local negotiation and response to grievances related to band 2/band 3 job descriptions for HCSWs.</li> <li>Awareness of national TU ballot responses regarding pay dispute – early notification ahead of any strike action ballots for planning purposes.</li> <li>Resident Doctor contract reform planning structure in place in conjunction with Medical Director.</li> <li>CPD/Statutory and Mandatory training review in progress with TU colleagues.</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Local Staff re-deployments assessment</li> <li>Divisional engagement and service planning arrangements in place</li> <li>Local Negotiating Committee (LNC)</li> <li>Trade Union Partnership meetings</li> </ul> Established processes and tools used for previous industrial action.		Further industrial action	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Reporting to Executive team</li> <li>Business Continuity groups</li> </ul> Command and control structure in place to be implemented as required			
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>All Wales IA group and Welsh Government planning group.</li> <li>Debriefing session planned to reflect and capture learning for any potential future action</li> <li>Resident Doctor Contract Reform</li> </ul> Band 2/3 Implementation Framework – DRAFT, subject to Cabinet Secretary review/approval			
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

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

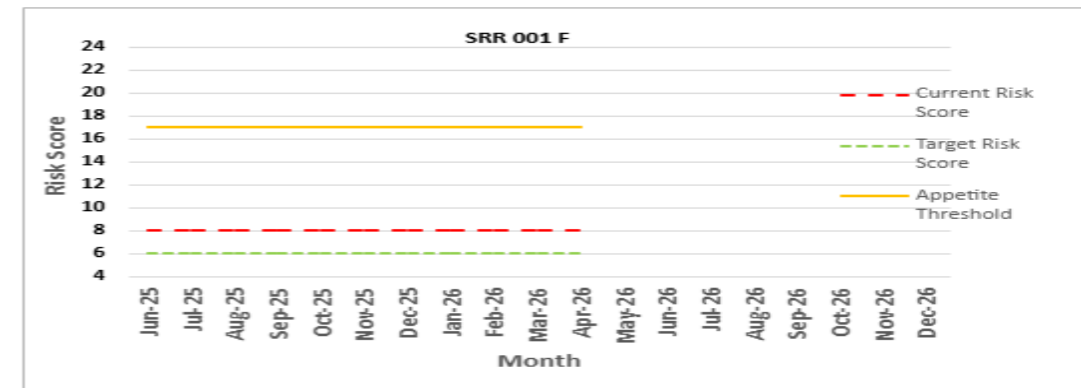


Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and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

Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Actions to Address Gaps (What further evidence is required to provide the effectiveness of controls)
<b>Level 1 Operational</b> (Implemented by the department that performs daily operation activities)		
<ul style="list-style-type: none"> <li>QlikSense – performance information</li> <li>SFN – performance information</li> </ul>		<ul style="list-style-type: none"> <li>Effectiveness of the plans in delivering improvements</li> </ul>
<b>Level 2 Organisational</b> (Executed by risk management and compliance functions)		
<ul style="list-style-type: none"> <li>IMTP Delivery and Outcomes Reporting to Board</li> <li>Marmot Region Programme</li> <li>RPB reporting to Board and Population Health, Planning and Partnerships Committee</li> </ul>		

<ul style="list-style-type: none"> <li>Regional Planning reporting to Population Health, Planning and Partnerships Committee</li> </ul>		
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>		
<p><b>Internal Audit Reviews 2023-24</b></p> <ul style="list-style-type: none"> <li>IMTP Planning (Q1) Outcome – Reasonable Assurance</li> </ul> <p><b>Internal Audit Reviews 2024-25</b></p> <ul style="list-style-type: none"> <li>Internal Audit Partnership Arrangements – <b>Limited Assurance</b></li> </ul>		<ul style="list-style-type: none"> <li>Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan</li> </ul>
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>		
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.
<b>REASONABLE ASSURANCE</b>		

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			
Strategic Risk SRR 001 F	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status Public
Threat (As a result of)	Due to unsustainable Service Models			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<b>Patient</b> <ul style="list-style-type: none"> <li>Increased demand</li> <li>Increased patient acuity levels</li> <li>Worsening of health inequalities</li> <li>Worsening of health outcomes</li> </ul>	<b>Staff</b> N/A	<b>Organisation</b> <ul style="list-style-type: none"> <li>Failure to train teams in multi-morbidity management</li> <li>Failure to comply with the Wellbeing of Future Generations Act (Wales)</li> <li>Reputational damage and loss of public confidence</li> </ul>	<b>Risk Appetite Threshold – SCORE 17 AND BELOW</b> Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.
Lead Director	Director of Strategy, Planning and Partnerships.	<b>Risk Exposure</b>	<b>Current Level</b>	<b>Target Level</b>
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	<b>Likelihood</b>	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	<b>Impact</b>	4 (Major)	3 (Moderate)
Last Reviewed	01 November 2025	<b>Risk rating</b>	= 8 (Moderate)	= 6 (Moderate)
Next Review (Six monthly based on risk score)	01 May 2026			



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

Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Actions to Address Gaps (What further evidence is required to provide the effectiveness of controls)
<b>Level 1 Operational</b> (Implemented by the department that performs daily operation activities)		
<ul style="list-style-type: none"> <li>Public Health Wales surveillance data – COVID, flu and other communicable diseases.</li> <li>QlikSense – performance information</li> </ul>		<ul style="list-style-type: none"> <li>Evidence of individual arrangements in place to deliver service plans.</li> </ul>
<b>Level 2 Organisational</b> (Executed by risk management and compliance functions)		

<ul style="list-style-type: none"> <li>• IMTP delivery and outcomes reporting to Board.</li> <li>• RPB reporting to Board and Population Health, Planning and Partnerships Committee.</li> <li>• Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.</li> <li>• Regional Planning reporting to Population Health, Planning and Partnerships Committee.</li> <li>• Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.</li> </ul>			
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p><b>Internal Audit Reviews 2023-24</b></p> <ul style="list-style-type: none"> <li>• IMTP planning Q1. Outcome – Reasonable Assurance.</li> </ul> <p><b>Internal Audit Reviews 2024-25</b></p> <ul style="list-style-type: none"> <li>• IMTP – Service Plans (Q2) – Outcome - Reasonable Assurance</li> </ul> <p>Partnership Arrangements. Outcome – Limited Assurance</p>	<ul style="list-style-type: none"> <li>• Recommendations identified in the Limited and Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the management responses to close off recommendations</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

RISK THEME	FINANCIAL SUSTAINABILITY				
LINK TO IMTP	SECTION 4: ENABLER - FINANCE				
Strategic - SRR 001 G	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Threat (As a result of)	Due to the failure to deliver a sustainable financial position and longer-term financial plan.			Risk Appetite Level – CAUTIOUS Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls	
Impact (Consequences of the threat)	<p style="text-align: center;"><u>Organisation</u></p> <ul style="list-style-type: none"> <li>Breach of statutory duty to breakeven over 3 years.</li> <li>Instigation of NHS Wales Escalation &amp; Intervention Arrangements.</li> <li>Non-delivery of Health Board priorities, required improvements, and achieving longer-term sustainability.</li> <li>Prioritisation and possible disinvestment in service delivery.</li> <li>Reputational damage and loss of public confidence.</li> </ul>			Risk Appetite Threshold – Score 13 and Below Risks relating to all aspects of the Health Board’s financial performance and its ability to manage cost and efficiencies.	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level	<p><b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p>
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x	
Initial Date of Assessment	June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	March 2026	Risk rating	= 20 (Extreme)	= 8 (Moderate)	
Next Review (Monthly based on risk score)	April 2026				

Current Key Controls <i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> <li>IMTP 25/26-27/28</li> <li>IMTP Delivery Framework</li> <li>Sustainability Route Map revision</li> <li>Accountability Framework</li> <li>Performance Framework</li> <li>3-year route map to sustainable recovery developed and approved by Board July 24.</li> <li>Scheme of Delegation</li> <li>Standing Financial Instructions (SFIs)</li> <li>Standing Orders (SOs)</li> <li>Final budget delegation</li> <li>Financial Control Procedure (FCP) Budgetary control</li> <li>Financial Budget Intelligence (FBI)</li> <li>Appropriately trained Finance Team (capacity &amp; capability)</li> <li>Budget holder training &amp; other business training tools</li> <li>Cost intervention procedures</li> <li>25/26 savings plans &amp; opportunities.</li> <li>Health Board financial escalation processes.</li> <li>Health Board Pre-Investment Panel (PIP) process.</li> <li>Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs.</li> <li>Executive groups and structures established to deliver statutory duties.</li> <li>Assessment of financial control environment within divisions and corporate teams.</li> <li>Financial Escalation Meetings</li> <li>Regular organisational Recovery plan meetings and briefings</li> <li>Value &amp; Sustainability Board established.</li> <li>Revised accountability arrangements part of Executive governance.</li> <li>Budget holder financial recovery deep dive meetings,</li> <li>Enhanced forecasting and planning processes</li> </ul>	<ul style="list-style-type: none"> <li>Revised V&amp;SB approach for 2025/26 to help drive financial recovery, separating thematic and divisional scrutiny.</li> <li>Service Redesign disaggregated as a V&amp;SB theme</li> <li>Review of programme structures to match V&amp;SB thematic areas</li> <li>Updated Route Map development</li> <li>Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&amp;B structure.</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Adherence to SO/SFI/FCPs</li> <li>Regular AFD meetings to discuss position and performance.</li> <li>Day 5 comprehensive financial performance review – DoF led.</li> </ul> <p>Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance</p>	None	<ul style="list-style-type: none"> <li>Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability.</li> <li>Development of detailed 3-year recovery plan.</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments.</li> <li>Performance escalation meetings established.</li> <li>Financial assessment and review report to the Board and Finance &amp; Performance Committee</li> <li>Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee.</li> <li>Board Briefing sessions on the financial position.</li> </ul>	None	<ul style="list-style-type: none"> <li>2025/26 – 27/28 IMTP plans focussed on ‘living within’ budget levels.</li> <li>2025/26 savings plan to be delivered.</li> <li>Detailed delivery plans will be a constant development over next 3 years.</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>Annual Report</li> <li>2024/25 Financial Sustainability – <b>Reasonable Assurance</b> Sept 2025</li> <li>2025/26 - Audit Reviews</li> </ul> <p><b>External Audit Reports</b></p> <ul style="list-style-type: none"> <li>2024 -25 – Annual Report</li> <li>2025/26 - Audit Reviews</li> </ul> <p><b>Welsh Government</b></p> <ul style="list-style-type: none"> <li>Financial assessment and review reports to Welsh Government – monthly</li> <li>Enhanced monitoring T.I. meetings with Welsh Government monthly</li> <li>IMTP plan to WG end of March 2025</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations from audits</li> </ul>	<ul style="list-style-type: none"> <li>Implement management actions to complete the recommendations from audit reports</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 2: DRIVERS – PERFORMANCE EXPECTATIONS		SECTION 4: ENABLERS – WORKFORCE & CULTURE		
Strategic Risk SRR 001 I	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, sustainable services that meet the needs of the population.			Publication Status	Public
Threat (As a result of)	Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Leadership, Corporate Governance, Operational Performance and Delivery, and Finance.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact (Consequences of the threat)	<b>Patient</b> <ul style="list-style-type: none"> <li>Unintended Patient Harm.</li> <li>Negative Public/Patient Experience.</li> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Reduced Staff Morale leading to potential absence from work.</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Loss of patient/public trust and confidence.</li> <li>Scrutiny from external organisations.</li> <li>Adverse publicity.</li> <li>Punitive Actions.</li> <li>Financial implications.</li> </ul>	<b>Risk Appetite Threshold – SCORE 8 AND BELOW</b> Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				<b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target and the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.	
Lead Director	Director of Strategy, Planning and Partnerships.	<b>Risk Exposure</b>	<b>Current Level</b>	<b>Target Level</b>	
Monitoring Committee	Finance and Performance Committee.	<b>Likelihood</b>	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	19 April 2024.	<b>Impact</b>	4 (Major)	4 (Major)	
Last Reviewed	March 2026	<b>Risk rating</b>	= 12 <b>(High)</b>	= 8 <b>(Moderate)</b>	
Next Review (Quarterly based on risk score)	June 2026				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>Performance Management and Assurance Framework- revised, updated and approved in 2025</li> <li>Executive Accountability letters</li> <li>Divisional Directors Accountability letters</li> <li>Monthly Assurance meetings with weekly meetings for Urgent Care</li> <li>Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reviewed at 6 months with proposed adjustments awaiting sign off</li> <li>Reporting through to Finance and Performance Committee via Executives</li> <li>Specific areas of focus are discussed at Value and Sustainability Board</li> <li>System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc.</li> <li>External scrutiny via Welsh Government and NHS Executive through revised Escalation Framework</li> <li>Capacity to run the performance framework and reporting requirements has been strengthened with revised corporate performance team structure, accountability and reporting processes</li> </ul>	<ul style="list-style-type: none"> <li>6-month review of Performance Management and Assurance</li> <li>Alignment of internal mechanisms to national escalation linked to transformation programmes with clear deadlines</li> <li>Focused agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach.</li> <li>Standardised Divisional Assurance Templates (pre-populated) and revised as part of the Performance Management Framework review</li> <li>Commission external reviews to support improvements where required.</li> <li>Appropriate Business Partnering Support and analytical support</li> <li>Realign capacity and/or redefine roles to provide explicit support and in line with the revised triggers for escalation</li> </ul>

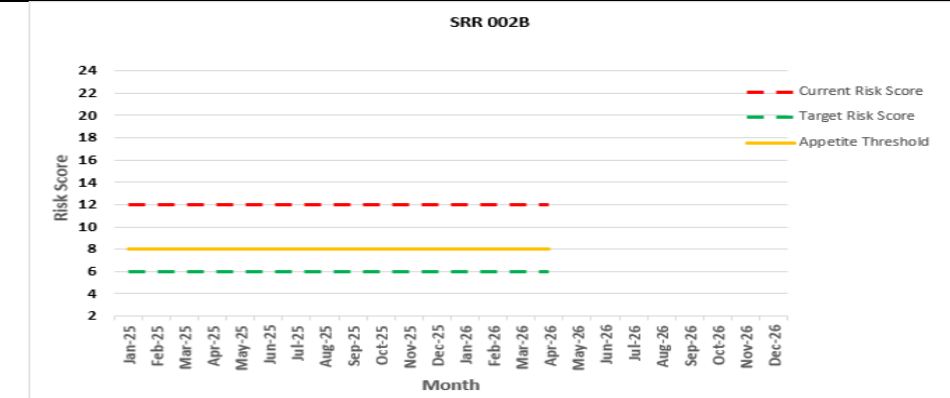
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>DMTs in place for all Divisions</li> <li>Divisional oversight arrangements – monthly/fortnightly meetings</li> <li>Divisional plans in place and focussed agendas</li> <li>Cross Divisional meeting monthly – progress the wider system way of working.</li> <li>System Leadership Team for awareness and updates</li> <li>Divisional Assurance</li> <li>Escalation meetings/Deep Dives as appropriate</li> <li>Revised internal PMF</li> <li>Update National Escalation Framework</li> </ul>			
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Established reporting to the Executive Committee</li> <li>Established reporting to the Finance and Performance, Quality Management Group, People and Culture Committee , and Patient, Quality and Safety and Learning Committee</li> <li>Established reporting to the Board</li> <li>Routine reporting through the IQPD process and Escalation meetings , for example Planning monthly Touchpoint and Finance monthly touchpoint</li> <li></li> </ul>	None	N/A	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>Internal Audit 2024/25 Plan</li> <li>Divisional Governance Arrangements</li> <li>HIW Inspections</li> </ul> <p>Llais for feedback</p>	<ul style="list-style-type: none"> <li>Findings and recommendations from the PMF review launched Q4</li> <li>Findings and recommendations from Directorate Reviews in line with escalation statuses</li> </ul>		
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES				
Strategic Risk SRR 002 A	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Threat (As a result of)	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.			Risk Appetite Level – MINIMUM Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact (Consequences of the threat)	<b>Patient</b> <ul style="list-style-type: none"> <li>Harm or injury to patients</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Harm or injury to staff</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Litigation &amp; Financial Penalties</li> <li>Loss of estate</li> </ul>	Risk Appetite Threshold – Score 8 and below Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
					<b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of the target level and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Public Health and Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x	
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)	
Last Reviewed	March 2026	Risk rating	= 15 (Extreme)	= 2 (Low)	
Next Review (Monthly based on risk score)	April 2026				

Current Key Controls <i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> <li>Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (surveys in December 25 and January 26 with report due early March 2026)</li> <li>Funding agreed from Welsh Government to implement actions related to surveys and specific actions relating to 'skylights'. Some will require more substantial work -which are being scoped.</li> <li>Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance</li> <li>Remediation work to areas of high-risk areas undertaken</li> <li>Controlled access to roof areas which is being enhanced with proposals around cameras and designated walkways</li> <li>Implemented toolbox talks for awareness for estate teams and contractors to work in area where RAAC is present.</li> <li>Ongoing engagement with expert surveyor</li> <li>Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management</li> <li>Risk assessments completed by the Health and Safety function in departments with props to manage any consequences of the presence of props. Note: H&amp;S assessments are around the location of props have been reviewed by H&amp;S team and feedback provided to departments</li> <li>Links with NHS England and other Health Boards in Wales for shared learning.</li> <li>Regular dialogue with Welsh Government and Shared Services Estates.</li> <li>Management Action Plan agreed following Internal Audit including the development of a Management Strategy and submitted to the ABUHB Health and Safety 'Committee' in March 2025</li> </ul>	<ul style="list-style-type: none"> <li>Additional Surveys continue to take place with expert surveyors to inform the next steps relating to further remediation of the issues and monitor existing issues</li> <li>Management Strategy and the Management Plan are completed and was approved at the Health &amp; Safety Committee in April 2025</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Monthly checks in place for the props albeit fortnightly checks in new prop locations in OPD 2 department</li> <li>Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection)</li> <li>Review of existing arrangements in place supported by external body</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing management of the issues.</li> </ul>	N/A	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor</li> <li>risks and issues associated with any remedial measures implemented.</li> <li>Outcome of H&amp;S risk assessment in place and reviewed May 2025. H&amp;S team reissued the assessments to Department Leads in January 26 to review locally</li> <li>Formal reporting to the Board/Committees in place</li> <li>SOC approved by Health Board and submitted to Welsh Government, autumn 2025</li> </ul>	None	N/A	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>Internal Audit 2024/25 Plan – report received as Reasonable Assurance (albeit Substantial Assurance on the process relating to surveys. Report submitted to Audit Committee November 2024.</li> <li>Internal Audit also commented that the risk appetite needs to reflect the current position of monitoring and managing the RAAC pending SOC and FBC hence appetite of 15 should be considered by Board.</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</li> </ul>	<ul style="list-style-type: none"> <li>Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implemented</li> </ul> <p><b>Internal Audit 2024/25 Plan</b></p> <ul style="list-style-type: none"> <li>Implementation of the management responses to close off recommendations been concluded.</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

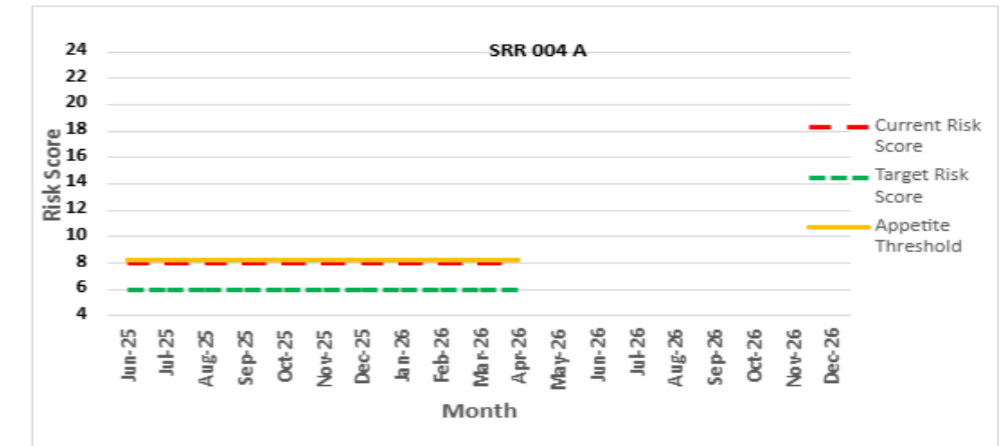
RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 4: ENABLERS - ESTATES				
Strategic Risk SRR 002 B	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Threat (As a result of)	Due to significant levels of backlog maintenance and structural impairment.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact (Consequences of the threat)	Patient	Staff	Organisation		
	<ul style="list-style-type: none"> <li>Harm or injury to patients.</li> <li>Adverse impacts on the delivery of care to patients across acute and non-acute settings.</li> </ul>	<ul style="list-style-type: none"> <li>Harm or injury to staff.</li> </ul>	<ul style="list-style-type: none"> <li>Non-compliance with health and safety legislation.</li> <li>Litigation and financial penalties.</li> <li>Loss of estate</li> </ul>		
Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.					
SUMMARY The current risk level is <b>OUTSIDE</b> of the target level and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.					
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Health Protection & Planning Committee	Likelihood	3 (Possible) X	3 (Possible) X	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2026	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2026				



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>Health Board Estates Rationalisation Strategy</li> <li>Health Board Estates Strategy</li> <li>Health Board policies and procedures related to the maintenance of Health Board estate.</li> <li>6 Facet survey completed in 2019.</li> <li>Divisional Risk Register</li> <li>Multiple policies and SOPs published and communicated to staff.</li> <li>A robust internal training programme in place covering all aspects of estate management including food hygiene.</li> <li>Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director)</li> <li>Asbestos reinspection programme (over the next 3 years)</li> <li>Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation</li> <li>HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants</li> <li>A clear approach to compliance monitoring and escalation of AE reports has been implemented</li> </ul>	<ul style="list-style-type: none"> <li>Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance.</li> <li>Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce.</li> <li>Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.</li> <li>Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM.</li> <li>Drive clinical service engagement in compliance meetings where engagement is low.</li> <li>Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.</li> <li>Continuation of the additional £500k backlog maintenance allocation by the Board to the Estates and Facilities Division in 2025/26 and in 2026/27 (subject to formal board approval of capital plan)</li> <li>Informed by the risk assessment processes of the Estates and Facilities Division, the Health Board has secured significant investment in estate during 2025/26 and 2026/27 from the All-Wales Targeted Estates Fund (TEF)</li> <li>Elements of St Woolos Hospital estate being closed as part of the Board agreement to rationalise the site and remove use of old and poor estate.</li> <li>Condition survey (commonly referred to as 6 facet) being scoped for completion in early 2026/27 to inform the estates strategy</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Divisional reporting of Statutory and Mandatory training of staff</li> </ul> <p>Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance.</p>	<ul style="list-style-type: none"> <li>If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration.</li> </ul>	<ul style="list-style-type: none"> <li>Performance reporting</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality &amp; Patient Safety Operational Group.</li> <li>Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection &amp; Planning Committee.</li> <li>Divisional Director Estates and Facilities presented to Committee in December 2024 and scheduled to present in February 2025.</li> </ul> <p>Divisional Director Estates and Facilities presented to Committee on St Woolos Hospital project in October 2025.</p>	None	N/A	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p><b>Internal Audit Reviews 2023- 24</b></p> <ul style="list-style-type: none"> <li>Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and</li> <li>Finance and Performance Committee</li> </ul> <p>Internal Audit Plan 2024-25</p> <ul style="list-style-type: none"> <li>Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the November ARA</li> <li>Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes.</li> <li>Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations identified in the Reasonable Assurance Internal Audit Reports from the 2024/25 Audit Plan</li> </ul>	<p><b>Internal Audit 2024/25 Plan</b></p> <ul style="list-style-type: none"> <li>Implementation of the management responses to close off recommendations</li> <li>Audit Wales completing an all-Wales audit on estate condition in Q4 2025/26</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

RISK THEME	COMPLIANCE AND SAFETY			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			
Strategic Risk SRR 004 A	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a business continuity incident or critical incident			Publication Status Public
Threat (As a result of)	Due to emergency planning arrangements at both the corporate and operational levels lacking the necessary robustness to ensure an effective response.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.
Impact (Consequences of the threat)	<b>Patient</b> <ul style="list-style-type: none"> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> <li>Harm or injury to patients</li> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Inability to respond to a major incident to meet needs of those affected</li> <li>Harm or injury to staff</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Health Board breaches statutory duties under the Civil Contingencies Act 2004</li> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of public confidence</li> </ul>	Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.
	<b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.			
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	November 2025	Risk rating	= 8 (Moderate)	= 6 (Moderate)
Next Review (Six-monthly based on risk score)	May 2026			



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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Departmental debrief following an incident to inform learning and enhance controls.</li> <li>Training records</li> <li>Plans and action cards in place and up to date Debrief with key stakeholders following an incident to inform learning and enhance controls.</li> </ul>	<ul style="list-style-type: none"> <li>All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.</li> </ul>	<ul style="list-style-type: none"> <li>Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Report to the EPRR Group from debrief of incidents</li> <li>Reports to the PPHP Committee on Emergency Planning Preparedness</li> </ul>	<ul style="list-style-type: none"> <li>EPRR Thematic Risk Register</li> </ul>	<ul style="list-style-type: none"> <li>Develop an EPRR</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p><b>Internal Audit Review(s)</b></p> <ul style="list-style-type: none"> <li>Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response - <b>Reasonable Assurance</b></li> </ul> <p>Outcome and feedback from national exercises</p>	<ul style="list-style-type: none"> <li>Identification of recommendations to ensure the Health Board is prepared and has the capabilities to respond effectively.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the recommendations and subsequent management responses.</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 3: SYSTEM CHANGE				
Strategic Risk SRR 004 B	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to Business Continuity (BC) incidents.			Publication Status	Public
Threat (As a result of)	<ul style="list-style-type: none"> <li>Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity (BC) or Critical Incident</li> </ul>			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.	
Impact (Consequences of the threat)	<b>Patient</b> <ul style="list-style-type: none"> <li>Harm or injury to patients</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<b>Staff</b> <ul style="list-style-type: none"> <li>Staff absence (injury, wellbeing)</li> <li>Harm or injury to staff</li> </ul>	<b>Organisation</b> <ul style="list-style-type: none"> <li>Operational flow if services fail to prepare BCPs against the 5 key themes</li> <li>Loss of infrastructure;</li> <li>Financial implications due to staff absence</li> <li>Health Board breaches statutory duties under the Civil Contingencies Act 2004;</li> <li>Litigation &amp; Financial Penalties;</li> <li>Reputational damage and loss of public confidence</li> </ul>	Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.	
	<b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.				
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	3 (Likely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	March 2026	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	June 2026				

Current Key Controls <i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> <li>Business Continuity Policy</li> <li>Business Continuity Response Guidance</li> <li>Business Continuity Template &amp; guidance (reviewed and updated April 2025)</li> <li>Divisional, Directorate &amp; Service Business Continuity Plans across a number of key operational areas</li> <li>Business Continuity Exercises</li> <li>Business Continuity debrief learning.</li> <li>Health Board and Local Resilience Forum (LRF) Plans.</li> <li>3C (Command/Control, Communication) structure in place to respond to incidents.</li> <li>1-2-1 training with Divisional BC leads and delivering BC workshops for services.</li> <li>Health Board EPRR Group Established.</li> <li>Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies.</li> <li>Awareness raising of the requirement for BC across the Health Board through various training programmes</li> <li>Infectious Diseases plan</li> <li>Joint plan with PH in response to infectious diseases and public health incidence response overall</li> <li>Internal strategic on call training</li> <li>Executive Team attending 2-day strategic training.</li> <li>Regular liaison with Gwent Local Resilience Forum (Strategic and tactical)</li> <li>Joint Planning and Training with LRF and across Wales.</li> <li>Ongoing Participation in exercises UK, Wales, LRF and HB.</li> <li>Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).</li> <li>Ability to warn &amp; inform the organisation of critical BC incidents via the Health Board communications team.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing support to develop business continuity plans – BC templates &amp; guidance has been reviewed to make them more user friendly and easier to access via the HB’s sharepoint.</li> <li>Continued engagement with Divisions, Directorates, and service areas to embed contingency planning into the culture of the organisation, Conduct BIAs, develop plans, train staff, test &amp; exercise, and review plans to mitigate the risks and threats to service delivery.</li> <li>Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational.</li> <li>Continue to engage with the communication team to improve incident cascade during an event to ensure a Health Board wide awareness in a timely manner.</li> <li>Each Division to identify on their risk register any outstanding business continuity plans against the 5 key themes for their areas and escalate any identified risks to the HB risk group for review.</li> <li>Development of a business continuity dashboard that enables divisions &amp; directorates to manage, RAG rate and provide assurance of their BC planning arrangements.</li> <li>Joint working with partners – Exercise Pegasus</li> <li>Pull together a task and finish group to review and plan for the BC recommendations from the Ex Mighty Oak exercise debrief. The Health Board are part of the LRF group to develop a multiagency response plan for the critical themes – loss of power and loss of water supply – this will feed into the Health Boards estates planning.</li> <li>Develop an off the shelf BC exercise for divisions, directorates &amp; services.</li> <li>Work with the Corporate Governance Directorate (Head of Corporate Risk and Assurance) to support improvements in the development of BCP’s across key operational areas.</li> <li>Services are being audited against the organisational BC dashboard – level of plans in place and the test/exercise of those plans.</li> <li>We have delivered 2 BC exercises (loss of IT applications/networks) for service senior managers – further exercises are planned for 26/27</li> </ul>

- Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans in place.
- A dedicated business continuity lead for IT applications and networks to reduce the highest key theme risk.
- The introduction of a business continuity Incident Response Group in the event that a BC incident that escalates to critical.
- Joint working with LRF partners – Exercise Solaris, Exercise Pegasus

- Services will be required to have tested & exercised at least 2 key theme plans and the alert, coordinate & escalate procedures in 2026.
- Creation of any BC lessons learned repository for services to populate and learn from.
- Training Operational Management teams to enable them to respond to and coordinate BC incidents that are impacting patient flow/care. (This has commenced)
- Work with the wider planning team to influence them to consider BC requirements when developing new processes, initiatives or the introduction of new technology.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>• Plans and action cards in place and up to date.</li> <li>• Div/Service BC risk registers</li> <li>• Service BC training records</li> <li>• Departmental debrief following an incident to inform learning and enhance controls.</li> </ul> <p>Debrief with key stakeholders following an incident to inform learning and enhance controls.</p>	<ul style="list-style-type: none"> <li>• All key operational departments could actively respond to a BC incident without EP intervention due to the absence of BSPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with key areas to support development of BCP's and action cards with the support of Corporate Governance Directorate.</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>• Report to the EPRR Group from debrief of incidents</li> <li>• Reports to the PPHP Committee on Emergency Planning Preparedness (most recent Jan 2026)</li> </ul>	<ul style="list-style-type: none"> <li>• EPRR Thematic Risk Register</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an EPRR Risk Register</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p><b>Internal Audit Review(s)</b> Business Continuity Planning 2025-26 outcome report published – <b>Reasonable Assurance</b></p> <ul style="list-style-type: none"> <li>• Outcome and feedback from national exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of recommendations to ensure the Health Board is prepared and has the capabilities to respond effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the recommendations and subsequent management responses.</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE			
Strategic Risk SRR 005 A	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system			Publication Status Public
Threat (As a result of)	Due to inadequate arrangements to support system-wide patient flow			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<b>Patient</b>	<b>Staff</b>	<b>Organisation</b>	
	<ul style="list-style-type: none"> <li>Avoidable deaths and significant harm.</li> <li>Delayed discharges from acute and non-acute settings resulting in deteriorating patients.</li> <li>Delays in releasing ambulances from hospital sites back into the community.</li> </ul>	<ul style="list-style-type: none"> <li>Increased workload</li> <li>Fatigue &amp; burnout</li> </ul>	<ul style="list-style-type: none"> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of public confidence</li> </ul>	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Patient Quality, Safety and Outcomes Committee	Likelihood	4 (Possible) X	3 (Possible) X
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	March 2026	Risk rating	= 16 (Extreme)	= 9 (High)
Next Review (Monthly based on risk score)	April 2026			

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>Escalation Policy.</li> <li>Performance and Accountability Framework</li> <li>Operational Framework</li> <li>Major incident Procedures</li> <li>Daily ONP flow meetings - Twice daily ONP calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks.</li> <li>Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team.</li> <li>Weekly system safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Data driven. action focussed and task driven.</li> <li>Enhanced monitoring in place for U&amp;EC – level 4</li> <li>Range of performance measures/metrics in place</li> <li>Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards.</li> <li>Maximum Capacity Plan – Executive team agreed maximum capacity (including risk assessed boarding) plan to ensure there is clear description and guide for where extra capacity can be accessed to ensure patient flow is maintained. Full Capacity Protocol is in place.</li> <li>Planned care delivery plan agreed and recovery meetings with the NHS execs to support activity. <ul style="list-style-type: none"> <li>26-week OP programme is well underway, and HB is currently exceeding numbers for first outpatient appoints.</li> </ul> </li> <li>Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls.</li> <li>WG – IQPD meetings to review areas of focus <ul style="list-style-type: none"> <li>Regular meetings with Local Authorities to review POC delays and LOS concerns.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Continue Refocus on Our New Patient and key pieces of work: -</b></li> <li><b>Discharge Acceleration</b> <ul style="list-style-type: none"> <li>➤ Daily board rounds identify definite and potential discharges early to free up beds before peak demand</li> <li>➤ Weekend discharge lists are shared proactively to maintain flow across all sites.</li> </ul> </li> <li><b>Full Capacity Protocol:</b> <ul style="list-style-type: none"> <li>➤ Boarding continues across sites under strict risk assessment, with escalation to use dayrooms or therapy spaces only as a last resort.</li> <li>➤ Red lines for boarding (e.g., avoiding high-risk patients) are reinforced in SOP discussions.</li> </ul> </li> <li><b>Step-Down Coordination:</b> <ul style="list-style-type: none"> <li>➤ Flow Centre actively books and allocates step-downs; priority is given to patients who can safely move to community beds or lower-acuity settings.</li> <li>➤ Community bed usage is maximized, with reablement teams engaged to expedite transfers.</li> <li>➤ Contingency for Delays - where step-downs stall, escalation includes opening additional community beds and using SDEC for low-acuity patients.</li> </ul> </li> <li><b>Rapid Offload Strategy:</b> <ul style="list-style-type: none"> <li>➤ Flow Centre monitors ambulance waits and redistributes crews to minimise delays.</li> <li>➤ Plans include prioritizing high-risk patients for cubicles and using lounges for temporary placement.</li> </ul> </li> <li><b>Standard Operating Procedure (SOP):</b> <ul style="list-style-type: none"> <li>➤ A simplified SOP is being finalised to standardize escalation pathways, boarding criteria, and discharge prioritization across divisions.</li> <li>➤ Divisional “red lines” (e.g., elective bed protection, infection control limits) are being formalised for consistent decision-making.</li> </ul> </li> <li><b>Data-Driven Oversight:</b> <ul style="list-style-type: none"> <li>➤ Flow Centre dashboards and live trackers are used to monitor patient movement, discharge progress, and capacity in real time.</li> <li>➤ Development of new dashboards to track EDDs and Red Reasons to inform system flow decisions.</li> <li>➤ New ED extension opened on the 17<sup>th</sup> December with phase 2 to start in the new financial year</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>➤ Additional ED consultants in place</li> <li>➤ New expanded transfer lounge is progressing well, supporting with transport booking and supporting early movement of patients.</li> </ul> <p>Focus Areas for the next month:</p> <ul style="list-style-type: none"> <li>➤ Develop Our Next Patient UEC recovery plan – Board review in March</li> <li>➤ Programme of work has Divisional projects across the system to support flow</li> <li>➤ Work with social care and PCC division on joint assessment and community bed delays to consistently improve discharge reliability.</li> <li>➤ Reset regularly — ONP highlights the need for routine reset days/fortnights to correct worsening patterns in flow, WTBS, and handovers.</li> </ul>
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> <li>• The Escalation Framework has been enacted and ineffective in mitigating threats and impact to services.</li> <li>• Performance report against measures/metrics</li> <li>• Regular ONP meetings to review flow</li> <li>• S2S meeting - creates a consistent, standardised process for assessing readiness, escalating issues, and agreeing collective plans, fostering clear accountability from ward to board level.</li> </ul> <p style="margin-left: 20px;">Weekly weekend planning meetings in place to plan for the weekend capacity</p>	<ul style="list-style-type: none"> <li>• Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. Now working to KPI WG plan.</li> <li>• The impact of the Performance and Accountability framework in improving patient flow</li> <li>• Outputs and progression of actions from ONP and S2S meetings to sustain system flow</li> </ul>	<ul style="list-style-type: none"> <li>• Close monitoring and reporting of the frameworks in practice to support learning and improvements.</li> </ul>
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> <li>• Monthly Divisional Assurance reviews.</li> <li>• Mid and EoY Reviews for Divisions</li> <li>• Performance against measures/metrics reported to the Executive Committee</li> <li>• Planning and Performance Committee</li> </ul> <p>Cross Divisional Meetings – cross divisional thinking, learning and sharing best practice</p>	<ul style="list-style-type: none"> <li>• The Operational Framework is being developed to define how individual services meet demand and outline the actions required during escalation. This framework is currently under refinement through the Our Next Patient (ONP) work.</li> </ul>	<ul style="list-style-type: none"> <li>• The Operational Framework process commenced in November 2024, initiating a series of in-depth reviews across specific services. This is an iterative approach designed to remain active and adaptable, ensuring it continues to meet the evolving needs of the services.</li> </ul>
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>		
<p>Internal Audit Reviews</p> <ul style="list-style-type: none"> <li>• Intra-site Patient Transfers – Reasonable Assurance accepted by the ARAC on 9th July 2024.</li> <li>• External inspections/visits.</li> <li>• IQPD Monthly Meetings focus on key areas</li> <li>• GIRFT visit Report attached</li> <li>• Accelerated Design Event / Programme of work – report attached</li> <li>• Winter Sprint – December 2025 and January 2026</li> </ul> <p>MAG Report - focus areas for ABUHB</p>	<ul style="list-style-type: none"> <li>• <b>Clinical Leadership &amp; Patient Experience:</b> Strong emphasis on clinically led, data-driven change, with patient stories highlighting the real-world impact of delays.</li> <li>• <b>Mandated Targets:</b> The 45-minute ambulance handover target is to be mandated, with an ambition to reach a 15-minute standard for patient safety.</li> <li>• <b>System-Wide Responsibility:</b> Improvement requires engagement across all sectors—ED, primary care, community, acute medicine, surgery, and ambulance services.</li> </ul> <p>Improving Performance Together (MAG Report)</p> <ul style="list-style-type: none"> <li>• 45 min hand overs,</li> <li>• clarity over fragile services asks and delivery</li> <li>• accountability for regional working in our region</li> <li>• asks around data sharing and use of comparative data sets – definitions are still work in progress</li> <li>• indicates population health management tools will be available – Alignment locally</li> <li>• breathlessness and lung cancer alignment with our own plans</li> <li>• Integrated care hubs</li> <li>• Define the funding and delivery shift from Secondary to Primary Care– with a plan</li> </ul>	N/A

<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE ASSURANCE

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk SRR 006 A	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Threat (As a result of)	Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<p><b>Patient</b></p> <ul style="list-style-type: none"> <li>Unintended harm or Injury to Patients.</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Unintended harm or injury to staff</li> </ul>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Data Breaches</li> <li>Litigation and Financial Penalties.</li> <li>Reputational damage and loss of public confidence.</li> </ul>	<p><b>Risk Appetite Threshold – Score 17 and Below</b></p> <p>Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&amp;T and Estates including our ability to deliver associated strategy.</p> <p><b>SUMMARY</b></p> <p>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p>	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 January 2026	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2026				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jun 2025. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed regularly.</li> <li>Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained.</li> <li>Information Governance and Cyber Security governance and assurance processes reviewed and implemented.</li> <li>Governance group terms of reference agreed. Meetings started in November 2023.</li> <li>Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff</li> <li>Scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report.</li> <li>Working with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber, and the Teams review compliance levels against policy. Results are captured within the monthly Cyber Report and presented at monthly Service Delivery Management Group.</li> <li>Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation.</li> <li>Battle tested ABUHB cyber incident response, communication cascade and reporting to Cyber Resilience Unit.</li> <li>Working with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. Risk impact reduced as recent loss of power at key sites, incorporating our data Centre allowed to failover in a seamless fashion from one DC to the other with no service impact.</li> <li>Microsoft Defender provides inspection and protection from malicious links embedded within emails using telemetry from the whole NHS Wales tenant.</li> <li>Microsoft Sentinel security event and incident management tool in use to analyse systems and provide alerts.</li> <li>At least monthly simulated phishing emails to check email security awareness among staff.</li> </ul>	<ul style="list-style-type: none"> <li>Cyber Resilience Audit (CRU) undertaken in June 2025 showed an overall improvement. Some key recommendations such as incident management testing have been actioned, with others progressed and monitored via regular meetings with CRU and reported to Information Governance Group.</li> <li>Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation, aligning with NIS CAF controls, and CIS (Centre for internet security) benchmarks.</li> <li>Internal Audit review on Shadow IT scheduled for 2026.</li> <li>Daily firewall reports on suspicious traffic, internet usage. Stats and trends reported monthly to the Service Delivery Management Group (SDMG)</li> <li>Improvements to Vulnerability Management Service (VMS) to identify vulnerable 3<sup>rd</sup> party applications</li> <li>Internet of Things reporting to show device security posture now being developed as new firewalls are being deployed.</li> <li>Ingest NHS England Security Operations Centre (SOC) Indicators of compromise (IOC) feed into the Health Boards security tooling to provide additional early warnings.</li> <li>Improvements in mandatory training compliance for Information Governance and Cyber Security.</li> <li>Monthly Phishing simulations have identified colleague susceptibility and additional training. requirements - re-procurement of a phishing and education awareness tool in 2026 to support this</li> <li>Health Board involvement in national cyber response exercise in September 2025.</li> <li>Incident management;</li> </ul>

Scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber to run quarterly exercises.

- 2x members of Cyber security now CIPR (Cyber Incident Panning & response) accredited
- Cyber attend regular NHS England hosted Immersive labs tabletop exercises.
- 2x tabletop exercises for technical teams conducted in 2025 by Tarian (SW Police Cyber unit)

Quarterly inhouse scenario-based tabletop exercises hosted by Cyber for technical teams and wider responders.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>• Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.</li> <li>• Single directorate risk registers now in place.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>• Regular reporting on progress to the Finance &amp; Performance Committee on the cyber security action plan.</li> <li>• Annual Senior Information Risk Owner report.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>• Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. Internal Audit 2024/25</li> <li>• Oversight from NHS Wales Cyber Resilience Unit.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

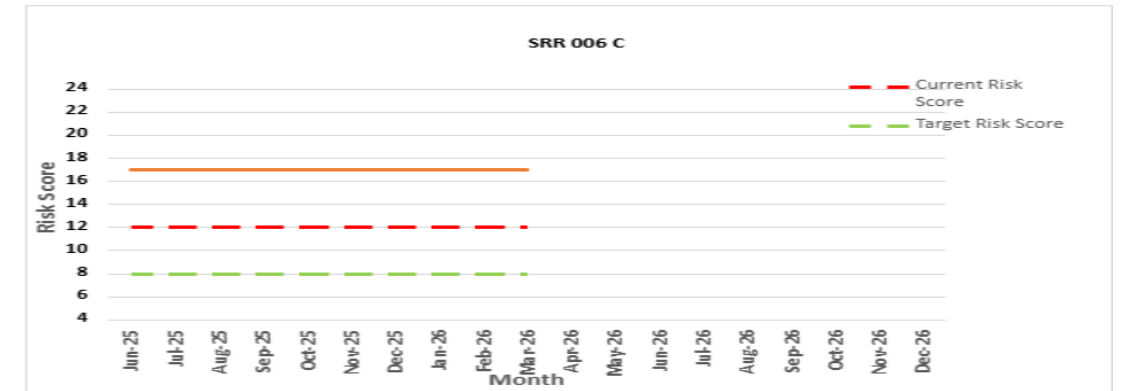
RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk SRR 006 B	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Threat (As a result of)	Due to an adverse impact on service delivery in the implementation of new digital systems.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<b>Patient</b>	<b>Staff</b>	<b>Organisation</b>		
	<ul style="list-style-type: none"> <li>Unintended harm or Injury to Patients.</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings.</li> </ul>	<ul style="list-style-type: none"> <li>Unintended harm or injury to staff</li> </ul>	<ul style="list-style-type: none"> <li>Data Breaches</li> <li>Litigation and Financial Penalties.</li> <li>Reputational damage and loss of public confidence.</li> </ul>		
<b>Risk Appetite Threshold – Score 17 and Below</b> Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.					
<b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.					
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	4 (Major) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	5 (Major)	3 (Moderate)	
Last Reviewed	March 2026	Risk rating	= 20 (Extreme)	= 6 (Moderate)	
Next Review (Monthly based on risk score)	April 2026				

Current Key Controls <i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> <li>Adoption of formal project management methodologies to ensure project plans are developed in conjunction with services.</li> <li>Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated.</li> <li>Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages.</li> <li>Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services.</li> <li>Business change team in place to support services in improvement of clinical and administrative processes.</li> <li>Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery.</li> <li>Projects support backfilling of clinical time where required.</li> <li>Assurance activities included in project framework including clinical safety, information governance, health records and cyber security.</li> <li>An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects.</li> <li>Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements.</li> <li>Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation.</li> <li>Aggregated view of digital Lessons Learned available, and lessons are reviewed during project initiation for best chance of success.</li> <li>Formal divisional engagement meetings in place monthly to discuss new programmes of work and provide update on critical programmes/projects</li> <li>Digital benefits Board development session held in 2025.</li> <li>A Digital Prioritisation and Optimisation Meeting (DPOM) introduced monthly to review capacity and priorities to support decision making and early escalation if required.</li> <li>Digital transformation development programme provided to the Board in January 2026.</li> </ul>	<ul style="list-style-type: none"> <li>Additional governance being put in place with the Digital, Data and Technology Group which will report to the Finance &amp; Performance Committee - Terms of reference developed.</li> <li>Senior attendance at national contract meetings with RISP and LIMS suppliers</li> </ul>

<ul style="list-style-type: none"> <li>Welsh Government strengthening national governance with the introduction of a DDaT Leadership Board and supporting groups.</li> <li>Regular reporting now in place to Chief Executive Management Team and Welsh Government DDAT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP.</li> <li>Local project tolerance levels changed to zero for both RISP and LIMS to ensure immediate escalation processes are enacted for risks or issues impacting delivery / timelines.</li> </ul>	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Project Boards meet monthly and report into the bi-monthly Digital Portfolio Progress Group (DPPG)</li> <li>Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.</li> <li>Risk management approach and escalation processes in place in line with the Health Board's Risk Framework</li> <li>Regular escalation reporting in place to Chief Executive Management Team and Welsh Government DDAT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP.</li> </ul>	<ul style="list-style-type: none"> <li>Escalation of risks and issues done on an Ad hoc basis to Director of Digital and Executive Committee in the absence of DDaT Sub-committee.</li> </ul>	<ul style="list-style-type: none"> <li>Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance &amp; Performance Committee</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Regular Reporting to the Finance &amp; Performance Committee</li> <li>Regular reporting to Executive Committee</li> </ul> <p>Corporate risks logged for LIMS and RISP programmes</p>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p><b>Internal Audit 2023/24</b></p> <ul style="list-style-type: none"> <li>Benefits Management review – Outcome Substantial Assurance</li> <li>Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance</li> </ul> <p><b>Internal Audit 2024/25</b></p> <ul style="list-style-type: none"> <li>Implementation of the Welsh Intensive Care System – future of programme to be decided</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations identified through audit work</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations identified through audit work</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

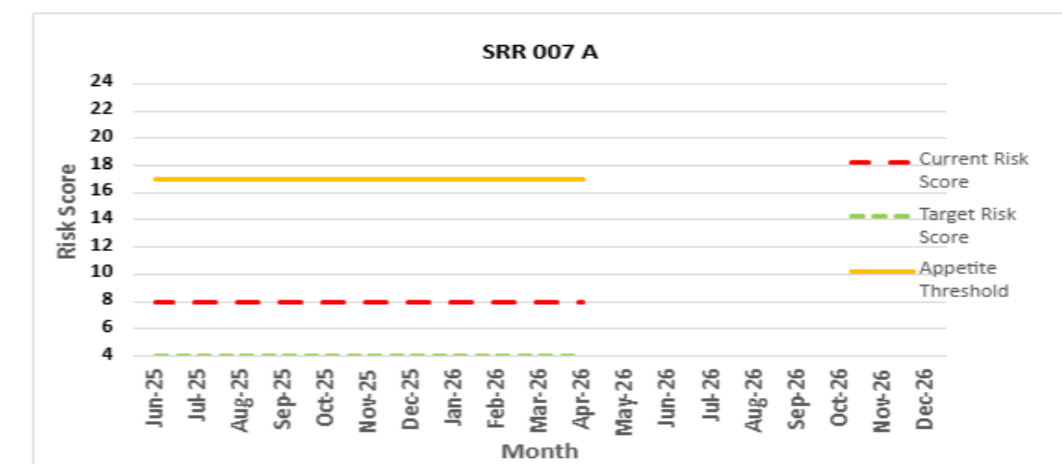
RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY			
Strategic Risk SRR 006 C	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status <b>Public</b>
Threat (As a result of)	Due to failure to develop digital solutions that are sustainable and for the future.			
Impact (Consequences of the threat)	<b>Patient</b>	<b>Staff</b>	<b>Organisation</b>	
	<ul style="list-style-type: none"> <li>Unintended harm or injury to patients.</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<ul style="list-style-type: none"> <li>Unintended harm or injury to staff.</li> </ul>	<ul style="list-style-type: none"> <li>Data breaches</li> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of public confidence</li> </ul>	
	<b>Risk Appetite Level – OPEN</b> Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.			
	<b>Risk Appetite Threshold – Score 17 and Below</b> Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.			
	<b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.			
Lead Director	Director of Digital	<a href="#">Risk Exposure</a>	<b>Current Level</b>	<b>Target Level</b>
Monitoring Committee / Group	Finance and Performance Committee	<b>Likelihood</b>	<b>3</b> (Possible) x	<b>2</b> (Unlikely) x
Initial Date of Assessment	01 June 2023	<b>Impact</b>	<b>4</b> (Major)	<b>4</b> (Major)
Last Reviewed	01 January 2026	<b>Risk rating</b>	<b>= 12</b> <b>(High)</b>	<b>= 8</b> <b>(Moderate)</b>
Next Review (Quarterly based on risk score)	01 April 2025			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>New Digital Service Request process in place which provides governance in several key areas:</li> <li>Automation of request process via ‘Seren’ the ICT Portal</li> <li>Information Governance – ensuring new services have appropriate controls to keep patient information safe.</li> <li>Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework.</li> <li>Patient Safety – ensuring services do not introduce any patient safety risks.</li> <li>Records – ensuring new systems comply with the requirements of records management.</li> <li>Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require.</li> <li>Business change function which ensures implemented systems are effective and deliver the benefits required.</li> <li>Formal framework in place for the adoption of new digital services and best practice guidance followed.</li> <li>Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process</li> <li>New Digital Request processes include fortnightly senior leadership scrutiny of requests,</li> <li>New prioritisation framework &amp; tool Monthly/quarterly Operational delivery aligned to ITIL standards</li> <li>Annual operational plan completed and aligned with IMTP</li> <li>Divisional Digital Oversight meetings with senior Digital &amp; Divisional staff to support identification of digital alignment with service priorities for Urgent Care, MH &amp; LD, CSS, Division of Surgery &amp; PCCS in place</li> <li>Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly/quarterly Divisional Digital Oversight meetings with senior Digital &amp; Divisional staff to support identification of digital alignment with service priorities to be arranged for Division of Medicine,</li> <li>Portfolio optimisation to ensure the resources of the service are aligned to key priorities</li> <li>New Digital Request quarterly reporting to DDAT Group</li> <li>New governance structures to be put in place further to directorate restructuring</li> <li>Development of product management approach to delivery of core software applications and extending use of agile processes to ICT</li> <li>Development of digital strategies including Digital Transformation Strategy linked to ABUHB 2035 – the new Health Board 10 year strategy and associated component strategies and plans including Electronic Health &amp; Care Record and Infrastructure strategy.</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>		
Quarterly reporting to DDAT Group	<ul style="list-style-type: none"> <li>If the NDSR process delivers anticipated improvements</li> <li>The outcome of the EDRMS audit</li> </ul>	<ul style="list-style-type: none"> <li>Monitor the performance of the NDSR process</li> <li>Audit into the effectiveness and appropriateness of the electronic document and records management solution (EDRMS) in use for the management of digital health records and the provision of scanning services.</li> </ul>
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> <li>Regular Reporting to the Finance &amp; Performance Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>		
<b>Internal Audit 2023/24</b> <ul style="list-style-type: none"> <li>LINC Programme– <b>Outcome Reasonable assurance</b></li> <li>Network Infrastructure (VPN) - <b>Outcome Reasonable assurance</b></li> </ul> <b>Internal Audit 2024/25</b> <ul style="list-style-type: none"> <li>Electronic document and records management solution -planned for Q4</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations identified through audit work</li> </ul>	<ul style="list-style-type: none"> <li>Regular Reporting to the Finance &amp; Performance Committee</li> </ul>
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>		
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.
<b>REASONABLE ASSURANCE</b>		

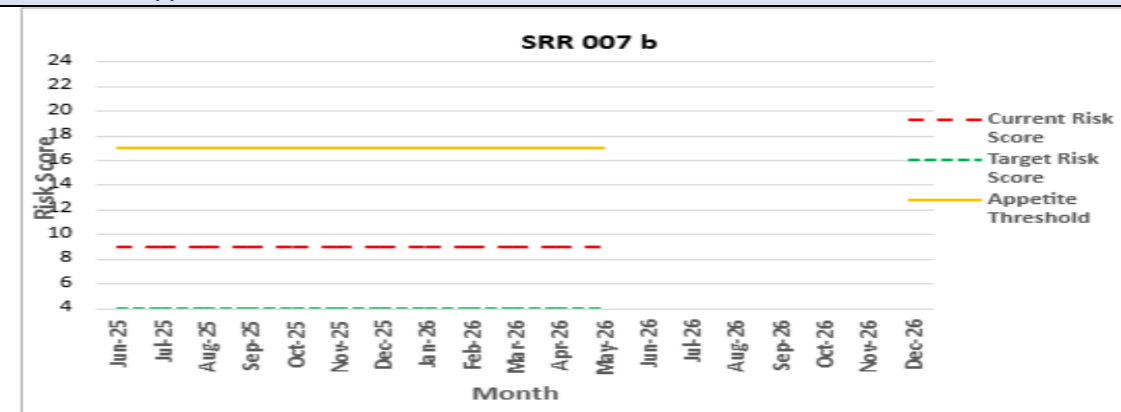
RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE		SECTION 4: ENABLERS - REGIONAL PLANS	
Strategic Risk: SRR 007A	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status Public
Threat (As a result of)	Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<p><b>Patient</b></p> <ul style="list-style-type: none"> <li>Unmet patient need resulting in harm</li> </ul>	<p><b>Staff</b></p> <p>N/A</p>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Ineffective use of combined resource Delayed decision making</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> <li>Failure to deliver health board priorities, required improvements and achieve longer-term sustainability</li> <li>Reputational damage and loss of public confidence</li> </ul>	<p><b>Risk Appetite Threshold – SCORE 17 AND BELOW</b></p> <p>All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.</p> <p><b>SUMMARY</b></p> <p>The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p>
Lead Director	Director of Strategy, Planning, and Partnerships.	<a href="#">Risk Exposure</a>	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	01 November 2025	Risk rating	= 8 <b>(Moderate)</b>	= 4 <b>(Moderate)</b>
Next Review (Six Months based on risk score)	01 May 2026			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ul style="list-style-type: none"> <li>The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area.</li> <li>The Gwent Regional Partnership Board As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care, and support is in place to best meet the needs of their respective population. Through these statutory forums formal partnership arrangements take place.</li> <li>In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.</li> <li>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams</li> </ul>	<ul style="list-style-type: none"> <li>Governance review of Regional Partnership Board undertaken in August 2023.</li> <li>Renewed Strategy for strategic partnership Capital in place and revised governance processes.</li> <li>New Long-Term Strategy for Health Board to focus on Partnership approach.</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>PMO reporting to the Director of Strategy, Planning and Partnerships.</li> <li>Regional Leadership Group Reporting</li> </ul>	<ul style="list-style-type: none"> <li>Systematic reporting of outcomes</li> <li>Systematic evaluation of schemes</li> <li>Governance of financial control arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Implementation plan to be developed following RPB governance review.</li> <li>Health Board strategy development approach to focus on partnership approach</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Assurance reporting to the Population Health, Partnerships, and Planning Committee.</li> </ul> <p>Assurance reporting to the Board.</p>	None	N/A	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p><b>Internal Audit Plan 2024/25</b></p> <ul style="list-style-type: none"> <li>RPB Governance Review (Q4) – <b>Outcome = Limited Assurance.</b> Reported to ARAC September 2024</li> </ul> <p>Partnership Arrangements Review (Q1) Deferred</p>	<ul style="list-style-type: none"> <li>Recommendations identified in the Limited Assurance RPB Governance Review</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the management responses to close off recommendations</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
LINK TO IMTP	SECTION 3: SYSTEM CHANGE		SECTION 4: ENABLERS – REGIONAL PLANS	
Strategic/ Corporate Risk SRR 007 B	There is a risk that the Health Board will be unable to deliver truly integrated regional health and care services for the population.			Publication Status Public
Threat (As a result of)	The impact of service fragility across the regional footprint and health board systems which work autonomously of regional working			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	<p><b>Patient</b></p> <ul style="list-style-type: none"> <li>Unmet patient need resulting in harm</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> </ul>	<p><b>Staff</b></p> <p>N/A</p>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Failure to deliver health board priorities, required improvements and achieve longer-term sustainability</li> <li>Reputational damage and loss of public confidence</li> <li>Ineffective use of combined resources</li> <li>Delayed decision making</li> <li>Variable partner alignment</li> </ul>	<p><b>Risk Appetite Threshold – SCORE 17 AND BELOW</b></p> <p>All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.</p> <p><b>SUMMARY</b></p> <p>The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Lead Director	Director of Strategy Planning and Partnerships	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) X
Initial Date of Assessment	04 January 2024	Impact	3 (Moderate)	2 (Minor)
Last Reviewed	March 2026	Risk rating	= 9 (High)	= 4 (Low)
Next Review (Quarterly based on risk score)	June 2026			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<p>A robust South-east Wales regional planning infrastructure has been established with clear governance mechanisms including an agreed Terms of Reference in place. The Regional Joint Committee is attended by Health Board Chairs and Chief Executives on a bi-monthly basis. The Executive Management Group reports to the Regional Joint Committee and requires at least one Chief Executive and one Executive representative from each organisation to be present for quoracy. The Executive Management Group and the and Regional Development Group which provides the first line of assurance on progress of programmes, bring the participating Health Boards together:</p> <ul style="list-style-type: none"> <li>to review all regional service projects</li> <li>to assess progress against agreed timelines and;</li> <li>to agree additional measures / escalations in the event of identified issues and risks.</li> </ul> <ul style="list-style-type: none"> <li>Whilst Cwm Taf Morgannwg UHB is the lead accountable organisation for the development of Llantrisant Health Park (LHP), it is a key regional infrastructure development and is therefore included in the Regional Joint Committee Governance model. The majority of service planning for the services that will operate from LHP will take place within the appropriate regional programme.</li> <li>Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all.</li> <li>Where appropriate, workstreams are underpinned by a Memorandum of Understanding between the participating Health Boards setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency.</li> <li>When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project.</li> <li>In addition to these arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks.</li> </ul>	<p>Following the first Regional Joint Committee, the following three Task &amp; Finish groups were established to develop proposals to address cross cutting risks related to regional working:</p> <ul style="list-style-type: none"> <li>Regional Contracting and Commissioning: developing a proposed framework for the region</li> <li>Digital: Establish shared patient treatment lists with a minimum viable product being proof of concept for cataracts and lower limb arthroplasty</li> <li>Digital: Ability for clinical teams to see patient records across health board boundaries</li> </ul> <p>Following support from ABUHB of the Regional Diagnostic and Treatment Centre Outline Business Case at Llantrisant Health Park (LHP) in November 2025, there is a requirement to regionally develop a full business case. This will include a clear outline strategy, comprehensive demand &amp; capacity modelling for the proposed diagnostic services including an Endoscopy Academy, future development opportunities and programme governance arrangements.</p> <p>Given the challenges in delivering Cellular Pathology services, a Strategic outline case will be developed regionally to be taken through the regional governance structure and then onto Welsh Government.</p> <p>More widely, a consistent framework is to be developed and used across the region for assessing fragility of acute services. This will enable a common approach to scoring against a defined set of criteria which will lead to identifying service areas where regionalisation may provide a solution.</p>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Service Divisions reporting to the Chief Operational Officer</li> <li>Service attendance at regional operational meetings and workshops</li> </ul>	<ul style="list-style-type: none"> <li>Alignment and effectiveness of partners to deliver integrated services</li> </ul>		
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Executive Oversight of all Regional Developments at the monthly Internal Regional Planning Oversight Group.</li> <li>Assurance reporting to the Population Health, Partnerships, and Planning Committee.</li> <li>Assurance reporting to the Board.</li> <li>Regular touchpoint meetings of all key players to review progress and issues arising.</li> </ul>	None	N/A	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

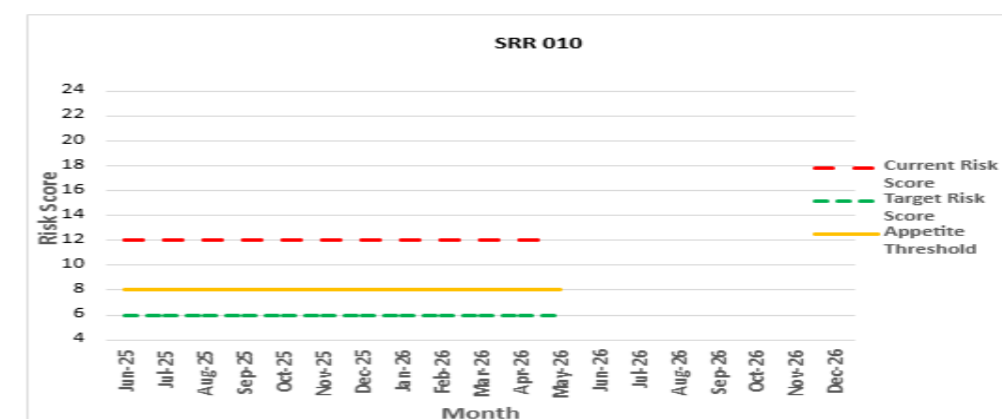
RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING				
LINK TO IMTP	SECTION 4: ENABLER - QUALITY				
Strategic Risk SRR 008	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public.			Publication Status	Public
Threat (As a result of)	Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	<p><b>Patient</b></p> <ul style="list-style-type: none"> <li>Unmet patient needs resulting in patient harm.</li> <li>Ineffective use of combined resources</li> <li>Delayed decision making</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> <li>Negative experience of care</li> <li>Distress and frustration.</li> <li>Carer stress.</li> </ul>	<p><b>Staff</b></p> <p>Staff dissatisfaction Frustration Increased absence. Loss of confidence.</p>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Failure to deliver health board priorities, required improvements and achieve longer-term sustainability</li> <li>Reputational damage and loss of public confidence</li> </ul>	<p><b>Risk Appetite Threshold – OPEN SCORE 17 and Below</b> All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.</p> <p><b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target but <b>WITHIN</b> the appetite threshold. Target level is <b>WITHIN</b> the set appetite threshold.</p>	
Lead Director	Director of Nursing	<a href="#">Risk Exposure</a>	Current Level	Target Level	
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	March 2026	Risk rating	= 8 (Moderate)	= 4 (Low)	
Next Review (Six monthly based on risk score)	September 2026				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (What further controls are required to reduce the risk exposure to within a tolerable range?) (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> <li>Corporate Engagement Team</li> <li>Patient Experience and Involvement Strategy- organisational ownership</li> <li>Person Centred Care (PCC) Surveys and National surveys via CIVICA</li> <li>PCC KPI's (support PCC Quality pillar)</li> <li>'You said..... we did' public facing information for service areas.</li> <li>PLO service at GUH</li> <li>Introduction of PALS Service (Oct 23)</li> <li>Volunteer Patient Experience Feedback</li> <li>Collaboration to recruit community listeners to support Dementia Awareness</li> <li>Digital patient stories to support listening and learning.</li> <li>DATIX</li> <li>Oversight of Medical Examiner reports to determine patient experience actions</li> <li>Public Engagement- Big Conversation Bereavement held 20th March 2024, Big Conversation Sepsis Sept 2025 and Big Conversation Care Homes December 2025</li> <li>People Participation Panel ED in Progress, PPP for Deaf People established</li> </ul>	<ul style="list-style-type: none"> <li>Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress.</li> <li>PCCT staff training to support Civica data entry and retrieval in progress. Short Term grant funding for Band 2 data entry support</li> <li>Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners.</li> <li>Employment of dedicated PALS team who will have a key role in gaining feedback from patients, staff, and relatives. Monthly reporting in place and quarterly updates to Quality Management Group and IQPD</li> <li>Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. SMS provision to be implemented in Feb 2025 across ED and all MIU's. 5 National Maternity Surveys launched via SMS 1<sup>st</sup> Sept 2025</li> <li>National directives around new national surveys that need to be managed additional to internal roll out programme – National People's Experience Survey live 1<sup>st</sup> May 2025 and default survey for majority of live areas. Continued participation in national meetings</li> <li>Volunteer feedback to be reviewed to identify themes. This happens weekly</li> <li>End of Life and Bereavement models published and meets Bereavement Standards.</li> <li>EOLCB refresh completed to meet National Palliative and End of Life Care Specification and National Competency Framework</li> </ul>

<ul style="list-style-type: none"> <li>• Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams.</li> <li>• Dementia Person centred Care team dedicated e mail address.</li> <li>• Dementia Information and signposting through webpages.</li> <li>• Patient feedback on the agenda for each of the dementia workstream meetings.</li> <li>• Dementia - QR code for feedback at each training event and session.</li> <li>• Dementia Thematic review from CIVICA team requested to inform actions and improvements in care.</li> <li>• Dementia - Multi agency partnership workstreams measuring impact of service.</li> <li>• Graces places set up across all 5 boroughs</li> </ul>	<ul style="list-style-type: none"> <li>• Community of Practice for Patient Experience and People Participation Panels (PPP) now agreed and to be progressing. BSL version of PPP leaflet secured.</li> <li>• Dementia community hubs in each borough of Gwent enable accessible opportunities for feedback and signposting, plans to increase hubs in more areas of Gwent. Annual Dementia Report scheduled for Board March 2026</li> </ul>
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>• Concerns are fed back to divisional teams when identified.</li> <li>• Outcome of the volunteer feedback to drive improvements.</li> <li>• Patient Experience and Involvement Team undertaking Culturally Competent Accreditation, receiving a silver distinction award in Oct 2024</li> <li>• Immediate feedback and escalation to clinical teams following PALS queries and concerns</li> <li>• Civica patient feedback in the process of being rolled out across all – all divisional leaders receive reports for their live areas monthly.</li> <li>• Bereavement survey built with CIVICA – Nov 2024</li> <li>• CIVICA SMS launched 3rd March 2025 across ED and MIU'S</li> <li>• People Participation Panels</li> </ul> <p>Bespoke Big Conversations</p>	<ul style="list-style-type: none"> <li>• Currently there is limited SMS provision to increase the number of surveys. <ul style="list-style-type: none"> <li>• No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns. This is being reviewed in light of the new Listening to People framework</li> <li>• Survey of bereaved people needs to be developed and rolled out to meet Bereavement Standards.</li> <li>• CIVICA team have the ability to pull and view feedback that has been left by patients/family. The listening and learning from the feedback to be shared by each department/directorate/division i.e., / 'you said, we did' / quality improvement projects.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• SMS provision for patient experience feedback launched in ED and all MIU's in February 2025. Civica lead in regular contact with National Leads and risks identified through Director of Nursing Meetings/SBARs</li> <li>• PALS Single point of contact is established. PALS officers have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns. Need to have discussions with facilities around rooms.</li> <li>• PALS and Chaplaincy Team undertaking BSL training to support Deaf Community</li> <li>• Patient experience KPI's and common themes by department/directorate/division need to be identified and pulled from the civica system left on surveys feedback. These will be added to a template patient experience report and CIVICA surveys have been built into ward accreditation.</li> <li>• Development of a ABUHB bereavement survey has been built within CIVICA and tested. This is being reviewed to better align with the national Patient Experience Survey- anticipated to go live from April 2026</li> <li>• Community of Practice for Patient Experience commencing March 2026. Topics will include supporting teams to publicise 'You Said/We Did'.</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>• Regular reporting to the Patient Quality, Safety &amp; Outcomes Committee (PQSCO)</li> <li>• Listening and Learning reported through QPSOG/ Outcomes Committee</li> </ul> <p>Implemented PALS DATIX Module</p>	None	N/A	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>• Bi-monthly LLais Reports</li> <li>• HIW inspections</li> </ul> <p>Advocacy reports</p>	None	N/A	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

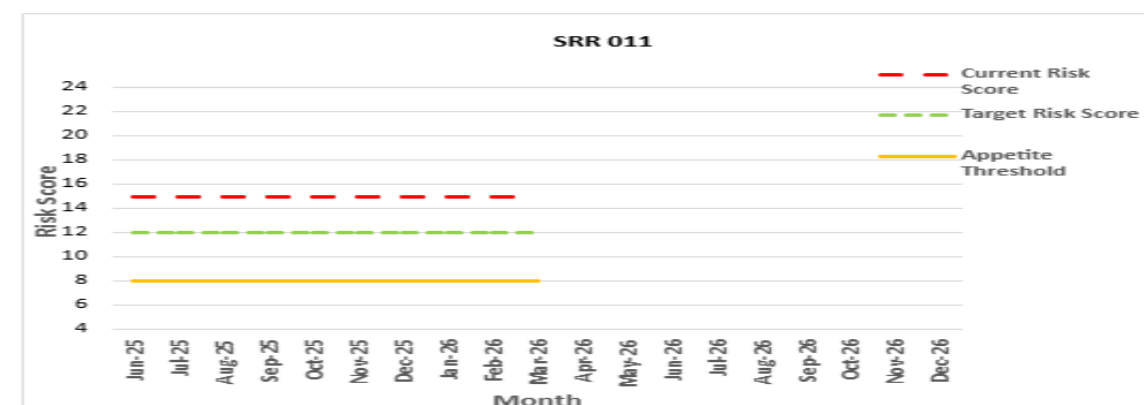
RISK THEME	COMPLIANCE AND SAFETY			
LINK TO IMTP SECTION 4: ENABLER	QUALITY		WORKFORCE & CULTURE	
Strategic Risk: SRR 010	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974			Publication Status Public
Threat <i>(As a result of)</i>	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements			Risk Appetite Level – MINIMAL Any risk that has a MINIMAL risk appetite level should be managed to a Score of 8 or below.
Impact <i>(Consequences of the threat)</i>	<p><b>Patient</b></p> <ul style="list-style-type: none"> <li>Unintended physical harm to patients</li> <li>Psychological trauma</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Unintended physical harm to staff</li> <li>Psychological trauma</li> <li>Increased levels of staff sickness</li> </ul>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Punitive actions from the Health and Safety Executive (HSE)</li> <li>Loss of estates due to unsafe environments</li> <li>Financial implications</li> <li>Adverse publicity</li> <li>Reputational damage.</li> </ul>	<p>Risk Appetite Threshold – SCORE OF 8 or Below</p> <p>Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls.</p> <p><b>SUMMARY</b></p> <p>The current risk level is <b>OUTSIDE</b> of target level and appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.</p>
Lead Director	Director of Allied Health Professions and Health Science	<u>Risk Exposure</u>	Current Level	Target Level
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 December 2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	March 2026	Risk rating	= 12 (High)	= 6 (Moderate)
Next Review <i>(Quarterly based on risk score)</i>	June 2026			



Current Key Controls <i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> <li>Attendance at Divisional Quality &amp; Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices.</li> <li>Health and Safety Policies and Procedures</li> <li>Dedicated Health and Safety site on ABPULSE</li> <li>Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'.</li> <li>Health and Safety training for all staff (include general H&amp;S, fire safety, manual handling, violence &amp; aggression)</li> <li>Partial Programme of Health and Safety Monitoring (Active &amp; Reactive)</li> <li>Corporate and Directorate Health and Safety Risk Register established.</li> <li>Board Training /development (Completed 24 April 2024)</li> <li>Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern.</li> <li>Health and Safety Governance and reporting arrangements (Health and Safety Committee)</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System</li> <li>Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments)</li> <li>Consultation and communication with the workforce regarding compliance with the Act</li> <li>New ways of working with Divisions to ensure accountability for health and safety is recognised.</li> <li>Implement key performance indicators to monitor health and safety compliance.</li> <li>Review the governance arrangements for the Health &amp; Safety Committee</li> <li>Health and Safety Policies and Procedures to be reviewed.</li> <li>Onboard further Manual Handling trainers across the organisation to improve compliance.</li> <li>Scope for training non-Health Board staff</li> <li>Learning from events to be documented and communicated to the organisation.</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
Health and Safety compliance data extracted from ESR and Datix and reported Statutory reporting data reports and dashboards	<ul style="list-style-type: none"> <li>Implementation of a health and safety performance report</li> <li>Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act</li> <li>Compliance on completion of risk assessments and mitigating actions</li> <li>Consistent adherence and application of policies</li> </ul>	<ul style="list-style-type: none"> <li>Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health &amp; Safety Governance Framework.</li> <li>Review the membership and ToRs of the Health and Safety Committee</li> <li>Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Established monitoring of H&amp;S at the Executive Committee</li> <li>Corporate H&amp;S Team report risk and assurance to the Health and Safety Group</li> <li>Health and Safety Annual Report</li> <li>Health and Safety Improvement Plan</li> <li>Established monitoring of H&amp;S at the PQSO Committee</li> </ul>	<ul style="list-style-type: none"> <li>Thematic Risk Register</li> </ul>	<ul style="list-style-type: none"> <li>Development of a thematic risk register</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<b>Internal Audit 2024/25 Plan</b> <ul style="list-style-type: none"> <li>Health and Safety Internal Audit – <b>Concluded Limited Assurance</b></li> <li>Performance reviews at All Wales Health and Safety Management Steering Group</li> <li>South Wales Fire &amp; Rescue Service fire safety audit programme.</li> </ul> <p>Health and Safety Executive reviews/inspections.</p>	<ul style="list-style-type: none"> <li>Recommendations from the 2024/25 Internal Audit</li> </ul>	<ul style="list-style-type: none"> <li>Implement actions to address the findings and recommendations set out in the Limited Assurance Internal Audit Report</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – GREEN HEALTH			
Strategic Risk SRR 011	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030) <i>This is common to all Health Bodies across the country.</i>			Publication Status <b>Public</b>
Threat <i>(As a result of)</i>	Due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected. <i>(The effect of a failure to meet this target is on the wider environment.)</i>			Risk Appetite Level – OPEN: Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure
Impact <i>(Consequences of the threat)</i>	<p style="text-align: center;"><b>Organisation</b></p> <ul style="list-style-type: none"> <li>Failure to meet the target set on Welsh Health bodies for reducing carbon output</li> <li>Non-delivery of health board priority in this regard, required improvements, and achieving longer-term sustainability for the Health Board and nationally.</li> <li>Reputational damage and loss of public confidence.</li> <li>Opportunity cost of reduced energy costs</li> </ul>			Risk Appetite Threshold – SCORE 17 AND BELOW. Risk driven by the likelihood of the HB missing this target with some cause for optimism regarding making some progress towards reducing carbon emissions in some areas such as ReFit and changes in clinical practice. The impact locally is relatively small.
Lead Director	Director of Finance and Procurement	<a href="#">Risk Exposure</a>	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	5 (Almost Certain) x	4 (Likely) x
Initial Date of Assessment	30 October 2024	Impact	3 (Moderate)	3 (Moderate)
Last Reviewed	March 2026	Risk rating	= 15 (Extreme)	= 12 (Moderate)
Next Review <i>(Monthly based on risk score)</i>	April 2026			



Current Key Controls <i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> <li>Quarterly review of projects and workstreams at the Decarbonisation Programme Board</li> <li>The project structure has 5 key workstreams each with a Health Board Lead covering clinical, communications, resources, waste and facilities and estates</li> <li>Regular reporting of financial data available</li> <li>Significant work already with the ReFit programme and Investment Grade Proposal (IGP) which aims to secure funding for projects of £7.4m, to reduce carbon emissions by 995 tonnes Co2 with a 10-year payback on investment.</li> <li>Refreshed Decarbonisation Action Plans for 2024-25. The DAPs are integrated with other sustainability plans and were approved at the Decarbonisation Project Board in July 24.</li> <li>Annual net zero return submitted to Welsh Government</li> <li>Regular reporting of success stories in this area communicated across the Health Board (e.g., "Gloves R off")</li> <li>Decarbonisation Action Plans reported annually Executive lead and publicised on the green health website</li> <li>SUS Qi training</li> <li>Met office training</li> <li>Carbon literacy training HEIW</li> <li>4 modules on carbon reduction and net zero ESR</li> <li>Spread &amp; Scale academy training sessions</li> </ul>	<ul style="list-style-type: none"> <li>Project structure regularly reviewed should action be needed.</li> <li>Controls will be implemented further as part of the ReFit programme when it progresses following approval of the Investment Grade Proposal.</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Regular meetings of the subgroups to discuss position, monitor and new ideas</li> <li>Bi-annual ISO14001 audit to be undertaken in October 2024.</li> </ul> Estates operational meetings	<ul style="list-style-type: none"> <li>Detailed level metrics and measures are limited due to data capture equipment.</li> </ul>	<ul style="list-style-type: none"> <li>All opportunities for funding will be optimised</li> <li>Training opportunities will be maximised.</li> </ul>	
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Six monthly updates to the Board</li> <li>Executive Committee (Clinical Futures Board) updates – Quarterly</li> <li>Six monthly updates to the Finance &amp; Performance Committee</li> </ul> Decarbonisation Programme Board – Quarterly reporting	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>The annual reporting to Welsh Government via the net zero return is the main source of information for carbon output by the Health Board. However, it provides a relatively simplistic picture of output of total tonnes per carbon and so its value is limited.</li> <li>Funding is the greatest limitation on achieving targets. All opportunities for funding will be optimised</li> <li>Training opportunities will be maximised.</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<b>Internal Audit Report in July 24.</b> <ul style="list-style-type: none"> <li>Received “limited assurance” but not because of controls – the issues were largely around funding limitations.</li> </ul> <b>External Audit Reports 2023 -24</b> Periodic reports from Audit Wales – considered by the Audit and Risk Assurance committee	<ul style="list-style-type: none"> <li>Funding for a comprehensive ABUHB decarbonisation strategy is not available.</li> </ul>	<ul style="list-style-type: none"> <li>As above - REFIT invest to Save capital opportunities being progressed.</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>NEGATIVE ASSURANCE</b>

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – GREEN HEALTH			
<b>Risk (reframed)</b> <b>SRR 011</b>	There is a risk that the Health Board does not adequately anticipate, plan for, and respond to the impacts of climate change, green health requirements, and the need to adapt and decarbonise its services, estate and infrastructure.			<b>Publication Status</b> <b>Public</b>
<b>Cause</b> <i>(As a result of)</i>	Due to an ageing and complex estate, competing capital and revenue pressures, climate-related service demand and the absence of an organisation-wide climate adaptation approach.			<b>Risk Appetite Level – OPEN:</b> Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure
<b>Impact</b> <i>(Consequences of the threat)</i>	<b>Patient / population</b>	<b>Staff</b>	<b>Organisation</b>	<b>Risk Appetite Threshold – SCORE 17 AND BELOW.</b> Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. <b>SUMMARY</b> The current risk level is <b>OUTSIDE</b> of target level but <b>WITHIN</b> the appetite threshold. The target level to be achieved is <b>WITHIN</b> the set appetite threshold.
	<ul style="list-style-type: none"> <li>Increased safety risks to patients arising from inadequately adapted buildings and infrastructure.</li> <li>Reduced access to clinical services</li> <li>Poor patient experience</li> </ul>	<ul style="list-style-type: none"> <li>Increased safety risks to staff arising from inadequately adapted buildings and infrastructure.</li> <li>Low morale</li> <li>Increased workload from staff absences</li> </ul>	<ul style="list-style-type: none"> <li>Disruption to clinical services and business continuity</li> <li>Greater demand on healthcare services</li> <li>Non-compliance with Welsh Government policy and statutory duties under the Well-being of Future Generations (Wales) Act.</li> <li>Increased operational and capital costs due to reactive rather than planned interventions.</li> <li>Reputational damage</li> <li>Missed opportunities to improve population health and prevention through green health approaches.</li> </ul>	
<b>Lead Director</b>	Director of Finance and Procurement	<b>Risk Exposure</b>	<b>Current Level</b>	<b>Target Level</b>
<b>Monitoring Committee / Group</b>	Finance and Performance Committee	<b>Likelihood</b>	4 x Likely	4 x Likely
<b>Initial Date of Assessment</b>	November 2025	<b>Impact</b>	4 Moderate	2 Minor
<b>Last Reviewed</b>	March 2026	<b>Risk rating</b>	<b>= 16 Extreme</b>	<b>= 8 Moderate</b>
<b>Next Review</b> <i>(Monthly based on risk score)</i>	April 2026			

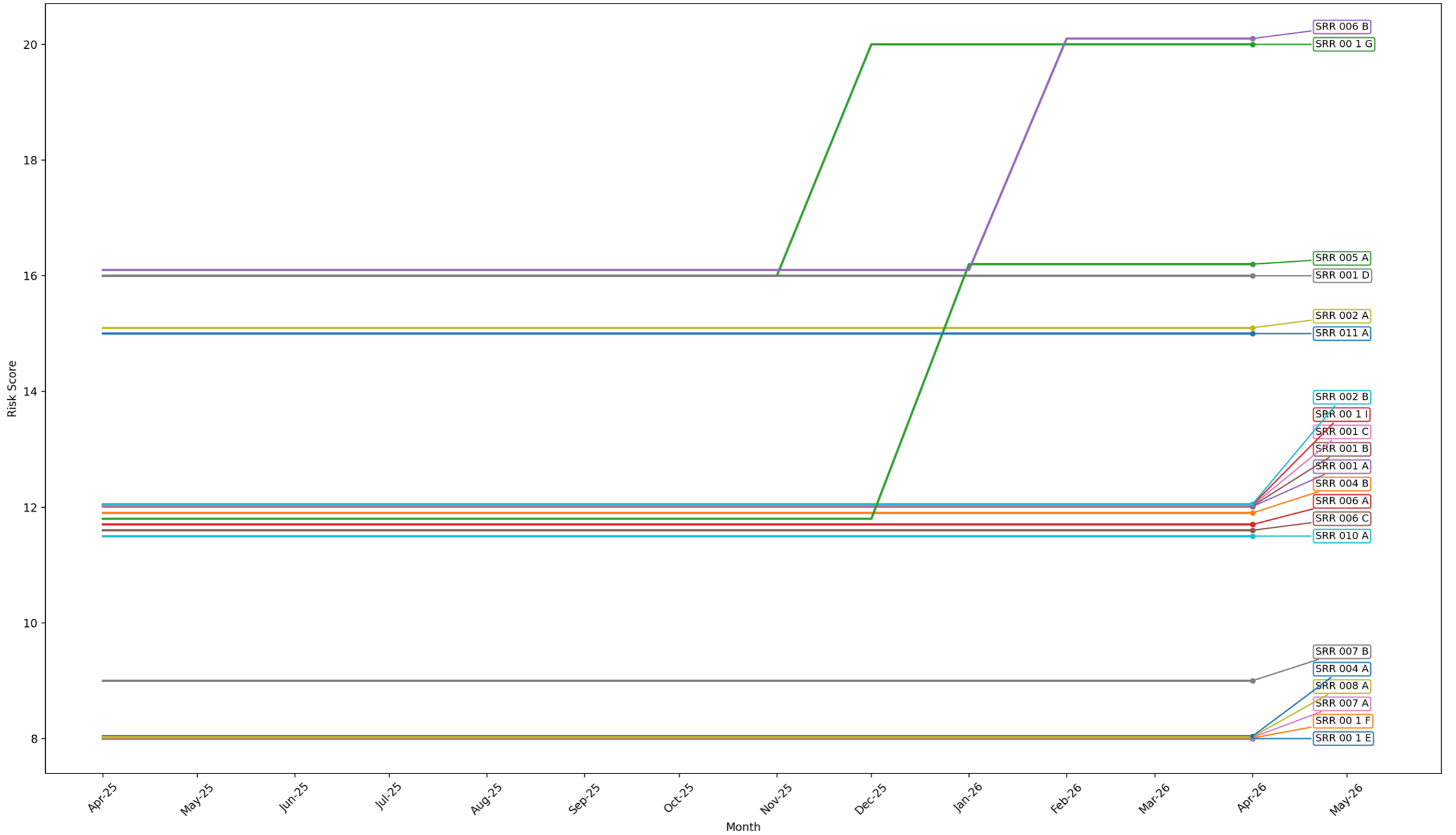
<b>Current Key Controls</b> <i>(What controls/ systems &amp; processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	<b>Plans to Improve Control</b> <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> <li>Integrated Medium Term Plan (IMTP) and Annual Planning processes incorporating sustainability and green health priorities</li> <li>Participation in NHS Wales and Welsh Government climate emergency, decarbonisation and sustainability programmes</li> <li>Decarbonisation Programme Board and reporting arrangements</li> <li>Carbon emissions measurement and reporting (Carbon Neutral metrics)</li> <li>Capital planning, business case approval and estate management processes incorporating sustainability and resilience considerations</li> <li>Estate's maintenance and backlog management</li> <li>Health and safety, emergency planning and business continuity arrangements</li> <li>Statutory environmental and sustainability reporting</li> <li>Regulatory inspection and audit activity</li> <li>Climate adaptation risk embedded in annual business planning</li> <li>Estates Condition Survey (if up to date)</li> <li>Environmental Management System (EMS) controls (ISO 14001)</li> </ul>	<ul style="list-style-type: none"> <li>Development of a Board-approved, organisation-wide climate adaptation and green health strategy and plan</li> <li>Completion of systematic climate risk assessments across all major sites and services</li> <li>Strengthening alignment between capital investment prioritisation and climate resilience risks</li> <li>Completion of bi-annual internal ISO 14001 audit to assess EMS effectiveness</li> <li>Refit investment</li> <li>Prioritise repairing weather damaged buildings.</li> <li>Alteration to planning documents to include consideration of climate adaptation.</li> <li>Adaptation KPI's being developed by Welsh Government with reporting required from 2026/27</li> <li>Direct reporting of risk assessment and adaptation plan progress to Welsh Government on an annual basis.</li> <li>Review governance structure</li> <li>Develop comms strategy to share adaptation advice, guidance and expectations.</li> <li>Pull together a task and finish group to review and plan Climate Adaptation Risks identified in the Gwent PSB Climate Adaptation Plan</li> </ul>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
<b>Level 1 Operational</b> <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> <li>Minutes of the subgroups to discuss position, monitor and new ideas</li> <li>Minutes from the Estates operational meetings</li> </ul>	<ul style="list-style-type: none"> <li>Detailed level metrics and measures are limited due to data capture equipment.</li> <li>Each Division to identify on their risk register any outstanding climate risks on their risk register and share those risks with the Climate Adaptation Group</li> </ul>		
<b>Level 2 Organisational</b> <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> <li>Finance &amp; Performance Committee and Board Papers and Minutes</li> <li>Decarbonisation Programme Board Papers and minutes</li> <li>Executive Committee Papers and minutes</li> <li>Strategic Risk Assessment</li> <li>Corporate risk assessments</li> <li>Audit recommendation tracking report</li> <li>Incident reports</li> </ul>	<ul style="list-style-type: none"> <li>Routine inclusion of Climate Adaptation risks on all Departmental Risk Registers.</li> </ul>	<ul style="list-style-type: none"> <li>Commission baseline climate risk assessment across all divisions</li> <li>Introduce divisional reporting on adaptation progress</li> <li>Develop measurable climate adaptation KPIs</li> <li>Improve real-time monitoring data availability</li> </ul>	
<b>Level 3 Independent</b> <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> <li>Audit Wales reports and management letters</li> <li>Head of Internal Audit Annual Opinion</li> <li>Regulatory inspection outcomes</li> <li>Well-being of Future Generations (Wales) Act Reporting</li> <li>Bi-annual ISO14001 audit report</li> </ul>	<ul style="list-style-type: none"> <li>Funding for a comprehensive ABUHB decarbonisation strategy is not available.</li> <li>No external climate adaptation maturity assessment</li> <li>Limited external validation of climate resilience at site level</li> </ul>	<ul style="list-style-type: none"> <li>REFIT invest to Save capital opportunities being progressed.</li> <li>Commission baseline climate risk assessment across all divisions</li> </ul>	
<b>Assurance Rating</b> <i>(Overall Assessment of controls and assurances)</i> <a href="#">Guidance</a>			
<b>Negative</b> – Insufficient evidence that the controls	<b>Reasonable</b> - adequate evidence that the controls in place are working effectively.	<b>Positive</b> - robust evidence that the controls in place are working effectively.	<b>REASONABLE ASSURANCE</b>

Risk ID and Description				IMTP Link	Risk Score															
					2	3	4	5	6	8	9	10	12	15	16	20	25			
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a) Due to an inability to recruit and retain staff across all disciplines and specialities.	Workforce & Culture					X				●		◇					
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff								×		●		◇					
			c) Due to insufficient and ineffective leadership levels throughout the organisation.						X					●		◇				
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level							X						◇ ●				
	Director of Strategy, Planning and Partnerships.		e) Due to inadequate strategic plans which respond to population health and socio-economic needs	System Change					X	●							◇			
			f) Due to unsustainable service models						X				●				◇			
	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	Finance							X				◇			●		
Director of Strategy, Planning and Partnerships.	i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	Performance Expectations & Workforce & Culture							X	◇			●							
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	Estates	X											●				
			b) Due to significant levels of backlog maintenance						X	◇			●							
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident	System Change					X	●	◇									
			b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.						X	◇			●							
SRR 005	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a) Due to inadequate arrangements to support system-wide patient flow	System Change								X				●	◇			
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems	Digital, Data & Technology						X							●	◇		
			b) Due to an adverse impact on service delivery in the implementation of new digital systems						X								◇		●	
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future							X				●			◇			
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	System Change & Regional Plans			X			●							◇			
			b) Due to the impact of fragile services across the regional and supra regional geography				X					●		◇						
SRR 008	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	Quality			X			●							◇			
SRR 010	Director of Allied Health Professions and Health Science	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974	a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	Quality & Workforce & Culture					X	◇			●							
SRR 011	Director of Finance and Procurement	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030).	a) The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected	Green Health									X	●		◇				

Key	Current Score	●
	Target Score	×
	Appetite Threshold	◇

Risk Movement (2025-26)



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Key Matters from Committees of the Board</b>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rani Dash, Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Naomi Murtagh, Board Business Manager

**Pwrpas yr Adroddiad  
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

In line with the Health Board's Standing Orders, a number of Board Committees and Advisory Groups have been established. This report provides, for assurance, an overview of the business undertaken by these committees during the reporting period, and highlights key matters for Board consideration, where required.

**Cefndir / Background**

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups be established. The following Committees and advisory groups have been established:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Patient Quality, Safety and Outcomes Committee
- Mental Health and Learning Disabilities Committee
- People and Culture Committee
- Remuneration and Terms of Service Committee
- Partnerships, Population Health and Planning Committee
- Finance and Performance Committee

## **Assurance Reporting**

The following Committee assurance reports for the period are included at Appendix 1:

- Mental Health and Learning Disabilities Committee – 20<sup>th</sup> January 2025
- Partnerships, Population Health & Planning Committee – 27<sup>th</sup> January 2025
- Remuneration and Terms of Service Committee (this is a confidential meeting given the nature of its business) – 4<sup>th</sup> February 2026
- People and Culture Committee – 10<sup>th</sup> February 2026
- Audit, Risk and Assurance Committee – 12<sup>th</sup> February 2026
- Patient Quality, Safety and Outcomes Committee – 17<sup>th</sup> February 2026
- Finance and Performance Committee – 23<sup>rd</sup> February 2026

## **Asesiad / Assessment**

In receiving this report, the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.

## **Argymhelliad / Recommendation**

The Board is asked to NOTE for assurance this report, and the updates provided from Health Board Committees.

## **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.  There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Choose an item. Choose an item. Choose an item. Choose an item.

<a href="#">Strategic Equality Objectives 2020-24</a>	Not applicable
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee Chairs

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

Aneurin Bevan University Health Board Key Issues Report			
<b>Board Date:</b>		25 March 2026	
<b>Date of Committee</b>		20 January 2026	<b>Report of:</b> Mental Health and Learning Disabilities Committee
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda and papers	<a href="http://abuhb.nhs.wales/files/key-documents/mental-health-and-learning-disabilities-committee/mhldc-final-boardbook-20th-january-2026-pdf/">abuhb.nhs.wales/files/key-documents/mental-health-and-learning-disabilities-committee/mhldc-final-boardbook-20th-january-2026-pdf/</a>	
<b>2a</b>	Matters referred to the attention of the Board	<p><b>Service Transformation and System Change</b></p> <p>The Committee received an update on the implementation of Right Care, Right Person and associated developments within crisis pathways, including sanctuary type provision.</p> <p><b>Demand Pressures and Service Sustainability</b></p> <p>Sustained demand pressures within psychological therapies and neurodevelopmental services were acknowledged, alongside the scale of service transformation required to respond to rising demand. The Committee agreed that continued Board level visibility was required in relation to service redesign, workforce implications and long term sustainability.</p> <p><b>National Strategy, Performance and Assurance Requirements</b></p> <p>The Committee recognised the cumulative impact of national mental health strategy and programme requirements, particularly the volume of national data, performance and assurance requests placed on operational services.</p> <p><b>Inspection Findings and Estates Issues</b></p> <p>Findings from Healthcare Inspectorate Wales inspections recently carried out at Ty Skirrid Adult Mental Health Site and Torfaen Community Learning Disability Team (CLDT) between September and October 2025 were identified for escalation,</p>	

		<p>particularly where estates and environmental issues had been highlighted. The Committee agreed that wider organisational visibility was required to provide assurance and to support action at a corporate level.</p> <p><b>Quality, Safety and Incident Management</b> The Committee agreed that further scrutiny of processes and performance was required in relation to National Reportable Incidents. It was requested that this receives deeper review through the Patient Quality, Safety and Outcomes Committee, with assurance subsequently shared with the Board.</p>
<p><b>2b</b></p>	<p>Assurance</p>	<p><b>Mental Health Act Compliance</b> The Committee was assured that overall activity under the Mental Health Act had remained within expected variation. A significant reduction in the use of Section 4 detentions had been achieved, backlogs relating to Hospital Managers’ Hearings had been cleared, and there were no overdue hearings during the reporting period. Appropriate assurance processes and training arrangements were in place, with further analysis agreed in areas where issues had persisted.</p> <p><b>Performance, Quality and Safety</b> The Committee received assurance that performance against agreed trajectories had been maintained. Strong performance continued within primary mental health care services, recovery and careplanning compliance remained high, and governance and assurance arrangements had been further strengthened to support safe and effective service delivery.</p> <p><b>Patient Safety and Quality Governance</b> Assurance was provided to the Committee in respect of patient safety and quality governance. Improvements had been noted in the quality of clinical documentation, the operation of daily incident review processes, safeguarding practice, and the management of complaints. Significant progress had been made in reducing overdue complaints, reflecting improved processes and strengthened oversight.</p>

		<p><b>Restrictive Practice</b>  The Committee was assured that assurance arrangements in relation to restrictive practice had been strengthened through revised policies, enhanced training, the introduction of divisional dashboards, and thematic reviews. A number of improvement pilots, including Safety Pods and the SafeWards model, had been implemented, with early feedback indicating a positive impact.</p> <p><b>Mental Capacity Act and Deprivation of Liberty Safeguards</b>  The Committee received assurance that strong progress had been made in embedding Mental Capacity Act and Deprivation of Liberty Safeguards principles into everyday practice. This was supported by improved audit outcomes and high levels of training uptake. Preparatory work was underway to support future implementation of the Liberty Protection Safeguards.</p> <p><b>Power of Discharge Sub Committee</b>  Assurance was provided to the Committee through the work of the Power of Discharge Sub Committee, which continued to provide effective oversight of Hospital Managers’ powers of discharge. Governance arrangements had been strengthened to support lawful, timely and well governed decision making.</p>
2c	Review of Risks	<p><b>Strategic and Operational Risks</b>  The Committee noted the sustained high use of Section 136 detentions, with associated risks relating to service capacity, workforce resilience and geographical coverage. These pressures were recognised as ongoing challenges with implications for operational delivery and effective partnership working across the system.</p> <p>The Committee also noted a continued focus on training, assurance processes and the quality of clinical documentation to ensure lawful detentions and robust documentation under the Mental Health Act.</p> <p><b>Service Performance and Access Risks</b></p>

		<p>Waiting time pressures within psychological therapies and neurodevelopmental services were highlighted as a significant risk, driven by increasing demand and ongoing workforce constraints. The Committee recognised the potential impact on service users and the importance of sustained service transformation activity to mitigate these pressures.</p> <p><b>Financial and Capacity Risks</b></p> <p>Capacity and cost risks associated with demand for Deprivation of Liberty Safeguards were noted, including reliance on external assessors. These pressures were acknowledged as part of a wider national challenge, with implications for both financial sustainability and timely access to safeguards.</p>
2d	Sharing of Learning	<p><b>Workforce and Training Learning</b></p> <p>The Committee noted that learning from targeted training in the Mental Health Act, Mental Capacity Act and Therapeutic Observation and Engagement had informed improvements in practice. Learning arising from documentation errors and reviews of agency and locum practice had been used to strengthen consistency, compliance and assurance across services.</p> <p><b>Quality Improvement and Patient Safety Learning</b></p> <p>Learning from a range of quality improvement initiatives was highlighted, including the introduction of Safety Pods, implementation of the SafeWards model, seven minute briefings to support the management of self harm, and enhanced post incident reviews of restrictive practice. These initiatives had supported improved analysis, shared learning and a more consistent application of best practice.</p> <p><b>Service Transformation Learning</b></p> <p>Learning emerging from service transformation activity was also noted, particularly within neurodevelopmental services. Early benefits had been observed from the introduction of needs based models and improved</p>

		engagement with families and schools, supporting clearer pathways and a more responsive service offer.
3	Matters to be Shared with Other Committees	National Reportable Incident processes and performance were identified for deeper review by the Patient Quality, Safety and Outcomes Committee, with assurance to be shared more widely as appropriate.

Aneurin Bevan University Health Board Key Issues Report			
<b>Board Date:</b>		Wednesday 25 <sup>th</sup> March 2026	
<b>Date of Committee</b>		27 <sup>th</sup> January 2026	<b>Report of:</b> Partnerships, Population, Health and Planning Committee
<b>Quoracy met:</b>		yes	
1	Agenda and papers	<a href="#">Agenda and Papers</a>	
2a	Matters referred to the attention of the Board	<p><b>Integrated Medium Term Plan (IMTP) status and planning:</b> The Committee noted that Welsh Government had revoked the previously approved 2025/26 IMTP, resulting in escalation to Level 4 (targeted intervention) for finance, planning, and urgent and emergency care. This represents the first instance of an approved IMTP being withdrawn in Wales. The Committee discussed the implications of operating without an approved IMTP and the requirement for future plans to be financially balanced, while recognising that financial balance alone does not guarantee approval.</p> <p><b>Progress in developing the 2026/27 IMTP:</b> The Committee received an update on the early development of the 2026/27 IMTP. The Committee noted the late issuance of national guidance and the resulting pressures on the planning cycle. The importance of articulating clear strategic priorities and transparent planning assumptions was emphasised.</p> <p><b>Business continuity and digital resilience:</b> The Committee noted variable maturity in business continuity planning across</p>	

the organisation. While some services demonstrated strong engagement and regular testing, others required further development. Positive partnership working through the Gwent Local Resilience Forum was noted.

### **Development of the Clinical Services**

**Plan:** The Committee supported the early development of a clinically led, pathway based Clinical Services Plan aligned to the IMTP and the Health Board's longer term strategy. The Committee recognised the scale and complexity of the work and the need for prioritisation and transformational change to address service fragility, workforce pressures, and financial sustainability.

**Place Based Care Programme:** The Committee noted positive progress in the development of Place Based Care in Blaenau Gwent and Torfaen, including strengthened governance and clear alignment with local authority partners. Key delivery risks were highlighted, including workforce capacity and the impact of ongoing acute pressures on the organisation's ability to sustain transformation activity.

### **Health Protection and Vaccination**

**Programme:** The Committee noted strong performance and maturity of the Health Protection and Vaccination Programme, including positive external feedback and national recognition. Improvements in vaccination delivery and staff flu uptake were highlighted as examples of good practice and learning.

**Digital Strategy:** The Committee received an update on the development of the Health Board's Digital Strategy, which supports delivery of Gwent 35: Better Health, Better Care, Better Lives. The Strategy sets out how digital, data and technology would enable improvements in patient care, population health, workforce effectiveness and organisational sustainability over a 10 year period. The Committee noted that consultation on the draft Strategy was underway, with feedback informing refinement prior to further Board engagement and formal approval later in the year.

2b	Assurance	<p><b>Risk oversight and governance:</b> The Committee received assurance that there had been no changes to the strategic risks delegated to the Committee since October 2025. The Committee was assured that these risks continued to be appropriately monitored and that the Committee Risk Report would also be submitted to the Board.</p> <p><b>Health protection arrangements:</b> The Committee received assurance that sustainable structures for health protection and vaccination are in place, supported by recurrent Welsh Government funding. External assurance was provided through positive feedback from Public Health Wales and Welsh Government, and through recognition at a national awards event.</p> <p><b>Business continuity and emergency preparedness:</b> The Committee received assurance that major incident plans remain active and regularly tested, and that work was underway to strengthen business continuity arrangements, including local audits, improved exercising and testing, and the development of a critical digital asset register.</p> <p><b>Regional and partnership governance:</b> The Committee received assurance regarding strengthened governance arrangements across regional planning, the Regional Partnership Board, and Place Based Care programmes, with clear reporting routes into Executive, Committee and Board structures.</p>
2c	Review of Risks	<p><b>IMTP and financial sustainability risk:</b> Operating without an approved IMTP presents ongoing risks to strategic planning, organisational stability, and external confidence.</p> <p><b>Business continuity and digital resilience risk:</b> Variation in the quality and maturity of business continuity plans, combined with increasing cyber and digital dependency risks, may impact service continuity during prolonged incidents.</p> <p><b>Transformation delivery risk:</b> Workforce capacity pressures and ongoing acute demand may limit the organisation’s ability to deliver largescale transformation programmes,</p>

	including Place Based Care and Clinical Services redesign.
	<b>Regional dependency risk:</b> Delivery of regional programmes remains dependent on collective affordability, workforce availability, and alignment across partner organisations.

## Aneurin Bevan University Health Board Key Issues Report

<b>Board Date:</b>		Wednesday 25 <sup>th</sup> March 2026	
<b>Date of Committee</b>		Tuesday 10 <sup>th</sup> February 2026	<b>Report of:</b> People & Culture Committee
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda and papers	<a href="#">Agenda and Papers</a>	
<b>2a</b>	Matters referred to the attention of the Board	<p><b>Strategic Equality Plan / Equality, Diversity and Inclusion:</b> The Committee noted continued progress against the Strategic Equality Plan and the Welsh Government’s Race Equality Action Plan, including leadership development and strengthened support for internationally educated staff. The Committee also highlighted ongoing risks, including poor ethnicity data quality limiting assurance, low senior representation of ethnic minority staff, worsening recruitment outcomes post shortlisting for Black applicants, emerging disproportionality in capability processes. A Board development session on Equality, Diversity and Inclusion was planned for spring 2026.</p> <p><b>Staff Survey:</b> The Committee noted that NHS Wales Staff Survey response rates had exceeded 30%, representing a significant improvement, driven by organisational action to increase participation and reduce survey fatigue including an Executive decision not to run other surveys during the survey window. The Committee noted that the next phase would focus on divisional analysis, celebration of strengths, and targeted improvement plans with clear communication back to staff.</p>	

**Workforce pressures – sickness absence seasonal increase:** The Committee noted sickness absence increased to 7.5% in December with leading reasons including cold/cough/flu, stress/anxiety/depression, and gastrointestinal illness.

**Job planning compliance requiring continued oversight:** The Committee also noted continued focus on establishment controls linking workforce and finance data for clearer assurance and that job planning compliance remained a recurring theme requiring ongoing scrutiny and regular reporting.

**Employee relations and suspensions:** The Committee noted there were 10 staff currently suspended, with 6 suspended for more than 4 months, linked to serious patient safety concerns or ongoing police investigations with internal processes often paused on legal advice.

**Speaking Up Safely:** The Committee noted the Speaking Up Safely framework continues to manage a wide range of concerns. The key challenge was the absence of a dedicated secure system to log/track concerns, a trial of an existing risk management system was discontinued due to confidentiality risks. Funding had been agreed for a Band 7 post for 12 months to support the function, and alternative system options were being explored. The Committee also noted the Health Board's involvement in a pan NHS Wales learning network and relevant national workforce safety governance arrangements.

**Resident Doctors Reform:** The Committee noted the scale of the forthcoming Resident Doctors contract reform in Wales implementation from August 2026 with a phased transition, including potential operational and financial impacts arising from safer working hours requirements, pay protection arrangements, limited national funding envelope, the potential need for additional medical staffing, and the current absence of a fully implemented rostering system capable of supporting new contractual requirements.

		<p><b>Violence Prevention &amp; Reduction Strategy:</b> The Committee noted the Violence Prevention &amp; Reduction Strategy. The Committee noted the increasing prevalence of violence and aggression across the NHS and the Health Board’s work to strengthen prevention, reporting/learning, and staff support, including development work on bodyworn camera pilots subject to clinical engagement and proportional use.</p>
2b	Assurance	<p><b>External reporting / Welsh Government feedback on EDI progress:</b> The Committee was advised that the Health Board receives regular feedback from Welsh Government colleagues on progress, areas of strength and areas requiring further development in relation to the Strategic Equality Plan and Race Equality Action Plan delivery.</p> <p><b>Independent external review:</b> The Committee received learning and assurance from an external review commissioned following a complex employee relations case. The external review confirmed the disciplinary policy had been applied correctly, proportionately and appropriately that the decision to initiate the investigation was justified and that the disciplinary outcome was appropriate. The review also identified improvement opportunities such as extending welfare support irrespective of representation and ensuring experienced investigating officers in complex cases, which the Committee noted as actionable learning.</p> <p><b>Workforce capacity actions providing operational assurance for Occupational Health:</b> The Committee was advised that 2 Occupational Health vacant posts had been filled and additional outsourced clinics had been commissioned to support demand, alongside improvement actions to strengthen consistency and responsiveness.</p>
2c	Review of Risks	<p><b>People &amp; Culture Committee risks:</b> The Committee noted the People &amp; Culture Committee Risk Report and was advised that there had been no changes to the risk scores or exposure ratings for the 4 delegated risks within the Committee’s remit since the previous report, these remained monitored</p>

	<p>through established governance arrangements aligned to workforce, culture and wellbeing priorities.</p> <p><b>Equality, Diversity and Inclusion risks:</b> The Committee noted risks that limit assurance and require continued focus, including poor/incomplete ethnicity data particularly at senior levels, disproportionately low senior representation for ethnic minority staff, worsening recruitment outcomes post shortlisting for Black applicants, and emerging disproportionality in capability processes. The Committee also noted increased reporting of racism particularly in Mental health and Primary care.</p> <p><b>Resident Doctors Reform implementation:</b> The Committee noted significant forthcoming risks associated with implementing the new contract from August 2026, phased over three years, including limited funding envelope, workforce capacity implications from working hours restrictions, pay protection financial risk, and lack of a fully implemented rostering solution.</p>
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Aneurin Bevan University Health Board Key Issues Report			
<b>Board Date:</b>		Wednesday, 25 <sup>th</sup> March 2026	
<b>Date of Committee</b>		Thursday 12 <sup>th</sup> February 2026	<b>Report of:</b> Audit, Risk and Assurance Committee
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda and papers	<a href="http://abuhb.nhs.wales/files/key-documents/audit-risk-and-assurance-committee/arac-20260212-final-boardbook-pdf/?ts=1770897378194">abuhb.nhs.wales/files/key-documents/audit-risk-and-assurance-committee/arac-20260212-final-boardbook-pdf/?ts=1770897378194</a>	
<b>2a</b>	Matters referred to the attention of the Board	<p><b>Records Management:</b> The Committee received clear evidence of substantial progress following the previous limited assurance audit - improved storage security, 63 ward visits completed, mandatory-training proposal submitted, standards embedded in induction and ward accreditation, improved tracking, and ongoing digitisation.</p> <p><b>Audit Recommendations:</b> Strong progress of 31 completed recommendations, but the Committee</p>	

		commissioned a targeted review of all pre-2023 recommendations due to ageing, persistent items—some outside the Health Board’s control.
<b>2b</b>	Assurance	<p><b>Records Management:</b> Internal Audit confirmed positive progress and will validate through its annual follow-up. The Committee received assurance on disaster recovery and backups, with mitigations in place pending system upgrade.</p> <p><b>Financial Governance:</b> The Committee approved updates to all Financial Control Procedures and a new Grant Funding policy. Assurance received from Finance and Audit Wales that no risks were expected in meeting year-end accounting timelines.</p> <p><b>External Audit:</b> Audit Wales confirmed completion of the 2024/25 Charitable Funds audit with no issues, and early work on 2025/26 accounts progressing to plan.</p> <p><b>Internal Audit Plan:</b> The Committee approved deferrals of two internal audits (Clinical Audit, Six Goals) and scope changes (Space Utilisation from Assurance to Advisory) as proportionate and value adding.</p>
<b>2c</b>	Review of Risks	<p><b>Records Management Risks:</b> Legacy systems requiring upgrade (C-Cube), estate limitations, backlog of physical records, and inconsistent historical tracking, Mitigations include digitisation progress, WPAS product team, strengthened governance, and move toward reducing new paper.</p> <p><b>Old Audit Recommendations:</b> Persistent pre-2023 items may not reflect current systems or responsibilities. The Committee initiated a review to clarify relevance, level of control, and closure potential.</p>

## Aneurin Bevan University Health Board Key Issues Report

<b>Board Date:</b>	Wednesday 25 <sup>th</sup> March 2026		
<b>Date of Committee</b>	Tuesday 17 <sup>th</sup> February 2026	<b>Report of:</b>	Patient, Quality, Safety and

			Outcomes Committee
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda and papers	<a href="#">Agenda and Papers</a>	
<b>2a</b>	Matters referred to the attention of the Board	<p><b>Quality Outcomes and Patient Safety:</b> The Committee received the Quarter 3 Quality Outcomes Report and noted continued progress in delivering the Health Board’s Quality Strategy, supported by a refined Quality Outcomes Framework aligned to national expectations and local learning. Positive performance was reported in patient experience, mortality benchmarking, and falls reduction. Areas requiring continued focus include waiting times, pressure ulcer reporting, statutory training compliance, safeguarding capacity, antimicrobial stewardship, timely isolation of patients during infection outbreaks and responding to complaints. The Committee noted that a never event had occurred in January 2026, which would be reported formally in Quarter 4.</p> <p><a href="https://nhs.uk/clinical-governance/quality-improvement/quality-improvement-reports/quarter-3-quality-outcomes-report-2026">https://nhs.uk/clinical-governance/quality-improvement/quality-improvement-reports/quarter-3-quality-outcomes-report-2026</a></p> <p><b>Maternity and Neonatal Services:</b> The Committee noted significant improvements in workforce stability across maternity and neonatal services, with full recruitment achieved in neonatal services and improved staffing resilience in maternity. Positive developments were highlighted in training compliance, and equity of access, including national recognition for cultural competence. The Committee also noted increased levels of clinical complexity, rising caesarean section rates, and sickness levels within neonatal services, which continued to be monitored through established improvement plans and governance arrangements.</p> <p><a href="https://nhs.uk/clinical-governance/quality-improvement/quality-improvement-reports/quarter-3-quality-outcomes-report-2026">https://nhs.uk/clinical-governance/quality-improvement/quality-improvement-reports/quarter-3-quality-outcomes-report-2026</a></p>	

		<p><a href="https://nhs.uk/~/media/125120main/13615471DCD0?file=PQSOC_Minutes.docx&amp;action=default&amp;mobileredirect=true">13615471DCD0}&amp;file=PQSOC Minutes.docx&amp;action=default&amp;mobileredirect=true</a>  <a href="https://nhs.uk/~/media/125120main/13615471DCD0?file=PQSOC_Minutes.docx&amp;action=default&amp;mobileredirect=true">https://nhs.wales365-my.sharepoint.com/personal/fern_woodhead_wales_nhs_uk/_layouts/15/Doc.aspx?sourcedoc={78F2B0BC-BD9A-4B3F-9D6B-13615471DCD0}&amp;file=PQSOC_Minutes.docx&amp;action=default&amp;mobileredirect=true</a></p> <p><b>Patient Advice and Liaison Service (PALS):</b>  The Committee noted the outcomes of the two-year review of the PALS service, which demonstrated strong value, high levels of early resolution, and positive impact on patient experience. While the anticipated reduction in pressure on formal complaints processes had not been realised, the Committee recognised the qualitative benefits of the service and its role in supporting learning and compassionate engagement with patients and relatives, which was difficult to quantify.  <a href="https://nhs.uk/~/media/125120main/13615471DCD0?file=PQSOC_Minutes.docx&amp;action=default&amp;mobileredirect=true">https://nhs.wales365-my.sharepoint.com/personal/fern_woodhead_wales_nhs_uk/_layouts/15/Doc.aspx?sourcedoc={78F2B0BC-BD9A-4B3F-9D6B-13615471DCD0}&amp;file=PQSOC_Minutes.docx&amp;action=default&amp;mobileredirect=true</a></p> <p><b>Implementation of the 'Listening to People' Framework:</b> The Committee considered an update on the forthcoming changes to the Putting Things Right regulations and the introduction of the 'Listening to People' framework from April 2026. The Committee noted the significant cultural and operational benefits anticipated but also highlighted material risks, including the absence of additional funding, capacity pressures, system readiness, and the need to operate parallel frameworks during transition.</p>
2b	Assurance	<p><b>Quality Governance and Oversight:</b> The Committee received assurance through the Quality Management Group (QMG) that quality governance arrangements were robust, with divisional engagement and effective escalation of quality and safety issues.</p>

		<p><b>External Reporting and Regulatory Assurance:</b> The Committee was assured that actions arising from Healthcare Inspectorate Wales (HIW) inspections were now being consistently tracked through the Assurance Monitoring and Tracking (AMAT) system, strengthening oversight and transparency in response to Audit Wales recommendations. The Committee noted that the majority of actions were complete or on track and the Committee supported the introduction of regular scheduled reporting to maintain oversight and ensure organisational learning.</p> <p><b>Health and Safety Executive (HSE):</b> The Committee was assured that all material breaches identified by the HSE following its inspection of Hafen Deg Ward had been fully addressed, with the investigation formally closed in December 2025. The Committee noted improved staff safety, strengthened observation and risk management practices, and the application of learning beyond the ward inspected.</p>
2c	Review of Risks	<p><b>Overall Risk Position:</b> The Committee reviewed the Committee Risk Report and was advised that risk SR005, related to patient flow had increased due to winter pressures and increase in escalation level of urgent and emergency care. The other risks monitored by PQSO Committee remained stable. The Committee confirmed that risks continued to be appropriately identified, monitored and escalated in line with governance arrangements.</p> <p><b>Health and Safety Strategic Risk:</b> The Committee considered the Health and Safety strategic risk and acknowledged the progress made in strengthening assurance and mitigating actions across the organisation. The Committee agreed that the risk should remain rated as high, reflecting its breadth, regulatory significance and potential impact.</p> <p><a href="https://nhs.uk/health-and-safety/strategic-risk-365-my.sharepoint.com/personal/fern_woodhead_wales_nhs_uk/_layouts/15/Doc.aspx?sourcedoc={78F2B0BC-BD9A-4B3F-9D6B-">https://nhsuk/health-and-safety/strategic-risk-365-my.sharepoint.com/personal/fern_woodhead_wales_nhs_uk/_layouts/15/Doc.aspx?sourcedoc={78F2B0BC-BD9A-4B3F-9D6B-</a></p>

	<p><a href="#">13615471DCD0}&amp;file=PQSOC Minutes.docx&amp;action=default&amp;mobileredirect=true</a></p> <p><b>Emerging and Escalated Risks:</b> The Committee confirmed escalation to the Board of the risks associated with the implementation of the 'Listening to People' framework, including the absence of additional funding, potential workforce and capacity pressures, system readiness challenges, and the need to manage parallel complaints frameworks during the transition period. The Committee recognised that these risks require ongoing Board-level oversight as implementation progresses.</p>
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Aneurin Bevan University Health Board Key Issues Report			
<b>Board Date:</b>		25 March 2026	
<b>Date of Committee</b>		23 February 2026	<b>Report of:</b> <b>Finance and Performance Committee</b>
<b>Quoracy met:</b>		Yes	
<b>1</b>	Agenda and papers	<a href="#">Agenda and Papers</a>	
<b>2a</b>	Matters referred to the attention of the Board	<p>The Committee noted that Finance and Planning colleagues, supported by their teams, were heavily engaged in revising the Integrated Medium-Term Plan (IMTP) and associated financial plans.</p> <p>The organisation's financial position and the status of the IMTP had been formally considered through established governance arrangements. In particular, the Finance and Performance Committee had reviewed these matters and escalated them to the Board for further consideration.</p> <p>This escalation will be addressed in a detailed presentation and discussion at a meeting of the full Board to be held on 4 March. The Board therefore will have the opportunity to consider the IMTP and financial position in the round, informed by prior committee scrutiny and assurance.</p> <p>In addition, the Committee confirmed that issues discussed at the meeting were being appropriately managed through established governance, assurance, and oversight arrangements.</p>	

<p><b>2b</b></p>	<p>Assurance</p>	<p><b>Service Performance and Quality</b>  The Committee received assurance that the Ophthalmology Diagnostic Hub located at the Royal Gwent Hospital, had delivered significant improvements in performance, patient safety, and risk reduction, including mitigation of risks associated with sight-threatening delays and potential legal exposure. The Committee endorsed the further development of the model, subject to continued assurance on workforce sustainability, digital readiness, and financial impact.</p> <p><b>Estates Compliance</b>  Assurance was provided that statutory compliance across the Health Board estate was being actively monitored through a structured governance framework, including escalation via risk registers and external scrutiny, such as engagement with regulators and Audit Wales. The Committee acknowledged that risks remained due to the age and condition of the estate, but was assured that controls were in place to maintain safety.</p> <p><b>Integrated Medium Term Plan (IMTP)</b>  The Committee received assurance that IMTP ambitions for future years were underpinned by executive scrutiny, transformation programmes, and regular performance monitoring, with clear arrangements in place for tracking milestones, risks, and delivery assumptions.</p> <p><b>Benefits Realisation</b>  The Committee received assurance that business case scrutiny arrangements were well embedded. Further strengthening of post-implementation benefits realisation and learning had been progressed to improve consistency, with planned internal audit work expected to provide additional assurance.</p> <p><b>Finance and Performance Oversight</b>  The Committee received assurance on financial grip, capital control, and cash management, alongside continued monitoring of performance against Ministerial priorities within a challenging demand, workforce, and financial context.</p>
<p><b>2c</b></p>	<p>Review of Risks</p>	<p><b>Strategic Risks</b>  The Committee reviewed strategic risks relating</p>

		<p>to service sustainability and capacity. Sustained system-wide pressures across Urgent and Emergency Care, diagnostics, and planned care were noted, driven by rising demand, workforce constraints, and national policy requirements. The Committee recognised that not all national ambitions were supported by feasible delivery models within existing organisational capacity.</p> <p>The Committee also reviewed risks associated with the ageing and complex estate, including backlog maintenance and capacity constraints. Some estate-related risks remained rated as high or extreme and could not be fully mitigated without significant capital investment, with existing controls focused on maintaining safety rather than eliminating risk.</p> <p>In addition, strategic risks relating to national contractual changes in commissioned services, particularly General Dental Services, were discussed, including potential unintended consequences for population access, unmet need, and downstream demand on secondary care services.</p> <p><b>Financial Risks</b> The Committee considered financial risks associated with ongoing reliance on non-recurrent funding and mitigation measures to manage pressures relating to planned care delivery, winter pressures, and workforce costs. These factors continued to present a risk to longer-term financial sustainability.</p> <p><b>Digital Risks</b> The Committee reviewed digital risks associated with service delivery and transformation. Delivery of ophthalmology and wider service transformation remained dependent on national and local digital systems, including the OpenEyes electronic health record and national electronic referral solutions. Risks relating to national delivery timescales and reliance on interim solutions were noted.</p>
<b>2d</b>	Sharing of Learning	The Committee recognised the Ophthalmology Diagnostic Hub at the Royal Gwent Hospital as a strong example of quality-led service redesign, demonstrating how targeted investment could

		deliver improvements in safety, performance, and productivity, even where full financial recovery was challenging.
<b>3</b>	Matters to be shared to other Committees	The Committee agreed that issues relating to primary care commissioning and population impact, particularly those arising from national contractual changes such as General Dental Services, would be referred to the Partnerships, Population Health and Planning Committee for further consideration where relevant.

**MINUTES OF MEETING HELD**

<b>Date and Time</b>	<b>Wednesday 28<sup>th</sup> January 2026 at 09:30am</b>	
<b>Venue</b>	<b>Conference Centre, St Cadoc's Hospital and Microsoft Teams</b>	
<b>PRESENT</b>	<p>Ann Lloyd Phil Robson Paul Deneen Dafydd Vaughan Iwan Jones Neil Patrick Penny Jones Akmal Hanuk Helen Sweetland Helen Cunningham Nicola Prygodzicz Tracy Daszkiewicz Jennifer Winslade Rob Holcombe Paul Solloway Hannah Evans</p> <p>Peter Carr Sarah Simmonds Leanne Watkins Dr Seema Srivastava</p>	<p>Chair Vice Chair Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (Community) Independent Member (Community) Independent Member (Third Sector) Independent Member (University) Independent Member (Local Authority) Chief Executive Director of Public Health Director of Nursing Director of Finance &amp; Procurement Director of Digital Director of Strategy, Planning and Partnerships Director of AHPs and Health Science Director of Workforce and OD Chief Operating Officer Medical Director</p>
<b>IN ATTENDANCE</b>	<p>Rani Dash Karen Newman</p> <p>Bryony Codd Naomi Murtagh Lisa Charles Sarah Goodey</p> <p>Claire Turner Barbara Cunningham Robert Jones Gareth Lewis Sara Utley Andrew Doughton</p>	<p>Director of Corporate Governance Assistant Director of Communications and Engagement Head of Corporate Governance Board Business Manager Regional Director, Llais Cymru Arts in Health Programme Manager (Item 5.1) Arts in Health Project (Item 5.1) Perinatal Peer Support Worker (Item 5.1) Assistant Director of Finance (Item 4.1) Head of Financial Services (Item 4.1) Audit Wales Audit Wales</p>

<b>APOLOGIES</b>	Vivek Goel	Independent Member (Trade Union)
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<b>PRELIMINARY MATTERS</b>	
<b>ABUHB 2801/01</b>	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe.</p> <p>It was noted that the meeting would be livestreamed and published on the Health Board’s website following the meeting.</p>
<b>ABUHB 2801/02</b>	<p><b>Declarations of Interest for Noting</b></p> <p>There were no declarations of interest raised.</p>
<b>ABUHB 2801/03</b>	<p><b>Consent Agenda</b></p> <p>The Chair introduced the Consent Agenda and asked if there were any items to be brought forward for discussion. There were no requests made.</p>
<b>ABUHB 2801/04</b>	<p><b>Report from the Chair</b></p> <p>Ann Lloyd (AL), Chair, provided her verbal report, with a focus on the following areas:</p> <ul style="list-style-type: none"> <li>• The Chair reported on the All-Wales review of maternity and neonatal services, which had been led by Professor Sally Holland, Chair of the Maternity and Neonatal National Assurance Assessment Independent Oversight Panel. AL advised that two national stakeholder panels had been established for service users and professional stakeholders. AL represented Health Board Chairs on the review group which had met on three occasions, and that data collection and engagement with parents, voluntary organisations and staff had concluded. AL further advised that she had recommended inclusion of population morbidity analysis and clear articulation of service models across Health Boards and confirmed that the final report was expected to be published in mid-February and brought to a future Board meeting for consideration.</li> <li>• The Chair provided feedback on the Public Accountability Meeting held by the Cabinet Secretary, advising that the meeting had focused on performance and future improvement rather than retrospective scrutiny, with discussion covering financial position, urgent and emergency care pressures (including ambulance handovers), winter preparedness, delayed transfers of care and planned care, noting that the issues raised</li> </ul>

were not new to the Health Board and that the meeting had been constructive.

- The Chair advised that she had received correspondence from the Cabinet Secretary confirming the withdrawal of approval for the Integrated Medium Term Plan (IMTP) due to ongoing financial challenges, and confirmed that the Executive Team had been asked to prepare a comprehensive and transparent analysis of delivery against the first year of the IMTP, setting out achievements, areas not delivered and reasons for this, to provide an accurate record for submission to the Cabinet Secretary ahead of further scrutiny.

The Board **NOTED** the Chair's updates.

**ABUHB  
2801/05**

### **Report from the CEO**

Nicola Prygodzicz (NP), Chief Executive, provided her verbal report, with a focus on the following areas:

- NP updated the Board on the operational pressures experienced during January, advising that despite extensive preparation ahead of winter, a combination of high demand, increased acuity, delayed discharges and significant norovirus outbreaks had led to the declaration of a critical incident in mid-January. NP thanked staff for their sustained resilience and commitment during a period of unrelenting pressure and acknowledged the patience and support of the public, noting that while pressures remained, the Health Board had de-escalated from its critical position.
- NP advised that the Health Board had been escalated to Level 4 in-line with Welsh Government's Escalation Framework for Finance and Planning and Urgent and Emergency Care noting that, while this was disappointing, the reasons were understood and accepted. NP confirmed that work was ongoing to address the challenges outlined by Welsh Government, with further detail to be considered later on the agenda. NP referenced the Public Accountability Meeting had been an opportunity to articulate both the risks faced and the improvements already delivered by the Board.
- An update was provided on planned care and future planning, advising that additional Welsh Government funding had been secured to support waiting list reduction, including progress in significantly reducing long-wait outpatients. NP also noted ongoing work to prepare draft plans for 2026/27 following receipt of the planning framework and allocation letter.
- NP reported on a recent visit by the Director General for Health and Social Services Wales, at the Grange University Hospital. NP noted that the visit had provided an opportunity to highlight both the significant operational challenges being faced and the improvements delivered to date. NP confirmed that the Director

General had enjoyed the visit and opportunity to meet the teams.

- NP highlighted positive staff achievements, including recognition through national honours and internal awards, specifically noting the King's Honour awarded to Kathryn Thomas, Senior Programme Manager, for her contributions to volunteering. NP also reflected on positive patient feedback and compliments received, advising that these served as an important reminder of the quality, compassion and professionalism of care being delivered by staff despite sustained and challenging pressures.

The Board **NOTED** the Chief Executive's updates.

**ABUHB  
2801/06**

### **Annual Report and Accounts 2024/25 for the Aneurin Bevan University Health Board Charitable Fund**

Rob Holcombe (RH), Director of Finance, presented the Annual Report and Accounts for the Aneurin Bevan University Health Board Charitable Fund for the year ended 31 March 2025, advising that the Health Board acted as the Corporate Trustee for the Charitable Fund. RH confirmed that the Annual Report and Accounts had been subject to audit by Audit Wales, had received an unqualified audit opinion, and had been considered and recommended by the Charitable Funds Committee.

RH reported that total income for the year amounted to £795k, with expenditure of £1.3m, noting that the difference had been supported through a release from investments in line with the agreed strategy to utilise more of the charitable funds for the benefit of patients and staff. RH advised that the Charitable Fund held reserves of approximately £4.9m at year end. Expenditure during the year had supported a wide range of initiatives, including staff training, patient experience improvements, equipment, awards and other projects that enhanced care beyond core NHS funding. RH confirmed that, subject to Board approval, the Annual Report and Accounts would be submitted to the Charity Commission by the statutory deadline.

The Chair thanked Paul Deneen (PD), Independent Member, for his leadership as Chair of the Charitable Funds Committee and for raising the profile of the Charitable Fund across the Health Board. PD reflected on the progress made in increasing awareness of the Charitable Fund and highlighted the positive impact of funded initiatives on patient and staff experience. He emphasised the importance of continuing to raise the profile of the charity among staff, patients and the public, and acknowledged the work of the Charitable Funds team in creating a strong and proactive culture.

The Chair expressed appreciation to all those who had donated to the Charitable Fund, recognising that their generosity had enabled

meaningful improvements to patient care and staff wellbeing. She also thanked the Charitable Funds team and Committee members for their continued work and commitment.

The Board **APPROVED** the Annual Report and Accounts for the Aneurin Bevan University Health Board Charitable Fund for 2024/25, noting the audit undertaken by Audit Wales.

**ABUHB  
2801/07**

### **Patient Experience Presentation**

The Board received a presentation from Sarah Goodey (SG), Arts in Health Programme Manager, Claire Turner (CT), Arts in Health Project Officer, and Barbara Cunningham (BC), Perinatal Peer Support Worker, on the impact of the Arts in Health creative programme offered to service users of the Gwent Perinatal and Infant Mental Health Service (GPIMHS).

The presentation centred on the lived experience of a service user and demonstrated how participation in structured creative activities had supported parents experiencing moderate to severe perinatal mental health difficulties. SG outlined the background to the programme, explaining that it had been developed through funding from Arts Council Wales and the Baring Foundation as part of the Arts and Minds initiative, initially responding to the mental health impacts experienced by families following the COVID-19 pandemic. SG advised that the programme had been delivered over several years and had involved a range of creative disciplines, including visual arts, movement and music, working closely with clinical teams and partner organisations.

BC explained that the creative sessions had enabled individuals to build confidence, regulate emotions and form meaningful peer connections, reducing isolation and supporting recovery. BC advised that many participants had continued friendships and creative activities beyond the formal programme, and that some individuals had progressed into volunteering roles, demonstrating longer-term benefits in confidence, wellbeing and contribution.

CT provided further detail on how sessions had been delivered, advising that activities had been adapted to individual needs and had focused on participation and expression rather than artistic output. She highlighted the importance of providing a calm, non-judgemental environment, with qualified clinical staff present to ensure safety and appropriate support for both parents and children. CT noted that the programme had supported bonding between parents and infants and had equipped participants with practical techniques that could be used beyond the sessions.

Peter Carr (PC), Director of Allied Health Professionals and Health Science, commented on the wider value of arts in health activity,

noting that relatively modest investment had delivered significant benefits for mental health, wellbeing and patient experience. He advised that work was ongoing nationally to strengthen the evidence base for arts in health, including evaluation of economic impact and return on investment, and confirmed that the Health Board had contributed to this growing body of evidence. PC also highlighted the importance of sustainability, robust evaluation and partnership working, including links with charitable funding and third-sector organisations.

Board Members welcomed the presentation and commented on the powerful nature of the patient story. Members highlighted the preventative impact of early intervention for parents and families, the benefits for children's longer-term outcomes, and the importance of creativity, connection and peer support in reducing isolation. The contribution of staff and peer support workers was acknowledged, alongside the positive impact of the programme on organisational culture and compassion.

The Board **RECEIVED** and **NOTED** the Patient Experience Presentation and welcomed the positive impact of the Arts in Health creative programme on service users, families and staff.

**ABUHB  
2801/08**

### **Arts in Health Strategy Annual Report 2024/25**

Peter Carr (PC), Director of Allied Health Professionals and Health Science, presented the Arts in Health Strategy Annual Report for 2024/25.

PC reminded Members that the Arts in Health Strategy had been approved by the Board in 2022 and advised that the report reflected the significant progress made in embedding arts in health activity across the Health Board. He emphasised that arts in health was now widely recognised nationally and within Wales as an important contributor to physical wellbeing, mental health, patient experience and staff wellbeing, and that it aligned closely with the Health Board's Integrated Medium Term Plan priorities, particularly supporting people in Gwent to live healthier lives.

PC outlined the breadth of activity delivered during the year, advising that a wide programme of participatory arts activity had been delivered across primary, secondary and community settings.

PC advised that progress had been made in strengthening the Health Board's contribution to the national evidence base for arts in health, including increased focus on evaluation and research. He acknowledged that while progress had been strong, further work was required to develop more consistent outcome measurement for patients and staff, to secure sustainable internal and external funding

streams, and to ensure robust governance and risk oversight as activity continued to expand.

Looking ahead, PC outlined that the focus for the coming year would include expanding equitable access to arts in health activity, strengthening partnerships with arts organisations and communities, and continuing to build a robust evidence base to support sustainability and growth. He advised that the strategy was maturing well and that the infrastructure now in place provided a strong platform for continued development.

The Board **NOTED** the Arts in Health Strategy Annual Report 2024/25.

**ABUHB**  
**2801/09**

### **Report from Llais, Gwent Region**

Lisa Charles (LC), Regional Director, Llais Cymru, presented Llais' report which set out current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region.

Paul Deneen (PD), Independent Member, queried the extent to which the voices of children and young people were reflected in the feedback. LC advised that Llais received a steady flow of intelligence from children and young people and confirmed that amplifying their voices was a key priority moving forward. She advised that a strategy was being developed to strengthen Llais' presence in settings where children, young people and families accessed services.

Sarah Simmonds (SS), Director of Workforce and OD, highlighted issues raised within the report regarding access and communication for patients, including the experiences of deaf and hard-of-hearing individuals, and noted that work was underway with Health Board teams and primary care contractors to share good practice and address barriers.

Penny Jones (PJ), Independent Member, raised concerns regarding changes to the provision of incontinence pads and the significant impact this had on dignity and independence for service users. LC advised that this issue had been raised through formal representations to both the Health Board and local authorities, and that it had also been raised at a national level. She confirmed that responses were awaited.

Ann Lloyd (AL), Chair, thanked LC for the report and suggested that future Llais reports include feedback on the responses received from the Health Board to issues raised, in order to demonstrate learning and close the loop. LC confirmed that this would be taken forward.

The Board thanked Llais for the ongoing support to communities and the insights brought back to the Board to inform ongoing planning and delivery of services.

The Board **RECEIVED** the Report from Llais.

**ABUHB  
2801/10**

### **Maternity and Neonatal Services Reconfiguration**

Leanne Watkins (LW), Chief Operating Officer, presented the report on the proposed maternity and neonatal services reconfiguration.

LW explained that the proposals included the reconfiguration of Ward A3 to provide additional postnatal and post-operative beds adjacent to the maternity ward, alongside the introduction of transitional care cots. She advised that the Health Board was the only Level 3 neonatal unit in Wales without transitional care cots and that this gap adversely affected flow, safety and outcomes. LW also highlighted the absence of commissioned neonatal therapy services via the National Joint Commissioning Committee, advising that this was inconsistent with national standards and had implications for providing the best start in life for babies and families.

LW acknowledged concerns regarding the reduction of gynaecology beds as part of the reconfiguration and advised that detailed work had been undertaken to mitigate this risk, including improvements in day-case surgery and reductions in length of stay. She confirmed that the proposals had been developed with patient safety and sustainability as the primary considerations.

Nicola Prygodzicz (NP), Chief Executive, emphasised the risks associated with maternity and neonatal services and advised that the Executive Team viewed this as a priority area for investment. LW confirmed that further work was underway with the Joint Commissioning Committee to understand funding flows, including the impact of out-of-area neonatal care, and advised that affordability and timing would need to be considered through the Integrated Medium Term Plan (IMTP) process.

Members sought assurance regarding the impact of the reduction in gynaecology beds, the robustness of demand and capacity modelling, and the balance between quality, safety and financial sustainability. Assurance was provided that further work had been undertaken to understand bed utilisation, cancer pathways and the impact of surgical transformation, and that risks would continue to be monitored.

The Board recognised the complexity of the decision and the challenging financial context but acknowledged the significant clinical, quality and safety risks associated with not proceeding. Members emphasised the importance of meeting national standards and

prioritising maternity and neonatal services, while ensuring that affordability and implementation were appropriately managed through the IMTP.

The Board **APPROVED** the maternity and neonatal services reconfiguration business cases as a priority for investment, **NOTED** the anticipated quality and safety benefits, and agreed that affordability and implementation would be considered through the Integrated Medium Term Plan 2027/28 process.

**ABUHB  
2801/11**

### **Capital Programme 2026/27**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Capital Programme for 2026/27.

HE explained that the report set out the proposed capital programme for the forthcoming financial year, covering both the All Wales capital schemes and the local discretionary capital programme. She advised that the Health Board's overall capital allocation for 2026/27 had increased compared with the previous year, rising to just under £14.5 million from approximately £12.9 million. HE stated that the programme reflected a balance between nationally mandated schemes and locally prioritised investments, developed within the constraints of the national capital framework.

HE highlighted that the discretionary capital plan included £2.2 million which remained unallocated at the time of reporting. She explained that this was, intended to provide flexibility and ensure that the Health Board was able to respond to emerging risks or urgent priorities during the financial year. HE further advised that, subsequent to the circulation of the paper, the Health Board had received an additional £280,000 of end-of-year capital funding, which further strengthened the overall capital position.

Helen Cunningham (HC), Independent Member, queried whether or not work was being undertaken to quantify potential savings arising from estate refits and capital investment. Rob Holcombe (RH), Director of Finance, responded by outlining the approach taken to consider value for money and the longer-term benefits of capital investment, including efficiency gains and cost avoidance, where these could be evidenced.

The Board **APPROVED** the Capital Programme 2026/27 and noted the content of the report.

**ABUHB  
2801/12**

### **Patient Safety Incident Reporting and Management Policy**

Jennifer Winslade (JW), Director of Nursing, presented the Patient Safety Incident Reporting and Management Policy.

JW explained that the revised policy reflected updates to national guidance and learning and strengthened the Health Board's approach to patient safety incident reporting and management. She highlighted that the revisions placed an increased emphasis on providing appropriate, timely and compassionate support to patients, families and staff affected by patient safety incidents, ensuring a consistent and supportive approach across the Health Board.

JW advised that the updated policy also clarified roles, responsibilities and processes to support effective reporting, investigation and learning from incidents, with the aim of promoting openness, learning and continuous improvement in patient safety.

The Board **APPROVED** the Patient Safety Incident Reporting and Management Policy.

**ABUHB  
2801/13**

### **Performance Escalation Status Update**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Performance Escalation Status Update.

HE advised that the report provided an update on the Health Board's current national escalation levels and the position in relation to the two escalated domains, Urgent and Emergency Care and Finance and Planning. She explained that the report also outlined the governance and oversight arrangements in place to manage escalation and support recovery.

In relation to Urgent and Emergency Care, HE outlined the key escalation criteria and described the ongoing pressures being experienced, together with the actions being taken to mitigate risk and improve performance. She emphasised that this remained an area of significant focus for the Health Board, with continued monitoring and oversight at both executive and Board level.

HE also provided an update on the escalation of Finance and Planning, explaining that this reflected a deterioration in the financial forecast position. She advised that, although the national planning framework had not yet been received, the Health Board had undertaken self-assessment against the Planning and Performance Framework criteria to inform its current position and response.

Penny Jones (PJ), Independent Member, asked whether the extension to the Emergency Department had delivered the desired impact. In response, HE explained that a full evaluation had not yet been completed, but that the additional space had unlocked opportunities to test new models of working. She emphasised that patient experience

remained a key consideration in assessing the effectiveness of the changes.

Dafydd Vaughan (DV), Independent Member, referred to comments from Welsh Government regarding a rapid deterioration in the financial position and asked whether any feedback had been received on how this had occurred. Rob Holcombe (RH), Director of Finance, responded that no specific feedback had been provided by Welsh Government. He advised that, during the Public Accountability Meeting, there had been challenge around whether actions could have been taken more quickly, but no formal feedback had been received beyond this.

The Board **NOTED** the Health Board's current national escalation status, the assessment against the two escalated domains, and the oversight arrangements in place to manage and respond to escalation.

**ABUHB  
2801/14**

### **Winter Plan 2025/26, Interim Progress Report**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the interim progress report on the Winter Plan 2025/26.

HE explained that the report set out the actions taken to date to mitigate the impacts of winter pressures across the Health Board. She advised that the Health Board continued to experience sustained operational challenges associated with seasonal increases in demand, infection outbreaks and ongoing delays in patient flow, particularly in relation to hospital discharge. HE confirmed that a range of measures had been implemented to support resilience, including enhanced surge capacity, strengthened escalation arrangements and targeted operational interventions to manage peaks in activity.

HE highlighted that, despite continued pressures, the actions undertaken to date had supported operational stability where possible, and she noted that a full review of the Operational Resilience Plan would be brought to a future meeting to provide a more detailed assessment of the winter response and opportunities for further strengthening.

The Board **NOTED** the actions taken to mitigate the impacts of winter to date and noted that a full review of the Operational Resilience Plan would be presented at a future meeting.

**ABUHB  
2801/15**

### **Digital Programmes Update**

Paul Solloway (PS), Director of Digital, presented the Digital Programmes Update. PS advised that the update provided an overview of progress across the Health Board's digital programmes, including work to strengthen digital infrastructure, support clinical and operational services, and enhance data and technology capability

across the Health Board. PS confirmed that the programme continued to align with both national digital priorities and the Health Board's strategic objectives.

PS highlighted that a number of major digital workstreams were active, including improvements to clinical systems, ongoing modernisation of digital infrastructure, and developments intended to support greater operational resilience. PS emphasised that digital programmes were playing an increasingly important role in supporting service transformation, improving staff experience and strengthening the reliability and security of core systems. It was noted that the Digital, Data and Technology Group continued to oversee progress, risks and delivery dependencies across all live projects to ensure coherent implementation.

PS further noted that the update provided assurance regarding governance arrangements surrounding digital activity, including monitoring of programme milestones, risk management and alignment with broader organisational planning. He confirmed that work would continue to progress at pace, with a particular focus on delivering improvements that supported front-line services and enhanced clinical decision-making.

The Board **NOTED** the update from the Digital, Data and Technology Group.

**ABUHB  
2801/16**

### **Artificial Intelligence Review**

Paul Solloway (PS), Director of Digital, presented the Artificial Intelligence (AI) Review. He explained that the report provided an overview of the Health Board's current work relating to artificial intelligence, including developments in national and local policy, emerging opportunities, and the governance arrangements required to ensure the safe, ethical and responsible introduction of AI technologies into clinical and corporate services. PS outlined that the review formed part of the Digital, Data and Technology Group's broader oversight of innovation and technological advancement across the Health Board.

PS confirmed that the review summarised work underway to understand potential AI applications within the Health Board, including opportunities to support clinical decision-making, streamline administrative processes and enhance data insight. He emphasised that any adoption of AI would require robust scrutiny, appropriate risk assessment and alignment with national standards to ensure patient safety, data protection and organisational accountability. PS highlighted that the review also recognised the emerging national direction on AI within NHS Wales and the need for the Health Board to maintain alignment with those expectations.

PS noted that the purpose of the report was to brief the Board on the current position and to provide assurance that exploratory work was being undertaken within an appropriate governance framework. He confirmed that further detailed proposals would be brought forward as specific AI initiatives matured.

The Board **NOTED** the Artificial Intelligence Review.

**ABUHB  
2801/17**

### **Report of the Director of Public Health: The Big Gwent Vaccination Conversation**

Tracy Daszkiewicz (TD), Director of Public Health, presented the Report of the Director of Public Health, The Big Gwent Vaccination Conversation. TD explained that the report set out a framework to guide continued work across the Health Board and its partners to reduce health inequalities and improve vaccination uptake across Gwent. She advised that the framework aimed to support a more coordinated and targeted approach to vaccination engagement, ensuring that communities experiencing the poorest outcomes or the greatest barriers to access were prioritised.

TD outlined that the report brought together insight from community engagement, intelligence on population needs and learning from previous vaccination programmes. She emphasised the importance of strengthening conversations within communities, improving accessibility of vaccination services and ensuring that the Health Board continued to respond to local need in an evidence-informed way. TD noted that the proposed framework would support ongoing collaboration with local authorities, primary care, schools, community organisations and the third sector, recognising that sustained improvement in uptake required partnership working.

TD highlighted that the report was intended to provide a clear and practical structure to support future activity, enabling the Health Board to drive forward improvement in vaccination coverage and contribute to broader public health goals relating to prevention and inequalities.

The Board **ADOPTED** the report as a framework to drive continued work to reduce health inequalities and improve vaccination uptake across Gwent.

**ABUHB  
2801/18**

### **Integrated Performance Report**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report, which provided an overview of organisational performance at the end of Quarter 2 for 2025/26. HE explained that the report outlined progress against the milestones set out within the IMTP, highlighting areas of improvement

as well as persistent pressures that continued to impact delivery. She confirmed that performance remained variable across domains, reflecting ongoing operational challenges, seasonal pressures and wider system constraints.

HE provided an update on strategic and operational indicators, outlining the key areas where performance had improved and where further action was required. She noted that work continued at pace to strengthen urgent and emergency care pathways, improve patient flow and address the broader escalation issues referenced earlier in the meeting. HE emphasised the importance of continued scrutiny and oversight to ensure delivery against the Health Board's priorities.

Sarah Simmonds (SS), Director of Workforce and OD, outlined the ongoing work to stabilise recruitment, strengthen retention and support staff well-being in the context of sustained operational pressure. SS highlighted continued challenges in key workforce indicators and confirmed that programmes to support attendance, organisational culture and workforce resilience were progressing.

Jennifer Winslade (JW), Director of Nursing, outlined the current position on quality indicators, noting continued pressures driven by demand, infection outbreaks and system constraints. She described the actions underway to support safe care, improve patient experience and strengthen the Health Board's approach to quality governance. JW confirmed that quality oversight mechanisms remained robust and that learning from incidents and adverse trends continued to be incorporated into improvement programmes.

The Board **NOTED** the Integrated Performance Report, including progress against IMTP milestones at the end of Quarter 2 2025/26.

**ABUHB  
2801/19**

### **Financial Performance Report, Month 08**

Rob Holcombe (RH), Director of Finance, presented the Financial Performance Report for Month 08. He explained that the report set out the Health Board's in-month and year-to-date financial position and provided an assessment of the Health Board's financial trajectory in the context of its current escalation status. RH confirmed that the financial position continued to reflect significant pressures, consistent with those previously reported to the Board, and emphasised that the deteriorating forecast had contributed to the Health Board's escalation to Level 4 by Welsh Government.

RH outlined that the report provided detail on key cost drivers, including ongoing operational pressures, continued demand for unscheduled care, and the impact of inflationary and workforce-related costs. He explained that the Health Board remained focused on the delivery of savings and efficiency measures, but that the scale of

system pressure continued to limit the extent to which these could offset fully the deficit position. RH highlighted that mitigating actions were underway, with enhanced scrutiny arrangements in place to ensure tight financial control throughout the remainder of the financial year.

RH advised that the report also summarised the main financial risks and uncertainties within the forecast, including those relating to performance trajectories, the delivery of planned savings, and the system-wide challenges affecting cost and demand. He confirmed that discussions continued with Welsh Government regarding the Health Board's financial position, and that further work remained ongoing to support the development of the financial elements of the IMTP.

The Board **NOTED** the Financial Performance Report for Month 08.

**ABUHB  
2801/20**

### **Strategic Risk Report, January 2026**

Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report for January 2026. NP explained that the purpose of the report was to provide the Board with an overview of the Health Board's current strategic risk profile and to confirm whether or not appropriate governance, oversight and management arrangements were in place. She advised that the report set out the most recent assessment of strategic risks, including changes to risk scores, areas of heightened exposure and the mitigating actions being implemented across the Health Board.

NP drew the Board's attention specifically to sub-risk SRR 005A, for which an increase in both the risk score and the level of exposure had been proposed. She explained that the revised scoring reflected the deteriorating financial position, the ongoing operational pressures across urgent and emergency care, and the compounding impact of system-wide constraints. NP advised that the associated mitigating actions were being strengthened, with enhanced executive scrutiny and regular monitoring through established governance mechanisms.

The Board **CONSIDERED** the Strategic Risk Report and was satisfied that appropriate arrangements were in place for the management and review of strategic risks. The Board **ACCEPTED** the change in risk score and exposure for sub-risk SRR 005A.

**ABUHB  
2801/21**

### **Key Matters from Committees of the Board**

The Committee Chairs presented the Key Matters from Committees report. The report summarised the key issues considered by the Board's Committees since the previous meeting and highlighted the matters requiring the Board's attention for assurance.

The Committee Chairs confirmed that the report provided an overview of the scrutiny undertaken across the governance framework, including areas relating to quality, finance, performance, workforce, audit and risk, and demonstrated that the Committees continued to discharge their responsibilities in accordance with their terms of reference. It was outlined that the report aimed to ensure transparency and alignment between committee-level scrutiny and the Board's wider oversight role.

The Board **NOTED** the report for assurance and noted the updates provided by the Health Board's Committees.

**ABUHB  
2801/21**

### **External Audit Reports**

Andrew Doughton (AD), Audit Wales, and Sara Utley (SU), Audit Wales, presented the Annual Audit Report 2025 and the Structured Assessment 2025. The Board was informed that both reports formed part of Audit Wales' annual programme of work and provided independent assurance on the Health Board's governance, financial management, performance arrangements and wider organisational effectiveness.

AD advised that the Annual Audit Report 2025 summarised the findings from Audit Wales' financial and performance audit work undertaken during the year. The report set out conclusions on the accuracy of the Health Board's financial statements, compliance with relevant accounting standards and the robustness of financial controls. AD highlighted key aspects of assurance, together with areas where further strengthening would support improved financial governance and resilience.

SU outlined the findings of the Structured Assessment 2025, which reviewed the Health Board's corporate governance arrangements, financial planning processes and operational management systems. It was noted that the assessment evaluated the organisation's capability to plan and manage its resources effectively in a challenging environment, and provided a balanced view of both positive progress and areas where improvement actions remained necessary. SU confirmed that the findings were intended to support ongoing learning and the continued development of governance across the Health Board.

Rani Dash (RD), Director of Corporate Governance, thanked SU, AD and Audit Wales for their ongoing work with the Health Board.

The Board **RECEIVED** the Annual Audit Report 2025 and the Structured Assessment 2025 issued by Audit Wales.

**CONSENT AGENDA**

<b>ABUHB 2801/22</b>	The Board <b>APPROVED</b> the Draft Minutes of the Health Board Meeting, held on 26 <sup>th</sup> November 2025
	The Board <b>APPROVED</b> the Report on Sealed Documents and Chair's Actions.
	The Board <b>NOTED</b> the Board Action Log with Updates
	The Board <b>NOTED</b> the Annual Report of the Senior Information Risk Owner (SIRO) 2024/25
	The Board <b>NOTED</b> the Strategic Partnership Updates: <ul style="list-style-type: none"> <li>a. Regional Partnership Board</li> <li>b. Public Service Board</li> </ul>
	The Board <b>NOTED</b> the Executive Committee Chair's report
	The Board <b>NOTED</b> the overview of Joint and Partnership Committee Activity <ul style="list-style-type: none"> <li>a. NHS Wales Joint Commissioning Committee</li> <li>b. NHS Wales Shared Services Partnership Committee</li> <li>c. Regional Joint Committee</li> </ul>
	The Board <b>NOTED</b> the Summary of Board Business held In-Committee, November 2025
<b>OTHER MATERS</b>	
<b>ABUHB 2801/23</b>	<b>Any Other Business</b>  There were no further items raised for discussion.
<b>ABUHB 2801/24</b>	<b>Date of the Next Meeting:</b>  Wednesday 25 <sup>th</sup> March 2026

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	<b>Governance Matters: Report on Sealed Documents and Chair's Actions</b>
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Rani Dash, Director of Corporate Governance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Bryony Codd, Head of Corporate Governance

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

Ar Gyfer Penderfyniad/For Decision

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and situations where Chair's Action has been used for decisions.

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between 14<sup>th</sup> January and 10<sup>th</sup> March 2026

The Board is asked to note that nine (9) documents required the use of the Health Board's seal during the above period.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary (the Director of Corporate Governance). All Chair's Actions require ratification by the Board at its next meeting.

During the period 14<sup>th</sup> January to 10<sup>th</sup> March 2026 five (5) Chairs Actions were agreed.

**Cefndir / Background**

**1. Sealed Documents**

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. Nine documents were sealed between the 13<sup>th</sup> November 2025 and 13<sup>th</sup> January 2026, as outlined below.

Date	Title
27/01/2026	Deed of Variation – Wales Interpretation and Translation Services
05/02/2026	Roof refurbishment works at St Cadoc’s Hospital
04/03/2026	ICF GWE 36. In relation to Integrated Care Fund Main Capital Programme between ABUHB and Melin Homes Ltd. Greenhill Bungalow.
04/03/2026	ICF GWE 18. Agreement between ABUHB and Bron Afon Housing Ltd in relation to the Integrated Care Fund Main Capital Programme.
04/03/2026	Back to back agreement – ICF GWE 22. Capital Funding - Brynmawr Clinic (UWHA)
04/03/2026	Back to back agreement – ICF GWE 16. Capital Funding – Children’s Home – Complex Needs Windmill Farm (NCC)
04/03/2026	Back to back agreement – ICF GWE 04. Capital Funding – Children’s Home – Complex Needs Ty Isaf (Caerphilly)
04/03/2026	Back to back agreement – ICF GWE 24. Capital Funding. Independent Living LD, Caerphilly Police Station
04/03/2026	Back to back agreement – ICF GWE 27. Capital Funding – Children’s Home – Complex Needs Rosedale (Newport)

## 2. Chair’s Action

Chair’s Action is defined by the Health Board’s Standing Orders as: Chair’s action on urgent matters: There may be circumstances where decisions which would normally be taken by the Board need to be taken between scheduled meetings, and it is not practical to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

The Chair’s Actions approved between 14<sup>th</sup> January and 10<sup>th</sup> March 2026 are summarised below:

Date	Title
21/01/2026	<p><b>Replacement Omnicell Cabinets:</b> Replacement of Automated Dispensing Cabinets nearing end of life from both a mechanical and software perspective. Those originally installed in 2014/15 (24 out of 67 in total).</p> <p>Direct award to Omnicell through the Countess of Chester Framework for Total Inventory Management Systems 2020/S 096-230678</p> <p><b>Annual Value of New Contract: £1,232,472.08</b></p>
21/01/2026	<p><b>Provision of Digital Patient Communications – Healthcare Communications Ltd – Contract Amendment:</b> Extension of current contract for a further 12 months, covering the period 31<sup>st</sup> March 2026 to 29<sup>th</sup> March 2027.</p> <p>As part of this extension, the overall contract value (inclusive of all variations and extensions) will be amended from £1,300,866.23 (ex. VAT) to £1,289,995.02 (ex. VAT).</p> <p><b>Total Value of contract: £1,289,995.02</b></p>
09/02/2026	<p><b>Cell Salvage Upgrade - Haemonetics:</b> Aneurin Bevan Health Board (ABUHB) currently has a fleet of 9 Intraoperative Cell Salvage (ICS) machines from Haemonetics, with many of this fleet over 10 years old. Approval to replace current machines with incumbent supplier. A direct award is recommended, directly justified by continuity of care, performance, and value for money, no maintenance for the life of the contract and ability to upgrade at the end of 4 years if newer technology is available.</p> <p><b>Annual Value of Contract:</b></p> <ul style="list-style-type: none"> <li>• <b>Year 1:</b> £135,977.53</li> <li>• <b>Year 2:</b> £139,372.90</li> <li>• <b>Year 3:</b> £142,861.40</li> <li>• <b>Year 4:</b> £146,432.93</li> </ul> <p><b>Total Value: £564,644.76</b></p>
17/02/2026	<p><b>Robotic Process Automation – Contract Amendment for previously approved contract in March 2025.</b> Amendment to contract for two additional Production Digital Workers required to help with discharging patients across all major sites.</p> <p><b>Additional Cost due to variation: £40,160.60 ex VAT</b>  <b>New Contract Value: £446,120.60 ex VAT</b>  <b>£608,940.30 ex VAT (incl. 12 month extension option)</b></p>

23/02/2026	<p><b>Critical Network Edge Refresh – CDW Ltd:</b> Procure range of Cisco networking equipment through NHS SBS Framework in support of the ongoing network refresh project. The equipment will provide a secure, stable and resilient network capable of supporting all wired and wireless devices within clinical and non-clinical environments.</p> <p><b>Total Value of New Contract: £705,000.00 incl VAT</b></p>
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**3. Clinical Negligence Claims**

In line with the Scheme of Delegation, all clinical negligence claims over £1m are agreed between the Chair, Chief Executive, and two Independent Members (following recommendation from 2 clinical executives) outside of formal Board meetings. During the period 14<sup>th</sup> January to 10<sup>th</sup> March 2026:

Number of Clinical Negligence Claims over £1m	Total value
One	To authorise further interim payment of damages in the sum of £1.62 million. Welsh Government approval has also been sought.

**Asesiad / Assessment**

In endorsing this report the Health Board will comply with its own Standing Orders.

**Argymhelliad / Recommendation**

The Board is asked to NOTE the documents that have been sealed and to RATIFY the action taken by the Chair on behalf of the Board.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.  Enabler

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item. Choose an item.  Not applicable to this report

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

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



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Violence Prevention & Reduction Strategic Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Peter Carr Executive Director of AHPs and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Peter Carr Executive Director of AHPs and Health Science

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

The Board is asked to note and approve the Health Board's Violence Prevention and Reduction (VPR) Strategic Plan. The strategic plan provides a corporate framework for preventing, reducing and responding to violence and aggression affecting staff, patients and visitors across the organisation. The strategic plan has been developed to ensure the Health Board meets its statutory duties, aligns with emerging Welsh Violence Prevention & Reduction standards and national policy direction, and provides a coherent foundation for future legislative requirements, including the implementation of Martyn's Law.

**Cefndir / Background**

Society has changed drastically over recent years, and all NHS organisations acknowledge that their staff are amongst those most likely to face violence and aggression during their employment. ABUHB, recognise it has a duty to provide a safe and secure environment for all staff, service users and visitors. Within its health and safety obligations and the strategic ambition of A Healthier Wales, the NHS



seeks to become an exemplar employer in respect of the health and wellbeing of its workforce.

This Violence Prevention & Reduction Strategic Plan has been created in collaboration with key strategic stakeholders, specialist colleagues providing direction and guidance from the voice of victims.

It has been:

1. Developed in line with national best practice and emerging Welsh Government expectations on violence prevention and reduction.
2. Reviewed and supported through the Violence Prevention and Reduction (VPR) Group, ensuring multidisciplinary input and operational relevance.
3. Presented to the Health & Safety Committee, providing corporate oversight and assurance.

The strategic plan was presented to the Executive Team on 8/1/2026 and to the People & Culture Committee on 10/02/2026. We are now presenting it to the Board to seek approval as a Health Board strategic plan.

The need for a clear, Board approved Violence Prevention & Reduction Strategic Plan has been reinforced by consistent and at times increasing levels of violence and aggression across healthcare settings, and the expectation that organisations can demonstrate a systematic, preventative approach rather than reliance on reactive controls alone.

## **Assessment**

Violence and aggression pose a significant risk to staff safety, patient care, service delivery and organisational reputation. Without a clear strategic plan, there is a risk of fragmented local approaches, variable standards and reduced assurance.

The strategic plan is required to:

1. Support compliance with existing legislation, including the Health and Safety at Work etc. Act 1974 and the Assaults on Emergency Workers (Offences) Act 2018, by demonstrating that the Health Board has appropriate arrangements to protect staff from foreseeable violence.
2. Align the organisation with upcoming Welsh VPR standards and national policy expectations, ensuring readiness for regulatory and inspection scrutiny.
3. Provide a clear framework that will feed directly into the Health Board's preparedness for Martyn's Law, supporting a proportionate, risk-based approach to preventing and responding to serious incidents.
4. Strengthen governance, accountability and assurance by clearly setting out roles, responsibilities and monitoring arrangements.

Endorsement at Board level is essential to signal organisational commitment, enable consistent implementation across all services, and support integration with wider safety, security and safeguarding arrangements.

## **Argymhelliad / Recommendation**



The Board is asked to:

- Approve the Violence Prevention and Reduction Strategic Plan as the Health Board's corporate approach to preventing and managing violence and aggression.
- Note the governance process undertaken to date, including review by the VPR Group and Health & Safety Committee.

The strategic plan, when approved by the Board, will:

- Provide clear organisational leadership and accountability.
- Ensure alignment with current legislation and preparedness for forthcoming Welsh standards and Martyn's Law requirements.
- Enable consistent application of Violence Prevention & Reduction principles across the Health Board, supporting staff safety, patient care and regulatory assurance.

Progress and assurance against the strategic plan will be reported through existing governance structures to provide ongoing executive oversight.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Work in partnership to reduce all hate crime  Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse  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 wellbeing and engagement of our staff
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee People & Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	NA
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives





GIG  
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NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board



# Violence Prevention & Reduction Strategic Plan



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# Violence Prevention & Reduction Strategic Plan

## Background

Aneurin Bevan University Health Board (ABUHB) was established in October 2009 and achieved 'University' status in December 2013. The Health Board's principal role is to ensure the effective planning and delivery of our local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for our people.

To fulfil this role, we are required to work with our partners and stakeholders in the best interests of the population we serve. As a Health Board, we serve the population of Gwent which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The demographics of Gwent are varied and diverse, they include rural countryside areas, urban centres and the most easterly of the South Wales valleys.

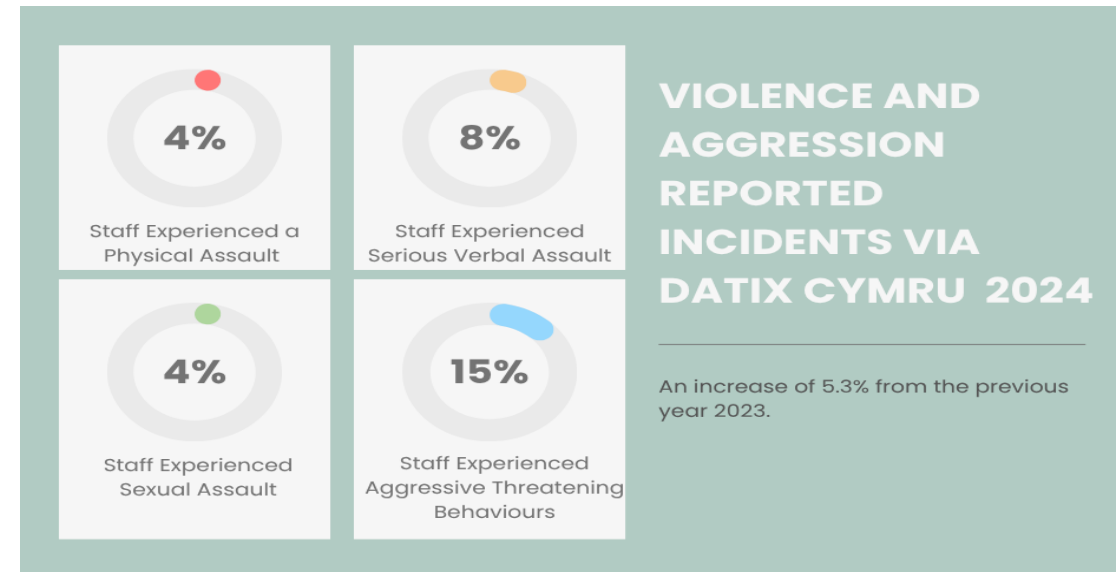
Society has changed drastically over recent years, and all NHS organisations acknowledge that their staff are amongst those most likely to face violence and aggression during the course of their employment. ABUHB, recognise they have a duty to provide a safe and secure environment for all staff, service users and visitors. Within their health and safety obligations and the strategic ambition of A Healthier Wales the NHS seeks to become an exemplar employer in respect of the health and wellbeing of its workforce.

This Violence Prevention & Reduction Strategic Plan has been created in collaboration with key strategic stakeholders, specialist colleagues providing direction and guidance from the voice of victims.

## Ambition

Aneurin Bevan University Health Boards Violence Prevention & Reduction Strategic Plan outlines our commitment to creating a safe and secure environment for staff, patients, and visitors. We aim to eliminate tolerance of violence and aggression across all settings by embedding compassion, trauma-informed care, and a culture of safety. Our approach supports the wider goals of A Healthier Wales and NHS Wales' Duty of Quality.

Developing a system-wide strategic plan will provide a framework within our organisation and align our ABUHB policies so there is a consistent cross-system approach that recognises the needs and priorities of our health board.



# Context, Legislation & Vision

In line with the Health and Safety at Work etc. Act 1974 and The Assaults on Emergency Workers (Offences) Act 2018, our health board has a legal duty to ensure, so far as is reasonably practicable, the health, safety, and welfare of all employees while at work. This includes the responsibility to assess, prevent, and manage the risk of violence and aggression in the workplace.

Additionally, in accordance with the principles set out in Martyn's Law (Terrorism (Protection of Premises) Bill), NHS organisations must take proportionate steps to enhance the safety and security of staff, patients, and visitors by preparing for, and mitigating the impact of, acts of violence, including those of a terrorist nature.

This runs alongside the Health and Social Care (Quality and Engagement) (Wales) Act 2020 Duty of Quality for NHS bodies to ensure safe and reliable services and establishes the Duty of Candour that mandates healthcare organisations be open and honest with patients about any unintended or unexpected harm that occurred during their care and follow a defined procedure to explain what happened and offer support. A culture of openness, transparency and candour is widely associated with good quality care.



## Definition of Violence

For the purposes of this document, the term “violence” refers to any incident in which an individual is abused, threatened, or assaulted in circumstances related to their work. This includes, but is not limited to, physical, sexual, or psychological violence, abuse, assault, threats, bullying, harassment, intimidation, or discrimination experienced by NHS colleagues within the workplace or in connection with their duties.

Violence may occur as a single incident or as part of a pattern of ongoing behaviour. It covers a wide range of actions from language, gestures, or behaviour that could reasonably be perceived as offensive, intimidating, or discriminatory, through to acts causing serious physical harm. This definition includes both the use or threat of physical force and non-physical forms of abuse that may affect an individual's safety, dignity, or mental wellbeing.

# NHS WALES National Context

## Violence Prevention & Reduction Standards

The standards are intended to provide a framework to measure how an organisation is meeting best practice and to identify priorities for continuous improvement. It is important to note that they are not an individual 'test' of a health body, and they are not intended to create a 'pass' or 'fail' culture or a 'league table'. The aim of the standards is to improve safety via a peer learning and collegiate mindset.

The Anti-Violence Collaborative Wales (AVC), being a pan-Wales group, expects to work closely with colleagues delivering the standards in all NHS Wales bodies, effectively sharing good practice, consulting and supporting as appropriate.



Grŵp Cydweithredol Cymru dros atal Trais  
Anti-Violence Collaborative Wales

This inaugural set of Violence and Reduction Standards for NHS Wales, 'the standards', seeks to assist NHS Wales bodies in creating the safest environment for staff, patients and others who use its facilities and visit its sites.

Where incidents of violence and aggression occur, colleagues across Wales in each health body, will need to respond appropriately and effectively to support those involved and to manage all incidents positively.

The standards are deliberately broken down into five clear sections:

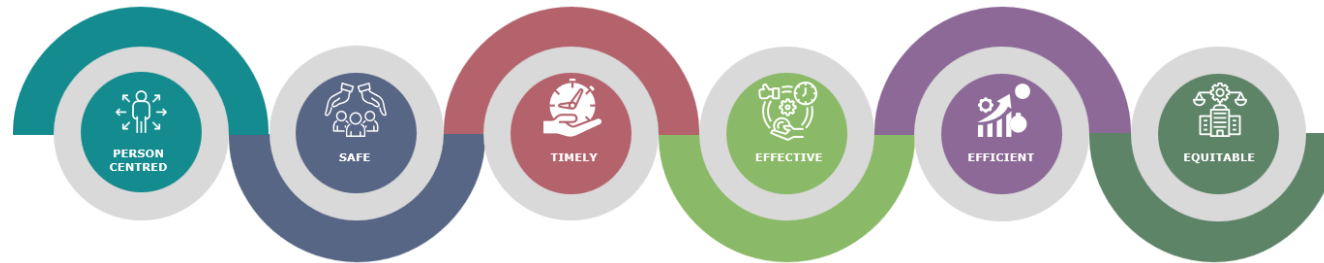
1. Leadership
2. Governance & Assurance
3. Data
4. Workforce
5. Prevention & Reduction

Our ABUHB, Violence Prevention & Reduction Strategic Plan will align with the forthcoming national standards, which are scheduled to come into effect in 2026.

# Violence Prevention & Reduction Strategic Plan

## Strategic Framework

This Violence Prevention & Reduction Strategic Plan aligns with the Quality vision of Aneurin Bevan University Hospital Board (ABUHB) is to be "widely recognised for delivering safe, timely, effective, efficient, equitable and person-centred care." Our first and most important commitment to our patients and our staff is to keep them safe.



Our approach will take account of our obligations in line with legislation and what we want to achieve, so that we grow a sustainable positive health and safety culture.

We will deliver the change that is needed through focussing our activities on six key themes, mirroring the Health & Safety Strategic Plan to ensure a consistent approach within the department.

**Commitment and leadership**



**Engagement and participation**



**Communication**



**Learning and competence**



**Monitoring and Reporting**



**Accountability**

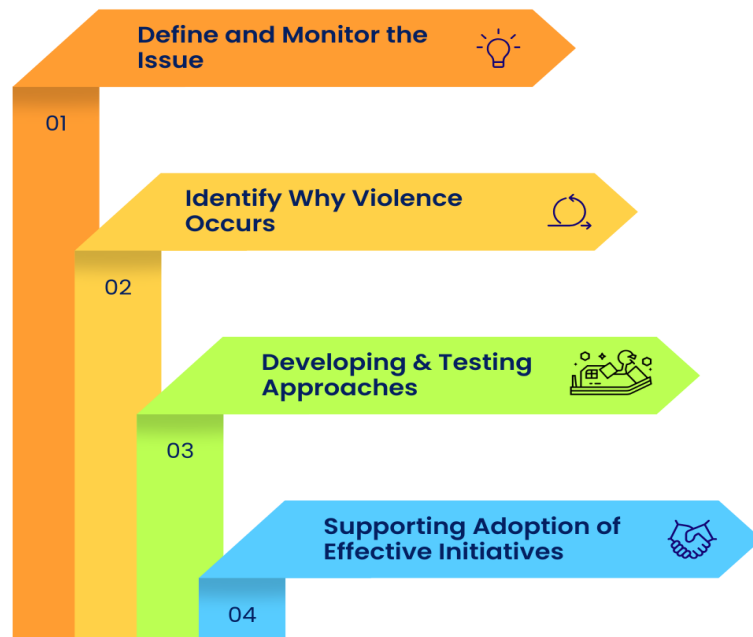


## Underpinning Approaches

### Public Health Approach

A public health approach focuses on understanding the causes and consequences of violence so we can address the risk factors that increase the likelihood that an individual will experience violence or exhibit violent behaviour.

There are 4 steps:



### Trauma Informed Approach

The trauma- informed approach is grounded in understanding that being exposed to trauma can impact on a person's neurological, biological, psychological and social development. Trauma informed practice does not 'treat' trauma. It aims to understand and address the barriers that people affected by trauma can experience when accessing health and care services.

This approach aims to be compassionate, looking at things from the perspective of people with lived experience of trauma. Evidence suggests that creating a culture of compassion and inclusion creates better experiences for colleagues and patients. This both prevents and reduces violence.



# Violence Prevention & Reduction Strategic Plan

## Governance and Leadership

### Chief Executive

The Chief Executive holds ultimate responsibility for organisational Health & Safety arrangements including the management of violence prevention and reduction.

### Head of Health, Safety & Fire

This role is responsible for directly supporting the VPR Exec Lead. Monitoring of performance with regard to prevention and reduction of violence within ABUHB.

### VPR Advisor

This role provides advice, guidance and support to Health Board Managers to aid in the implementation of risk reduction strategies in relation to the management of V&A Ensuring visibility throughout the Health Board.

### All ABUHB Employees

To comply with all statutory legislation and associated Policies, Procedures and Guidance. To communicate any risks. Report incidences of Violence and Aggression



### VPR Executive Lead

This role held by the Executive Director of Allied Health Professions & Health Science. Executive Lead and Independent Member Lead in delivering violence prevention and reduction responsibilities.

### VPR Lead

This role leads the VPR Team and is the primary point of contact for all matters regarding V&A. To ensure delivery of obligations of ABUHB arising from the All-Wales Violence & Aggression Strategy. To lead on this strategic plan and follow trends that will impact objectives.

### Divisional Directors & Corporate Department Heads

To ensure policies and associated procedures are read, understood and applied by all staff members within their responsibility.

### Patients, Visitors, Relatives & General public

To treat our staff with respect and dignity. Recognise their value as individuals and ensuring they are treated fairly, without harassment or discrimination. To comply with legislation that protects all NHS employees from abuse and harm.

### Monitoring and Evaluation

The Health and Safety Committee is ultimately responsible for monitoring the effective implementation of this strategic plan and action plan. The Committee is responsible for ensuring, that they support and endorse the plan and seek appropriate assurance on delivery.

## Governance and Leadership

The following governance and reporting arrangements establish how accountability, decision making and oversight will operate in support of the VPR Strategic Plan:



# Pillars of Quality

These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains. Providing data in these Pillars of Quality will review our performance.



# Pillar 4 - Health, Safety & Security

We are committed to ensuring that the fundamental standards of health, safety and security are continuously improved. We have a committed workforce of operational leaders who we will educate to ensure they have the advanced skills to deliver safe services.

We will support the development of local policies and practices through our Health, Safety and Security Practitioners. We will conduct reviews of all sites and an annual snapshot of health and safety.

Our focus for the duration of this strategic plan will be to reduce and prevent violence and aggression.

# Violence Prevention & Reduction Strategic Plan

## Strengthen Partnership Working

Our commitment to preventing violence across our communities will see the Health Board strengthen partnership working across localities. This will include closer collaboration with Gwent Police, local authorities, third sector organisations, and other statutory agencies, ensuring a coordinated approach to safety and well-being.

We will continue to develop our role within an integrated system, working closely with commissioners, local providers, and community services.

Our pivotal work with the Anti-Violence Collaborative, in Shared Services, will allow us to act as a leading Health Board in Wales on preventing and reducing violence and aggression in the workplace.



Violence Against Women, Domestic Abuse and Sexual Violence  
Trais Yn Erbyn Menywod, Cham-drin Domestig a Thrais Rhywiol



HEDDLU GWENT POLICE



Grŵp Cydweithredol Cymru dros atal Trais  
Anti-Violence Collaborative Wales



Partneriaeth Cydwasanaethau  
Shared Services Partnership



## Violence Prevention & Reduction Strategic Plan

# Embedding the Strategic Plan

This Violence Prevention & Reduction Strategic Plan will be refined and strengthened through ongoing consultation with the Executive Board, Trade Unions, Divisions, Directorates, clinicians, staff, and patients. Initial engagement will focus on raising awareness of the strategic plan and laying the groundwork for a safer, more supportive organisational culture.

We recognise that reducing workplace violence is a complex challenge that requires commitment across all levels of the organisation. Meaningful change depends on ideas and insights from frontline staff, while also requiring leadership direction and resources to ensure that key programmes and initiatives are successfully implemented.

Engagement will take place across all levels, from wards to board, with an emphasis on collaboration. This strategic plan acts as a charter for staff and patients, applying to every team, role, and professional discipline. It also includes working with departments and services that shape and influence safe clinical practice and the overall working environment.

The strategic plan aims to ensure all staff feel acknowledged, supported, and valued, fostering a sense of belonging and professional worth. Through active participation and engagement, staff will help ensure the strategic plan is not only meaningful but also practical, sustainable, and operationalised across the organisation.

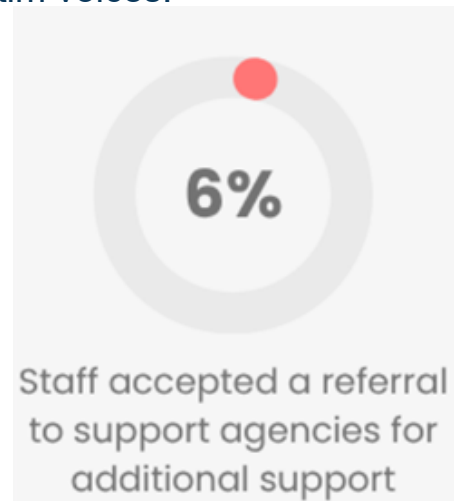


# Violence Prevention & Reduction Strategic Plan

## Developing Key Objectives

The strategic objectives within this Violence Prevention & Reduction Strategic Plan have been developed with consideration of the Health Board's policies and a comprehensive review of national policies has also been conducted to ensure that the strategic plan aligns seamlessly with wider priorities.

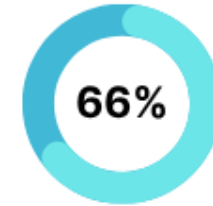
In order to create our objectives and key priorities we have consulted with senior leaders, managers and staff across the health board to develop this strategic plan and our objectives for 2025-2028. We have reviewed incident data, annual staff survey findings and listened to victim voices.



### INCIDENT RATES



3 in 20 staff Experienced Violence & Aggression at Work in 2024



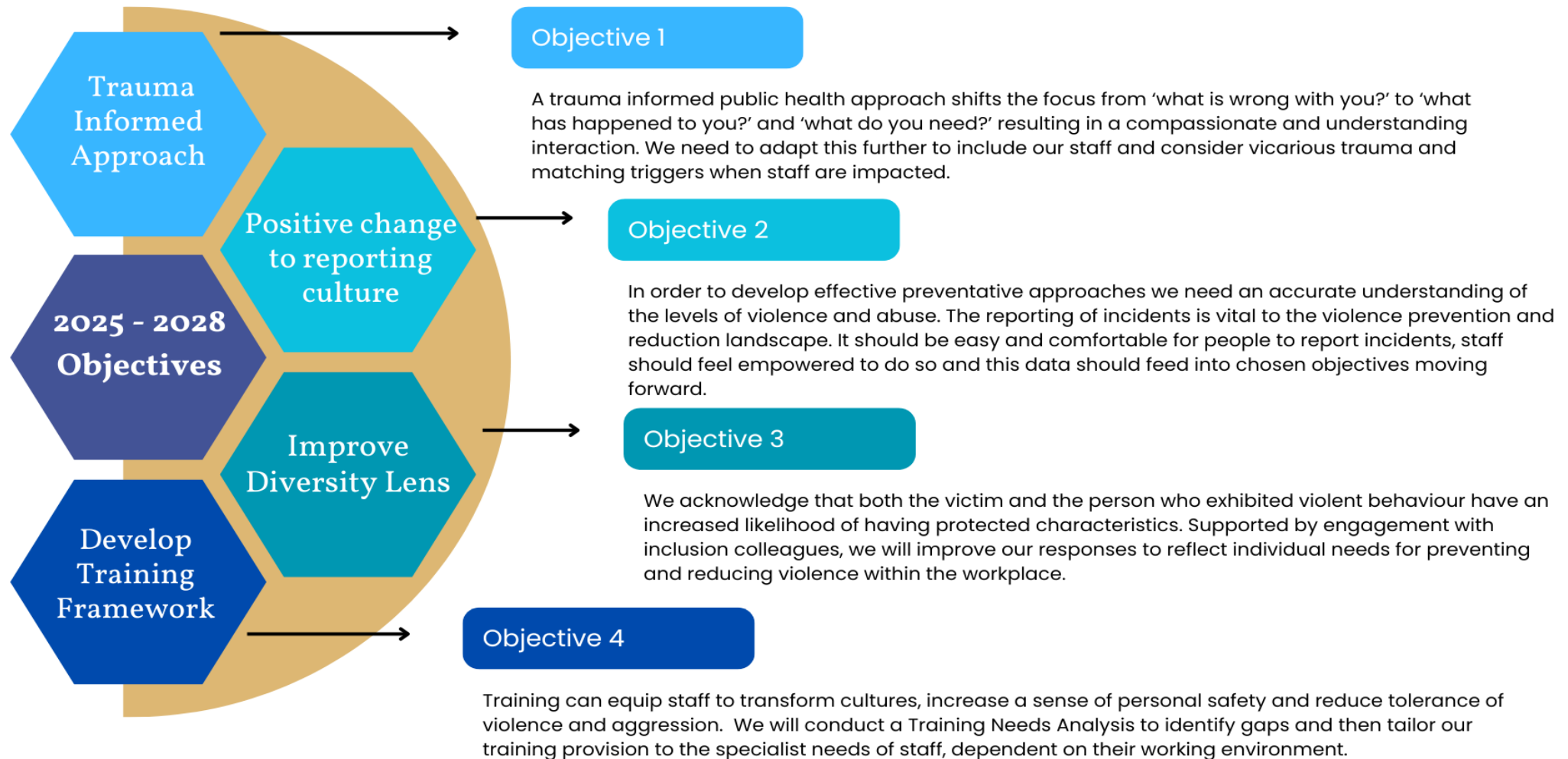
66% of Sexual Assaults within ABUHB Premises Had a Female Victim

2024 NHS Wales Staff Survey reports a significant fall in staff feeling safe from abuse by patients and the public from 83.6% (2023) to 74.8% (2024), highlighting worsening perceptions of safety among NHS Wales staff. 1

Under-reporting is common: many studies note that abuse and aggression are frequently under-reported, especially verbal and sexual harassment, so official counts likely understate true exposure. 2

Reference: 1 [heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/](https://heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/)  
2 [heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/](https://heiw.nhs.wales/files/nhs-wales-staff-survey-2024-national-findings-report/)

# Violence Prevention & Reduction Strategic Plan



# Objective 1 Trauma Informed Approach

## Aim:

To embed a trauma-informed and psychologically safe culture across the organisation, recognising the impact of violence and aggression on staff and supporting recovery and resilience

## Objectives:



# Objective 2 Positive Change to Reporting Culture

## Aim:

To create an open and just culture where all staff feel safe, supported, and confident to report incidents of violence, aggression, or abuse, enabling a true understanding of the risks faced by our workforce

## Objectives:



# Objective 3 Enhancing Our Diversity and Inclusion Lens

## Aim:

To ensure our approach to preventing and responding to violence and aggression reflects equality, diversity, and inclusion principles, recognising that both victims and perpetrators may have protected characteristics

## Objectives:

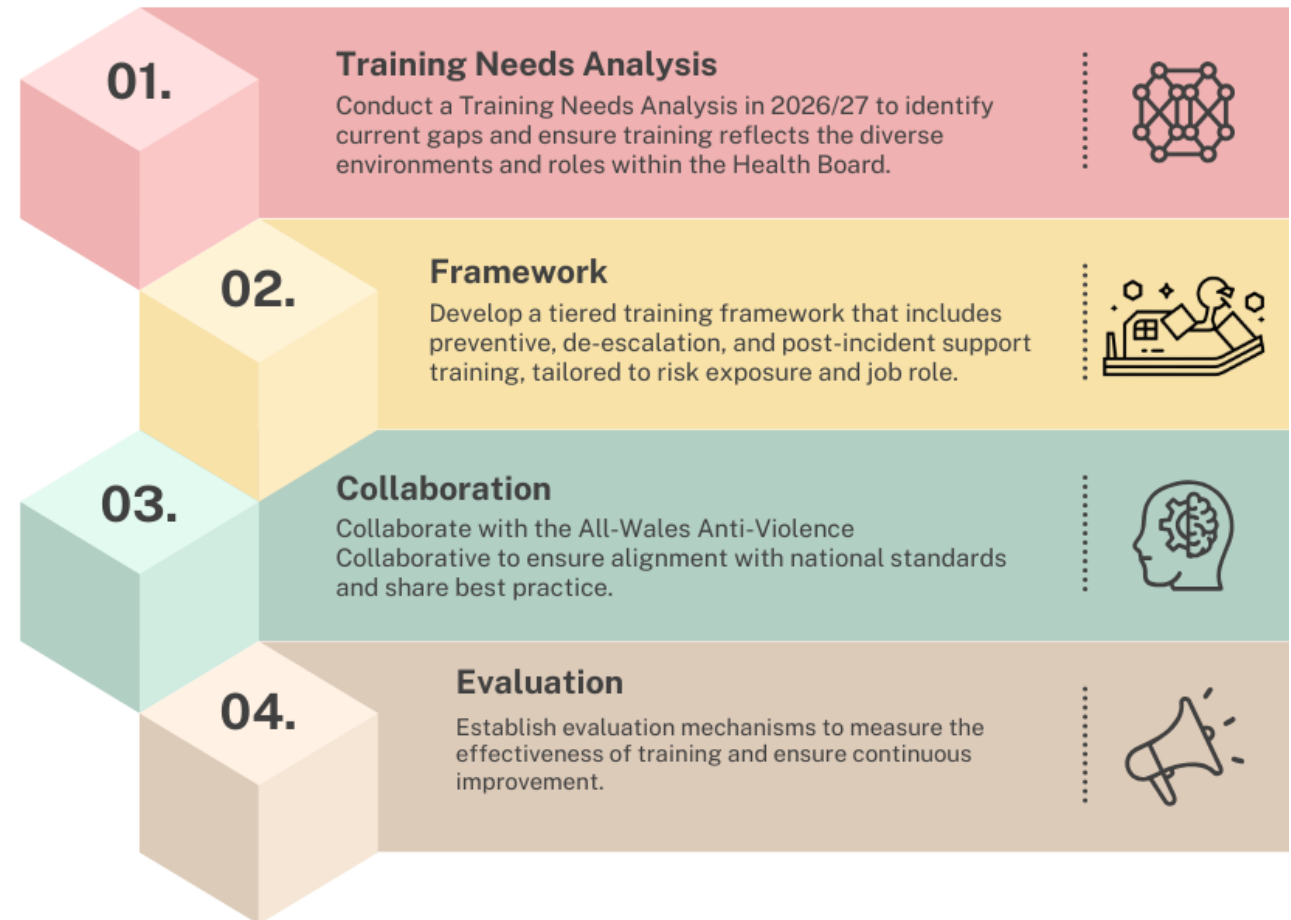


## Objective 4 Developing a Comprehensive Training Framework

### Aim:

To design and implement an evidence-based, consistent training framework that equips all staff with the skills, confidence, and knowledge to prevent, manage, and respond appropriately to incidents of violence and aggression

### Objectives:



# Measuring Positive Change



Success will be measured through a combination of quantitative data, qualitative feedback, and cultural indicators that demonstrate real improvement in safety, reporting, and staff experience.

Progress will be monitored via reductions in incidents of violence and aggression reported through the Datix system, alongside improved accuracy and consistency in reporting.

Key metrics will include staff survey results, particularly measures of perceived safety, psychological wellbeing, and confidence in organisational responses.

In addition, outcomes from the Training Needs Analysis and completion rates for violence prevention training will be tracked to assess workforce readiness and capability.

Performance will be reviewed regularly through the Health Board's governance and assurance structures, with findings reported to the Executive Board and shared with key partners, including the Anti-Violence Collaborative and local stakeholders, to ensure continuous learning and system-wide improvement.

# Key Indicators of Change

1. Increased reporting of all violent and aggressive incidents including verbal abuse and sexual assaults demonstrating improved trust and transparency in reporting systems.
2. Reduction in the overall rate and severity of violence and aggression incidents across all divisions.
3. Improved staff survey results in relation to feeling safe at work, supported by leadership, and confident in incident management processes.
4. Positive feedback from staff engagement and debriefs, reflecting a more trauma informed approach.
5. Completion and evaluation of the Training Needs Analysis (2026/27) and implementation of an all-Wales aligned training framework.
6. Increased completion rates and positive evaluations of violence prevention and de-escalation training.
7. Strengthened partnership outcomes with Gwent Police, local authorities, third sector, and statutory partners, reflecting effective multi-agency collaboration.
8. Demonstrable use of equality, diversity, and inclusion data to identify and address disparities in incidents or responses.

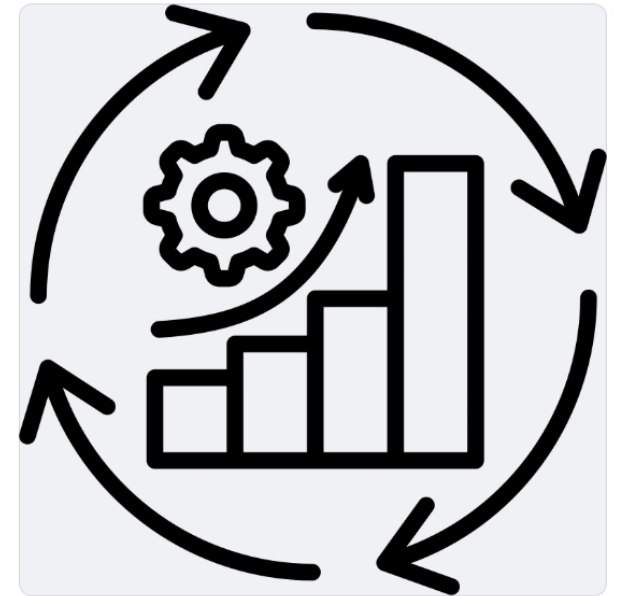
# Review & Continuous Improvement

This Violence Prevention & Reduction Strategic Plan will be monitored and overseen through the Health Board's established governance and assurance structures, ensuring accountability and alignment with organisational priorities.

Progress will be reviewed regularly through reporting to the Executive Board, Health and Safety Committee, and Workforce and Organisational Development Committee, with updates provided to key partners and stakeholders as appropriate.

The strategic plan will operate as a three-year rolling plan, enabling flexibility to respond to emerging risks, trends, and best practice. It will be formally reviewed and updated in 2028 to reflect new data, learning, and the evolving needs of the Health Board and its workforce.

Interim reviews will be undertaken annually to assess progress against objectives, identify areas for improvement, and ensure the strategic plan continues to deliver a safe, inclusive, and trauma-informed culture across all services.



# Acknowledgements

The Health Board would like to extend its sincere thanks to all those who have contributed to the development of this Violence Prevention & Reduction Strategic Plan.

Appreciation is expressed to members of the workforce who have shared their lived experiences of violence, that has enabled the development of this strategic plan and allowed it to be centred around learning and best practice.

We acknowledge the valuable input and collaboration from staff across all Divisions and Directorates, including our clinical, operational, and corporate teams, whose insight and experiences has shaped the direction and priorities of this work.

We recognise the important contributions of our partners in Gwent Police, local authorities, the third sector, and other statutory agencies, whose partnership working and shared learning continue to strengthen our collective approach to preventing violence and supporting staff wellbeing.

Our gratitude is also extended to Trade Union partners, staff networks, and Equality, Diversity and Inclusion representatives for their constructive challenge and commitment to creating a safer, more inclusive working environment.





**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
ACTION LOG**

<b>Outstanding</b>	<b>In Progress</b>	<b>Not Due</b>	<b>Completed</b>	<b>Transferred to another Committee</b>
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
<b>There are no actions outstanding as at 25/03/2026</b>					

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



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Ethnicity Pay Gap Report 2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director Workforce and Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Star Moyo, Head of Equality Diversity and Inclusion

<b>Pwrpas yr Adroddiad</b> (dewiswch fel yn addas) <b>Purpose of the Report</b> (select as appropriate)
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA / SBAR REPORT**

<p><b><u>Sefyllfa / Situation</u></b></p> <p>This paper provides the Board with the proposed Ethnicity Pay Gap Report 2025, <b>Appendix 1</b>, which is voluntarily published each year as part of our anti-racist approach and commitment to workforce equality, transparency and improvement.</p> <p>The report presents the Health Board’s ethnicity pay gap position as of 31 March 2025, using data derived from the Electronic Staff Record (ESR).</p> <p>The Board is asked to note the content of the paper and approve the publication of the report as the Health Board’s detailed Ethnicity Pay Gap Report 2025.</p>
<p><b><u>Cefndir / Background</u></b></p> <p>In 2017, the UK Government published <i>Race in the Workplace</i>, which examined the barriers faced by people from ethnic minority backgrounds in accessing, progressing and thriving in employment. A key conclusion of that review was the importance of collecting and analysing workforce data to understand and address inequality.</p>

In 2018, the Race Disparity Unit and the Chartered Institute of Personnel and Development called for the introduction of ethnicity pay gap reporting through *Our Manifesto for Work*. Although mandatory ethnicity pay gap reporting has not been introduced, there is increasing recognition of the value of voluntary reporting as a driver for transparency and improvement.

Since March 2022, the Health Board has committed to publishing its ethnicity pay gap data voluntarily, in line with its anti-racist approach and its commitment to the Welsh Government's *Anti-Racist Wales Action Plan*.

In the absence of a mandated reporting framework, the Health Board has adopted a methodology broadly aligned with gender pay gap reporting, to support consistency and comparability year on year.

The Health Board aspires to be an employer of choice and is committed to a diverse and inclusive culture that supports fair treatment and reward for all colleagues.

### **Asesiad / Assessment**

Ethnicity data recorded on the ESR is self-reported and voluntary. For the purposes of calculating mean and median ethnicity pay gaps, the analysis focuses on staff who have declared their ethnicity, to provide the most accurate comparison between White staff and staff from Ethnic Minority backgrounds. Staff with undeclared ethnicity are included within overall workforce figures but excluded from comparative calculations.

The Ethnicity Pay Gap Report 2025, **Appendix 1** includes:

- Mean and median ethnicity pay gap figures.
- The distribution of White and Ethnic Minority staff across pay quartiles.
- Separate analysis for Agenda for Change (AfC) and non-AfC staff groups.

The data for the report is drawn from the national ESR Business Intelligence standard report. All figures are provided from payroll data within our ESR system. ESR rounds up all figures cumulatively to provide the figures presented in the report which is in line with all NHS organisations using ESR.

The ethnicity pay gap is different from equal pay. The Equality Act 2010 makes it unlawful to discriminate directly or indirectly based on race. As such, ethnicity pay gaps do not generally indicate unequal pay for the same role but are more commonly influenced by structural factors such as workforce distribution, occupational segregation, progression opportunities and representation at senior levels.

It should be noted that ethnicity is a voluntary field on ESR, so not all staff have completed their profiles to update their ethnicity. Currently we have 16% of our workforce with unspecified/incomplete declaration for their ethnicity with actions linked to our Workforce Race Equality Standards (WRES) to improve this position.

For the purposes of these calculations, pay includes basic pay, full paid leave (including annual, sick, maternity, paternity, adoption or parental leave), bonus pay, area and other allowances, shift premium pay and pay for piecework. Pay does not include overtime, expenses (payments made to reimburse expenditure wholly and necessarily incurred in the course of employment, e.g. mileage), remuneration in lieu of leave, the value of salary sacrifice schemes, benefits in kind (e.g. childcare vouchers), redundancy pay or tax credits.

## **Ethnicity Pay Gap 2025 – Key Findings**

### **Overall Race Pay Gap**

Overall, staff from Ethnic Minority backgrounds earn more than White staff at both the mean and median hourly rate when considering the workforce as a whole. Based on the snapshot date of 31 March 2025, for every £1 white staff earned, staff from ethnic minority backgrounds earned £1.25 when comparing the average rate of pay.

These gaps indicate higher average earnings for Ethnic Minority staff and are the result of workforce composition factors rather than unequal pay for equivalent roles. The organisation's large cohort of internationally educated nurses employed within AfC Bands 5 and 6 influences overall levels of pay. In addition, differences in representation across occupational groups, particularly in senior non-AfC roles, and incomplete ethnicity disclosure at higher grades continue to shape overall outcomes.

Although mean and median earnings for Ethnic Minority staff appear favourable at the whole-workforce level, this does not translate into equitable representation at senior levels, where disparities remain more evident.

### **Agenda for Change (AfC)**

In March 2025, Ethnic Minority and White AfC staff earned almost exactly the same at the mean hourly rate. For every £1 that white staff earned, ethnic minority staff earned £1 when comparing the mean (average) hourly rate of pay. When reviewing the median, for every £1 white staff earned, ethnic minority staff earned £1.10.

These patterns show that the AfC pay gap remains favourable to Ethnic Minority staff at both the mean and median levels.

The primary reasons relate to workforce distribution, particularly the continued concentration of internationally educated nurses within Bands 5 and 6. These results do not indicate any difference in pay for people undertaking equivalent roles, but rather reflect the demographic composition of the AfC workforce.

### **Medical and Dental**

Within the Medical and Dental workforce, Ethnic Minority staff earned less than their White counterparts. When reviewing the mean (average) for every £1 that white staff earned, ethnic minority staff earned £0.87. When comparing the median ethnic minority staff earned £0.78 for every £1 that white staff earned.

These outcomes reflect the ongoing under-representation of Ethnic Minority staff within the highest-paid medical and dental job roles as well as higher rates of

ethnicity non-disclosure among senior employees. Both factors have a significant impact on average earnings within the non-AfC group and explain the persistence of the pay gap in this area. The differences do not reflect unequal pay for equal work, but rather structural progression challenges and the demographic profile of senior professions.

### **Benchmarking**

There is currently no requirement for NHS organisations in Wales to publish ethnicity pay gap data, and therefore, no national benchmarking dataset is available. The Health Board will continue to monitor emerging good practice across NHS Wales and the wider public sector.

### **Next Steps**

It is recognised that the term 'Ethnic Minority' covers a wide range of distinct ethnic groups whose experiences and pay outcomes are not the same. Pay gaps can differ significantly between these groups, and combining them into a single category can mask important variations.

The Ethnicity Pay Gap Report 2025 will be considered alongside the Health Board's WRES report and shared with the Race Advisory Group to inform ongoing action.

Key areas of focus will include:

- Improving ethnicity declaration rates, particularly within senior and non-AfC staff groups.
- Supporting progression into Bands 8a and above through targeted development and positive action.
- Strengthening talent management and succession planning.
- Using workforce data, including WRES insights, to monitor progress and evaluate impact.

### **Argymhelliad / Recommendation**

The Board is asked to note the content of the paper and approve the publication of the report as the Health Board's detailed Ethnicity Pay Gap Report 2025.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

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

Failure to take appropriate action to address ethnicity pay gaps may result in reputational risk, with the Health Board perceived as less than fully committed to fair pay, progression and development opportunities for staff from Ethnic Minority backgrounds.

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities <a href="#">Link to IMTP</a>	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff.  Gender and pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	AfC - Agenda for Change ESR – Electronic Staff Record WRES - Wales Race Equality Standards
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable - There are no specific financial considerations associated with this report
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>

	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# ETHNICITY PAY GAP



**The following report provides a summary of conclusions drawn from the analysis of statistics in relation to the ethnicity pay gap of 31 March 2025, together with an outline of intended aims and future positive actions.**

# Aneurin Bevan University Health Board Ethnicity Pay Gap 2025

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	06	<b>Overall Workforce</b>
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# 1. Introduction

In 2017, the UK Government published *Race in the Workplace*, highlighting the structural and systemic barriers faced by people from ethnic minority backgrounds in accessing, progressing, and thriving in employment. A central conclusion of that review was the need for organisations to develop a stronger evidence base in order to understand disparities and design meaningful interventions.

Following this, in 2018, the Race Disparity Unit and the Chartered Institute of Personnel and Development (CIPD) jointly called for the introduction of ethnicity pay gap reporting through *Our Manifesto for Work*. While mandatory ethnicity pay gap reporting has not yet been introduced across the UK, there has been increasing national and sector-level recognition of the value of transparent reporting as a driver for improvement.

Aneurin Bevan University Health Board has chosen to publish its ethnicity pay gap data voluntarily as part of its wider commitment to equality, diversity and inclusion, and specifically its anti-racist approach. This report represents the Health Board's third voluntary ethnicity pay gap publication and provides an updated position as at 31 March 2025.

The report should be read alongside other workforce equality data, including the [Wales Race Equality Standards \(WRES\) report](#), recruitment and retention data, and staff experience insights. Together, these sources support a more comprehensive understanding of workforce outcomes and help to inform targeted action.



## 2. Background

Agenda for Change (AfC), implemented in 2004, established a nationally consistent pay framework designed to deliver equal pay for work of equal value across NHS occupational groups. The framework applies to the majority of NHS staff and was intended to address historical inconsistencies in pay and grading.

Within the Health Board, approximately 94% of staff are employed under AfC terms and conditions. A smaller proportion of staff are employed under non-AfC contracts, primarily senior managers and medical and dental staff, whose pay is governed by other nationally negotiated arrangements.

Given the different contractual frameworks, workforce compositions and progression pathways, this report analyses AfC and Medical and Dental data separately. This approach supports clearer interpretation of trends and helps to identify where focused action is most likely to have impact.



### 3. Equal Pay and Ethnicity Pay Gap

The ethnicity pay gap is different from equal pay. Equal pay considers whether individuals are paid the same for carrying out the same or equivalent work, whereas the ethnicity pay gap measures the difference in average pay between ethnic groups across an organisation as a whole.

The Equality Act 2010 makes it unlawful to discriminate (directly or indirectly) on the basis of race in employment and pay. As such, ethnicity pay gaps do not generally indicate that individuals are being paid differently for the same role. Instead, they are more commonly influenced by structural factors such as representation at different pay levels, occupational segregation, access to development opportunities, and progression into senior roles.

This report aligns its methodology with that used for gender pay gap reporting, while recognising the additional complexity of ethnicity data. Gender pay reporting compares two fixed groups, whereas ethnicity data recorded on the Electronic Staff Record (ESR) allows staff to self-identify across multiple ethnic categories. Disclosure is voluntary, and staff may choose not to declare or to record their ethnicity as 'not stated'.

For the purposes of calculating mean and median pay gaps, this report focuses on staff who have declared their ethnicity in order to provide the most accurate comparison between White staff and those from Ethnic Minority backgrounds. Staff with blank or undeclared ethnicity records are included within overall workforce figures but excluded from comparative calculations, as they may belong to any ethnic group.

A positive percentage pay gap indicates that, on average, White staff earn more than staff from Ethnic Minority backgrounds. A negative percentage indicates that Ethnic Minority staff earn more on average. The higher the percentage, the larger the pay gap.



## 4. Ethnicity Profile of Workforce

As at 31 March 2025, the Health Board employed over fifteen thousand staff across a wide range of clinical, professional, technical and support roles. The workforce continues to reflect the local population profile, with the majority of staff identifying as White (74.04%), alongside a growing proportion of staff from Ethnic Minority (10.02%).

International recruitment continues to play an important role in workforce sustainability, particularly within Nursing and Midwifery and certain medical specialties. This has contributed to increased ethnic diversity within specific staff groups, most notably at AfC Bands 5 and 6.

A proportion of staff have not disclosed their ethnicity or have chosen not to state it. While disclosure rates have improved incrementally over time, incomplete data remains a limiting factor in fully understanding workforce patterns, particularly at senior levels. Improving ethnicity data completeness therefore remains a priority for the Health Board. The table below outlines the Race Pay Gap for the organisation for its entire workforce.

Based on the snapshot date of 31 March 2025, for every £1 white staff earned, staff from ethnic minority backgrounds earned £1.25 when comparing the average rate of pay.

	Mean Hourly Rate	Median Hourly Rate
<b>Ethnic Minority</b>	£25.52	£19.70
<b>White</b>	£20.43	£17.52
<b>Difference</b>	£5.09	£2.18
<b>Pay Gap %</b>	-24.09%	-12.45%

## 5. Our Analysis

### Pay Quartile Distribution

Pay quartile analysis ranks staff from lowest to highest paid and divides them into four equal groups. This allows for an assessment of how different ethnic groups are represented across pay levels.

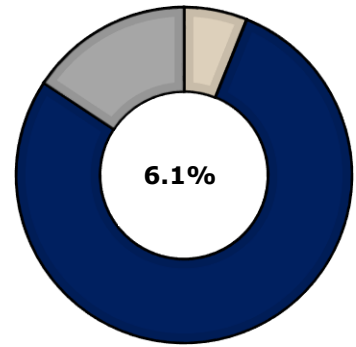


# 6.Overall Workforce Data

The following information represents the entire workforce.

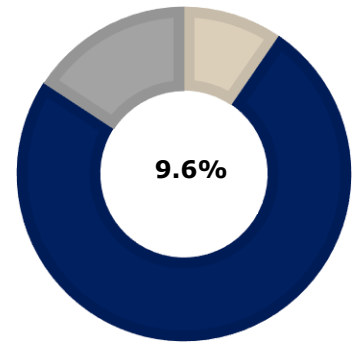
## Quartile 1: Lower Quartile (Lowest Paid)

- 6.1% Ethnic Minority
- 78.2% White
- 15.7% Not Stated



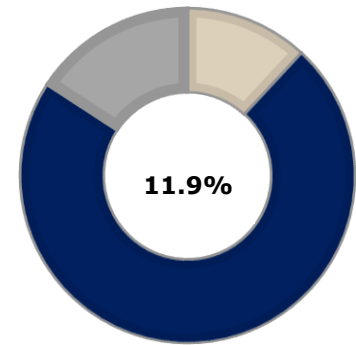
## Quartile 2: Lower Middle Quartile

- 9.6% Ethnic Minority
- 74.6% White
- 15.8% Not Stated



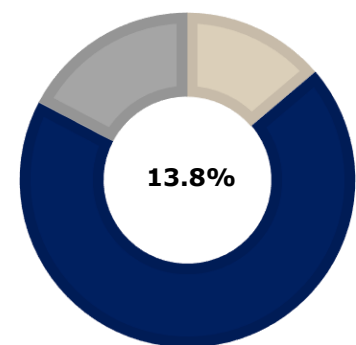
## Quartile 3: Upper Middle Quartile

- 11.9% Ethnic Minority
- 72.3% White
- 15.8% Not Stated



## Quartile 4: Upper Quartile (Highest Paid)

- 13.8% Ethnic Minority
- 68.9% White
- 17.3% Not Stated

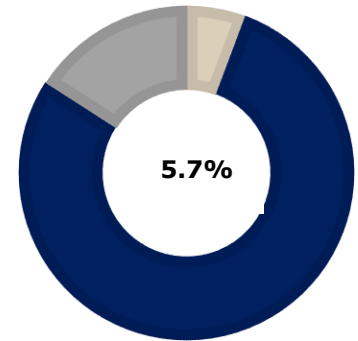


## 7. AfC Workforce Data

The distribution of Ethnic Minority staff across AfC pay quartiles reflects their concentration within lower and middle AfC bands. Representation decreases within the upper quartile, consistent with national NHS trends and known progression challenges.

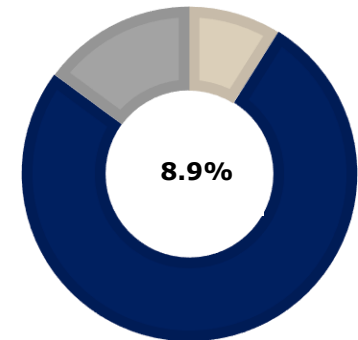
### Quartile 1: Lower Quartile (Lowest Paid)

- 5.7% Ethnic Minority
- 78.4% White
- 15.9% Not Stated



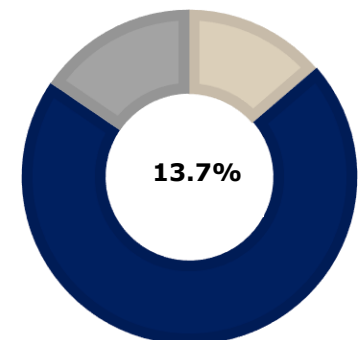
### Quartile 2: Lower Middle Quartile

- 8.9% Ethnic Minority
- 76.2% White
- 14.9% Not Stated



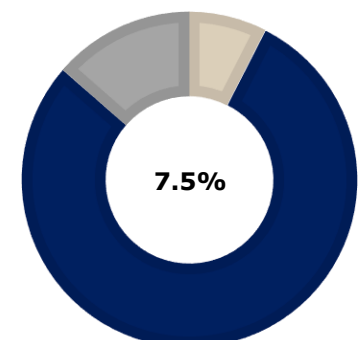
### Quartile 3: Upper Middle Quartile

- 13.7% Ethnic Minority
- 70.8% White
- 15.5% Not Stated



### Quartile 4: Upper Quartile (Highest Paid)

- 7.5% Ethnic Minority
- 78.9% White
- 13.6% Not Stated

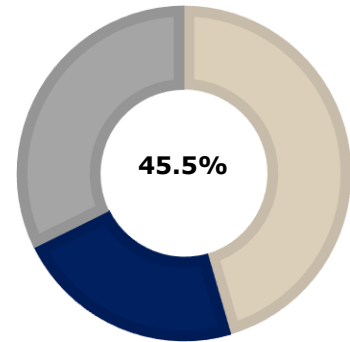


## 8. Medical & Dental Workforce Data

Within the non-AfC workforce, which includes medical, dental and senior managerial roles, Ethnic Minority staff remain underrepresented in the highest pay quartile. A higher proportion of undeclared ethnicity records is also observed within senior roles, which impacts interpretation of the data.

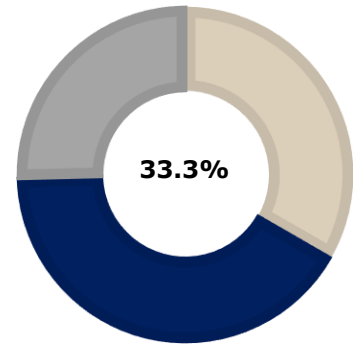
### Quartile 1: Lower Quartile (Lowest Paid)

- 45.5% Ethnic Minority
- 22.2% White
- 32.3% Not Stated



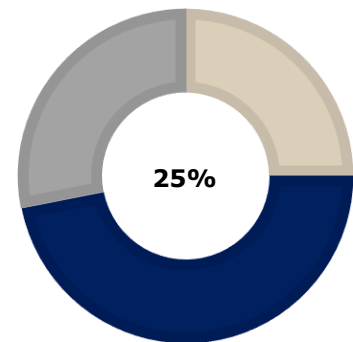
### Quartile 2: Lower Middle Quartile

- 33.3% Ethnic Minority
- 41.3% White
- 25.4% Not Stated



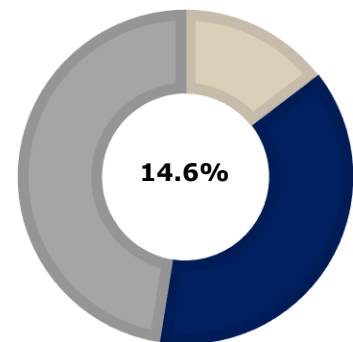
### Quartile 3: Upper Middle Quartile

- 25% Ethnic Minority
- 46.9% White
- 28.1% Not Stated



### Quartile 4: Upper Quartile (Highest Paid)

- 14.6% Ethnic Minority
- 37.9% White
- 47.5% Not Stated



## 9. Mean and Median Hourly Pay

Mean and median pay gaps provide two different but complementary measures of pay distribution across the workforce. All figures presented in this section are calculated using the ethnicity pay gap dataset as at 31 March 2025, derived from the Electronic Staff Record (ESR) and summarised within the Health Board's ethnicity pay gap Excel analysis.

The mean ethnicity pay gap is calculated as the difference between the average (mean) hourly pay of White full-pay relevant employees and the average hourly pay of full-pay relevant employees from Ethnic Minority backgrounds.

The median ethnicity pay gap is calculated as the difference between the midpoint (median) hourly pay of White full-pay relevant employees and the midpoint hourly pay of full-pay relevant employees from Ethnic Minority backgrounds. The median represents the middle value when hourly pay rates are ranked from lowest to highest and is less affected by a small number of very high earners.

Both measures are reported to provide a fuller picture of pay distribution across the workforce.

### AfC Mean and Median Hourly Pay

The table below presents the mean and median hourly pay for AfC staff by ethnicity, calculated from the 31 March 2025 ethnicity pay gap dataset. For every £1 that white staff earned, ethnic minority staff earned £1 when comparing the mean hourly rate of pay. When reviewing the median, for every £1 white staff earned, ethnic minority staff earned £1.10.

*All figures are provided from payroll data within our ESR system. ESR rounds up all figures cumulatively to provide the figures presented in the report which is in line with all NHS organisations using ESR.*

	Mean Hourly Rate	Median Hourly Rate
<b>Ethnic Minority</b>	£19.09	£18.72
<b>White</b>	£19.02	£16.99
<b>Difference</b>	£0.07	£1.73
<b>Pay Gap %</b>	-0.37%	-10.18%

Overall, Ethnic Minority staff earn slightly more than White staff at both the mean and the median hourly rate. These figures reflect workforce composition rather than differences in pay for equivalent roles. In particular, the Health Board employs a significant number of internationally educated nurses, the majority of whom are appointed at Bands 5 and 6 under AfC. This influences both mean and median pay outcomes within the AfC workforce. It is important

to note that favourable mean or median outcomes do not necessarily indicate equitable representation at senior pay bands.

## 10. Medical and Dental - Mean and Median Hourly Pay

The table below presents the mean and median hourly pay for our Medical and Dental workforce based on the same 31 March 2025 dataset.

	Mean Hourly Rate	Median Hourly Rate
<b>Ethnic Minority</b>	£52.91	£49.21
<b>White</b>	£60.83	£62.91
<b>Difference</b>	£7.92	£13.70
<b>Pay Gap %</b>	13.01%	21.77%

When reviewing the mean for every £1 that white staff earned, ethnic minority staff earned £0.87. When comparing the median ethnic minority staff earned £0.78 for every £1 that white staff earned.

The Medical and Dental data shows that White staff earn more on average than staff from Ethnic Minority backgrounds at both mean and median levels. This pay gap reflects the under-representation of Ethnic Minority staff in the most senior and highest-paid roles rather than unequal pay for equivalent work.

The impact of senior medical and dental on average pay, alongside higher levels of ethnicity non-disclosure within senior groups, should be considered when interpreting these figures.

### Interpreting the Mean and Median Pay Gap

The ethnicity pay gap figures presented in this report should be interpreted alongside pay quartile data and workforce representation analysis.

While the AfC data demonstrates parity at mean and median levels, progression into higher pay bands and senior leadership roles remains a key area for focus. Conversely, the non-AfC workforce continues to show pay disparities linked to senior representation.

Reducing ethnicity pay gaps therefore requires sustained action on attraction, progression, leadership development and retention, rather than changes to pay frameworks, which are nationally determined.

# 11. Conclusion

This report provides an updated snapshot of the Health Board's ethnicity pay gap position as at 31 March 2025, using data derived from the Electronic Staff Record (ESR). It should be read as part of a continuous, year-on-year programme of improvement, rather than a standalone assessment.

The 2025 data demonstrates that ethnicity pay gaps within the AfC workforce are primarily driven by workforce distribution rather than unequal pay for equivalent roles. Mean and median hourly pay figures show parity, and in some cases advantage, for staff from Ethnic Minority backgrounds. However, pay quartile analysis indicates that representation reduces at higher AfC bands, highlighting progression into senior roles as a key area for focus.

For Medical and Dental, the ethnicity pay gap persists at both mean and median levels. This reflects the under-representation of Ethnic Minority staff in the most senior and highest-paid roles, alongside higher levels of ethnicity non-disclosure within senior staff groups. These factors have a disproportionate impact on mean pay calculations and must be considered when interpreting the data.

## Progress Since the 2024 Report

In the 2024 Ethnicity Pay Gap Report, the Health Board set out a number of intended actions to address identified disparities and strengthen inclusion. During 2024–2025, progress has been made across several of these areas, including:

- Leadership development and progression: Increased engagement with targeted development opportunities for staff from Ethnic Minority backgrounds, including participation in national and regional programmes such as Ethnic Minority Stepping into Leadership delivered by Health Education and Improvement Wales (HEIW).
- Reverse Mentorship Programme progressed through its pilot phase, connecting Black, Asian and Ethnic Minority staff with Board members to strengthen understanding of lived experience and inform leadership practice. The evaluation feedback has been positive and is informing a planned next phase.
- Support for internationally educated staff: Strengthening of induction, pastoral support and development pathways for internationally educated nurses and doctors, supporting retention, confidence and longer-term progression.
- Staff networks and engagement: Ongoing support for staff diversity networks, strengthening their role in engagement, insight and organisational learning.
- Training and inclusive leadership: Expansion of inclusion-focused and cultural competence training, embedding inclusive leadership behaviours and trauma informed approaches across leadership and workforce development activity.

It is also recognised that this report should not be looked at in isolation. Differences in pay outcomes may be further influenced by the interaction of all other protected characteristics such as gender, ethnicity, disability and age. As workforce data quality continues to improve, the Health Board will increasingly apply an intersectional approach to pay gap analysis to better understand and address compounded disadvantage.

## 12. Next Steps

Building on the findings of this report and progress made since 2024, the Health Board will continue to focus on the following priorities:

- Improving ethnicity declaration rates, particularly within senior and non-AfC staff groups, to improve the quality and reliability of workforce data.
- Supporting career progression into Bands 8a and above through targeted development, mentoring, coaching, sponsorship and positive action initiatives.
- Developing leadership pathways which are inclusive and accessible.
- Using workforce data, including WRES insights, to monitor progress, evaluate impact and inform future action.

Reducing ethnicity pay gaps requires sustained, system-wide action across attraction, recruitment, development and retention. While national pay frameworks limit local discretion on pay, the Health Board remains committed to addressing the structural factors that influence workforce outcomes and to reporting transparently on progress as part of its wider Strategic Equality Plan.



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Gender Pay Gap Report 2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director Workforce & Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Star Moyo, Head of Equality Diversity and Inclusion

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

<p><b><u>Sefyllfa / Situation</u></b></p> <p>This paper provides the Board with assurance that the Health Board is compliant with its statutory duty to publish its Gender Pay Gap Report 2025, <b>Appendix 1</b>, in line with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. The report sets out the Health Board’s current gender pay gap position, key drivers of the gap, and actions underway to support continued improvement.</p> <p>The Board is asked to approve this report.</p>
<p><b><u>Cefndir / Background</u></b></p> <p>Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Health Board, along with all public bodies with more than 250 employees, are required to publish annual gender pay gap information.</p> <p>The Health Board’s gender pay gap data was calculated using the nationally prescribed methodology and is submitted to the Government Gender Pay Gap portal annually before 31 March 2026, in line with statutory requirements.</p>

The gender pay gap shows the difference in mean hourly pay between all men and women across an organisation. It is distinct from equal pay, which relates to pay differences between men and women undertaking the same or equivalent roles. The Health Board operates within nationally agreed pay frameworks, including Agenda for Change (AfC) and Medical and Dental terms and conditions, which ensure equal pay for equal work.

### **Asesiad / Assessment**

This paper provides a formal report to the Board of the Health Board's Gender Pay Gap position as at 31 March 2025.

The report includes information about the:

- Mean and median gaps in hourly and bonus pay.
- Proportion of male and female employees in each pay quartile.
- This report does not include bonus pay as the Health Board do not pay bonuses as part of Terms and Conditions.

The data is based on a snapshot of all employees as of 31 March 2025. The calculations used are those set out in the relevant legislation to ensure the data is calculated consistently across organisations. The data for the report is drawn from the national Electronic Staff Record (ESR) Business Intelligence standard report. All figures are provided from payroll data within our ESR system. ESR rounds up all figures cumulatively to provide the figures presented in the report which is in line with all NHS organisations using ESR.

The Health Board remains fully committed to reducing this gap and continues to implement a broad range of measures to support ongoing improvement.

It is important to emphasise that both the Health Board and the NHS nationally, operate Job Evaluation and national pay frameworks that determine the appropriate grade for each role, irrespective of gender. All individuals undertaking a role receive the grade and associated pay aligned to that post, with no variation based on gender.

The Gender Pay Gap work provides an opportunity to explore societal and organisational factors that may impact pay parity, including working patterns, occupational segregation, skills, experience and progression. The data provides an evidence base to better understand the specific drivers of the gap and to inform targeted actions.

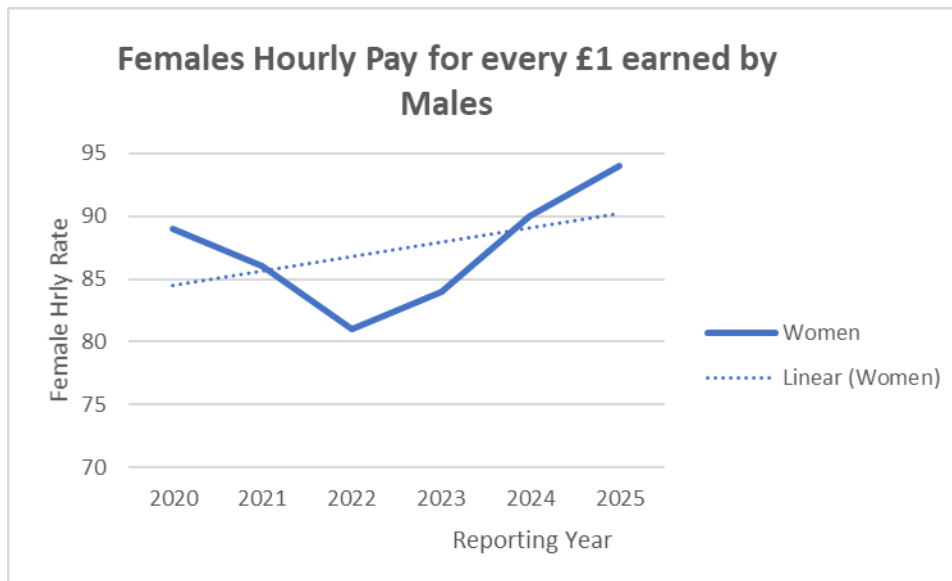
For the 31 March 2025 submission, AfC and Medical and Dental data continue to be combined within the ESR Gender Pay Gap report, in line with reporting requirements, which mandate a single organisational submission.

For the purposes of these calculations, pay includes basic pay, full paid leave (including annual, sick, maternity, paternity, adoption or parental leave), bonus pay, area and other allowances, shift premium pay and pay for piecework. Pay

does not include overtime, expenses (payments made to reimburse expenditure wholly and necessarily incurred in the course of employment, e.g. mileage), remuneration in lieu of leave, the value of salary sacrifice schemes, benefits in kind (e.g. childcare vouchers), redundancy pay or tax credits.

### Gender Pay Gap March 2025

For this reporting period, women earn £0.94 for every £1 that men earn, which represents an improvement compared to the 2024 position, where women earned £0.90 for every £1 earned by men. The following graph shows the trend over the last 5 years for the hourly rate of pay for women for every £1 earned by men.



Across the overall workforce, women's mean hourly pay is 23.8% lower than men's, an improvement from 24.7% lower in March 2024.

The median hourly rate is 6.13% lower than men's, compared with 9.69% lower in March 2024, demonstrating a positive shift in the median pay gap.

Women make up 72.1% of employees in the highest paid quartile, a slight increase from 71.8% in 2024. They make up 81.9% of employees in the lowest paid quartile, compared with 83.4% in 2024. While women remain represented in the majority across all pay quartiles, the proportion of men continues to increase in the highest paid quartile.

It is important to highlight that the overall gender pay gap data includes all AfC and Medical and Dental roles, covering a wide variety of occupational groups.

### Agenda for Change

- Mean: For every £1 men earn, women earn £0.99.
- Median: For every £1 men earn, women earn £1.03.

### Medical and Dental

- Mean: For every £1 men earn, women earn £0.97.

- Median: For every £1 men earn, women earn £0.98.

When analysed separately for internal understanding, our data shows:

- Within the AfC workforce, the mean gender pay gap is 1.62% compared to 3.04% in March 2024 and the median gender pay gap is 3.73% in favour of women compared to 0.74% in March 2024.
- Within the Medical and Dental workforce, the mean gender pay gap is 3.13% compared to 3.27% in March 2024 and the median gender pay gap is 1.68% in favour of men compared to 2.45% in March 2024.

Although the pay gaps within these staff groups are relatively small, the concentration of higher-paid senior Medical and Dental roles within a smaller workforce group has a disproportionate impact on the overall mean gender pay gap, which is particularly sensitive to the distribution of higher earners.

### **Benchmarking**

Benchmarking data from the Government Gender Pay Gap website shows that local Health Boards across South Wales report broadly similar gender pay gap positions, which would be expected given the shared AfC and Medical and Dental terms and conditions.

### **Next Steps**

It is recognised that addressing the gender pay gap requires sustained, long-term action across workforce systems. Building on the findings of the Gender Pay Gap Report 2025, activity during 2025–26 will focus on strengthening workforce insight, progression pathways and inclusive practice.

Inclusive leadership development will remain a priority through existing programmes, including Talent and Succession Planning pathways and participation in HEIW Stepping into Leadership, supporting improved representation at senior levels.

Flexible working will continue to be a key enabler for retention and progression. All applications are now processed through ESR, allowing improved oversight and review of trends and uptake across staff groups and grades.

We will continue to embed inclusive recruitment practices and support cultural change through initiatives such as the Women’s Network and reverse mentoring, ensuring lived experience continues to inform organisational priorities.

The Gender Pay Gap Report will continue to inform the wider Equality, Diversity and Inclusion programme of work and related workforce governance arrangements, with progress kept under review.

## Argymhelliad / Recommendation

The Board is asked to:

- Receive assurance that Aneurin Bevan University Health Board has met its statutory duty to publish Gender Pay Gap information in accordance with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.
- Approve publication as the Health Board's Gender Pay Gap Report.

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Should appropriate actions to address our gender pay gap not be taken, the potential reputational risk for the Health Board is that it could be perceived as less than fully committed to fair pay, promotion and development opportunities for women.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities <a href="#">Link to IMTP</a>	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Gender and pay - Develop a fuller understanding of the reasons for any differences and take the necessary action to address this. Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers. This paper is relevant to compliance with the Equality Act 2010 including s.149 of the Act, the Public Sector Equality Duty and supports the specific requirement in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 to publish our pay gap data annually.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	AfC – Agenda for Change ESR – Electronic Staff Register HEIW – Health Education and Improvement Wales
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# GENDER PAY GAP



**The following report provides a summary of conclusions drawn from the analysis of statistics in relation to the gender pay gap of 31 March 2025, together with an outline of intended aims and future positive actions.**

# ANEURIN BEVAN UNIVERSITY HEALTH BOARD GENDER PAY GAP 2025

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# 1. Summary

Aneurin Bevan University Health Board's workforce remains predominantly female, consistent with the wider NHS workforce profile. While nationally agreed pay frameworks (Agenda for Change and Medical & Dental terms and conditions), are designed to promote equity and fairness, analysis of our workforce data continues to identify a gender pay gap across the organisation.

This report presents the Health Board's gender pay gap position as at 31 March 2025, which shows an improvement on the previous reporting period and sets out the actions underway and planned to further understand and reduce the gap.



## 2. Introduction

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require public authorities with more than 250 employees to calculate and publish annual gender pay gap information. This duty forms part of the Public Sector Equality Duty under the Equality Act 2010.

Greater transparency in gender pay gap reporting supports organisations to better understand the factors that contribute to differences in average pay between men and women and encourages action to address these differences.

## 3. Background

Agenda for Change (AfC), implemented in 2004, established a consistent national pay structure across occupational groups in the NHS, underpinned by job evaluation to ensure equal pay for work of equal value.

At Aneurin Bevan University Health Board, the majority of staff are employed under AfC terms and conditions. Medical and Dental staff, Executives and Very Senior Managers are employed under other national contractual arrangements. In line with statutory gender pay gap reporting requirements, this report combines all staff groups into a single organisational dataset.

## 4. Useful Definitions

### Equal Pay and Gender Pay Gap

The NHS Terms and Conditions of Service ensure that pay within the NHS is consistent with the requirements of equal pay law.

It is important to appreciate that the gender pay gap and equal pay are two distinct concepts:

- Equal pay is concerned with men and women earning equal pay for the same, or similar, work.
- The gender pay gap is about the difference between men's and women's average pay within an organisation.

### Mean and Median Gender Pay Gap

The **mean gender pay gap** is calculated by determining the average hourly rate of pay for full-time male employees and comparing it with the average hourly rate for full-time female employees. This is done by adding the hourly rates for all male employees and dividing by the number of men, and then repeating the calculation for women. The mean gender pay gap is then expressed as a percentage by subtracting the average female hourly rate from the average male hourly rate, dividing the difference by the average male hourly rate, and multiplying by 100. A positive percentage indicates that women receive a lower average hourly rate than men.

The **median gender pay gap** is calculated by ranking male and female hourly rates separately from lowest to highest and identifying the midpoint value for each group. The difference between these two midpoint values represents the median pay gap. This figure is then also converted into a percentage by subtracting the median female hourly rate from the median male hourly rate, dividing the result by the median male rate, and multiplying by 100.

The median is often considered the most representative indicator of the typical male and female employee because it is less affected by extreme salary values. However, as pay distribution and pay progression are rarely uniform across the workforce, the median does not reflect any concentration of high earners in either group. In contrast, the mean is more sensitive to higher salary levels and can therefore more clearly highlight the gender pay gap where a greater proportion of men occupy higher-paid senior roles.

### Gender Identity

It is important to note that sex and gender are terms that are often used interchangeably but they are in fact two different concepts. The World Health

Organisation describes sex as characteristics that are biologically defined and identified at birth, whereas gender is based on socially constructed features and is a personal, internal perception of oneself. We recognise that an individual can identify as more than male or female. The Gender Pay Gap mandates the use of male and female as comparators and therefore may not be representative of everyone at the Health Board.

## 5. Gender Profile

**Our workforce is predominately female, which is reflective of most NHS Health Boards in Wales**

On the 31 March 2025, Aneurin Bevan University Health Board employed 12,329 women and 2,977 men therefore, 80.6% of the workforce was female, total headcount is 15,306.



## 6. Our Analysis

Organisations are required to publish details of the positioning of male and female employees according to quartile pay bands.

The hourly pay rate for each employee has been established, and all employees (male and female together) are ranked from lowest to highest paid and then divided into four pay bands. The gender split in each quartile is then calculated as a percentage.

The relatively consistent gender distribution across pay quartiles reflects the predominantly female employed across all pay bands.

## 7. Overall Workforce

### Quartile 1: Lower Quartile (Lowest Paid)



81.94% Female



18.06% Male

### Quartile 2: Lower Middle Quartile



82.42% Female



17.58% Male

### Quartile 3: Upper Middle Quartile



85.03% Female



14.97% Male

### Quartile 4: Upper Quartile (Highest Paid)



72.14% Female



27.86% Male

#### Mean and Median Hourly Rates

Table 1 overleaf outlines our mean and median gender pay gap in hourly pay between our female and male workforce, the mean hourly pay gap is 23.8% and the median hourly pay gap is 6.13%. For this reporting period, women earn £0.94 for every £1 that men earn. This is an improvement from 2024, when women earned £0.90 for every £1 earned by men.

Recruitment practices across both AfC and Medical & Dental roles continue to be strengthened. Unconscious bias awareness is embedded within recruitment training for appointing managers, alongside inclusive recruitment guidance and structured, values-based selection approaches, to support fair and transparent decision-making at all stages of the recruitment process.

*All figures are provided from payroll data within our ESR system. ESR rounds up all figures cumulatively to provide the figures presented in the report which is in line with all NHS organisations using ESR.*

<i>Table 1</i>	Mean Hourly Rate	Median Hourly Rate
<b>Male</b>	£26.75	£19.02
<b>Female</b>	£20.39	£17.85
<b>Difference</b>	£6.37	£1.61
<b>Pay Gap %</b>	23.8%	6.13%

## 8. Agenda for Change (AfC)

The national Gender Pay Gap reporting requires the Health Board to submit its pay gap figures based on the whole workforce. However, within the NHS, we know there is a difference between AfC Pay Bands and Medical and Dental Pay Bands. For the purpose of this report, we have broken the data down further.

Table 2 below outlines the Gender Pay Gap for AfC staff groups only. The following table shows that within AfC, the pay gap between males and females is 1.62% which means females earn £0.99 for every £1 males earn when comparing the average rates of pay, and for the median hourly rate, females earn £1.03 for every £1 males earn.

<i>Table 2</i>	Mean Hourly Rate	Median Hourly Rate
<b>Male</b>	£19.35	£16.77
<b>Female</b>	£19.04	£17.42
<b>Difference</b>	£0.31	£0.65
<b>Pay Gap %</b>	1.62%	3.73%

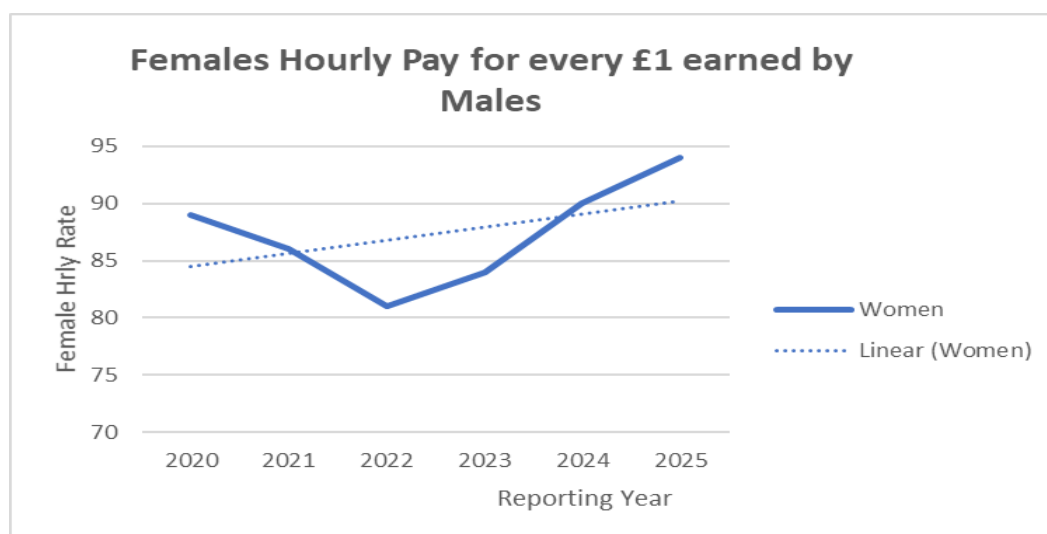
## 9. Medical & Dental Workforce

Table 3 below outlines the Gender Pay Gap for the Medical and Dental workforce. The pay gap between males and females is 3.13%. This means for every £1 males earn, women earn £0.97 when comparing the average rates of pay, and when comparing the median rate of pay females earn £0.98 for every £1 earned by males.

<i>Table 3</i>	Mean Hourly Rate	Median Hourly Rate
<b>Male</b>	£57.16	£62.43
<b>Female</b>	£55.38	£61.38
<b>Difference</b>	£1.79	£1.05
<b>Pay Gap %</b>	3.13%	1.68%

## 10. Conclusions

The Gender Pay Gap analysis for Aneurin Bevan University Health Board, based on a workforce snapshot as at 31 March 2025, confirms that a gender pay gap continues to exist within the organisation. The analysis identifies a mean hourly gender pay gap of 23.8% and a median hourly gender pay gap of 6.13%, in favour of men. Compared with the previous reporting year, there has been a small reduction in the mean pay gap (24.7% March 2024) whilst the median gap reduced by 3.56% from 9.69%. indicates that progress is being made, whilst we recognise that further sustained effort remains necessary to deliver further improvement.



It is important to emphasize that the gender pay gap identified does not indicate unequal pay for equal work. The Health Board operates within nationally agreed pay frameworks, including Agenda for Change and Medical and Dental terms and conditions, which are underpinned by job evaluation processes designed to ensure fairness, transparency and consistency in pay irrespective of gender. Individuals undertaking the same roles are paid the same rates of pay regardless of gender. The gender pay gap therefore reflects differences in the distribution of men and women

across roles, grades, specialties and working patterns, rather than disparities in pay rates for comparable roles.

Large clinical staff groups, particularly Nursing and Midwifery, account for a significant proportion of the workforce and continue to be overwhelmingly female. These roles are predominantly employed within specific pay bands, with entry typically at Band 5 and progression over time linked to length of service and career pathways. This contributes to a higher concentration of women within lower and middle pay bands and has a direct impact on the overall gender pay gap.



Conversely, men continue to be more highly represented within certain senior medical, technical and specialist roles, which attract higher rates of pay. The concentration of higher-paid roles within smaller staff groups can have a disproportionate effect on the mean gender pay gap, which is particularly sensitive to the distribution of higher earners across the workforce.

A number of organisational changes during the reporting year have also influenced the 2025 gender pay gap data. These include the TUPE transfer of managed GP practices, which introduced additional staff groups with differing pay structures and gender distributions, and the TUPE transfer of security services, a predominantly male workforce group. They have had a marginal impact on pay distribution and should be considered when interpreting year-on-year movement in the data.

Working patterns continue to be a significant contributing factor. A substantially higher proportion of women (53%) within the Health Board work part time compared with men (26.39%), reflecting wider societal trends including caring responsibilities, childcare costs and career breaks, which continue to disproportionately affect women. While hourly pay calculations adjust for part-time working, part-time status can influence

career progression, access to development opportunities and representation within senior roles over time, and therefore indirectly contributes to the observed pay gap.



The Health Board recognises that the gender pay gap is a long-standing and complex issue influenced by both organisational and societal factors that extend beyond pay structures alone. While nationally agreed pay systems provide a strong foundation for pay equity, addressing the underlying drivers of the gender pay gap requires sustained focus on workforce planning, inclusive recruitment, flexible working, leadership development, talent and succession planning, and cultural change.

It is also recognised that gender does not operate in isolation. Differences in pay outcomes may be further influenced by the interaction of gender with other protected characteristics such as ethnicity, disability and age. As workforce data quality continues to improve, the Health Board will increasingly apply an intersectional approach to pay gap analysis to better understand and address compounded disadvantage.

## 11. Next Steps

Over the last year, the Health Board has continued to strengthen its approach to understanding and addressing the gender pay gap through a range of workforce and inclusion initiatives. While recognising that progress remains gradual, the Health Board is committed to building on this work to support continued improvement.

The Health Board will continue to support the Women's Network, as a key forum for engagement, peer support and co-production. Activity during 2024–25 included the delivery of a Women's Network Conference in March 2025, focused on leadership, confidence, career pathways and lived experience. The Network will continue to inform organisational priorities relating to career progression, wellbeing and work-life balance.



Inclusive leadership development will remain a priority. The Health Board will continue to support pathways, engagement with Talent and Succession Planning, and participation in national and regional leadership programmes, including HEIW Stepping into Leadership, to support fair access to progression and address under-representation at senior levels.

We will also continue to embed inclusive recruitment practice across Agenda for Change and Medical & Dental roles, including the use of structured recruitment processes and unconscious bias awareness within recruitment training for appointing managers, to support fair and transparent decision-making.

Flexible working will remain a central focus. All flexible working requests are now processed through ESR, enabling improved data capture and analysis. Further work will be undertaken with Workforce and Organisational Development leads to review trends and the trajectory of flexible working applications, including whether uptake is increasing and how this varies across staff groups and grades, to better understand the impact on retention and progression.

The Gender Pay Gap Report will continue to inform and align with wider workforce strategies and governance arrangements, including the Equality, Diversity and Inclusion programme of work. Progress will be kept under review, recognising that addressing the gender pay gap requires sustained, long-term commitment rather than short term interventions.



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Regional Partnership Board Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Hannah Evans – Executive Director of Strategy, Planning and Partnerships
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Amy Dolben – Assistant Director of Partnership & Integration Rebecca Stanton – Regional Children & Families Transformation Lead

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

Er Gwybodaeth/For Information

## **1. Sefyllfa / Situation**

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

This report provides an update on the activities of the Gwent RPB from January to March 2026.

## **2. Cefndir / Background**

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

### **2.1. Welsh Government policy**

Alongside the underpinning legislation outlined in Section 1, the activities of the RPB are informed by the emerging Integrated Community Care System (ICCS) policy framework. Welsh Government intends that this ICCS will support delivery of seamless, preventative, community-based care across health, social care, housing and third sector.

The ICCS has many synergies and interdependencies with the new Community By Design (CBD) Programme. CBD is a primarily health-focussed programme sitting within



the wider ICCS framework. The Programme seeks to enhance delivery within the NHS by strengthening leadership, supporting integration of services and enable population-based planning.

As per Figure 1, Welsh Government envisages an ICCS which provides 'horizontal integration' across health, social care, housing and the third sector to set the vision for preventative and person-centred care as a 'whole system'. Therefore, CBD is presented as a system enabler to strengthen 'vertical integration' within health to align primary and community, and secondary care.

In Gwent, there is opportunity to align the local ICCS with the Place-Based Care programme. Indeed, through embedding local delivery models with an understanding population need, Place-Based Care offers a delivery mechanism for the ICCS.

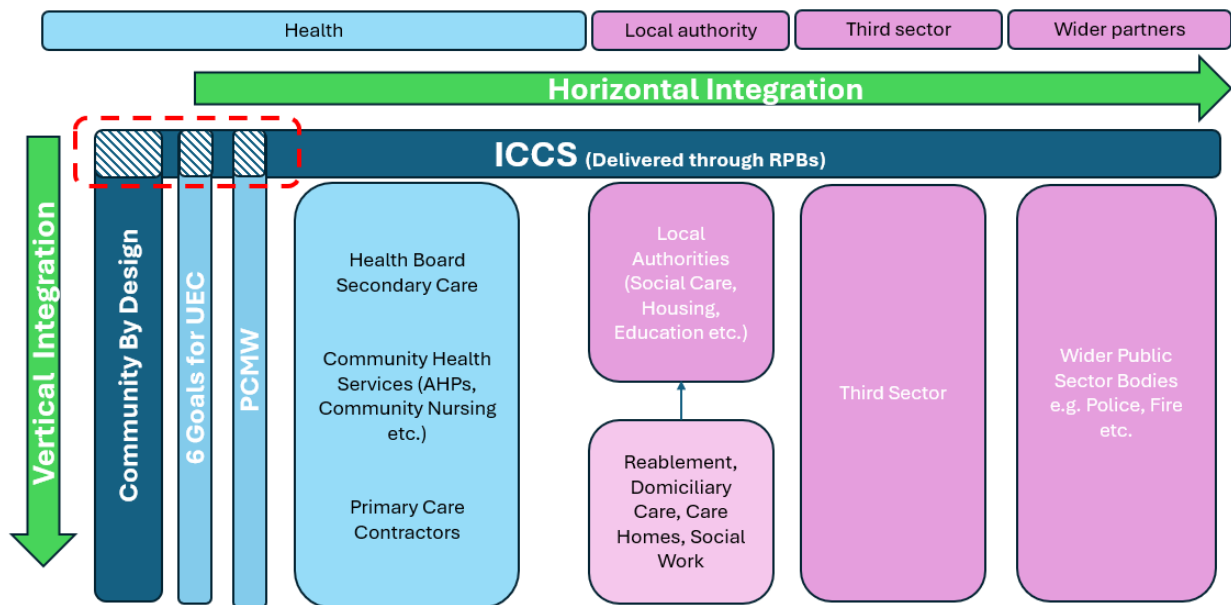


Figure 1: Welsh Government's vision of the vertical and horizontal integration across the health & care system

### 3. Aseiad / Assessment

#### 3.1. Welsh Government updates: ICCS governance

The national governance framework for the ICCS became operational in September 2025, with the establishment of the National Leadership Group and the National Delivery Group. Local bi-monthly Enhancing Community Capacity meetings were also established between Welsh Government and each RPB. However, following feedback and review, from March 2026, the frequency and focus of the local meetings has changed to bi-monthly meetings to support coordination and oversight of ICCS implementation at a regional-level.

#### 3.2. RPB Priorities

Following a series of workshops, the RPB has approved a set of priorities which are thematically aligned to three areas of the life course:

- Starting and Growing Well
- Living Well



- Aging Well.

A suite of outcome measures aligned to these priorities are now in development, and will be shared with the Board following approval.

### 3.3. Memorandum of Understanding for Trusted Assessor

Following the conclusion of a national Trusted Assessor audit, Welsh Government requested that all RPBs establish a Memorandum of Understand (MoU) to support the Home First approach to hospital discharge arrangements and include D2RA and Trusted Assessor arrangements by 20 February 2026. An MoU was collaboratively drafted by health and local authority colleagues. This has now been submitted to Welsh Government.

### 3.4. Revenue Portfolio: 2026/27 Investment

On 21 January 2026, Welsh Government issued the RPB Regional Integration Fund (RIF) Allocation Letter for, which included confirmation of the RPB's revenue allocation for 2026/27 as per Table 1.

**Table 1: 2026/27 RPB Revenue Award**

Funding Stream	2026/27 Funding	Notes
RIF Core Funding	£23.28m	
RIF Ring-Fenced Funding	£3.28m	These funding streams are as follows: <ul style="list-style-type: none"> <li>• <b>Integrated Autism Service (IAS):</b> To provide multi-agency specialist autism service and funds IAS within the Health Board</li> <li>• <b>Dementia, MAS, Community Connectors:</b></li> <li>• <b>Unpaid Carers (Hospital Admission and Discharge):</b> To provide ringfenced RIF funding for unpaid carers</li> <li>• <b>Short Breaks for Carers:</b> To provide additional opportunities for unpaid carers to have a break from their caring role.</li> </ul>
RIF Regional Infrastructure Fund	£0.75m	To ensure the RPBs are sufficiently resourced to deliver against statutory duties.  Partly funds Regional Partnership Team, Regional Support Team PMO and Intelligence Function.
<b>Total RIF and Ring-Fenced Funding</b>	<b>£27.32m</b>	
Further Faster Funding	£2.29m	To support three service areas: <ol style="list-style-type: none"> <li>1. Weekend Community Nursing</li> <li>2. Future Care Planning for 0.5% people most at risk of Urgent Care</li> <li>3. Community capacity.</li> </ol>
<b>Total RIF and Ring-Fenced Funding (including Further Faster)</b>	<b>£29.61m</b>	
Allied Health Professional (AHP) Funding	£0.85m	To increase community and primary care based AHP posts and the capacity of AHPs as an integral, but underutilised, part of community teams.  Made available to health boards and awarded directly to ABUHB.
IRCF Revenue	£0.45m	To build regional capacity to support the development of integrated health and social care hubs and implementation of IRCF.



		Aligned to capital activity and subject to approval by RPB in March 2026.
Regional Innovation Co-ordination Hubs	£0.25m	To support regional capacity and allow RPBs to deliver a coordinated programme of innovation activity that aligns with and delivers against the strategic ambition of Wales Innovates: Creating a Stronger, fairer, Greener Wales and develops an innovation ecosystem for health and social care that operates at the regional and national levels.  Funds the Gwent Regional Innovation Coordination Hub within ABUHB.
<b>Total RPB Funding Allocation</b>	<b>£31.16m</b>	

In order to determine how the £31.16m should be invested, a recent impact assessment process was undertaken between November 2025 and January 2026. As a result of this process:

- All projects had funding confirmed for the next financial year – with the exception of projects with previously confirmed end dates within the current financial year.
- A key action was assigned to each project – including development of a Project Initiation Document (PID) or Business Case (BC) or development of a Transition Plan for post-RIF. The Regional Support Team PMO is supporting projects with the development of these documents, with a series of in-person PID and BC workshops taking place throughout February and March 2026. Tables 2 and 3 outline the actions assigned to all Health Board projects.

Upon receipt of the Welsh Government award letter and with confirmation of the RPB's investment decisions, award letters have now been issued for all RIF-funded projects for 2026/2027.

**Table 2: Summary of RIF revenue Health Board-hosted projects for 2026/27**

Division	Scheme	Action	Gwent RPB Allocation 2026/27
ABUHB - Corporate Services (Chief Operating Officer)	PTCS (Patient Transport Clinical Support)	Transition Plan	£209,057
ABUHB - Corporate Services (Nursing)	Infection Prevention & Control - Care Home In-reach	Transition Plan	£267,500
ABUHB - Corporate Services (Planning)	Unpaid Carers Project Resource	PID/BC	£70,000
ABUHB - Corporate Services (Public Health)	Gwent Emotional and Mental Wellbeing Programme	Transition Plan	£150,250
ABUHB - Corporate Services (Public Health)	Integrated Wellbeing Networks (IWN)	Transition Plan	£656,426
ABUHB - Estates & Facilities	Transport to Health Scheme	SP Discussion	£109,200
ABUHB - Family and Therapies	SPACE Wellbeing	Transition Plan	£111,423
ABUHB - Family and Therapies	Family Intervention Team (FIT)	PID/BC	£154,200
ABUHB - Family and Therapies	Children's Centre Psychology	Transition Plan	£174,414
ABUHB - Family and Therapies	Speech & Language Therapy Community Capacity	Transition Plan	£180,518
ABUHB - Family and Therapies	Development of an Early Help Neuro-Diversity Team	Transition Plan	£199,998
ABUHB - Family and Therapies	Intensive Positive Behavioural Support (IPBS)	Transition Plan	£200,000
ABUHB - Family and Therapies	Expansion of Gwent Attachment Service (GAS)	Transition Plan	£200,871



ABUHB - Family and Therapies	Integrated Assessment And Planning (ISCAN / IAP Pilot)	Transition Plan	£269,589
ABUHB - Family and Therapies	Neuro-Community Service	PID/BC	£701,991
ABUHB - Mental Health and Learning Disabilities	Reducing Health Inequalities	Transition Plan	£155,272
ABUHB - Mental Health and Learning Disabilities	Mapping, Education and Carers Service (MECS)	Transition Plan	£205,579
ABUHB - Primary Care and Community Services	Additional support for primary care mental health team	Transition Plan	£45,000
ABUHB - Primary Care and Community Services	Hospital Admission Avoidance Project (HAAP)	Transition Plan	£68,000
ABUHB - Primary Care and Community Services	D2RA – Newport	Transition Plan	£95,200
ABUHB - Primary Care and Community Services	Step Up-Down Beds – Caerphilly	PID/BC	£117,629
ABUHB - Primary Care and Community Services	D2RA - Blaenau Gwent	Transition Plan	£123,877
ABUHB - Primary Care and Community Services	D2RA – Torfaen	Transition Plan	£124,800
ABUHB - Primary Care and Community Services	Compassionate Communities Hub Capacity - Newport	Transition Plan	£207,805
ABUHB - Primary Care and Community Services	Health Inclusion Service	Transition Plan	£217,084
ABUHB - Primary Care and Community Services	GP Alignment & HRAC delivery	Transition Plan	£256,054
ABUHB - Primary Care and Community Services	Patient Flow – ABUHB	Transition Plan	£258,004
ABUHB - Primary Care and Community Services	Grange University Hospital (GUH) Discharge Team	Transition Plan	£303,282
ABUHB - Primary Care and Community Services	CRT Pharmacy Project	Transition Plan	£639,126
ABUHB - Primary Care and Community Services	Falls Response Unit	PID/BC	£854,429
ABUHB - Primary Care and Community Services (CHC)	Fast Track / End of Life Dom Care	Transition Plan	£66,205
ABUHB - Primary Care and Community Services (CHC)	Hospital to Home (H2H)	Transition Plan	£1,006,809
ABUHB - Urgent Care	ED Wellbeing and Home Safe Service at GUH	Transition Plan	£247,319
<b>TOTAL</b>			<b>£8,646,911</b>

**Table 3: Summary of other RPB revenue funded Health Board-hosted projects for 2026/27**

Division	Scheme	Funding Stream	Required Actions	Gwent RPB Allocation 2026/27
ABUHB - Corporate Services (Nursing)	Regional Dementia Programme Manager	Dementia Ring-Fenced	PID/BC	£55,548
ABUHB - Corporate Services (Nursing)	Weekend/Bank Holiday Specialist Palliative & End of Life Care Nursing	Further Faster		£140,000
ABUHB - Corporate Services (Planning)	Regional Support Team PMO	Regional Infrastructure Fund (plus £280,782 RIF revenue)		£442,816



ABUHB - Corporate Services (Public Health)	Intelligence Function	Regional Infrastructure Fund		£186,800
ABUHB - Mental Health and Learning Disabilities	Dementia Connectors	Dementia Ring-Fenced	PID/BC	£100,000
ABUHB - Mental Health and Learning Disabilities	Mapping, Education and Carers Service (MECS)	Dementia Ring-Fenced	Transition Plan	£117,271
ABUHB - Mental Health and Learning Disabilities	MAS: Consultant Capacity	MAS Ring-Fenced	PID/BC	£149,712
ABUHB - Mental Health and Learning Disabilities	Memory Rehabilitation	Dementia Ring-Fenced	Transition Plan	£261,330
ABUHB - Mental Health and Learning Disabilities	MAS: Advance Nurse Practitioners	MAS Ring-Fenced	PID/BC	£315,325
ABUHB - Mental Health and Learning Disabilities	Integrated Autism Service	IAS Ring-Fenced	Transition Plan	£571,286
ABUHB - Primary Care and Community Services	CRT Monmouthshire	Further Faster		£366,556
ABUHB - Primary Care and Community Services	Weekend Community Nursing	Further Faster		£550,000
ABUHB - Primary Care and Community Services	Acute Frailty Response/ CRT	Further Faster		£873,528
ABUHB - Surgery	MAS: Audiology MDT approach	MAS Ring-Fenced	PID/BC	£99,962
<b>TOTAL</b>				<b>£4,230,134</b>

### 3.5. Capital Portfolio: Housing with Care Fund

There is £11.609m of Housing with Care Fund (HCF) monies allocated to Gwent in 2025/26. It is anticipated that Gwent will receive the same allocation for 2026/27 – however, Welsh Government has not yet issued an award letter.

At Month 10, £9.918m of approved schemes are expected to be delivered during 2025/26 (73% utilisation). This results in a projected under-utilisation of £3.704m for 2025/26. A further £16.528m of RPB approved schemes are planned for 2026/27 and beyond.

A partial movement to payment in arrears for housing associations is the key driver of the underutilisation of the HCF allocation in 2025/26 compared with previous financial years. This means that projects approved in this financial year will utilise HCF monies in future years.

Table 4 outlines Health Board projects which have been approved for investment in 2026/27. Both projects are aligned with the Minors programme.

**Table 4: HCF Health Board projects in 2026/27**

Division	Project Ref	Scheme Name	2026/27 Approvals
ABUHB - Family and Therapies	HCF-3-GWE-24	Specialist children's equipment, including specialist beds to support care at home	£50,000
ABUHB - Mental Health and Learning Disabilities	HCF-3-GWE-79	Adferiad Ward Extra Care Area	£100,000



<b>TOTAL</b>			<b>£150,000</b>
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**3.5. Capital Portfolio: Integration and Rebalancing Care Fund**

There is £70m of Integration and Rebalancing Care Fund (IRCF) monies available across Wales – this is allocated on a first-come-first-served basis.

In 2025/26, IRCF has been utilised for the development of two integrated health and wellbeing hubs – with the Health Board as the lead delivery partner. Both Monmouth Health Park and Aber Valley Health Park were awarded £742k in 2025/26 to support the development of their business cases. Both sites have encountered delays around the proposed land and sites, and as such Monmouth Health Park will be looking to re-allocate approximately £500k of its funding into 2026/27. Aber Valley has been able to progress further, with a Notification of Event (NOE) having been submitted to Welsh Government for a further £424k to continue the work beyond this financial year. The NOE awaits Welsh Government approval.

**3.6. Strategic Capital Plan**

The RPB is required to submit a Strategic Capital Plan (SCP) to Welsh Government on an annual basis. Work has been ongoing with the Strategic Partnerships and the Gwent Citizen Network to gather insights. The second draft has now been produced with feedback from Strategic Partnerships. The final draft SCP will be available by mid-March to be shared for approval by Strategic Partnerships, Regional Leadership Group and Regional Partnership Board.

**4. Argymhelliad / Recommendation**

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

<b>Appendices</b>	

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Every Child has the best start in life Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently Dying Well as part of life



Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	<b>HCF</b> Housing with Care Fund <b>IRCF</b> Integration and Rebalancing Care Fund <b>RPB</b> Regional Partnership Board <b>RIF</b> Regional Integration Fund <b>RLG</b> Regional Leadership Group <b>ICCS</b> Integrated Community Care System
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives



Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs  
Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves



## Aneurin Bevan University Health Board Key Issues Report

<b>Board Date:</b>	25 <sup>th</sup> March 2026		
<b>Period of:</b>	15 January 2026 through to 05 March	<b>Report of:</b>	The Executive Committee
<b>Quoracy met:</b>	N/A		

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A weekly formal meeting which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meeting agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, oversight of the organisation's business, and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development
- Strategic Partnership Arrangements
- Transformational programmes.

During the period 15 January 2026 through to 05 March 2026, the following matters were some of the issues considered by the Executive Committee.

<b>1</b>	Quality, Safety and Culture	<p><b>Quality and Safety Oversight:</b> The Executive Committee maintained close and regular oversight of quality and safety through standing Safety Briefings. Particular attention was given to pressures arising from winter demand, infection prevention and control challenges, and system flow, with assurance sought that mitigations were in place to manage risk.</p> <p>The Committee noted improving patient experience feedback and increased Datix reporting, which was welcomed as evidence of a strengthening safety culture, despite sustained winter pressures.</p> <p><b>Inspection and Regulatory Assurance:</b> The Committee considered feedback from Healthcare Inspectorate Wales relating to the management of deteriorating patients, specifically the escalation of NEWS2 observations. Immediate assurance actions were agreed, alongside further analysis to determine whether this represented an isolated incident or a wider systemic issue. Oversight will be strengthened through Quality Management Group arrangements.</p> <p>The Committee also received assurance that a Health and Safety Executive Notification of Contravention relating to Hafan Deg Ward had been closed, with learning embedded across mental health inpatient services.</p> <p><b>Neonatal Services and Culture:</b> The Committee received regular updates on Neonatal Services, including progress against actions arising from enhanced oversight. The Committee was assured that significant improvement had been delivered across the previously identified risk domains, with evidence being centrally collated to support de-escalation. Subject to final assurance and external engagement, the Committee agreed that escalation could be formally stepped down and that a closure report would be brought forward for Board consideration.</p> <p><b>Quality Governance and Safeguarding:</b> Updates were received on safeguarding matters, including learning from national Child Practice Reviews and the organisation's response to strengthening professional curiosity and</p>
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		<p>safeguarding practice. The Committee endorsed the Corporate Parenting Pledge, confirming the Health Board’s commitment to its statutory and moral responsibilities as a Corporate Parent, with ongoing monitoring through established governance routes.</p> <p><b>Patient Experience and Listening to People:</b> The Committee received updates on readiness for the revised Listening to People (formerly Putting Things Right) regulations, including preparatory work on training, communications, and system readiness. The Committee recognised the cultural shift required and sought assurance that the organisation would be ready to implement the new arrangements once national guidance was finalised.</p>
<p><b>2</b></p>	<p>Delivery, Performance and Efficiencies</p>	<p><b>Winter Pressures and System Flow:</b> The Committee maintained close oversight of winter pressures and system performance, including urgent and emergency care, ambulance handovers and discharge performance. Improvements were noted in very long emergency department waits and discharge data quality, while recognising that the system remained fragile and vulnerable to peak demand.</p> <p><b>Planned Care Performance:</b> Planned care delivery remained a significant area of focus. The Committee noted ongoing challenges in reducing long waits, particularly in Orthopaedics and Ophthalmology, alongside progress in reducing 52-week and 104-week waits through targeted insourcing, outsourcing and administrative validation. Emphasis was placed on aligning recovery plans with workforce, diagnostics and financial sustainability.</p> <p><b>Elective Risk and Efficiency:</b> The Committee considered the impact of a global shortage of bone cement, which necessitated a pause in some elective orthopaedic activity. Assurance was received that trauma and urgent cases were prioritised, risks were actively managed and patients were being communicated with appropriately. A range of productivity and efficiency opportunities were also reviewed, including theatre utilisation and workforce optimisation.</p> <p><b>Financial Performance:</b> A stable forecast financial position was noted despite ongoing operational pressures. The</p>

		<p>Committee recognised continued reliance on non-recurrent measures and outstanding national funding risks, which will require further engagement with Welsh Government.</p> <p><b>Cancer Services:</b> The Committee received detailed updates on cancer performance and agreed that cancer must remain a clear corporate priority. The need for a refreshed Cancer Strategy and strengthened governance arrangements was endorsed, with further work to be taken forward to support sustainable improvement.</p>
<p><b>3</b></p>	<p>Strategic Planning and Service Development</p>	<p><b>Integrated Medium Term Plan (IMTP):</b> Development of the Integrated Medium-Term Plan remained a central focus. The Committee received regular updates on refining the emerging narrative, priorities and trajectories in line with national planning guidance and Ministerial priorities. The importance of a clear, focused and credible plan for Board consideration was emphasised.</p> <p><b>Service Development:</b> Service development proposals were considered, including ophthalmology recovery, cardiovascular disease risk factor management and non-reportable waiting lists. Non-reportable waiting lists were recognised as a growing organisational risk, with agreement to strengthen governance, validation and reporting arrangements.</p> <p><b>Workforce Performance and Risks:</b> The Committee received regular updates on workforce performance, including sickness absence, vacancies, and employee relations. While some improvement in sickness absence was noted, the Committee recognised ongoing seasonal pressures and risks associated with workforce availability.</p> <p><b>Medical and Nursing Workforce Developments:</b> The Committee monitored national developments relating to the Resident Doctor contract, senior pay, and nursing pay arrangements, noting potential financial and operational implications. Assurance was sought that local governance and readiness arrangements were in place to mitigate associated risks.</p> <p><b>Staff Engagement and Wellbeing:</b> Initial feedback from the staff survey was noted as broadly positive, with improvements in several areas when compared to previous</p>

		<p>results. The Committee recognised morale as an ongoing theme and agreed that further detailed analysis would be brought forward once finalised.</p>
4	Strategic Partnership Arrangements	<p><b>Primary Care and Managed Practices:</b> The Committee maintained oversight of managed practice arrangements and General Medical Services pressures, including decisions relating to hosting, procurement routes, and communications. Assurance was sought regarding continuity of patient care, workforce stability, and governance.</p> <p><b>Regional and System Partnerships:</b> Ongoing engagement with Regional Partnership Boards and Local Authorities was noted, including matters relating to joint commissioning and Section 33 arrangements. The Committee received assurance that the Health Board’s position was clearly articulated and that further senior-level engagement would take place where required.</p>
5	Transformational programmes	<p><b>Digital and National Programmes:</b> Updates were received on national and local transformation programmes, including delays to the National Laboratory Information Management System (LIMS) and digital infrastructure resilience works. The Committee approved additional funding required as a result of programme delays and ensured that associated risks were reflected within corporate risk management arrangements.</p> <p><b>Digital Enablement and Innovation:</b> The Committee endorsed, in principle, the All-Wales recommendation to renew the Microsoft 365 Enterprise Agreement, subject to local governance and Board approval. The importance of structured adoption and benefits realisation was emphasised. Updates were also received on workforce systems, high-cost medicines governance and emerging opportunities associated with artificial intelligence.</p> <p><b>Clinical Transformation:</b> The Committee received updates on major clinical transformation programmes spanning planned care, cancer services, urgent and emergency care, place-based care and mental health. Emphasis was placed on strong leadership, realistic capacity assumptions and robust governance to support delivery of intended benefits.</p>

<p><b>6</b></p>	<p>Other Formal Business</p>	<p>As standing agenda items, the Executive Committee receives:</p> <ul style="list-style-type: none"> <li>• Quality and Safety Performance Report</li> <li>• Workforce Performance Dashboard</li> <li>• Strategic Risk Report</li> <li>• Financial Performance Report</li> <li>• Activity &amp; Performance Report, including Ministerial Priorities</li> </ul> <p>In this reporting period, the Executive Committee has also considered updates relating to winter pressures, planned care recovery, development of the Integrated Medium Term Plan, quality and safety assurance including Neonatal Services and safeguarding, cancer performance. The Committee received and considered business cases relating to the national Laboratory Information Management System (LIMS) programme and the implementation of the Blueteq system for the governance of high-cost medicines.</p>
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<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	<b>NHS Wales Joint Commissioning Committee (JCC) Update Report – January 2026</b>
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Nicola Prygodzicz, Chief Executive Officer
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Rani Dash, Director of Corporate Governance

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

**Cefndir / Background**

The JCC is a Joint Committee of all Health Boards in NHS Wales. Membership of the JCC consists of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers. The JCC's membership also includes an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body and this individual holds the Accountable Officer status, as delegated by Welsh Government, for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services as identified below for residents within their area.

- specialised services for: • cancer and blood disorders

- cardiac conditions
- mental health and vulnerable groups · neurosciences, and · women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

### **Asesiad / Assessment**

The Joint Committee last met on 27<sup>th</sup> January 2026. The papers for this meetings are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#).

The Committee's Assurance Report from this meeting is attached at **Appendix A**.

The Committee is due to next meet on 17<sup>th</sup> March 2026, with an extra ordinary meeting scheduled for 23<sup>rd</sup> March 2026, papers for which can also be accessed at the link above. The assurance report from this meeting will be presented to the Board once made available.

### **Argymhelliad / Recommendation**

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) Committee activity.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.

Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item. Choose an item.
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
	<b>Is EIA Required and included with this paper</b>
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

### Glossary of Terms

- EASC – Emergency Ambulance Service Committee
- WAST – Welsh Ambulance Service Trust+

- SDEC- Same Day Emergency Care
- ICAP – Integrated Commissioning Action Plan
- ROSC – Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru – Emergency Medical Retrieval and Transfer Service
- CASC – Chief Ambulance Services Commissioner
- BCUHB – Betsi Cadwalader University Health Board
- CTMUHB – Cwm Taf Morgannwg University Health Board
- C&VUHB – Cardiff and Vale University Health Board
- HDUHB – Hywel Dda University Health Board
- SBUHB – Swansea Bay University Health Board
- DHCW – Digital Health and Care Wales
- SEDC – Same Day Emergency Care
- SPC – Statistical Process Control

## Joint Commissioning Committee

### Highlight Report from the Joint Commissioning Committee

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	27/01/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Helen Tyler, Head of Governance and Risk, NWJCC
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Huw George, Chief Commissioner, NWJCC
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Huw George, Chief Commissioner, NWJCC

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Health Boards	January 2026	Noted

## 1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 27 January 2026.

Key highlights from the meeting are reported in Section 3.

## 2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

### 3. HIGHLIGHT REPORT

(Links to reports highlighted [January 2026 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<ul style="list-style-type: none"> <li>The financial position remains a key risk. A private meeting was held prior to the in-public meeting to progress discussions on options for the Integrated Medium-Term Plan (IMTP) for 2026-2029. The IMTP will be presented to the JC in March 2026 for approval.</li> </ul>
Advise	<ul style="list-style-type: none"> <li><a href="#">Emergency Medical Retrieval and Transfer Services (EMRTS) Update</a> <ul style="list-style-type: none"> <li>Following the November JC, the Welsh Ambulance Service (WAST) were tasked with reviewing rural service delivery, particularly in relation to Recommendation 4, to adapt to the new ambulance performance framework. The recommendations and outputs from the ambulance review will be incorporated into the IMTP.</li> <li>The Wales Air Ambulance Charity were continuing their planning for a new base. Current base arrangements may need to be extended as an interim measure.</li> </ul> </li> </ul>
Assure	<ul style="list-style-type: none"> <li><b>Governance &amp; Risk Management:</b> <ul style="list-style-type: none"> <li>The <a href="#">Risk Register</a> at 30 November 2025 was received. Risks were reviewed and scrutinised by the Sub-Committees prior to the JC. A discussion was held around the approach to develop and strengthen the commissioner held risks. Members welcomed the work and improvements made to date.</li> <li>The <a href="#">Corporate Governance Report</a> including updates on the internal audit programme, hosting arrangements, work in progress and forward plan of business were noted.</li> </ul> </li> </ul>
Inform	<ul style="list-style-type: none"> <li>The <a href="#">Chair's Report</a> summarised the JC Strategy Session held on 16 December 2025, which covered topics including the development of the NWJCC IMTP, emerging risks across the NWJCC's portfolios and the NWJCC Financial Outlook including financial savings plan.</li> <li>The <a href="#">Chief Commissioner's Report</a> included updates on: <ul style="list-style-type: none"> <li>The progress made in relation to implementing the new organisational structure for the NWJCC (with an improved 14.30% vacancy rate as of January 2026).</li> <li>A new Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups has been appointed and will join the NWJCC on 2 February 2026. The Interim Director was thanked for covering the post during this transition period.</li> </ul> </li> </ul>

Status	Update
	<ul style="list-style-type: none"> <li>• Reports from each of the Commissioning Directors:</li> <li>• <a href="#"><u>Director of Commissioning for Ambulance Services and 111</u></a> Members noted: <ul style="list-style-type: none"> <li>- In relation to 111 Press 2, the NWJCC currently does not hold any commissioning responsibility as the service was provided by HBs. There was potential for a future review and discussion about whether a national commissioning function should be considered to improve resilience and effectiveness.</li> </ul> </li> <li>• <a href="#"><u>Director of Commissioning for Specialised Services</u></a> Members noted: <ul style="list-style-type: none"> <li>- That the Joint Accreditation Committee of the European BMT Society (JACIE) report had been received. Certification was not renewed due to unresolved estates issues. A six-month extension has been provided. The estates issues were unlikely to be resolved during this time frame. Alternative commissioning arrangements with English providers were being considered.</li> <li>- Demand management work with providers to explore opportunities for managing elective and urgent cases was on-going.</li> </ul> </li> <li>• <a href="#"><u>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</u></a> Members noted: <ul style="list-style-type: none"> <li>- An update on the commissioning review of the Welsh Gender Service. This was expected to take around three months once appropriate resource had been secured.</li> <li>- The re-opening of the Caswell clinic was reported, the JC acknowledging that the service remained in escalation.</li> <li>- The NWJCC's continuing oversight of the St Andrew's mental health facility which included attendance at weekly Gold and Silver meetings and multi-agency involvement to manage service quality.</li> </ul> </li> <li>• The JC received the <a href="#"><u>Month 9 Finance Report</u></a> and the <a href="#"><u>Operational Performance Report</u></a>. The challenging financial position was noted. Members thanked the NWJCC for their efforts in reducing the financial deficit and welcomed discussions on further opportunities for cost savings. Members also welcomed on-going improvements to performance reporting, including enhanced data quality, user friendly formats and the integration of key metrics, while</li> </ul>

Status	Update
	<p>noting areas for further development, particularly in mental health and ambulance data.</p> <ul style="list-style-type: none"> <li>The Committee received the following assurance reports: <ul style="list-style-type: none"> <li>- <a href="#">Quality, Safety and Outcomes Sub-Committee</a></li> <li>- <a href="#">Planning, Performance and Finance Sub-Committee</a></li> </ul> </li> </ul>
<b>Appendices</b>	None.

#### 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC</b> <b>Link to JCC Strategic Objectives(s)</b>	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /</b> <b>Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Resilient Wales
	A Healthier Wales
<b>Dolen i Hwyluswyr Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Enablers of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
<b>Dolen i Feysydd Ansawdd</b> (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable

Impact Assessment		
<b>Ansawdd</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>  <b>Quality</b>  <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below:  This is a summary of the latest meeting of the JCC</p>
<p><b>Cydraddoldeb</b>  <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>  <b>Equality</b>  <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input checked="" type="checkbox"/></p> <p>Outcome for Equality (delete as appropriate):  <b>POSITIVE/NEUTRAL/NEGATIVE</b></p> <p>Outcome for Welsh Language (delete as appropriate):  <b>POSITIVE/NEUTRAL/NEGATIVE</b></p>	<p>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below:  This is a summary of the latest meeting of the JCC</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
<p><b>Effaith Adnoddau</b>  <i>(Pobl /Ariannol) /</i>  <b>Resource Impact</b>  <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)  The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.</p>	

## 5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 March 2026
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	<b>NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – January 2026</b>
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Nicola Prygodzicz, Chief Executive Officer
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Rani Dash, Director of Corporate Governance

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Shared Services Partnership Committee as a Joint Committee of the Board.

Cefndir / Background

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee). The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Professor Tracy Myhill OBE.

## Asesiad / Assessment

The Joint Committee last met on 22<sup>nd</sup> January 2026 and the papers for the meetings are available at [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#) . The Committee Chair's Assurance Report from this meeting is attached at **Appendix A**.

The Committee is next due to meet on 19<sup>th</sup> March 2026. The assurance report from this meeting will be reported to the Board once made available.

## Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership Committee activity.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item. N/A
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item. Choose an item.

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
	<b>Is EIA Required and included with this paper</b>
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.



**ASSURANCE REPORT  
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

<b>Reporting Committee</b>	<b>Shared Services Partnership Committee</b>
<b>Chaired by</b>	Professor Tracy Myhill OBE, NWSSP Chair
<b>Lead Executive</b>	Neil Frow OBE, Managing Director, NWSSP
<b>Author and Contact Details</b>	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
<b>Date of Meeting</b>	22 January 2026
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made</b>	
<p><b>Chair’s Report</b> - The Chair updated the Committee on activities since the last meeting, in addition to routine duties, approvals, and providing support to NHS Wales Shared Services Partnership (NWSSP), which included:</p> <ul style="list-style-type: none"> <li>• extensive engagement in the Welsh Government’s independent review of NWSSP Accountability and Governance, welcoming the published outcome and confirming constructive joint work with the Chair of Velindre University NHS Trust (Velindre);</li> <li>• strengthened working relationship with Velindre through several positive one-to-one meetings and joint review of draft recommendations;</li> <li>• ongoing participation in key stakeholder engagement forums, including the Chairs’ Meeting and the Welsh Risk Pool Committee; and</li> <li>• contribution to the NWSSP Annual Staff Recognition Awards, supporting organisational culture and staff celebration.</li> </ul> <p>The Committee <b>NOTED</b> the Chair’s Report.</p>	
<p><b>Managing Director Update</b> - The Managing Director provided a comprehensive update which included an overview of operational activity, driven by Integrated Medium-Term Plan (IMTP) development and wider system pressures. Preparations for NWSSP’s 15-year anniversary in April 2026 continue, alongside the successful virtual Staff Recognition Awards held on 13 January, which highlighted staff professionalism and contribution across NWSSP and NHS Wales. The Welsh Government Independent Review outcome confirmed NWSSP’s governance framework is fundamentally sound, setting out recommendations for strengthening and improvement. Financially, a £6m non-recurrent distribution has now been confirmed for partners, with improved clarity on Welsh Risk Pool allocation, though year-end financial management remains a priority.</p> <p>Progress continues across Radiopharmacy, with the South East Hub’s new isolators undergoing testing and validation ahead of a June go-live and ongoing collaboration with Aneurin Bevan University Health Board to mitigate staffing pressures. Credible site options for the South West and North Wales developments have been identified, and project momentum is increasing. Over one million vaccines have been delivered nationally, with planning underway for next year, building on lessons gleaned from 2025. Primary Care and Medical Examiner Services remain under high demand and activity continues to be monitored, with current performance in line with expectations, reflecting the strength of</p>	

the winter planning and preparedness undertaken. There is ongoing work with DHCW to automate the redirection of mis-addressed hospital letters. Engagement on Welsh Risk Pool matters is continuing ahead of the Chairs' meeting, and implementation of the Future Workforce Solution is progressing rapidly with identified pathfinders, though a significant risk persists due to funding uncertainty beyond year two, which is currently subject to active discussion with Welsh Government.

The report also provided updates on the Laundry Service, accommodation, decarbonisation and adaptation activity, and personal protective equipment, alongside an overview of engagement events, staff awards and recognition.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

### **Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements**

The Committee welcomed the publication of the outcome report, noting satisfaction that the report confirms NWSSP's governance and accountability framework is "*fundamentally sound.*" After 15 years of significant growth and diversification, it is appropriate that areas for strengthening have been identified. The review contains 19 recommendations, several of which relate specifically to partner organisations. It was highlighted that Welsh Government has issued a formal response, which will inform the next phase of work. A working group will be established to take forward the recommendations and this marks an opportunity to address some of the challenges of the past year and ensure hosting arrangements better support partnership functioning. Early reflections from Committee Members on how their organisations were considering the recommendations were invited.

The Committee **DISCUSSED** and **NOTED** the update provided in respect of the Welsh Government Independent Review of NWSSP Accountability and Governance Arrangements outcome, and the next steps regarding the implementation of recommendations.

### **Items for Approval**

**NWSSP Integrated Medium Term Plan (IMTP) 2026-2029** – The Committee **APPROVED** the Plan for submission, subject to any feedback received prior to 13 February 2026. The publication reflects the Welsh Government planning framework and statutory submission requirements, shaped by a strong focus on supporting Health Organisations' planning. The plan is people-led and iterative, aligned to Ministerial priorities and system expectations, underpinned by robust financial scrutiny amid significant resource pressures and known delivery risks. It sets out clear strategic priorities including digital transformation, workforce, service modernisation, sustainability and collaboration across NHS Wales, introduces a new focus on strengthening partnerships, and is supported by impact assessments, case studies and a planned programme of engagement ahead of submission.

**Expenditure and Purchase Approval for the Influenza Vaccines Required for the 2026/27 Influenza Vaccination Programme** - The Committee **APPROVED** the proposal, noting the requirement for urgent procurement due to manufacturing lead-in times. NWSSP has been commissioned by Welsh Government to deliver a single national procurement, with the contract extended for a further year to support the forthcoming campaign, securing 912,000 doses at a total cost of £12.6m and achieving cost efficiencies through consolidation to a single vaccine. The vaccines will be fully funded by Welsh Government, with corresponding approvals progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**Remote Advice and Guidance Contract Extension** – The Committee **APPROVED** the contract extension proposal for a further 12 months to March 2027, noting its role in enabling cross-organisational access to clinical advice and NWSSP’s function as lead organisation on behalf of NHS Wales Performance and Improvement (NHS P&I). Assurance was provided that the extension is fully funded by Welsh Government, with no financial risk to NWSSP. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**Power Resilience at IP5 to include Radiopharmacy and TrAMS Hub** - The Committee **APPROVED** the proposed approach, noting its alignment with the wider estates strategy and its critical role in supporting delivery of the TrAMS programme. The solution, endorsed through programme governance, involves a phased approach with separate procurements for enabling works and generation infrastructure. At this stage, approval enables progression of a funding submission to Welsh Government, with no contractual commitment entered into, and the matter will return to the Committee for a formal investment decision once funding approval is secured.

**Forensic and Statement Reconciliation Software Contract Renewal** - The Committee **APPROVED** the contract renewal, noting its critical role in supporting accounts payable controls, fraud risk management and financial assurance across NHS Wales. The proposal consolidates two existing contracts into a single arrangement to improve value for money and streamline management, with assurance provided that the existing supplier remains the most cost-effective option. Learning was noted in relation to procurement lead-in times for digital contracts, and the renewal was endorsed to ensure continuity of service and system robustness. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**e-Expenses System Contract Renewal** - The Committee **APPROVED** the contract renewal, noting its critical role in supporting the processing of NHS Wales staff expenses and the need for contractual flexibility amid wider system change. The proposed structure provides assurance and continuity while accommodating potential future alignment with the Future Workforce Solution and evolving medical and dental workforce arrangements. Assurance was provided that there are no financial implications for local organisations, with the renewal fully supported through existing central funding and a compliant procurement approach. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**TRAC Recruitment System Contract Renewal** - The Committee **APPROVED** the contract renewal, noting its critical role in maintaining recruitment stability and performance across NHS Wales. The proposed structure provides continuity while allowing alignment with the Future Workforce Solution and a managed transition as onboarding capability is developed. Assurance was provided on the system’s effectiveness in improving recruitment timescales, with the renewal supporting service continuity while preserving flexibility for a future exit strategy. The corresponding approval would be progressed through Velindre Trust Board to authorise the Chief Executive Officer to approve the requisition.

**Companies House Lease Renewal** - The Committee **APPROVED** the lease renewal and to authorise instruction to Legal and Risk Services to progress with documentation, noting the conclusion of complex negotiations and the agreement of favourable terms that balance operational stability with flexibility, including a capped service charge and break option. The reduced estate footprint aligns with the Agile Working Strategy. The corresponding approval would be progressed through Velindre Trust Board.

**IP5 Lease Variation** – The Committee **APPROVED** a minor variation to the lease to support delivery of the RadioPharmacy project, noting that the change is straightforward, presents no additional operational impact, enabling progression through to Velindre Trust Board for approval and application of the corporate seal.

### **Items for Noting and Discussion**

**NWSSP Decarbonisation and Adaptation Activity Update** - The Committee received the bi-annual update provided in relation to NWSSP’s decarbonisation and adaptation activity, noting steady progress against the 2024–2026 Decarbonisation Action Plan and alignment of the forthcoming plan to the new NHS Wales Strategic Delivery Plan. Performance remained amber across carbon management, estates, transport and procurement, with green ratings for adaptation and healthcare approaches, and only a small number of actions outstanding. Significant achievements included completion of organisation-wide adaptation risk workshops; installation of solar panels at Matrix House and EV chargers at IP5; and delivery of notable case studies such as the NHS Wales Tray Wrap Project, a well-received decarbonisation staff event, and national recognition for the Welsh Health Environment Forum. NWSSP secured approval for 17 electric vehicles for 2026, with further work underway on governance for the new strategy, net-zero building guidance, sustainable transport plans, expanded solar installations, waste strategy development and continued fleet replacement.

The Committee **NOTED** the NWSSP Decarbonisation and Adaptation Activity Update.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance Report** – The Committee noted the financial position as at 31 December 2025, with a year-to-date surplus of £4.278m and a confirmed £6m forecast surplus following quarter four projections. Capital expenditure totalled £4.129m against the £11.372m Capital Expenditure Limit, supported by recent approvals including the IP5 roof overlay, year-end bids for laundry, digital and IT infrastructure, and next year’s approved fleet business case. Discretionary capital has reduced to £0.409m due to the Transforming Estates Funding contribution. A significant deterioration in the Welsh Risk Pool position was noted, with month 9 Departmental Expenditure Limit reaching £116.731m against the £109m allocation and a refreshed forecast of £183.848m to £194.591m, triggering £74m–£85m under the Risk Share Agreement. Welsh Government has confirmed up to £49m, which may be fully required. Detailed case review, close monitoring and ongoing engagement with the Financial Planning and Delivery Unit continue to assess emerging risks and next-year pressures.

**People and Organisational Development Report** – The Committee received the latest workforce update to 31 December 2025, confirming continued headcount growth, improved turnover performance (reducing to 8.87%, excluding SLE), and stable sickness rates at 3.16%, remaining below the NHS Wales average. Statutory and mandatory learning compliance remained high at 92.55%, with Anti-Racism training above target and strong 83.14% PADR compliance. Positive movement across previously red indicators, particularly in non-mandatory learning and targeted improvement areas, was noted. The Committee discussed rising voluntary resignations within the first year of employment, with fixed-term contracts and limited insight from exit questionnaires identified as contributing factors; benchmarking indicates this trend is common across NHS and wider sectors.

**Performance Information Report** – The Committee received the report detailing strong performance across Key Performance Indicators (KPIs) from August to November 2025.

Quarter 2 reports were issued in October and quarter 3 reports would follow at the end of January, with forthcoming organisational and divisional performance meetings to support deeper IMTP oversight. Professional influence benefits totalled £86m to the end of November, with only three KPIs not meeting target, each accompanied by clear explanations and remedial actions. Recruitment Time-to-Hire continues to meet the All-Wales target, sustaining over 12 months of compliance despite organisational variation.

**Outcome Measures Report** – The Committee received the report focused on outcomes aligned to NWSSP’s strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact. Work is underway to further enhance the report for the next IMTP cycle, including a new partnership-focused section and improved tailoring of data to better support Health Organisations’ local performance and decision-making. The report highlighted positive customer satisfaction, stronger employee engagement, and increased contributions to decarbonisation and the foundational economy, with consistently positive ‘Voice of the Customer’ themes and active improvement work across recruitment, audit timeliness, procurement transparency, payroll communication and system development.

**Transformation Management Office (TMO) Update Report** – The Committee received an update on the breadth of programme activity within the TMO, confirming no material change in RAG status since the last iteration, but noting significant forthcoming capacity pressures arising from major programmes including the Future Workforce Solution, the new Resident Doctors Contract, and the TrAMS programme. A new North Wales-based Project Manager has been appointed, strengthening regional presence and Welsh-language capability.

**NWSSP Corporate Risk Register** – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 20 risks for action, comprising six red, 11 amber and three yellow rated risks. Four red risks remain unchanged insofar as trends and two new red-rated risks have been escalated insofar as challenges around the accuracy of forecasting for Welsh Risk Pool and the impending expiration of Microsoft licenses. In addition, five risks are recorded for monitoring, including two amber and three yellow, of which one is a newly escalated risk to organisational reputation arising from public perception that the statutory implementation of the Medical Examiner Service in September 2024 has caused significant delays in the death certification process.

The Committee **DISCUSSED** and **NOTED** the above Reports.

**Part B - Private**

The Committee **APPROVED** the proposed approach for the All-Wales Finance and Procurement System Replacement and **NOTED** the update provided in respect of the Future Workforce Solution for NHS Wales.

**Matters requiring Board/Committee level consideration and/or approval**

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

<b>Date of next meeting</b>	Thursday 19 March 2026, 10.00am to 12.00pm
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**Agenda Item**

7.2.6

**ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

**Highlight Report from the South East Wales Regional Joint Committee**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	24/02/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts, Director of Corporate Governance/Board Secretary – Cwm Taf Morgannwg UHB
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Rani Dash, Director of Corporate Governance (ABUHB)
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Nicola Prygodzicz, Chief Executive (ABUHB)

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting & Approval
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		

<b>Acronyms / Glossary of Terms</b>	
SEWRJC	South East Wales Regional Joint Committee

**1. Introduction**

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the SEWRJC at its meeting on 24 February 2026.
- 1.2 Key highlights from the meeting are reported in section 3.

## 2. Purpose of this Meeting

- 2.1 The SEWRJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.

## 3. Highlight Report

<b>Alert / Escalate</b>	No items identified for escalation to Boards on this occasion.
<b>Advise</b>	<b>Current Work Programme Updates</b> - A comprehensive update on ongoing regional programmes was provided to the SEWRJC, including orthopaedics, diagnostics, ophthalmology, stroke, and cancer services, highlighting progress, challenges, and plans for service delivery and capacity building across South-East Wales.
<b>Assure</b>	<p><b>Approval of Minutes and Actions:</b> The unconfirmed minutes from the previous meeting on 19<sup>th</sup> November 2025 were approved with no objections; the committee also closed the only outstanding action, which was the update of the terms of reference, as these had been approved by three health boards in their January meetings.</p> <p><b>Governance Structure:</b> Regional Director, Chris Dawson Morris explained the governance model to the RJC. The model includes an executive management group, a development group for monthly programme reporting, programme boards, and the aforementioned task and finish groups, representing an evolution of previous regional structures.</p> <p><b>Business Case Approvals:</b> Chris Dawson Morris reported that the Phase One (Diagnostic Hub) Full Business Case and Phase two (orthopaedic hub) Outline Business Case for Llantrisant Health Park (LHP) had been taken through the three boards, with formal Welsh Government approval received for Phase One.</p> <p><b>Diagnostic Centre Procurement:</b> Paul Mears, CEO Cwm Taf Morgannwg UHB, confirmed that, after three and a half years, the procurement process for the diagnostic centre was</p>

	<p>completed, with Alliance Healthcare selected as the successful supplier and work commencing on site for phase one.</p> <p><b>Cataract Programme Achievements:</b> Chris Dawson Morris highlighted the cataract programme's success in delivering a large number of procedures across the region, involving multiple partners and achieving regional equity, with lessons learned for future programmes.</p>
<b>Inform</b>	<p><b>Delegation for Full Business Case Approval:</b> It was proposed that there was an opportunity for all three Health Boards to delegate the approval of the LHP Full Business Case for Phase 2 (Orthopaedics) to the RJC. Chris Dawson Morris would work with the Directors of Corporate Governance and the three Boards would make the decision on whether to delegate this decision making in due course.</p>

### 3. Assessment

Objectives / Strategy	
<p><b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b>  <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a></p>	<p>A Healthier Wales</p> <p>If more than one applies please list below:            Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture &amp; Thriving Welsh Language, A Globally Responsible Wales</p>
<p><b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b></p>	<p>Whole-systems Perspective</p> <p>If more than one applies please list below:            There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture &amp; Valuing People, Data to Knowledge, and Leadership, Learning, Improvement &amp; Research.</p>
<p><b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b></p>	<p>Equitable</p> <p>If more than one applies please list below:            Beyond a stated focus on equity there is the potential for the work of this committee to impact on all quality domains – Effective, Efficient, Person centred, Timely, Safe.</p>
<p><b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b></p>	<p>Yes - Reduce</p> <p>If more than one applies please list below:            As above there is the potential for the work of the committee to impact on the effectiveness of all</p>



elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: QIAs will form part of the work of the RJC work programme as the establishment of the committee in and of itself does not presuppose any action or changes
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:  As above
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource the committee in terms of programmes of work and this will need to be drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards	

#### 4. Recommendation

##### 4.1 The Board is asked to:

- to **NOTE** the highlights outlined in section 3 of this report.